



Elder Abuse: Guidelines for Action



ACKNOWLEDGEMENTS

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- Northumberland Hills Hospital
- Elder Abuse Ontario
- Central East Community Care Access Center
- Cornerstone Family Violence Prevention Center
- Prevention of Elder Abuse Committee of York Region
- Centre for Research and Education on Violence Against Women and Children **“It’s Not Right”**

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INTRODUCTION TO *GUIDELINES FOR ACTION*

INTENTION OF USE

This booklet was created by the Northumberland Elder Abuse Resource Network (NEARN) in order to provide information to raise awareness of key issues around abuse and neglect in later life and to ensure that older adults are treated with respect and dignity in our community.

It is intended to help all members of Northumberland County (including those who provide both formal and informal supports and health care to seniors) on how to recognize and respond to situations when an older adult may be vulnerable/at-risk or experiencing elder abuse.

These Guidelines provide quick access to information to address this important health, social and legal issue.

For the purpose of this booklet, an “older adult/Elder” or “senior” is defined as – those aged 65 and older.

WHO IS NEARN?

The **Northumberland Elder Abuse Resource Network (NEARN)** was formed in 2006 to assist the planning and coordination of services related to elder abuse prevention in Northumberland County and to provide education to raise awareness about elder abuse in the community.

NEARN is a not-for-profit volunteer organization, comprised of volunteer members from diverse sectors in our community, including representatives from: health; social services; family violence services; financial services; victim services; police; seniors; housing/shelters; faith; and First Nations.

NEARN is funded by donations from individuals, support from community agencies, and fundraising activities in our community. NEARN strives to contribute to the creation of a safe community for older adults.

UNDERSTANDING ELDER ABUSE

DEFINITION

Elder Abuse is defined by the World Health Organization (2016) 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.”

Occurrence

Elder abuse continues to be underestimated, under reported, and ignored by societies around the world. Most often, elder abuse does not occur as a single isolated event. Unfortunately, elder abuse is recurrent in most cases. Each individual case can involve one or more different types of abuse.

Types

Financial, physical, sexual, psychological/emotional, and neglect. In Canada, the majority of cases reported involve financial abuse. Upon investigation, those who have reported financial abuse may also experience physical and/or emotional abuse. (Refer to pages 6-7 for descriptions).

Who is the Abuser?

An abuser can be anyone. However, due to the domestic nature of elder abuse, it is most often adult children, a spouse, and grandchildren. Anyone who takes advantage of their position of power and trust can become an abuser.

What puts an older adult at risk of becoming a victim of abuse?

Family dynamics, shared living arrangements, dependent/co-dependent relationships, isolation (lack of support, language and/or cultural barriers), health decline, dementia, caregiver stress, addictions, and mental health concerns.

What puts a person at risk of becoming the abuser?

Caregiver stress/burnout, feeling overwhelmed, lack of support, lack of knowledge about relevant community services, isolation, addictions, mental health, family dynamics/cycle of abuse/sense of entitlement, or financial hardship.

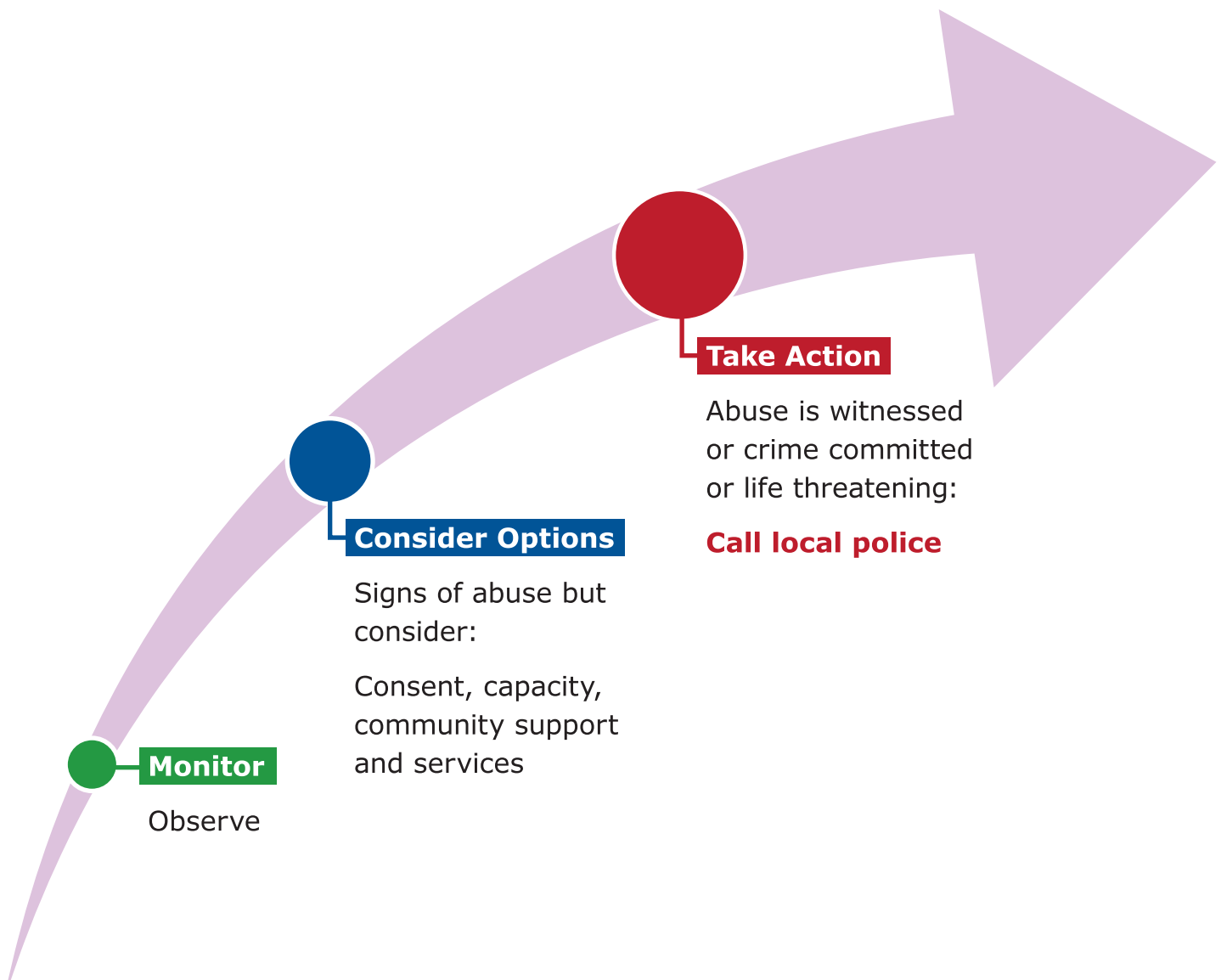
RECOGNIZING THE SIGNS OF ELDER ABUSE

See It	Name It	Check It	Ask the Older Adult
<p>You Notice: →</p> <p>Older adult shares concerns with you about a change in ability to make bill payments or discontinuation of paid services (i.e. cable, utilities)</p> <p>Friends/family/strangers persistently contacting the older adult and asking for money</p> <p>Are other people in the older adult’s life suddenly able to afford things they once could not?</p>	<p>Suspect: Financial</p> <p>Any abuse that results in a monetary or personal gain to the abuser and/or monetary or personal loss for the older adult.</p>	<p>Does the senior refuse to spend money without consulting family?</p> <p>Does the older adult appear to live in a different standard than the others living in the house?</p>	<p>“Have you ever been asked to sign papers you didn’t understand? Can you tell me about it?”</p> <p>“Does anyone ever take anything from you or use your money without permission?”</p> <p>“Are there personal items missing from your home after you have visitors?”</p> <p>“Has your bank contacted you to inform you of strange/large purchases?”</p> <p>“Are your bills being paid?”</p>
<p>You Notice: →</p> <p>New change in hygiene</p> <p>Inappropriate clothing for the season</p> <p>Skin shows signs of dehydration, cuts, burns, bites, bruises</p> <p>Multiple admissions to hospital for unexplained injuries</p> <p>Over or under medication use</p>	<p>Suspect: Physical</p> <p>Any act of violence or rough handling that may or may not result in physical injury but causes physical discomfort or pain.</p>	<p>Are there unexplained injuries?</p> <p>Is the senior nervous around the potential abuser?</p> <p>Is there evidence of poor hygiene, a lack of medical aids (i.e. requires a walker and does not have one)?</p> <p>Are there broken aids not being replaced? (Glasses, dentures, etc.)</p>	<p>“Do you feel safe in your home?”</p> <p>“Does anyone ever try to harm or hurt you? Can you tell me about it?”</p> <p>“Where did you get that bruise?”</p>

See It	Name It	Check It	Ask the Older Adult
<p>You Notice: —————→</p> <p>Bruising and swelling, or unexplained sexually transmitted infections noticed during healthcare provider physical assessment.</p> <p>Behaviour and personality changes such as fear, anger, withdrawal.</p>	<p>Suspect: Sexual</p> <p>Any sexual behaviour directed toward an older adult without that person's full consent.</p>	<p>What have you observed about the nature and quality of the relationship with the possible abuser?</p> <p>Have you heard the potential abuser converse with the older adult in a sexually inappropriate way?</p>	<p>"Does anyone ever touch you in a way you do not want?"</p> <p>"Is there a time recently when someone made you do things you didn't want to do?"</p> <p>"Does anyone ever try to harm or hurt you? Can you tell me about it?"</p>
<p>You Notice: —————→</p> <p>Communication with the potential abuser includes changes in the way they interact, such as: tone of voice, anger, insults, threats, or glaring at the older adult.</p> <p>Older adult appears sad, afraid, anxious or withdrawn.</p> <p>Behaviour changes when the potential abuser enters or leaves the room.</p>	<p>Suspect: Psychological</p> <p>Any verbal or non-verbal action that lessens an older person's sense of identity, dignity, and self-worth.</p>	<p>Does the older adult appear fearful of family and/or caregivers?</p> <p>Have you noticed sudden changes in the older adult's behaviour?</p> <p>How do family/caregivers behave towards the senior?</p>	<p>"Has anyone ever made you feel upset, ashamed, or threatened by the way or manner they have spoken to you?"</p> <p>"Are you able to see relatives or friends when you want to?"</p> <p>"Do you feel safe at home?"</p> <p>"Do you have access to a telephone?"</p>
<p>Older adult is dependent on others for assistance in daily living and you notice:</p> <p>Unhealthy weight loss</p> <p>Unkempt/dirty clothing or bed linens</p> <p>Home is dirty or in disrepair</p> <p>Prescriptions not filled</p> <p>Poor hygiene</p>	<p>Suspect: Neglect</p> <p>Not ensuring the basic needs of the older person are met.</p> <p>Active (Intentional): Withholding the necessities of life from an older adult for whom they are responsible.</p> <p>Passive (unintentional) neglect: the failure to provide necessities due to lack of knowledge or ability.</p>	<p>Does the caregiver appear indifferent to the needs of the older adult?</p> <p>Is the older adult left alone for long periods of time without the required support?</p> <p>Is the older adult missing medical and/or other appointments?</p>	<p>"Are you alone most of the time?"</p> <p>"Does anyone ever ignore your needs when you ask for help?"</p> <p>"Do you have enough food and clean clothes?"</p> <p>"Do you feel safe at home?"</p> <p>"Are you able to get to medical appointments?"</p>

SCREENING FOR RISK

Depending on the situation, you may be required to take action immediately as an older adult has a life threatening issue or serious injury. If you are an employee of an agency, you must defer to your agency's policy and procedures in how to respond abuse situations. The following framework can be used to identify levels of risk and type of response needed to ensure the senior is safe.



SCREENING FOR RISK: LEVELS DEFINED

Monitor

The older adult may be vulnerable or at risk of abuse, but there are no clear signs that abuse has occurred. Keep in contact with the older adult, have a conversation about how to minimize risk factors for abuse, observe and monitor the situation.

Consider Options

You suspect abuse and signs of abuse are evident, but there is no risk of immediate harm to the older adult. Before taking action, consider these important factors:

Consent – You should speak with the older adult about your concerns and involve him/her in decision making process of developing a plan to resolve the situation. The older adult must consent before anyone can act on their behalf, unless it is an emergency situation requiring you to phone police.

Capacity – Older adults are considered to be capable of making all their decisions, unless proven otherwise. If you have evidence that an older adult does not have the capacity to understand and appreciate their situation or what may occur if there is a lack of a decision, AND is at risk of serious harm, you can contact the Office of the Public Guardian and Trustee. The Guardianship Investigations branch has legal authority to investigate abuse situations in these circumstances. They may be contacted at 1-800-366-0335.

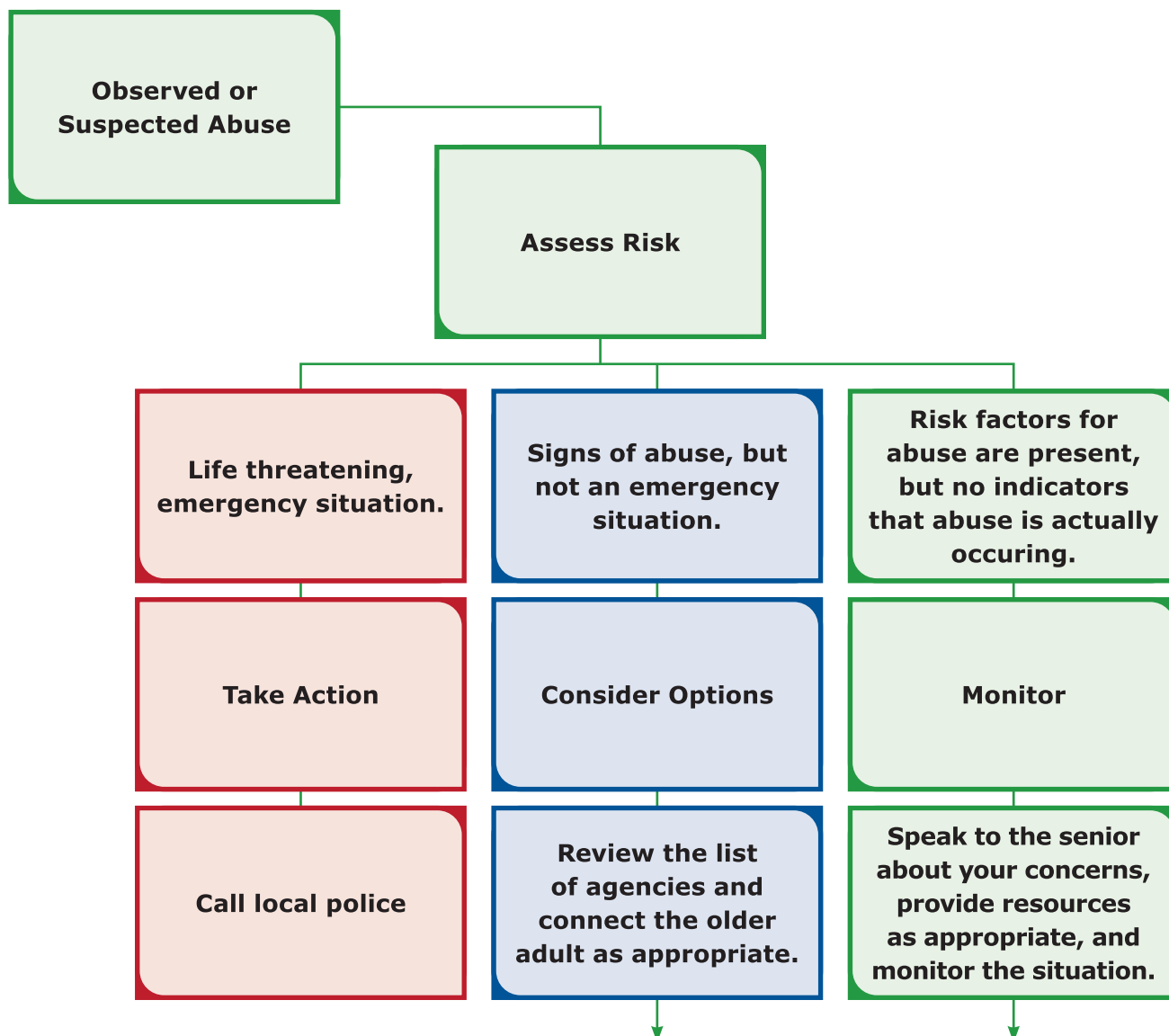
Community Support and Services – With consent, help the older adult connect with other agencies who can support them. If you suspect the abuser is a family member, try to identify other trustworthy family members or friends. You do not need consent to call support services to ask for help for yourself. The Community Resource Section (page 14) provides a listing of these services.

Take Action

Abuse is witnessed! Theft, assault, or life threatening health concerns requiring immediate emergency attention. Call local police and/or emergency services.

DECISION TREE FOR COMMUNITY MEMBERS

The following decision tree is designed to guide community members with decision making if Elder abuse is observed or suspected.



Does the older adult have the capability of giving their consent for you to act on their behalf?

If a person is **capable** of providing consent, then they must be involved in the decision making process. They have the right to refuse to take action. NOTE: You cannot act on behalf of a senior without their consent except in an emergency situation. For example: If Mary is a capable and wants to continue to give her son money, even though he is clearly taking advantage of her, no one can prevent her actions.

If a person is **incapable** of giving consent, and/or you do not think that the older adult has the capacity to understand and appreciate the abuse situation, you may speak to their Substitute Decision Maker (provided that they are not the abuser). If you are suspicious that the person acting on behalf of the older adult is the abuser, and the older adult is at risk of serious harm, you can report this to the **Office of the Public Guardian and Trustee**.

FOR PROVIDERS OF SERVICES TO OLDER ADULTS

The next two pages are designed to speak to regulated and unregulated professionals who directly provide a service to older adults in our community; including: staff in long-term care, hospitals, retirement homes, as well as community healthcare providers.

It is important that regulated and unregulated staff are aware of their duties to report elder abuse, as well as to follow their organization's policy and procedures in response to Elder abuse. When in doubt, report suspect or observed abuse immediately to your manager or supervisor.

DUTY TO REPORT

In Ontario, there is mandatory legislation regarding the duty to report elder abuse. If ANYONE suspects abuse of a person residing a Long-Term Care Home or Retirement Home, it is mandatory to report the situation.

If an older adult is a resident of a Long-Term Care Home

Long Term Care Homes Act (LTCHA (2007)) - states any person who has reasonable grounds to suspect that abuse has occurred, or may occur, shall immediately report the suspicion and the information upon which it was based to the Director under the LTCHA.

Contact: Long-Term Care ACTION Line at **1-866-434-0144**

Open seven days a week, from 8:30 a.m. to 7:00 p.m.

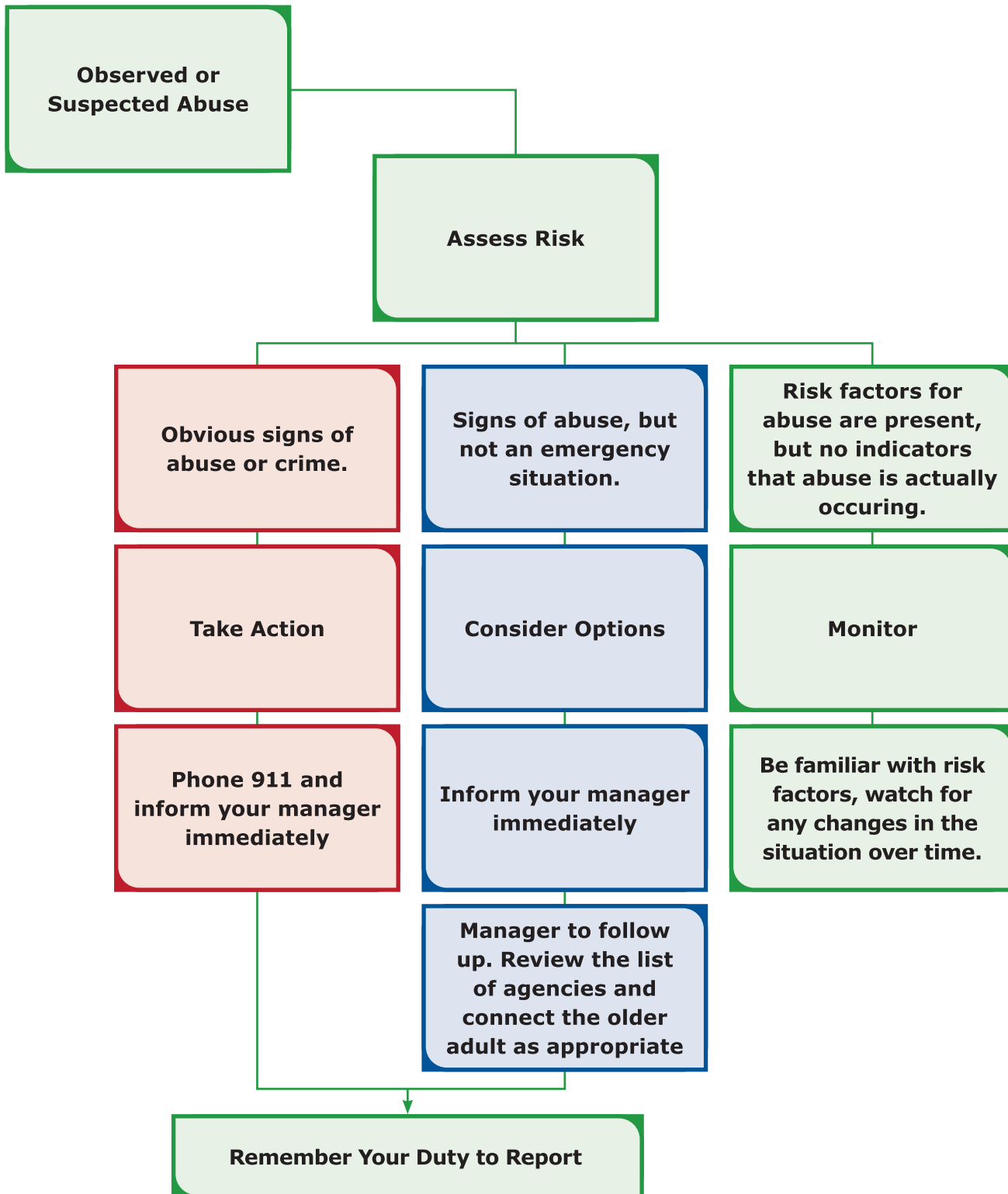
If an older adult is a resident of a Retirement Home

Retirement Homes Act - if an older adult is a resident of a retirement home, a person who suspects harm, or risk of harm, resulting from abuse or neglect has a duty to report.

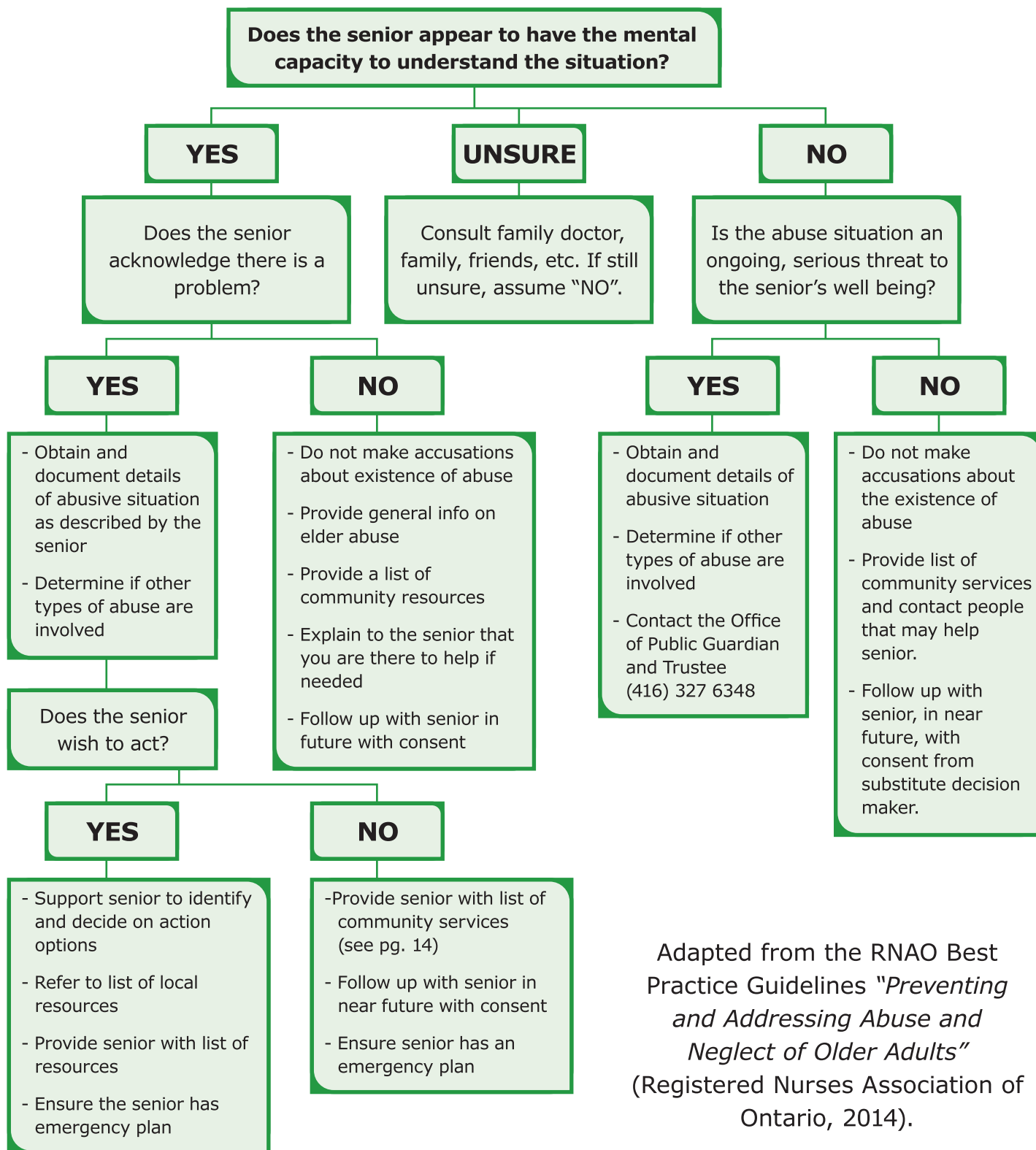
Contact: Retirement Homes Regulatory Authority (www.rhra.ca) at

1-855-275-7472 (Ask RHRA)

DECISION TREE FOR UNREGULATED HEALTHCARE PROVIDERS



DECISION TREE FOR REGULATED HEALTHCARE PROVIDERS



Adapted from the RNAO Best Practice Guidelines *"Preventing and Addressing Abuse and Neglect of Older Adults"* (Registered Nurses Association of Ontario, 2014).

LOCAL SERVICES AND RESOURCES

ADVOCACY & LEGAL ADVICE

Advocacy Centre for the Elderly (ACE)..... **1-855-598-2656**

Northumberland Community Legal Centre..... **1-800-850-7882**

CRISIS SUPPORT

Seniors Safety Line..... **1-866-299-1011**

Cornerstone Family Violence Prevention Centre..... **1-800-263-3757**

Four County Crisis (CMHA)..... **1-800-995-9933**

Victim Services of Peterborough and Northumberland..... **1-888-822-7729**

LAW ENFORCEMENT AND GOVERNMENT AGENCIES

Emergency..... **9-1-1**

Cobourg Police Service (non-emergency)..... **905-372-2243**

Ontario Provincial Police..... **1-888-310-1122**

Port Hope Police Service (non-emergency)..... **905-885-8123**

Office of the Public Guardian and Trustee..... **1-800-366-0335**

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

MEDICAL SERVICES

Northumberland Hills Hospital..... **905-372-6811**

(For non-emergency: Call to seek consultation from the Geriatric Emergency Management Nurse)

Campbellford Memorial Hospital..... **705-653-1140**

SUPPORT SERVICES

Central East Community Care Access Centre..... **905-885-6600/1-800-263-3877**

Elder Abuse Ontario..... **705-876-1122 x 327**

Visit www.centraleasthealthline.ca for more local programs and services for seniors

REFERENCES

Centre for Research and Education on Violence Against Women and Children (2016). SNCit Conversation Framework: SEE it – NAME it –CHECK it. www.itsnotright.ca

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NOTES

Funded by:

