



Elder Abuse Prevention (ON)

Stop Abuse - Restore Respect

Prévention de la maltraitance envers les aînés (ON)

Arrêtez les mauvais traitements - Restaurez le respect



CANADIAN NETWORK for
the PREVENTION of ELDER ABUSE

RÉSEAU CANADIEN pour la PRÉVENTION
du MAUVAIS TRAITEMENT des AÎNÉS

WEAAD WEBINAR SERIES

ELDER ABUSE AND COVID-19: Risk and Protective Factors

June 10th, 2020



**WORLD ELDER ABUSE
AWARENESS DAY 2020**

Uproot Elder Abuse
Plant a Seed for Change



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

Welcome to our Webinar!

- All **attendees** will microphones/video will be turned off during the webinar.
- **ASL Interpreters:** will be viewed by video during the webinar and identified as ASL Interpreter under their pictures.
- **Speakers:** presenting will be visible only when speaking. Once the presentation is completed, all speakers will show their videos for the Question /Answer period.
- **Adjusting Video Size of Speakers/Interpreters:** drag the line between the video frame and slides to the left. (adjust at beginning of the webinar)

Welcome to our Webinar!

- **Questions or experiencing issues** : Participants can type their questions in the Question/Answer box. Laura or Christine will respond with typed messages during the webinar. At the end, questions will be responded by Speakers with an ASL interpreter.
- **Question in ASL**: please type “I would like to ask a question in ASL”, I will promote you to be a panelist and you will be able to show turn on your video. Once the question has been responded to, you be asked to stop sharing your video and I will add you back as an attendee.

Welcome to our Webinar!

- **Evaluation** : After the session, you will be asked to complete a short evaluation, posted on Survey Monkey, to provide your feedback and ideas for future webinars.
- **Contact information:** of speakers will be provide at the end of presentation.
- **Recording:** Webinar will be recorded and posted on EAPO's and/or partner organization's website

ASL interpreting provided by:



Supported by:



Elder Abuse Prevention Ontario (EAPO)

EAPO Envisions an Ontario where....

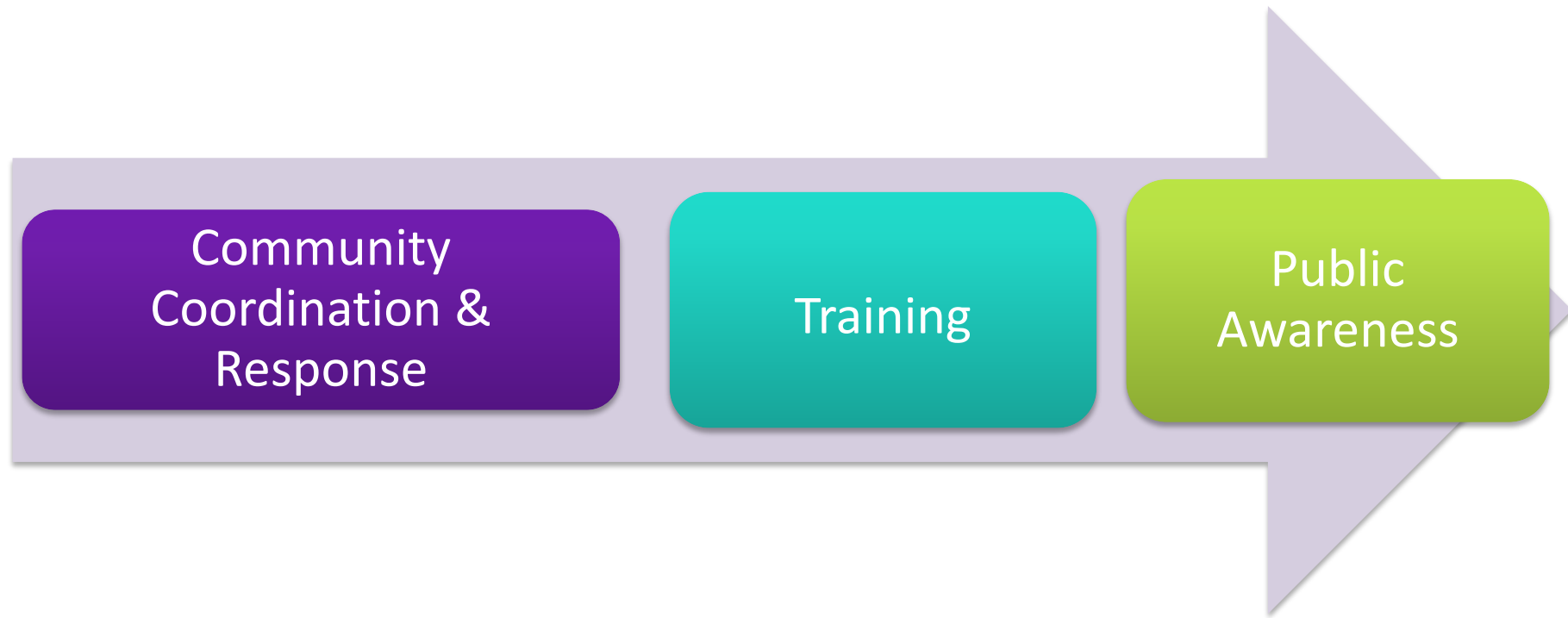
ALL seniors are free from abuse, have a strong voice, feel safe and respected.

Building that requires raising awareness, delivering education and training, working collaboratively with like-minded organizations and assisting with service co-ordination and advocacy.

- Not-for-profit, provincial charitable organization established in 2002 as ONPEA
- Funded by the ON Government, under the Ministry of Seniors and Accessibility (MSAA), **EAPO is mandated to support the implementation of Ontario's Strategy to Combat Elder Abuse**

“STOP ABUSE – RESTORE RESPECT”

Priorities of the Strategy



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Canadian Network for the Prevention of Elder Abuse



CANADIAN NETWORK *for*
the PREVENTION of ELDER ABUSE

RÉSEAU CANADIEN *pour la* PRÉVENTION
du MAUVAIS TRAITEMENT des AÎNÉS

Mission

We connect people and organizations, foster the exchange of reliable information, and advance program and policy development on issues related to preventing the abuse of older adults. We do this work at the local, regional, provincial/territorial, and national levels.

The network is led by a pan Canadian board of directors who each bring their passion and varied expertise. The network has a membership of individuals and organizations from across Canada who come from all walks of life and who care about older adults and the prevention of harm in later life.

Webinar Overview

In Canada, climate related disasters have resulted in few deaths and the focus therefore has been more on economic and social consequences. COVID-19 on the other hand, has shifted our national spotlight on morbidity and mortality.

Today, our distinguished speaker, will discuss the risk factors for mortality during natural disasters and the growing awareness of the relationships, age, gender, socio-economic status and other vulnerabilities have to environmental variables.

Dr. Elizabeth Podnieks



Founder of World Elder Abuse Awareness Day & a Professor Emeritus at Ryerson University's School of Nursing with a long standing interest in elder mistreatment and neglect and a great believer of the power of networks and support groups.

Dr. Podnieks' research includes abuse work in faith communities and raising awareness among children and adolescents.



Gloria Gutman, PhD

Gloria developed the Gerontology Research Centre and Department of Gerontology at Simon Fraser University (SFU) and was director of both from 1982-2005. She has held a number of high profile roles including two terms as President of the Canadian Association on Gerontology, President of the International Association of Gerontology and Geriatrics, and President of the International Network for Prevention of Elder Abuse (INPEA).

In 2005 she was recipient of INPEA's Rosalie Wolf award for her strong support of elder abuse prevention. In 2007 she was awarded the Order of British Columbia, in 2010 an honorary LLD by Western University, in 2012 a Queen Elizabeth II Diamond Jubilee Medal and in 2016 the Order of Canada for her work in gerontology.

She is author/editor of 23 books among them "Aging, Ageism and Abuse – Moving from Awareness to Action (Elsevier Insights 2010).





ELDER ABUSE AND COVID-19: Risk and Protective Factors



Gloria M. Gutman, PhD

Simon Fraser University Gerontology Research Centre

WEAAD webinar hosted by CNPEA & Elder Abuse Prevention Ontario,
June 10, 2020

OVERVIEW OF PRESENTATION

1

Review of evidence that older people are at high risk in disasters

2

Review of mortality rates for COVID-19 by age and sex

3

Why is Canada different?

4

What are the implications of that difference for those of us who work in the area of elder abuse prevention and mitigation?

5

What are new ways elder abuse and neglect might be expressed during this pandemic that we have not seen or thought about before?

INTERNATIONAL CLASSIFICATION OF NATURAL AND TECHNOLOGICAL DISASTERS



Natural

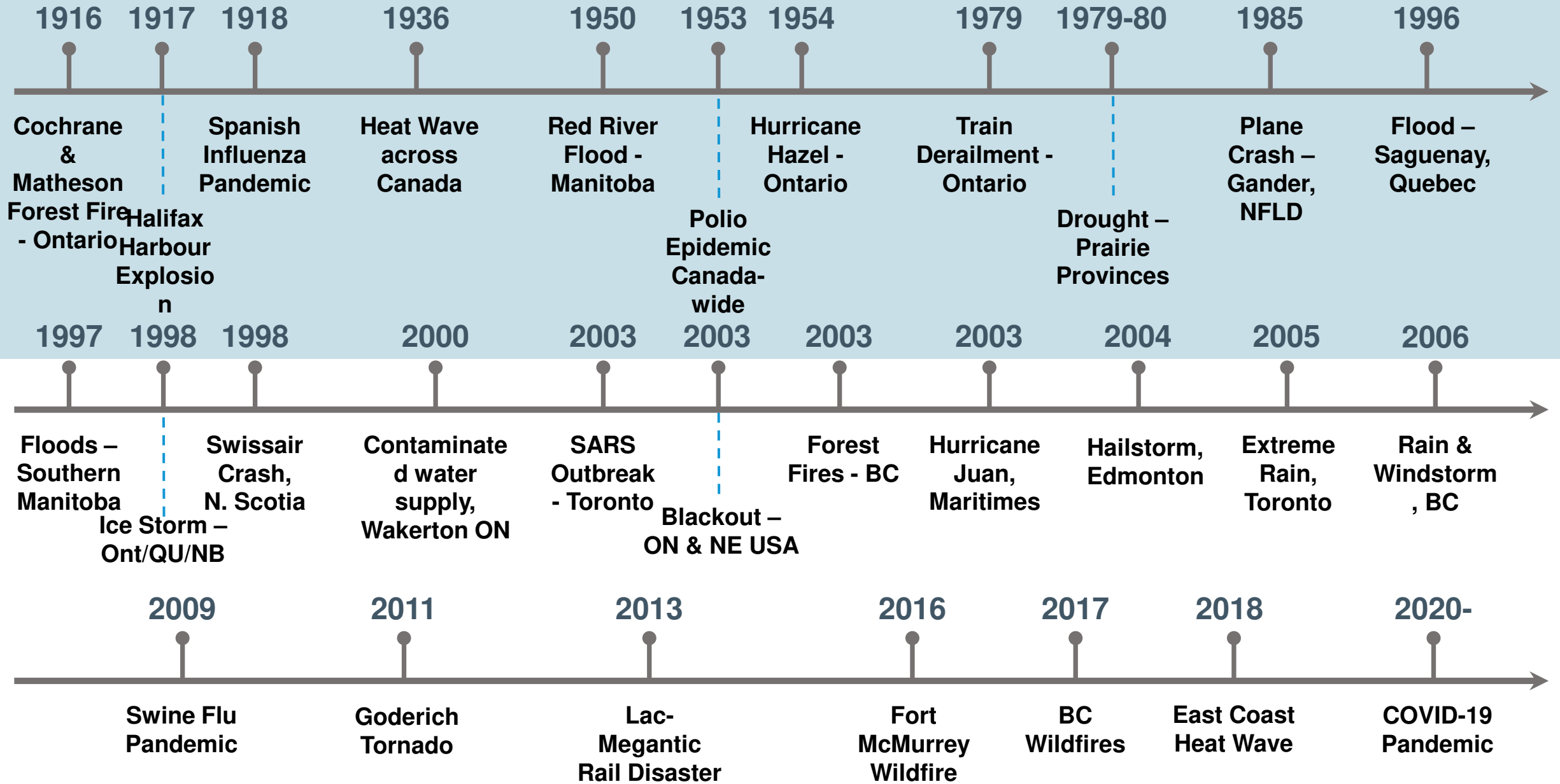
- ***Hydrometeorological***
 - Drought, flood, wildfire, storm, etc
- ***Geophysical***
 - Earthquake, tsunami, volcanic eruption etc
- ***Biological***
 - Epidemic, insect infestation



Technological

- ***Industrial***
 - Collapse, explosion, fire, gas leak, radiation
- ***Transport***
 - Rail, air, road, water, space
- ***Miscellaneous***
 - Collapse of domestic/ non-industrial structure
 - Non-industrial fire, explosion

CANADIAN DISASTER TIMELINE





IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings



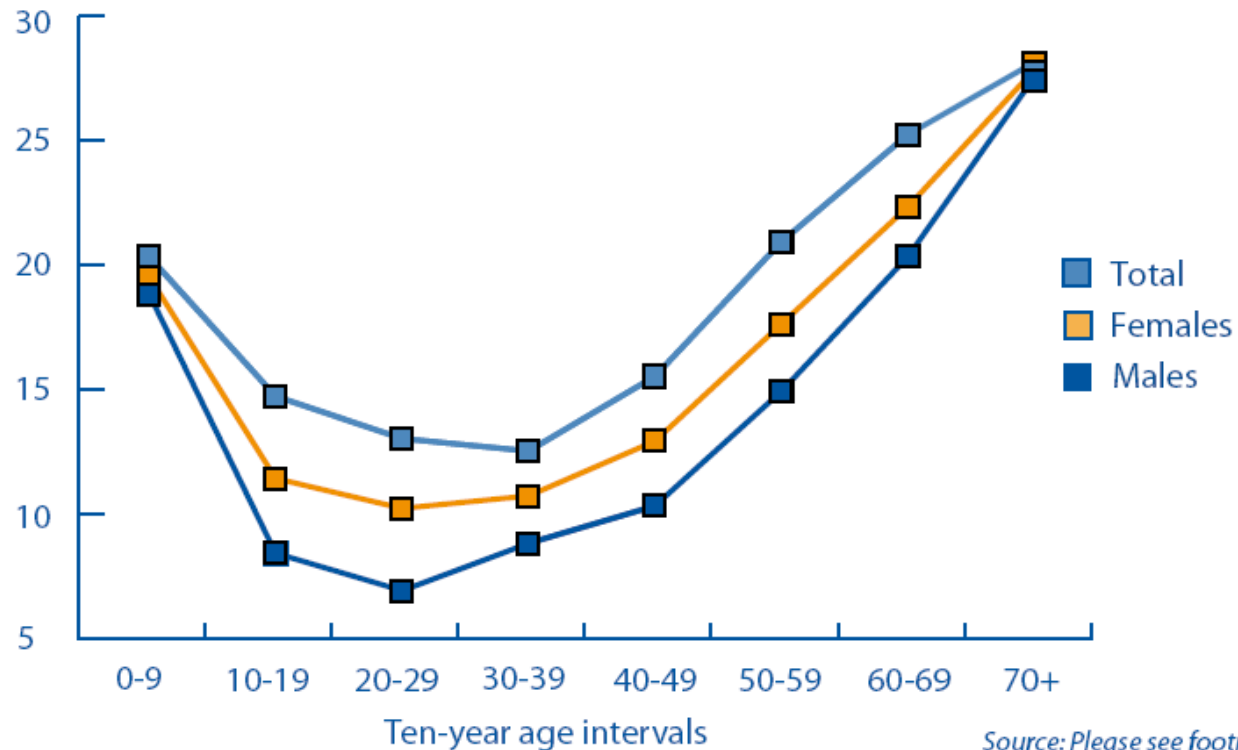
Depending on the emergency context, particular groups of people are at increased risk of experiencing social and/or psychological problems.

All sub-groups of a population can potentially be at risk, depending on the nature of the crisis.

AGE is a clear risk factor for disaster-related mortality



Figure 1. Age and sex specific mortality rates among tsunami-displaced households



The highest age-specific death rates resulting from the 2004 tsunami in Aceh, Indonesia, were for adults aged 60-69 (22.6%) and 70+ (28.1%).

Source: World Health Organization. (2008). Older Persons in Emergencies: An Active Ageing Perspective. World Health Organization, i-43.

AGE OF 853 DECEASED KATRINA VICTIMS

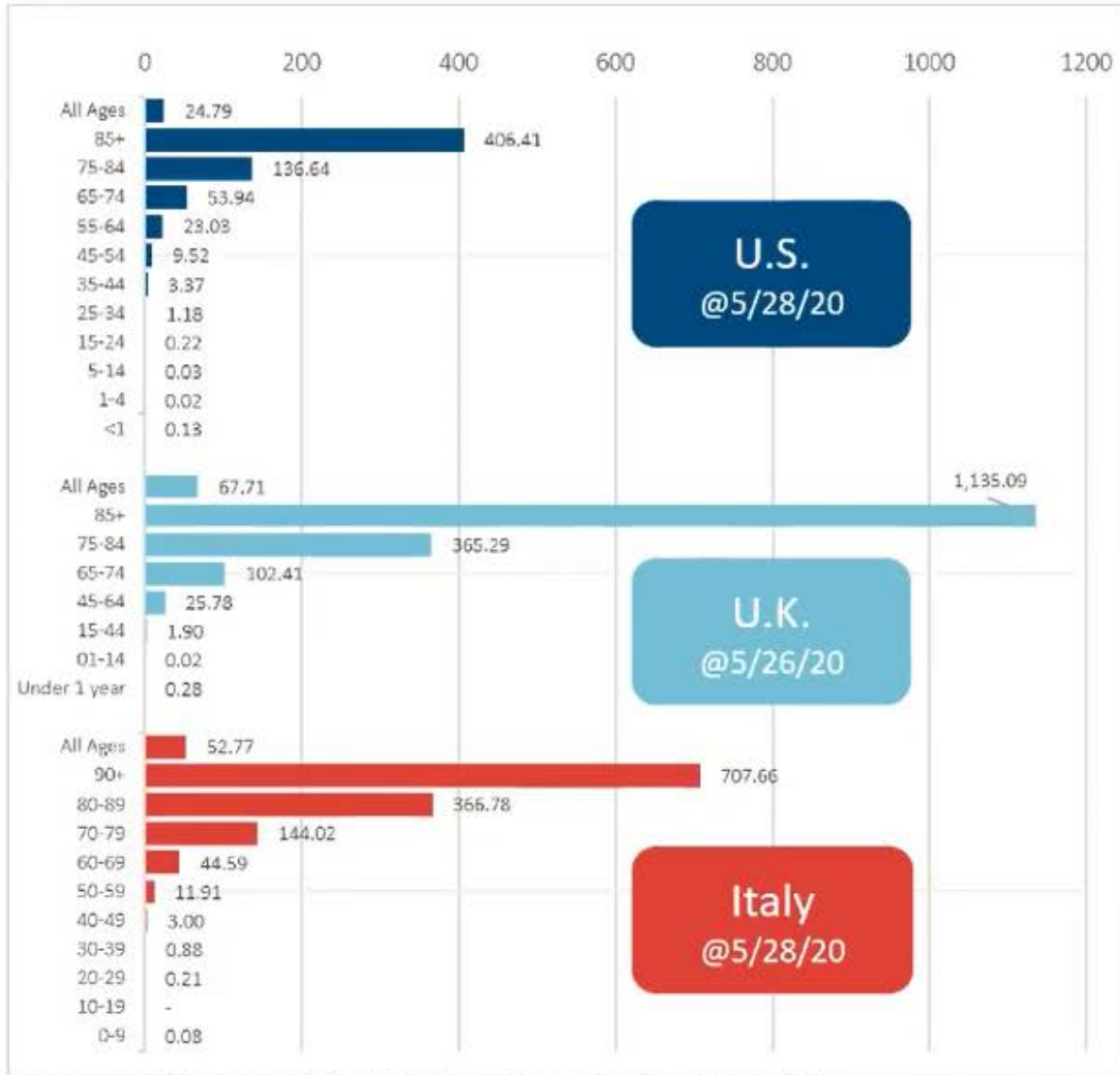
Source: Family Assistance
Center, April 2006

0-5	1
6-10	1
11-15	5
16-20	5
21-30	13
31-40	26
41-50	75
51-60	119
61-75	196
75+	388
Unknown	24

COVID-19 Mortality Rates per 100,000



Max Rudolph



Data source: INED for Europe, CDC and U.S. Census Bureau for U.S. and ONS for U.K.



VULNERABILITY FACTORS BEYOND AGE

RACE & SEX OF 853 KATRINA DECENDENT

Source: Family Assistance
Center, April 2006

Race		Sex	
African-American	451 (53%)	Male	432 (53%)
Caucasian	334 (39%)	Female	421 (47%)
Hispanic	18 (2%)		
Asian Pacific	6 (<1%)		
Native American	4 (<1%)		
Other	5 (<1%)		
Unknown	35 (5%)		

MORE RECENTLY



There has been growing awareness of the relationship among disaster vulnerability, gender, age, socio-economic status and other personal and environmental variables.

CONFIRMED CASES AND DEATHS BY SEX CONVID-19, CANADA & OTHER COUNTRIES

Country	Confirmed cases m	Confirmed cases f	Deaths m	Deaths f
Canada	45%	55%	47%	53%
Australia	51%	49%	57%	43%
England	47%	53%	59%	41%
France			59%	41%
USA			56%	44%

Source: UCL Centre for Gender & Global Health, May 13, 2020

REASONS CANADA MIGHT BE DIFFERENT

Majority of our cases have been in **LTC facilities**.



CANADIAN SUMMARY

CANADIAN JURISDICTION	Total Cases	Total Deaths	Total Homes Affected	% of Homes Affected		% of Resident Staff Cases		% of all Resident Staff Deaths		% of all Deaths	
				Homes Affected	Affected	Cases	Cases	Cases	Deaths		
Alberta	7076	145	350	50	14%	559	280	12%	111	0	77%
British Columbia	2623	166	392	36	9%	287	173	18%	92	0	55%
Manitoba	298	7	261	5	2%	4	2	2%	2	0	29%
New Brunswick	135	0	468	2	0%	5	2	5%	0	0	
Newfoundland and Labrador	261	3	125	1	1%	1	0	0%	0	0	0%
Northwest Territories	5	0	9	0	0%	0	0	0%	0	0	
Nova Scotia	1058	60	134	12	9%	265	123	37%	57	0	95%
Nunavut	0	0	5	0	0%	0	0		0	0	
Ontario	30540	2372	1396	416	30%	6383	3047	31%	1923	8	81%
Prince Edward Island	27	0	39	0	0%	0	0	0%	0	0	
Québec	51884	4794	2215	551	25%	9962	6079	31%	4213	6	88%
Saskatchewan	647	11	402	2	0%	3	4	1%	2	0	18%
Yukon	11	0	5	0	0%	0	0	0%	0	0	
CANADA	94565	7558	5801	1075	19%	17469	9710	29%	6400	14	85%

WHY THE HIGH MORTALITY RATE IN LTC FACILITIES?

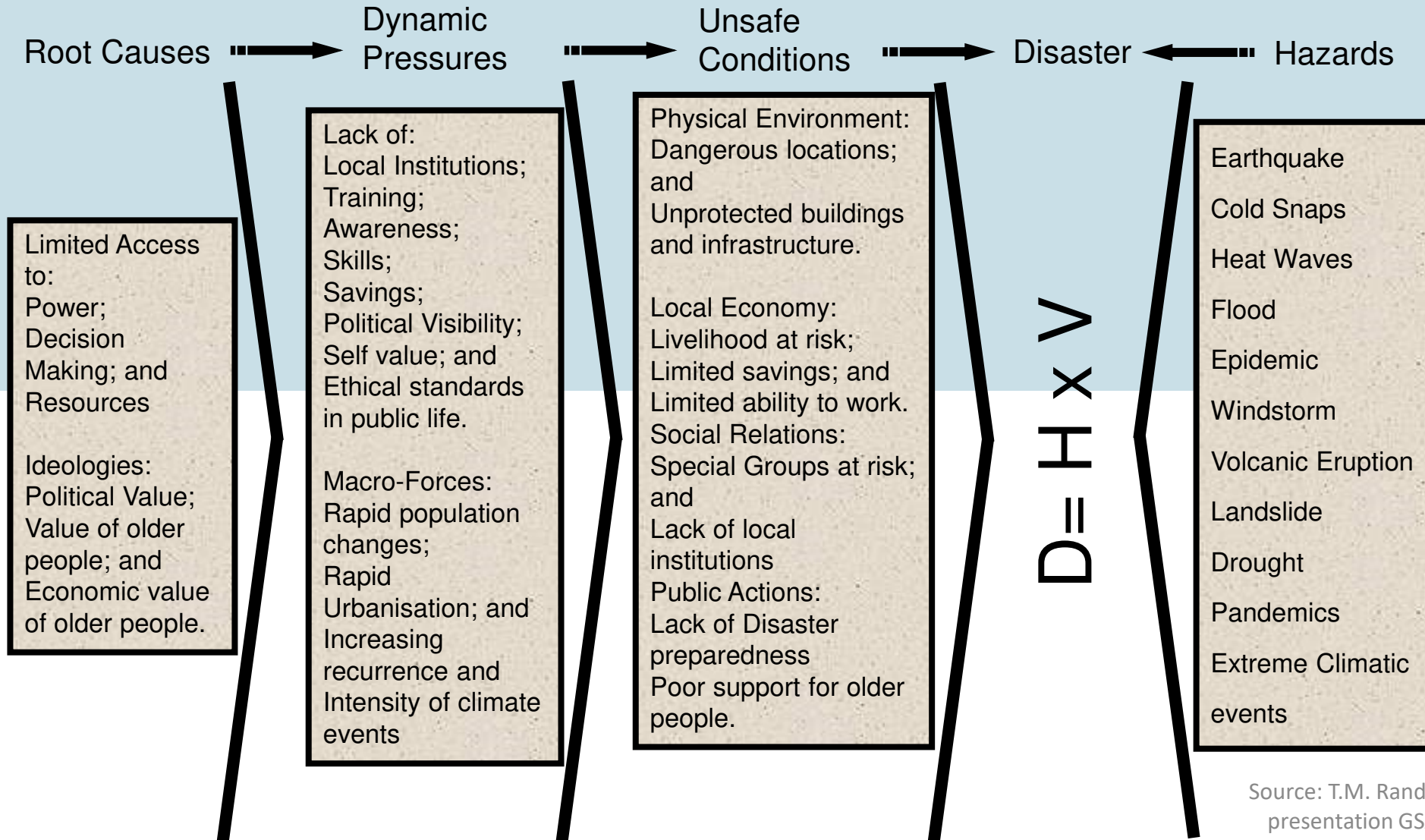
Related question:

Why have some LTC facilities in Canada experience a COVID-19 outbreak while others have not? Is it a result of differences in:

- resident characteristics?
- staff characteristics?
- ownership (public, compared with non-profit or for-profit)?
- physical space/design (ground oriented vs low-rise; % single rooms)?
- age of the building?
- heating, ventilation and air conditioning? water system?
- disaster preparedness?

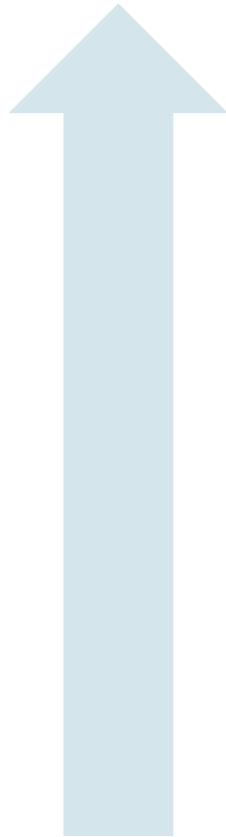
VULNERABILITY AND OLDER PEOPLE

The Progression of Vulnerability- *The Crunch Model*



IMPLICATIONS FOR PERSONS WHO WORK IN THE AREA OF ELDER ABUSE PREVENTION & MITIGATION


Child abuse & domestic violence rates are known to **increase** during and after disasters. While there is little “hard data” available, there is reason to believe rates of elder abuse also increase.



- **Elder abuse and neglect occurs in multiple settings - in the community and across a range of institutional settings**
 - **Psychological and financial are the most common**
- Source: Podnieks, Pillemer, Nicholson, et al. 1990; Boldy, Horner, Crouchley, et al, 2005; Ockleford, Barnes-Holmes, Morichellim et al, 2003)
- **Multiple forms - many victims experience more than one type**

Source: Anme & Tatara, 2005; Boldy, Horner, Crouchley et al, 2005; Vida & Des Rosiers, 2002

INSTITUTIONAL SETTINGS



New Orleans, USA –
St. Rita's nursing home
– 35 drowning deaths

Following Hurricane Katrina and the tsunami in Japan, there were TV and newspaper reports of old people being abandoned by nursing home and hospital staff. There were also rumors following Katrina of physical, sexual and financial abuse of older people in emergency shelters and other settings to which they were relocated.

Question: sensationalism or fact? If fact, how pervasive is the problem? What are the risk factors?

Fukushima, Japan –
“More than 125 elderly Japanese patients, many comatose, were abandoned by medical staff at a hospital six miles from the damaged Fukushima nuclear plant, the Guardian reported. At least 14 subsequently died” (World news – Asia-Pacific - msnbc.com 2011)

LAWSUITS & PROSECUTION

- Only one nursing home criminally charged
 - Louisiana requires nursing homes to file an evacuation plan with the local govt. It did not require that the plan be followed. In 2007, St. Rita's owners found innocent of negligent homicide
- Reportedly 200+ wrongful death lawsuits filed after Katrina –only two cases proceeded to trial both settled out of court
 - Ms. LaCoste –admitted to Pendleton Memorial Hospital with pneumonia day before Katrina ...ventilator stopped as a result of power outage
 - 58 year old amputee
- One doctor and 4 nurses arrested in connection injection of patients with lethal drugs – although case went to grand jury, the doctor was not indicted and charges against her and nurses have been expunged



THEFT, FINANCIAL ABUSE, AND NEGLECT IN SHELTERS

- Predators “...sometimes seized medications, pocket money, and even the few belongings evacuees still possessed. Others exploited frail elders by taking the money they received from FEMA. Operators of residential facilities, many unlicensed, searched for potential “business”, sometimes moving frail elders who lacked mental capacity to offsite housing facilities. In some cases, they took their money, and upon discovery of the extent of the elders’ needs, returned them to the shelter” Source: Dyer et al, 2006 p. 17
- Persons with decreased cognitive function and physical strength are at particular risk for theft in emergency shelters.
- People separated from their families or without an advocate at risk of being neglected or under-served by shelter medical and social service staff



Since Katrina, there has been growing recognition that there are special issues for seniors not covered in “all hazards” and “one size fits all” approaches and that there are vulnerable subgroups within the 65+ age group

Morbidity

- Physical health
- Psychological
 - PTSD
 - depression
 - anxiety

Vulnerable Groups include

- Socially isolated
- Frail
- Chronically ill
- Cognitively impaired
- Persons who have a history of exposure to extreme or prolonged traumatic stressors
- LGBTQ+

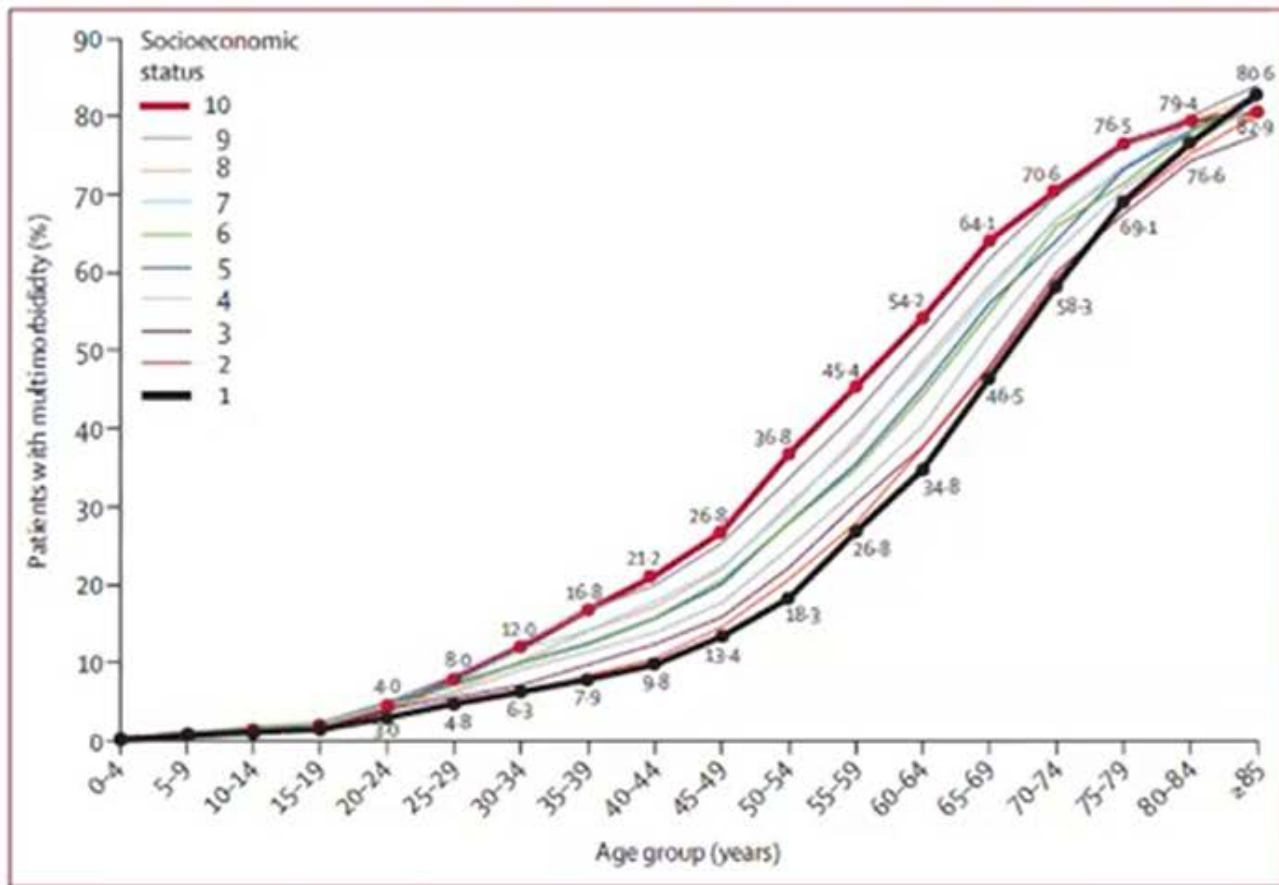


Figure 2: Prevalence of multimorbidity by age and socioeconomic status *The Lancet*
 On socioeconomic status scale, 1=most affluent and 10=most deprived.

AGE	TYPE II DIABETES	COPD	HEART DISEASE
50	> 15	> 15	> 15
60	10-15	> 15	> 15
70	5-10	10-15	10-15
80	3-5	5-10	5-10
90	1-3	1-3	5-10

Life expectancy of an **obese male smoker** with example medical conditions.

Comorbidities

RISKS FOR LTC AND ASSISTED LIVING RESIDENTS DURING COVID-19

- Many were at risk for loneliness before the pandemic. Now, they are coping with fear of contracting the virus. At the same time, they lack the supports they once had that helped them manage their stress such as organized activities and visits from family.
- We need to recognize the extent of disruption caused by lock-down and social distancing requirements
 - relationships
 - day-to-day assistance
 - **monitoring & surveillance**

This applies equally to home care recipients

COVID-19 FRAUDS & SCAMS

- The Better Business Bureau says puppy scams are the latest way fraudsters are taking advantage of lonely, isolated people. There have been reports from coast to coast of people being victimized while trying to buy a puppy online.

Source: Vancouver Sun, May 12, 2020

- Canadian Anti-Fraud Centre warns people to beware of:
 - fake government, healthcare or research information
 - unsolicited calls, emails and texts giving medical advice or requesting urgent action or payment
 - unauthorized or fraudulent charities soliciting money for victims, products or research
 - high-priced or low-quality products purchased in bulk and resold for a profit – often these items are expired and/or dangerous

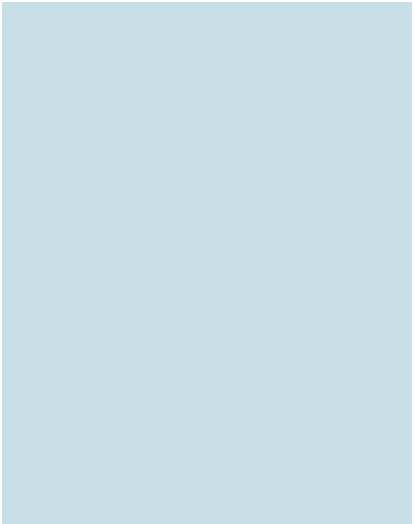
CANADIAN ANTI-FRAUD CENTRE ALSO WARNS ABOUT FRAUDSTERS POSING AS:

- Cleaning or heating companies offering duct cleaning or air filters to protect from COVID-19
- Hydro/power companies threatening to disconnect power for non-payment
- CDC or WHO staff, offering fake lists for sale of infected people in your neighborhood
- PHAC staff, giving false results telling people they have tested positive for COVID-19; tricking people into giving their care card and credit card numbers for a prescription
- Red Cross or other charities, offering free PPE for a donation
- Govt. departments, sending out coronavirus-themed phishing e-mails; tricking people into opening malicious attachments; revealing personal and financial details
- Financial advisors, pressuring people to invest in hot stocks related to the disease or offering financial aid and/or loans
- Door-to-door sales people selling household decontamination services
- Private companies offering fast COVID-19 tests for sale

NOT JUST A CANADIAN PROBLEM

- British Red Cross have received reports of people purporting to be from their agency knocking on the doors of the elderly and taking their money to do shopping – and not returning. They also report people charging for coming into people's homes with testing kits (that don't exist).
- This is also being reported on social media in the UK.
- Serbian Red Cross report similar incidents.

THE WAY FORWARD



ADDRESS GENDER & AGE ISSUES (INCLUDING ELDER ABUSE) IN ALL PHASES OF DISASTER

- **Pre-disaster**

- Minimal involvement of women in planning & decision-making
- Lack of appreciation of need for gender training of first responders

- **During disaster**

- Women's health, hygiene & security needs not addressed

- **Post-disaster**

- Lack of access to livelihood/employment, financial resources & social services

RECOGNIZE THAT RISK & PROTECTIVE FACTORS DIFFER FOR DIFFERENT LIVING ARRANGEMENTS AND ABUSE TYPES

- **“Safer at Home”** is a slogan being used to promote staying at home as a means of curbing the spread of COVID-19. But the potential for violence spikes when people spend 24/7 trapped at home with their abuser – in the case of an older adult that abuser could be a spouse, their child or another relative or, a paid caregiver.
- Living alone may be a protective factor for physical abuse but a risk factor for financial abuse, fraud and scams.

FACT: ELDER ABUSE LIKE COVID-19 HAS NO BORDERS AND BOUNDARIES

Victims include
older adults from
all socio-
economic
classes, cultures,
ethnicities
– movie stars
included!



Support Line

Seniors Safety Line

Provide assistance to abused seniors and their families across the province **24/7**

Highlights:

- Trained, experienced staff answers the phone
- Service in over 150 languages
- One toll free number for the entire province
- Instant access to provincial database listing regional resources
- Instant referral information provided

Benefits for local resources

- No more missed calls when your service is closed
- Immediate service in a crises situation
- Seniors and family members will be directed to local services and agencies
- Detail the services you provide and be part of the provincial database
- Database information is kept current
- Regional statistical information will be available.



Stop Abuse. Restore Respect.

1-866-299-1011



Elder Abuse Prevention (ON)

Stop Abuse - Restore Respect

Provincial Information and Support CRISIS/HELP LINES

Assaulted Women's Helpline

www.awhl.org

1-866-863-0511 (24 hours)

Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres

www.satcontario.com/en/home.php

416-323-7518

Victim Support Line

www.attorneygeneral.jus.gov.on.ca/english/about/vw/vsl.asp

1-888-579-2888 (24hrs)

Fem'aide

www.femaide.ca/

1-877-336-2433 (24 hours)

TALK4HEALING

www.talk4healing.com/

1-855-554-HEAL (4325)

Support Services for Male Survivors of Sexual Abuse

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

1-866-887-0015



Provincial Information and Support POLICE

RCMP

www.rcmp.gc.ca

Call local Police Service

LEAPS/Seniors Support Officers

Ontario Provincial Police

www.opp.ca

Senior Crime Stoppers

www.canadiancrimestoppers.org

1-800-222-TIPS (8477)

Canadian Anti-Fraud Centre

www.antifraudcentre-centreantifraude.ca/index-eng.htm

1-888-495-8501



**SENIORS
CRIME 
STOPPERS**



**To anonymously report
crimes against seniors.**

1-800-222-TIPS (8477)



Elder Abuse Prevention (ON)

Stop Abuse - Restore Respect

Provincial Information, Resources and Supports

Canadian Network for the Prevention of Elder Abuse

www.cnpea.ca

National Initiative for the Care of the Elderly

www.nicenet.ca

International Federation on Aging

www.ifa.ngo

Stop Family Violence

www.canada.ca/en/public-health/services/health-promotion/stop-family-violence.html

Stay in touch with us!



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WEAAD Webinar Series

15th Anniversary

World Elder Abuse Awareness Day - June 15th



IS SOCIAL ISOLATION ELDER ABUSE?

Interactive Online Panel Discussion
with Canadian Experts

June 15, 2020
1:00-3:00 pm EST

Questions



Speaker Contact Information



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