



Initiating a Dialogue on Dementia & Elder Abuse

GLOBALLY

2/3

PEOPLE WITH DEMENTIA HAVE BEEN ABUSED

IN CANADA

4-10%

OF OLDER ADULTS HAVE EXPERIENCED 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. Strangers can also engage in abuse.

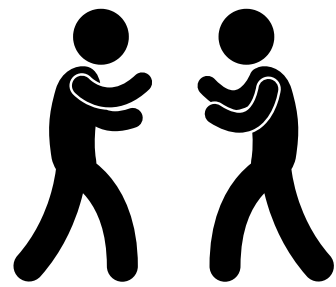
NEGLECT

A specific type of elder abuse where the basic necessities of care are withheld or not provided.

Types of Abuse

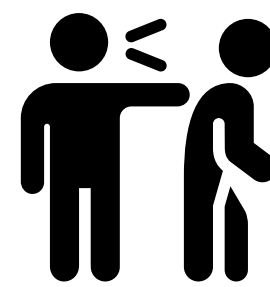
Physical

Any action that causes bodily injury or physical discomfort.



Psychological

Severe persistent verbal or non-verbal behaviours that cause emotional distress, fear, diminished self-esteem or dignity.



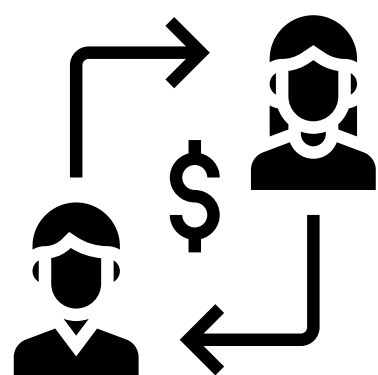
Sexual

Direct or indirect involvement in sexual activity or activities sexual in nature, without consent.



Financial

An action that leads to theft or exploitation of a person's money, property, or assets.



Spiritual/Religious

Restricting spiritual practices, customs, traditions, or beliefs.



Over/Under Medication

Misuse of medication that causes harm to the senior.



Dementia

Dementia is a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life. Alzheimer's is the most common cause of dementia.



Early Stage (Mild):
Little help is required.

Middle Stage (Moderate):
Help is needed with daily tasks.

Late Stage (Severe):
Help is needed with activities of daily life.

End of Life:
Spiritual, emotional, and physical needs.

Unintentional Neglect

Unintentional neglect can happen when someone doesn't have the skills or support needed to care for someone.

As dementia progresses, caregiver stress is likely to increase. This can translate into elder abuse or neglect. Early intervention is needed to prevent further harm.

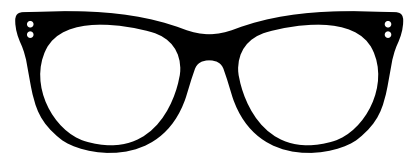


See It, Name It, Check It

Adapted from the Centre for Research & Education on Violence Against Women and Children, Western University.

See it

Learn and recognize the signs of abuse.



Name it

Point out and name it as abuse. Talk to the older adult about your concerns based on what you see.

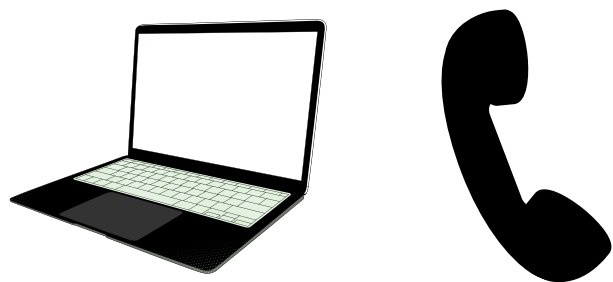
Check it

Ask questions. Check your assumptions at the door and check out local services for information and resources.

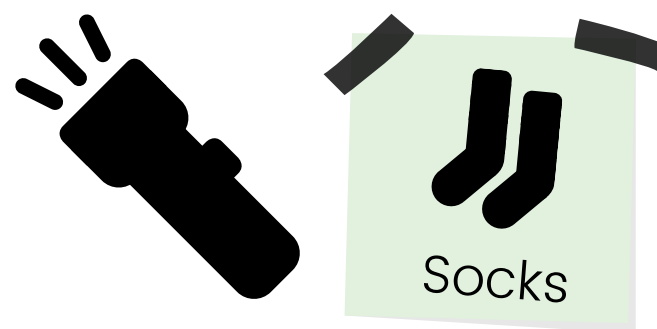
Conversation and Safety Plan Preparation

When speaking with someone with dementia about elder abuse, help build a supportive environment for memory and self-determination.

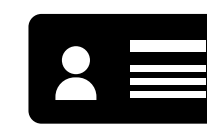
Seek information from a support line.



Use visual cues and label items.



If you are an older adult experiencing abuse...



Give copies of important documents (POA, ID, SIN, will, banking) to someone you trust



Prepare an overnight bag with emergency contacts, money, medicines, and mobility aids.



Reach out to relevant resources below.

Listen and check in with the older adult. Provide options but don't make decisions for them.



Reassure the older person that they are not alone and that it's not their fault. Tell them that when they are ready you will help them.



Resources

For people experiencing or witnessing abuse...

Seniors Safety Line (1-866-299-1011)
Advocacy Centre for the Elderly (1-855-598-2656)
Alzheimer Society of Ontario - (1-800-879-4226)
Assaulted Women's Helpline (1-866-863-0511)
Fem'aide (1-877-336-2433)

For caregivers...

Canadian Hospice Palliative Care Association (1-800-668-2785)
Caregiving Matters (905-939-2931)
Ontario Caregiver Hotline (1-833-416-2273/CARE)
Alzheimer Society of Ontario - (1-800-879-4226)

Local resources near me include...

To find resources in other Provinces and Territories, visit cnpea.ca and click on [Find Help](#).

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References

Alzheimer's Association. (2021). What is Dementia?
Alzheimer Society. (2021). Elder abuse.
Centre for Research & Education on Violence Against Women and Children. (n.d.) How You Can Identify Abuse and Help Older Adults At Risk. Western University.
World Health Organization. (2016). Elder Abuse: The Health Sector Role in Prevention and Response.