Lunch and Learn Webinar Series

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

ELDER ABUSE: RECOGNITION, PREVENTION AND INTERVENTION TOOLS FOR FAMILY HEALTH TEAMS

Presenters:

Raeann Rideout
Central East Regional Consultant

Candielya Jackson
North West Regional Consultant

Welcome to EAO's Webinar!

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

Your Presenters

Raeann Rideout

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

Raeann has worked in the field of elder abuse for over 18 years. In her current position, she provides front-line training and public education, assists in the planning of community events/project, strengthens community partnerships through collaborating with local, provincial and national stakeholders to enhance the response to elder abuse.

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

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Your Presenters

Candielya Jackson

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

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Learning Objectives

1. Learn to identify actual/potential types of abuse and behaviours

2. Identify the risk factors and complexities of elder abuse.

3. To develop strategies to assess and support vulnerable patient intervention responses. A team approach.
   - Consideration of ethical dilemmas/personal values

4. Review of safety planning.

5. Role and responsibility of reporting under Ontario's legislation.

6. Highlight provincial services and resource tools to support victims of elder abuse.

Elder Abuse Ontario (EAO)

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

- Not-for-profit charitable organization
- Implemented Strategy in 2002
- Funded by the Province of Ontario, under the Ministry of Seniors and Accessibility

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

Elder Abuse Strategy

Community Coordination & Response

Training

Public Awareness

EAO's Role In Responding To Elder Abuse

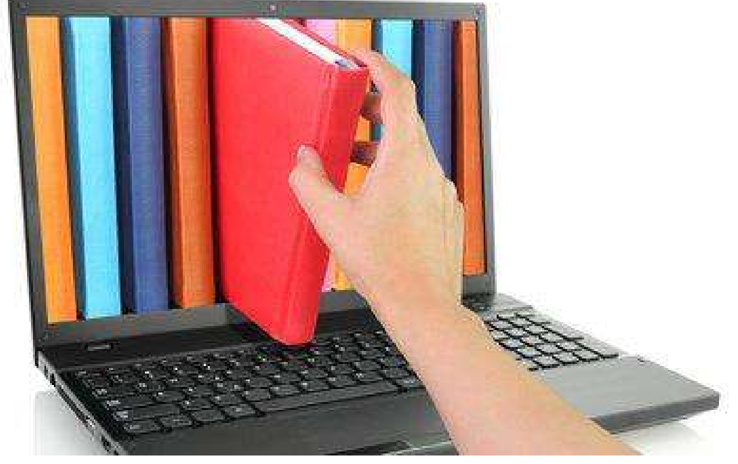
Elder Abuse Ontario (EAO)

- ✓ **7 Regional Consultants in Ontario** (Peterborough, Thunder Bay, Woodstock Sudbury, Ottawa,, Toronto, Mississauga)
- ✓ 2 Francophone Consultants
- ✓ Support over 40 local Elder Abuse Committees/Networks
- ✓ Offer organizations customized training and education for staff.
- ✓ Perform outreach/education activities for seniors' groups
- ✓ Participate in furthering the cause of abuse prevention at conferences and events

EDUCATIONAL TOOLS FOR SENIORS
EAO's Website

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

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



Let’s Talk about Abuse

ELDER ABUSE

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

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

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

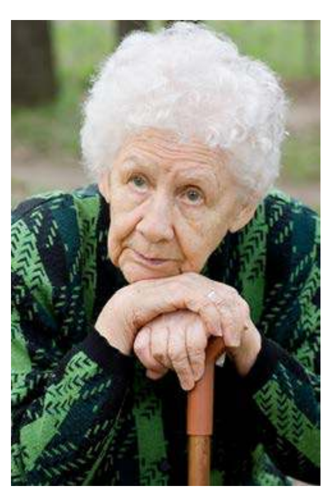
What Is Ageism?

Ageism is a factor in abuse.

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

We all have ageist attitudes.

What Does Aging Like Look To You?



People to Empower Versus Objects of Care

The Frameworks Institute (2017):

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

What do we know?

Ageism the most tolerated form of social prejudice

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

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

Personal and Professional Values

☑ **Values**

☑ **Attitudes**

= ***Influence how we support seniors and services***

Types of Elder Abuse

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

Overview: Forms of Elder Abuse

Physical

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

Emotional/ Psychological

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

Financial

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

Neglect

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

Spiritual

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

Sexual

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

Extent of the Problem

There are approximatey

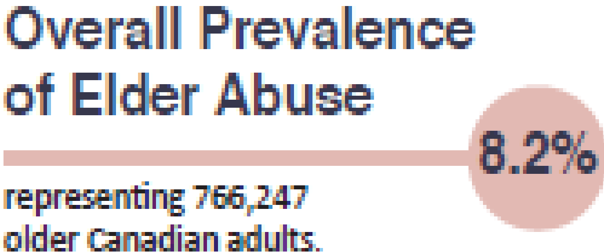
200,000

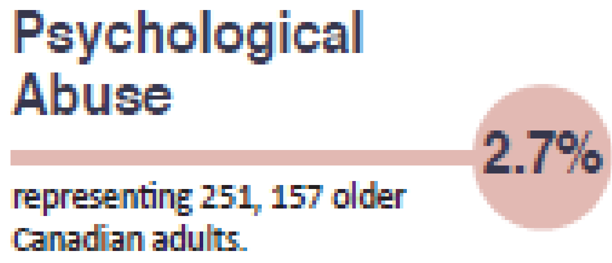
seniors who have experienced or are experiencing elder abuse.

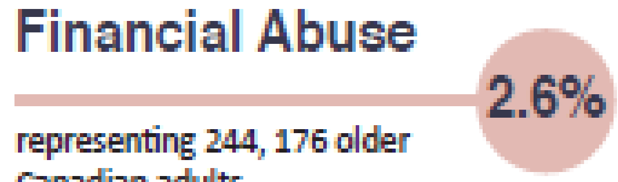
Elder abuse is a hidden problem.

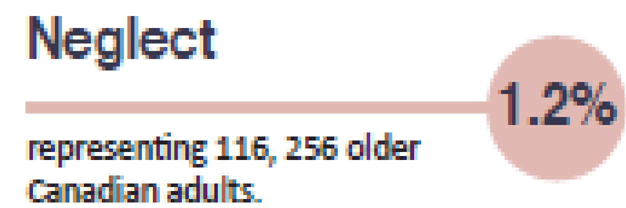
1 in 6 older adults worldwide have been abused in the past year.

Prevalence of Elder Abuse

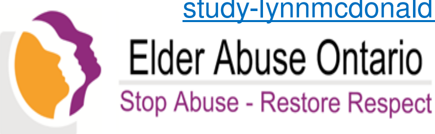








McDonald, L., Beaulieu, M., Goergen, T., Lowenstein, A., Thomas, C., Lombardo, A., Bergeron-Plateaued, J. & Kay, T. (2016). Into the light: national survey on the mistreatment of older Canadians 2015 https://cnpea.ca/images/canada-report-june-7-2016-pre-study-lynnmcdonald.pdf



Why Are Some People More at Risk?

Some of the most common risk factors

McDonald, L. (2015) Into the Light: National Survey on the Mistreatment of Older Canadians (2015)

Why Are Some People More at Risk?

Intersections of discrimination

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

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

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

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

Who Behaves Abusively Toward Older Adults?

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

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

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

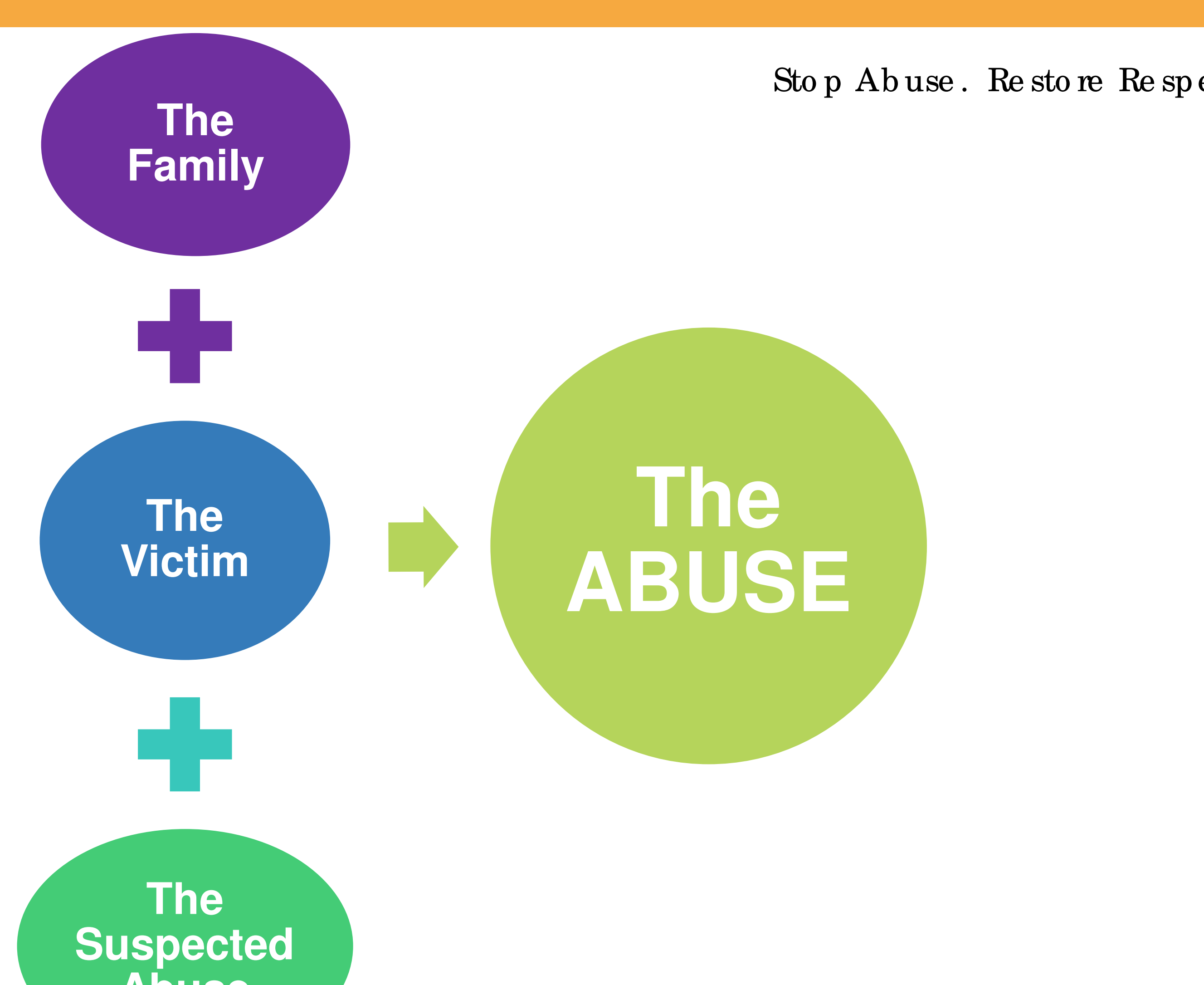
Family Health Team Members in a KEY Position to Identifying Abuse

Front line workers are able to:

- Identify signs and intervene
- Help facilitate early identification or prevention
- Speak with the senior about the suspected abuse
- Ask questions about potential abuse
- Develop a relationship with the older adult
- Help discuss options for assistance and action

Assessing the Situation

Stop Abuse. Restore Respect



RED FLAGS: WARNING SIGNS OF POSSIBLE ABUSE

Indicators of Physical Abuse

Behavioural

- Discomfort or nervousness around family, friends, caregiver or others
- Unusual withdrawal from family and friends
- Depression
- Discrepancies between injury and explanation from the older adult
- Seen by many different doctors or hospitals
- Reluctance to talk openly; uncommunicative; unresponsive
- Avoidance of physical or eye contact with caregiver and/or health care providers
- Sleep problems
- Self-harming
- Changes in eating patterns

Indicators of Physical Abuse

- Unexplained
- Head or neck injuries
- Unusual patterns of injuries
- Musculoskeletal injuries like sprains, strains, fractures and dislocations
- Bruises in unusual areas/ inner arm or inner thigh
- Wounds in various stages of healing
- Abrasions and/or bruises from being firmly held, pulled or restrained
- Recurring injuries to the same area of the face, neck or upper extremities
- Unkempt appearance
- Signs of lethargy, memory problems (under/over medication)

Psychological Abuse

Any action or behaviour that may diminish a senior's sense of wellbeing, dignity or self worth.

- Threatening
- Insulting, intimidating or humiliating gestures, behaviours or remarks
- Imposed social isolation including shunning or ignoring or lack of acknowledgement
- Inappropriate tone of voice or manner of speaking which is upsetting or frightening
- Made to feel like a nuisance

Recognizing Behavioural Signs of Abuse

Older Adult

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

Recognizing Behavioural Signs of Abuse

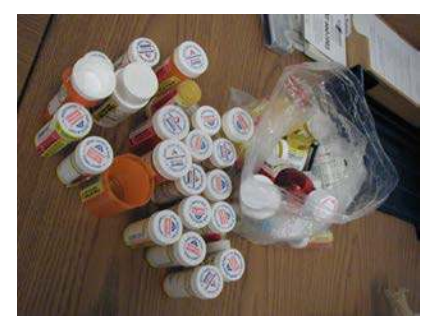
Caregiver

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

Medication Abuse

Misuse/overuse/withholding of medications which can result in physical harm of a senior.

Examples
Overuse of medication
Timing of administration not optimum e.g., Withholding Pain Medicines
Medications not updated and/or expired
Lack of or sporadic contact with physicians
Use of chemical restraints
Medications given not Rx’ed to patient



Financial Abuse

Misappropriation or misuse of a seniors money or property.

Financial Abuse –common with older adults with Dementia

Forms:

- Misuse of personal cheques or cheques made payable to "cash", credit cards
- Steal cash, income cheques or household goods
- Stealing or taking jewelry
- Forge signature/ Identity theft
- Phony charities, fraud, extortion
- Theft of money or belongings
- Wrongful use of power of attorney (POA)

Possible Indicators:

- Sudden inability to pay bills/rent
- Sudden withdrawal of money from accounts
- Opening mail without permission
- Refusal to consider a move to another care facility
- Controlling/selling money & property without permission
- Suspicious changes in Wills, POA

Financial abuse of seniors can impact their health and well-being by reducing the resources necessary to maintain good health such as proper nutrition, physical activity, medications and care. Seniors with dementia living alone at increased risk.

Sexual Abuse

***Any* consensual or non-consensual touching**, behaviour or remarks of a sexual nature or sexual exploitation directed toward a senior.

Examples; sexual touching or fondling, sexual assault, inappropriate sexual language or joking of a sexual nature that is demeaning, seductive, suggestive or humiliating

- **Suspected sexual abuse by husband with wife who is not mentally competent**

Neglect

The failure to provide care and assistance required for health, safety or well being, and includes inaction or a pattern of inaction that jeopardizes the health or safety of an older adult.

Active neglect is to willfully not provide care. It is not absent-mindedness or forgetfulness. It is understanding, but failing to adhere to medical, therapy or safety recommendations

Passive neglect is the inability to provide care due to "illness, disability, stress, ignorance, immaturity or lack of resources.

Indicators of Neglect

- **Signs of Malnourishment**
- **Lack of contact with health care practitioners**
- **Missing or broken dentures, walkers, hearing aid, glasses**
- **Unsafe and/or unclean living conditions**
- **Non-compliance/withholding medical prescription and/or treatments**
- **Animal collecting**
- **Insect and pest infestation**
- **Presence of urine and/or fecal smell**
- **Being left alone unattended for long periods of time**
- **Unkempt appearance (unshaven, matted hair) or dirty clothing**
- **Soiled bedding and linens**

Indicators of Neglect

Behaviours of Abusers

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

Adapted from Ontario Association of Social Workers Elder Abuse Handbook 2009

Risk Factors for Neglect by a Caregiver

1. Family Expectation
2. Resentment of Dependency
3. Conflicting Demands
4. Lack of Knowledge of Caregiving Skills
1. Lack of Financial Resources
2. Difficult Behaviours
3. Substance abuse issues
4. Lack of Coping Skills

9. Social Isolation
10. Mental Health Issues
11. Competing Cultural Values
12. Ageism
13. History of Family Violence/ Conflicts
14. Dysfunctional Family
15. Environmental Conditions

Risk Factors – Those with Abusive Behaviour

Risk factor	Details
Dependence for money, food, housing and/or transportation	• Substance abuse / addiction - • Coping with the effects may lead to problems with alcohol or substance abuse.
Poor physical and/or mental health (depression, cognitive impairment)	• History as an abused victim • Depressive symptoms
Prejudiced attitudes	• Lack of understanding of aging process
Caregiving assumed out of resignation or obligation	• Caregiver's anxiety • Social contacts • Perceived burden • Emotional status • Role limitations due to emotional problems

Interventions and Supports

Taking the Journey

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

NEGLECT

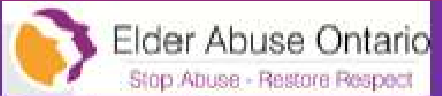
CASE STUDY

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 an onset of confusion. He has become less able to manage his personal care over time**.** He has bruising on his arms and wrists..

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.

During the follow-up visit, 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. Mr. R had services but Mrs. R criticized the in-home services staff who were providing bathing and light housekeeping, stating "I don't like people in our home snooping around and besides we can't afford it anymore anyway".

Following a separate interview, it is discovered that Mr. Ray is often left alone for long periods of time, and 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.



Elder Abuse Screening, Intervention and Response Guide for Health Care Providers

Elder Abuse Suspected or Disclosed?
Assess the severity of the situation.

- Is the senior safe in their current environment?
- Is medical treatment required?
- Has a criminal offence occurred?
- Are there indicators the caregiver needs support?

Is there need for *immediate* response due to imminent safety risks or harm to the senior?

YES

Contact 911
Emergency Services
- Police
- Ambulance
- Mobile Crisis Units (Mental Health)

Report to supervisor/ manager to advise of situations and actions to be taken.

NO

Is the senior *competent* to make decisions and able to seek assistance on his or her own?

Who Can Assess Capacity?
CCAC (placement decisions), Capacity Assessors, Psychiatrists, Physicians

Competent

Is the senior or Power of Attorney willing/consenting to receive assistance?
- Discuss situation and options
- Review risks
- Consider privacy issues

Not Competent

Is there a Power of Attorney (POA)/ Substitute Decision Maker?

YES

NO

Discuss concerns about the seniors' safety and risks with:
- Office of the Public Guardian and Trustee 1-800-366-0335
- Long Term ACTION Line 1-866-434-0144
- Retirement Homes Regulatory Authority 1-855-275-7472

YES

NO

- If unwilling to receive help and imminent safety risks or harm to the senior exist, call Police/Mobile Crisis Units, or Office of the Public Guardian and Trustee if POA refusing services.

Support Senior with Appropriate Resources
- Hospital/Emergency Services
- Home Care Support Services (Community Care Access Centre)
- Police non-emergency number
- Crisis bed placement/shelter
- Victim Services
- Alzheimer's Society of Ontario (First Link, Caregiver support)
- Mental Health Services/Mobile Crisis Units
- Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres
- Legal Services
- Service Canada (Pensions)

Information and Referral Services
- **Seniors Safety Line** 1-866-299-1011
- **ServiceOntario** 1-800-267-8097
- **Seniors' INFOline** 1-888-910-1999
- **ConnexOntario** 1-866-531-2600
- **Victim Support Line** 1-888-579-2888

Intervention Actions

Follow-up Intervention Strategies
- Develop a Safety Plan
- Discuss intervention options
- Police Wellness check
- Offer counselling services for senior and/or caregiver/POA
- Link caregiver with support programs
- Arrange appointment with Family Physician/Family Health Team/Geriatric Assessment Services
- Discuss options for protecting finances
- Provide housing options
- Legal support and advocacy
- Follow-up with senior/POA

RESPONSES

Type of Abuse : Neglect, physical and emotional/psychological

Warning Signs :
 Mrs. Ray is not properly administering Mr. Ray's medication (using the medication as a chemical restraint)
 Mr. Ray unattended for long periods of time and often in physical restraints
 Impatience demonstrated at medical appointment and not allowing Mr. Ray to speak

Risk Factors for Victim :
 Fluctuating capacity, diabetes, eating infrequently
 Increasing strain in relationship between husband and wife
 Isolation – Mr Ray left alone for long periods of time unable to move
 Increased stress on caregiver, lack of sleep prompting escalation in abusive behaviours

Risk Assessment :
 Non-imminent situation
 no mandatory reporting as couple lives in the community

Assessment Questions

1. How are you coping at home?
2. Are you having difficulty sleeping?
3. Do you rely on your wife to assist with your personal care?
4. Are you able to cook for yourself? If not, how do you get your meals?
5. Are you alone at home often?
6. Do you feel safe? Is there something that you would like to share with me?
7. Do you take your medications as prescribed?
8. Are you concerned about your own well-being?
9. How do you think I can help you?
10. In what way you would like me to help you?
11. Did you receive any services or support to help?

RESPONSES

Capacity: Capable. Possible fluctuating capacity because of medications being administered irregularly. Deprivation of insulin / improper dosages may affect cognition.

Consent: Consent to supports and referrals required.

Response and intervention:

- 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?

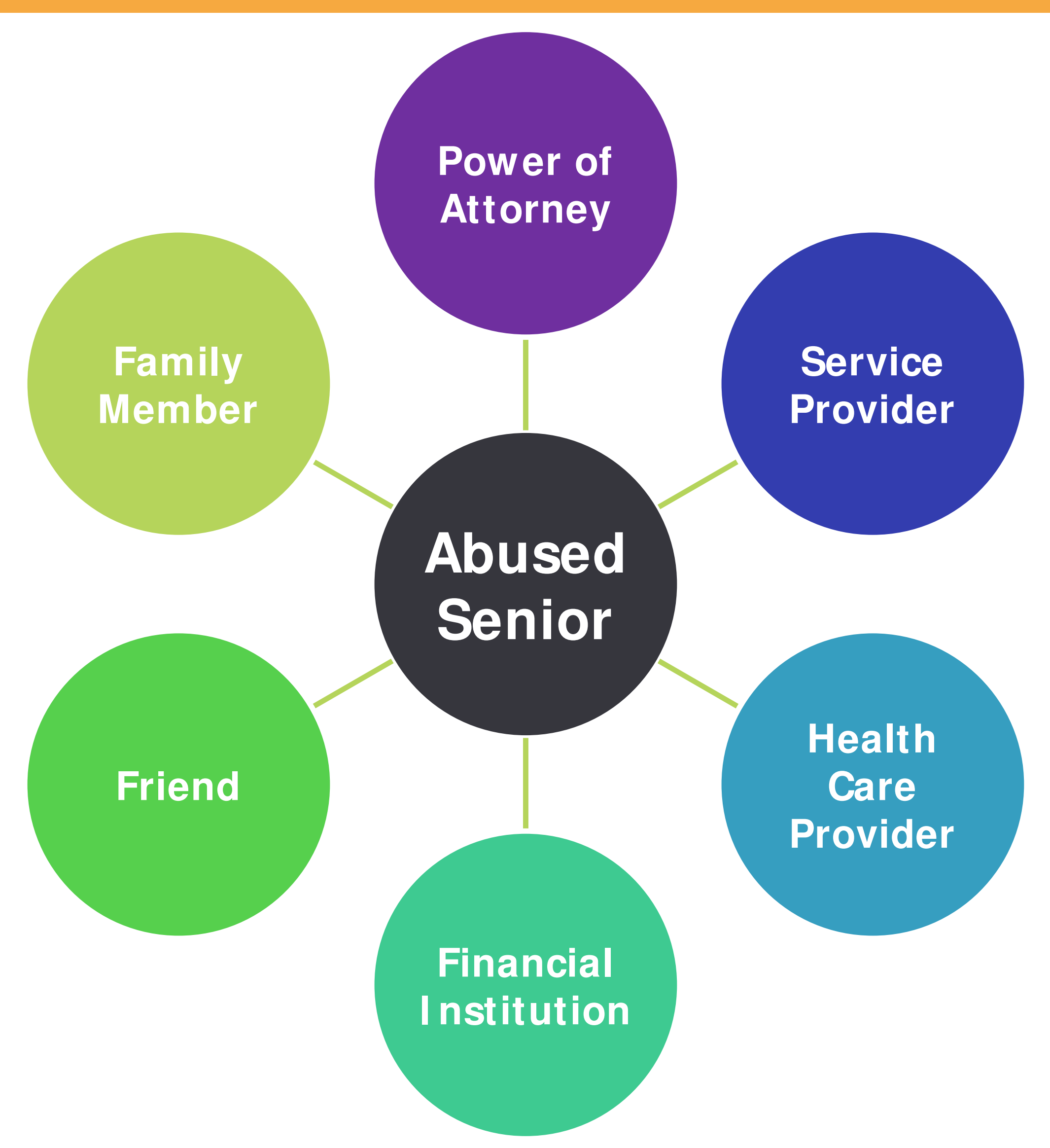
- Ask Mr. Ray privately if he wants Mrs. Ray or someone else to be assigned as PoA in the event that he is deemed incapable. Explain scope and options of personal care PoA.

- 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?

- 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. Ask what supports she needs to better support her and Mr. Ray.

RESPONDING TO ALLEGED/SUSPECTED ABUSE

Interventions are Complicated

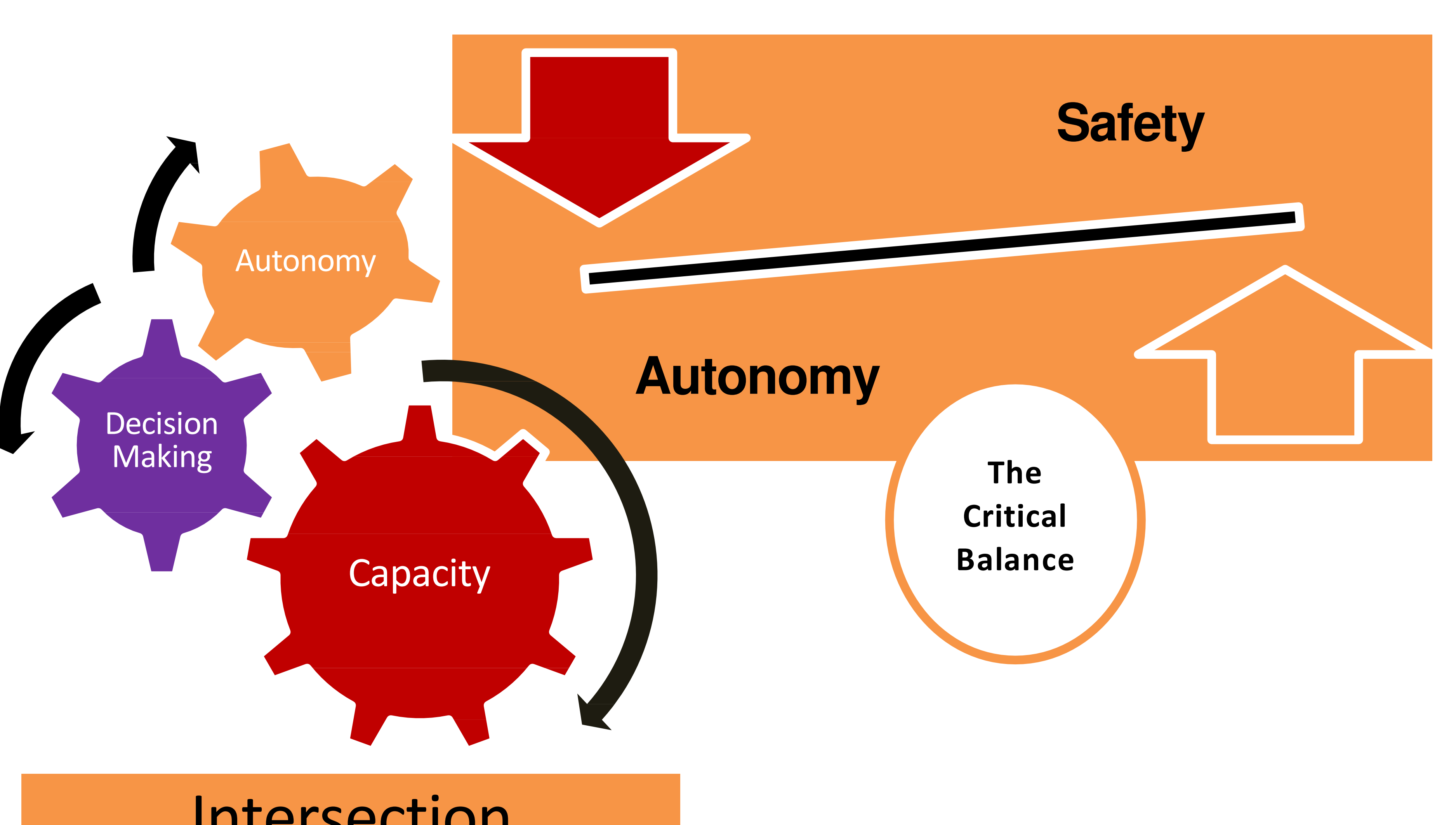


Assessment Role

- Involves both dialogue with the senior and observation of the situation
- Sensitivity to language, cultural differences Some cultures may require a family member to be present during the interview or it may be necessary to negotiate in order to interview someone alone
- Keep in mind, one's own values can influence perception of the situation
- Interview alone, listen, be patient, non-threatening and non-judgmental, validate feelings

Always clarify any uncertainties with the senior.

Capacity and Decision-Making



Collaboration – Breaking Down Silos

#F6A12B

Personal Health Information Protection Act 2004, S. O 2004, c. 3, Sched. A;

Disclosures related to risks

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. 2004, c. 3, Sched. A, s. 40 (1).

Intervention: Teamwork

- ❑ Develop a plan with your team. – what is the **desired outcome of any intervention plan**

- ❑ Identify the role of each interdisciplinary team member

- ❑ Determine what other information would you want/need?

- ❑ What other community partners should be involved? Outside your agency if necessary. Police necessary?

- ❑ Work collaboratively with community partners is key to successful interventions.

- ❑ <u>Remember: </u>The needs and wants of older adult are essential.

Intervention Options

Housing – Crisis

- Shelters
- Safe Bed Programs
- Pat's Place

Legal/Police

-Elder Mediators

-Seniors Support Officers

-LEAPS

-Mental Health Court

-Situation Tables

-**Seniors at Risk Coordinators**

-**Consultation Teams**

Health Specialists

-Outreach Teams

-BSO Teams

-GEM Nurses

-Forensic Nurses

-Sexual Assault/Domestic Violence Treatment Centres

Counselling

-Senior programs

Home Take Over Program

Elder Abuse Phone Support

Screening measures are integral to the development of intervention strategies and management plans for both the victim and the perpetrator

ELDER ABUSE SUSPICION INDEX © (EASI)			
EASI Questions **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	Did not answer
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	Did not answer
3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	YES	NO	Did not answer
4) Has anyone tried to force you to sign papers or to use your money against your will?	YES	NO	Did not answer
5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	YES	NO	Did not answer
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	Not sure

*Yaffe MJ, Wolfson C, Lithwick M, Weiss D. Development and validation of a tool to improve physician identification of elder abuse: The Elder Abuse Suspicion Index (EASI) ©. Journal of Elder Abuse and Neglect 2008; 20(3) 000-000. In Press. Haworth Press Inc:

Confirming the Observations

Ubiquity Statements:

"I don't know if this is a problem for you, but because so many patients I see are dealing with abusive relationships, I have started asking about it routinely."

- Allow silence.

"Because there is help available for my patients who are being abused, I now ask everyone about the possibility if it is occurring to them."

Direct Question Examples:

1. "Does anyone threaten, hurt or abuse you?"
2. "Do you feel safe where you live?"
3. "Are you afraid of anyone?"
4. "Are you made to stay in your room or left alone a lot?"

Adapted from: Ron Chez, M.D. "Elder Abuse: An Introduction for the Clinician" Training Institute, Course Materials www.centeronelderabuse.org,

Assessment: Caregiver

Ubiquity statements

"Some people find it difficult to care for a parent with your mother's condition. Do you?"

"Are you able to meet your personal and family needs?"

"Sometimes providing care for a family member is challenging. Do you ever feel like you will lose control?"

Direct Questions examples:

- "Is X physically or verbally abusive toward you?"
- "Are you overwhelmed, confused, fearful, or angry as a result of being a caregiver?"
- "Is there a reason for waiting this long to seek medical care for X?"

Adapted from: Ron Chez, M.D. "Elder Abuse: An Introduction for the Clinician" Training Institute, Course Materials www.centeronelderabuse.org,

Ask the Questions

1. Is the older adult in imminent danger?
2. What is the nature and extent of the abuse?
3. Do you feel the abuse is likely to occur again?
4. What is the level of risk?
5. Is the person able to make decisions about his or her care?
6. What measures are needed to prevent future abuse and ensure well being?

<u>Enquiry</u> involves asking older adults questions about their wellbeing generally or more specifically about feeling safe, having control over their lives, or experiencing harm.

What Can I Do?

- ✓ What does the older adult want to do?
- ✓ How can I help through my practice?
- ✓ Does the older adult want to disclose?
- ✓ Do they know their legal options?

Where the victim is competent, facilitate choices.

Where the victim is not competent, protective action must be taken.

Interventions

Interventions are unique in each situation dependent on all factors.

Family Considerations:

- When there are family/friends or other significant persons involved, they **need to be considered** as part of the intervention plan.

- Often maintaining the integrity of the social unit, no matter how dysfunctional we may see it, **may be of priority importance to the older adult.**

Interventions: What is Normal to this Family?

- Different families interact in their own unique ways.
- Important to have a framework of understanding as to what has historically been normative for the family and respect that.
- Calling a family /caregiver “abusive” or “bad” will likely make the victim shut down, especially when adult children are suspect.
- The senior might be open to the idea that son/daughter has done something “bad” or “wrong”, not that they are “bad” or “wrong”.

Be aware of prior capable wishes, such as chosen living arrangements. Don’t judge by your standards!

Response and Intervention

✓No legislated agency is specifically dedicated to responding to the mistreatment of older adults in the community similar to those targeted at child abuse.

✓Currently, elder abuse responses vary considerably within regions in Ontario .

✓Because older adults do not usually self-report instances of elder abuse, the responsibility for identification, reporting, and intervention ***rests*** largely with healthcare professionals, social service agencies, and police departments

Mandatory Reporting

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

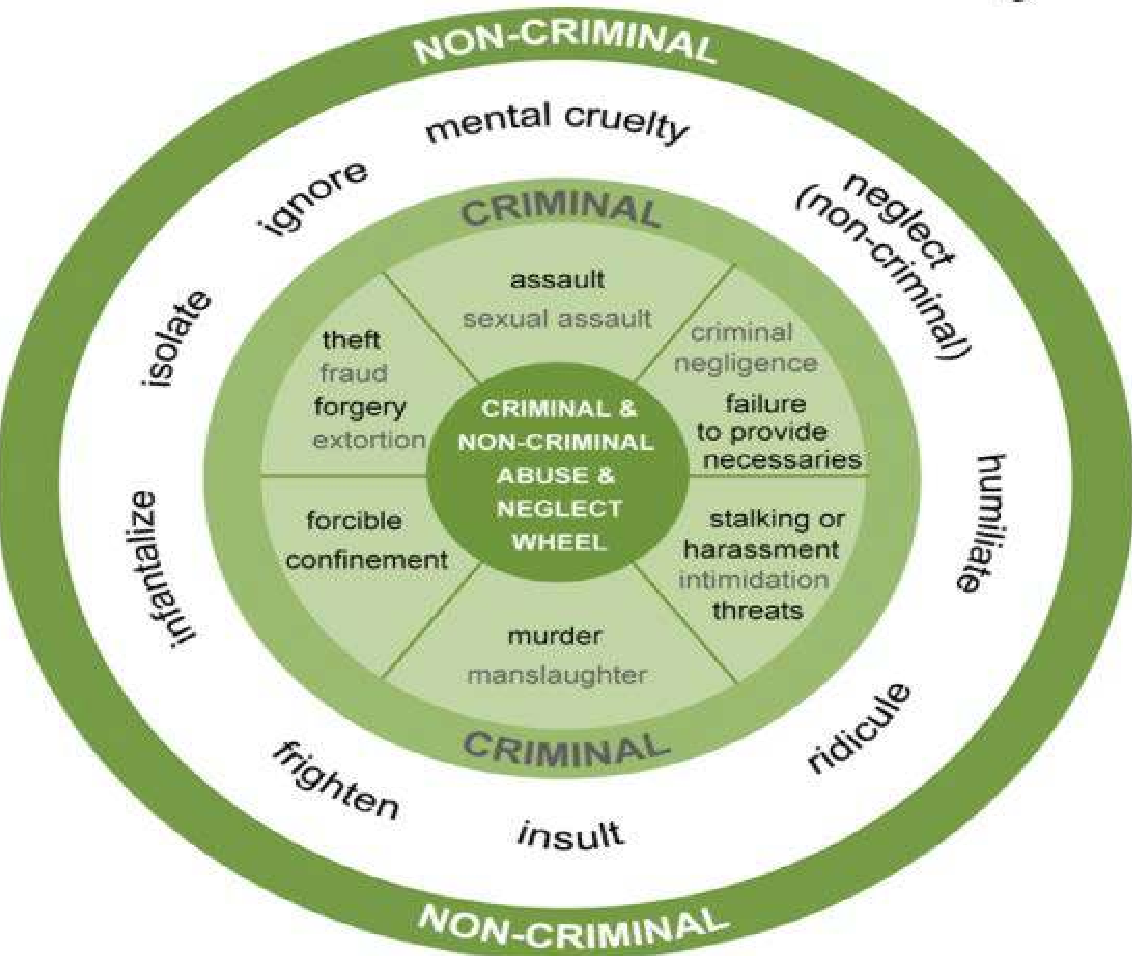
Section24 *(LTCH ACT)* States that anyone who sees/suspects abuse in LTC homes is legally obligated to report immediately to Director at MOHLTC 1-866-434-0144

- **Mandated Legislation for Retirement Homes:**

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

Is Elder Abuse a Criminal Offence?

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

CHARGE POLICY

Domestic Violence: (mandatory policy)

•*police* will lay charges where there are "reasonable grounds" to believe that an offence was committed

Abuse & Neglect of Older/Vulnerable Persons: (procedural)

•*police* will lay charges where there are "reasonable grounds" to believe that an offence was committed

EAO Resources and Tools

SAFETY PLANNING

FOR OLDER ADULTS
KEEPING SAFE IN UNHEALTHY RELATIONSHIPS

TOOLKIT FOR SERVICE PROVIDERS

2017

Making A Safety Plan for the Older Adult

- When you are developing a safety plan, make it practical, realistic and take into consideration the older adult's strengths and limitations.

- Think about how the older adult can stay both physically and emotionally safe.

- This means that they will know what steps to take if a person says or does things that make them feel out of control and very upset.

Safety Planning

1. Ask "What will the impact of an intervention have on the safety of a senior?"

2. Need to have a safety plan to deal with implications of alerting caregiver to allegations and then leaving

   i.e. Withdrawal of affection, family and support.

SENIORS CRIME STOPPERS

To anonymously report crimes against seniors.

1-800-222-TIPS (8477)

Seniors Safety Line – Ligne Aînés Sécurité

Get Help Now

Call the Seniors Safety Line

1-866-299-1011

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

Funded by:

Provincial Information and Support

Elder Abuse Ontario
www.elderabuseontario.com/
(416) 916-6728

Ontario Provincial Police
www.opp.ca
1-800-310-1122

Ministry of Health LTC-Action Line
1-866-434-0144
www.ontario.ca/page/long-term-care-home-complaint-process

Retirement Homes Regulatory Authority
www.rhra.ca/en/
1-855-275-7472

Seniors Safety Line
1-866-299-1011

Senior Crime Stoppers
http://ontariocrimestoppers.ca
1-800-222-TIPS (8477)

Office of the Public Guardian and Trustee
www.attorneygeneral.jus.gov.on.ca
1-800-366-0335

Canadian Anti-Fraud Centre
http://www.antifraudcentre-centreantifraude.ca
1-888-495-8501

Provincial Information and Support

Consent and Capacity Board
www.ccboard.on.ca
1-866-777-7391

Alzheimer Society of Ontario
www.alzheimer.ca/en/on
1-800-879-4226

Behaviour Support Ontario (BSO)
www.behaviouralsupportsontario.ca/
1-855-276-6313

Victim Support Line
www.attorneygeneral.jus.gov.on.ca/english/about/vw/vsl.asp
1-888-579-2888

Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres
www.satcontario.com/en/home.php
(416) 323-7518

Ontario Coalition of Rape Crisis Centres
www.sexualassaultsupport.ca/

Assaulted Women's Helpline
www.awhl.org
1-866-863-0511

Fem'aide
www.femaide.ca/
1-877-336-2433

Provincial Information and Support

Support Services for Male Survivors of Sexual Abuse
http://www.attorneygeneral.jus.gov.on.ca/english/ovss/male_support_services/
1-866-887-0015

TALK4HEALING
http://www.talk4healing.com/
1-855-554-HEAL (4325)

Rainbow Health Ontario
www.rainbowhealthontario.ca/
(416) 324-4262

LHIN Home and Community Care
http://healthcareathome.ca/
310-2222

Advocacy Centre for the Elderly
www.advocacycentreelderly.org
1-855-598-2656

Legal Aid Ontario
https://www.legalaid.on.ca

Law Society Referral Service
www.lsuc.on.ca/lsrs/
1-855-947-5255

Other Great Resources

www.advocacycentreelderly.org

www.nicenet.ca

www.cleo.on.ca

www.antifraudcentre-centreantifraude.ca

www.rnao.ca

Violence Against Older Women Learning Modules

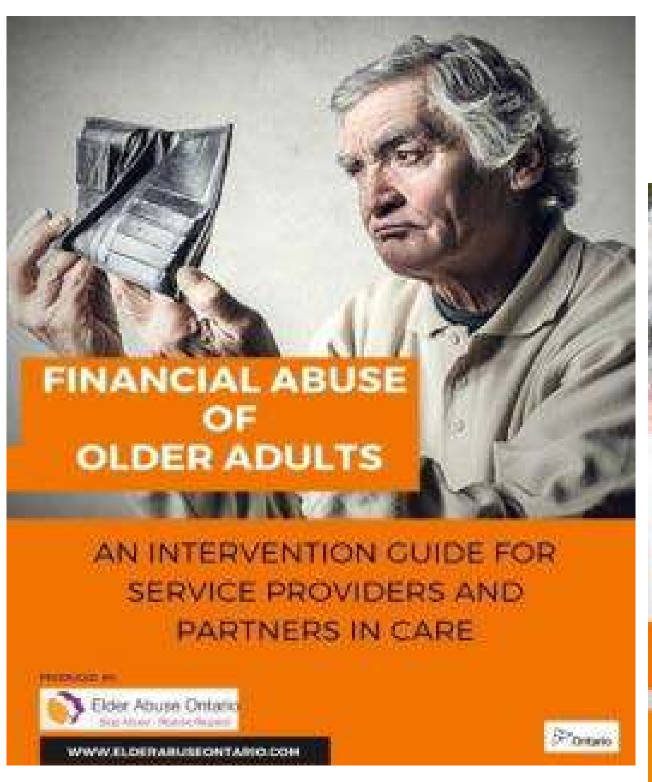
Strategies to Address Violence Against Older Women

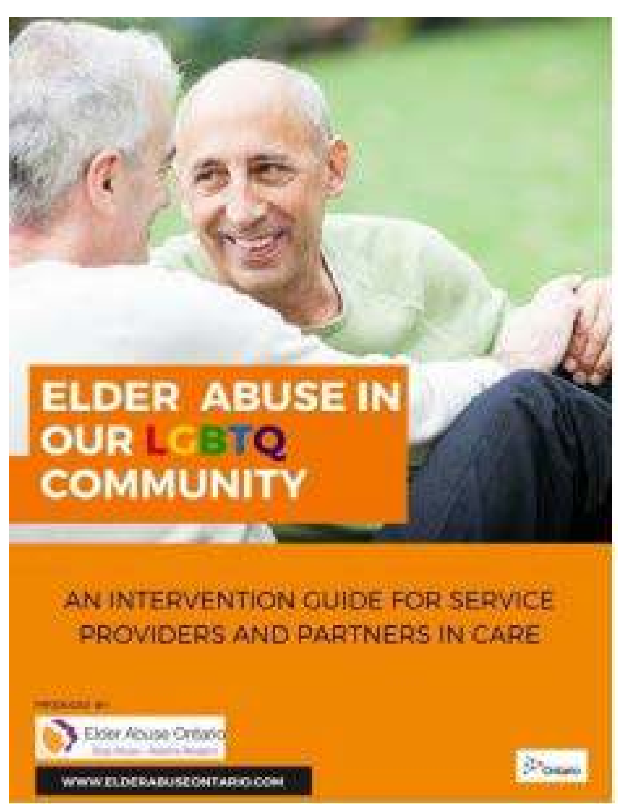
Five video learning modules, (approx. 30 mins), focused on strategies to address violence against older women. These modules can stand alone or be completed as a series, depending on one's learning needs.

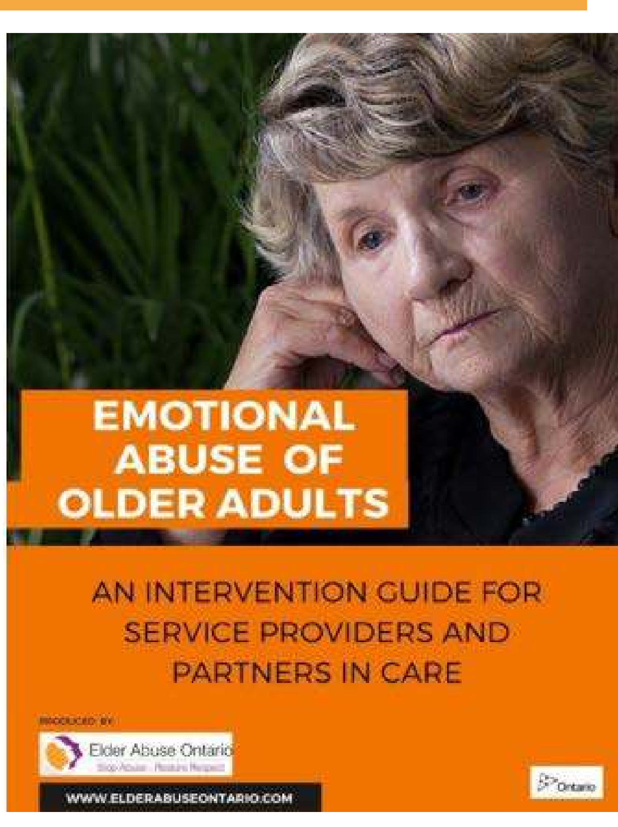
As you move through these modules, it is essential to consider that older women are not a monolithic group, and in addition to experiences of ageism and sexism, have lived experiences that are further shaped by their unique characteristics and identities such as their sexual orientation, gender identity,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

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

EAO Training Modules







Tea & Talk Workshop Guide

Sexual Harm in Older Adults

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

Contents: Workshop 8

Questions

Stay in touch with us!

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www.facebook.com/Elderabuseontario

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

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Toronto, ON M9B 6E1
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Website: www.elderabuseontario.com

Questions and Answers

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

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