



CNPEA  RCPMTA

CANADIAN NETWORK for  
the PREVENTION of ELDER ABUSE  
RÉSEAU CANADIEN pour la PRÉVENTION  
du MAUVAIS TRAITEMENT des AÎNÉS



Elder Abuse  
Prevention  
Ontario

 **WEBINAR**

## Disclosure and Reporting of Abuse Against Older Adults



25th September



1:00 PM

### Speakers:

**Christine A. Walsh**, Professor, Faculty of Social Work, University of Calgary

**Kerstin Roger, Phd**, Professor, Department of Community Health Sciences Max Rady College of Medicine, Rady Faculty of Health Sciences, University of Manitoba



## Communication



**Microphones:** All attendees will be muted during the webinar.

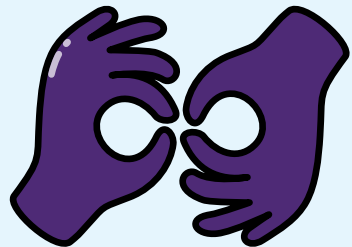


**CHAT Box** - Welcome to post comments during the session.



**Q & A** - Type your questions in Question/Answer Box and addressed after the presentation.

## ASL



- **Image and name** (ASL Interpreter) on screen
- **Speaker /Gallery view:** Grid at top of right corner of screen - choose the layout you prefer on your screen
- **Closed Captioning:** Enable or Disable

## Evaluation



Your feedback on knowledge gain from the session and suggestions for future topics is appreciated.

- Follow-up email with survey link

## Recording



A recorded version of this webinar will be available on our EAPO and CNPEA websites.

Links and documents shared during the webinar will also be posted.

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We appreciate 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/CNPEA following this webinar to arrange for a confidential conversation so that we may further assist you.



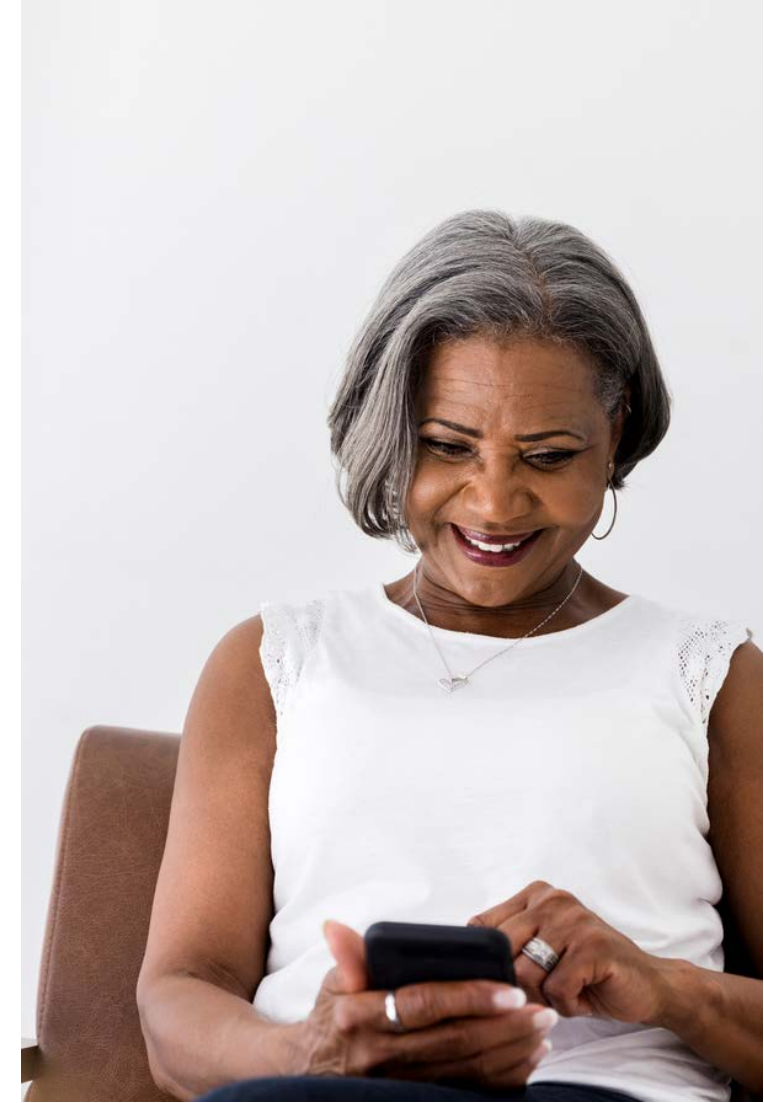
**Elder Abuse  
Prevention  
Ontario**

## **Vision**

EAPO envisions an Ontario where ALL seniors are free from ageism and abuse, where human rights are advanced, protected and respected.

**EAPO is mandated to support the implementation of Ontario's Strategy to Combat Elder Abuse.**

Funded by the ON Government, under the Ministry for Seniors and Accessibility (MSAA)



**STOP ABUSE –**

SIMPLY PUT, WE ALL HAVE A ROLE TO PLAY

**RESTORE RESPECT**



# Canadian Network For the Prevention of Elder Abuse

## MISSION

**CNPEA builds awareness, support and capacity for a coordinated pan-Canadian approach to the prevention of elder abuse and neglect. We promote the rights of older adults through knowledge mobilization, collaboration, policy reform and education.**

## VISION

**All seniors in Canada have access to the services and supports necessary to lead a quality life in their communities and live without fear of violence or neglect.**

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# Presenter



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## **Christine A. Walsh**

Professor, Faculty of Social Work,  
University of Calgary

Christine A. Walsh is a professor at the Faculty of Social Work, University of Calgary. In her community-based, action-oriented, and arts-informed research, she partners with community-based agencies to understand the lives of individuals who are impacted by interpersonal violence, poverty, housing insecurity and homelessness, and social isolation/exclusion.

Her research centres the voices of marginalized populations, including older adults experiencing violence.

Christine aims to create the necessary knowledge base to inform policy and program development to improve the health and social well-being of vulnerable members of society.



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# Presenter



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## **Kerstin Roger, PhD**

Professor, Department of Community Health Sciences  
Max Rady College of Medicine, Rady Faculty of Health Sciences  
University of Manitoba, Winnipeg, Manitoba

Kerstin Roger is a professor in community health sciences at the University of Manitoba. Her research focuses on chronic illness, aging, caregiving, and end-of-life studies. Dr. Roger has led various nationally funded research projects and collaborated on both national and international research initiatives.

She actively engages with local not-for-profit community initiatives and mentors graduate students in her research projects.







# DISCLOSURE AND REPORTING OF ABUSE AGAINST OLDER ADULTS

Christine Walsh, PhD, Professor, Faculty of  
Social Work, University of Calgary

&

Kerstin Roger, PhD, Professor, Department of  
Community Health Sciences, University of  
Manitoba

[HTTPS://UNSPLASH.COM/PHOTOS/SIDE-VIEW-OF-MANS-FACE-CKT00JL9VMI](https://unsplash.com/photos/side-view-of-mans-face-ckt00jl9vMI)



[HTTPS://PIXABAY.COM/PHOTOS/GRANDPA-OLD-MAN-SENIOR-ELDERLY-2810809/](https://pixabay.com/photos/grandpa-old-man-senior-elderly-2810809/)

# LAND ACKNOWLEDGEMENT

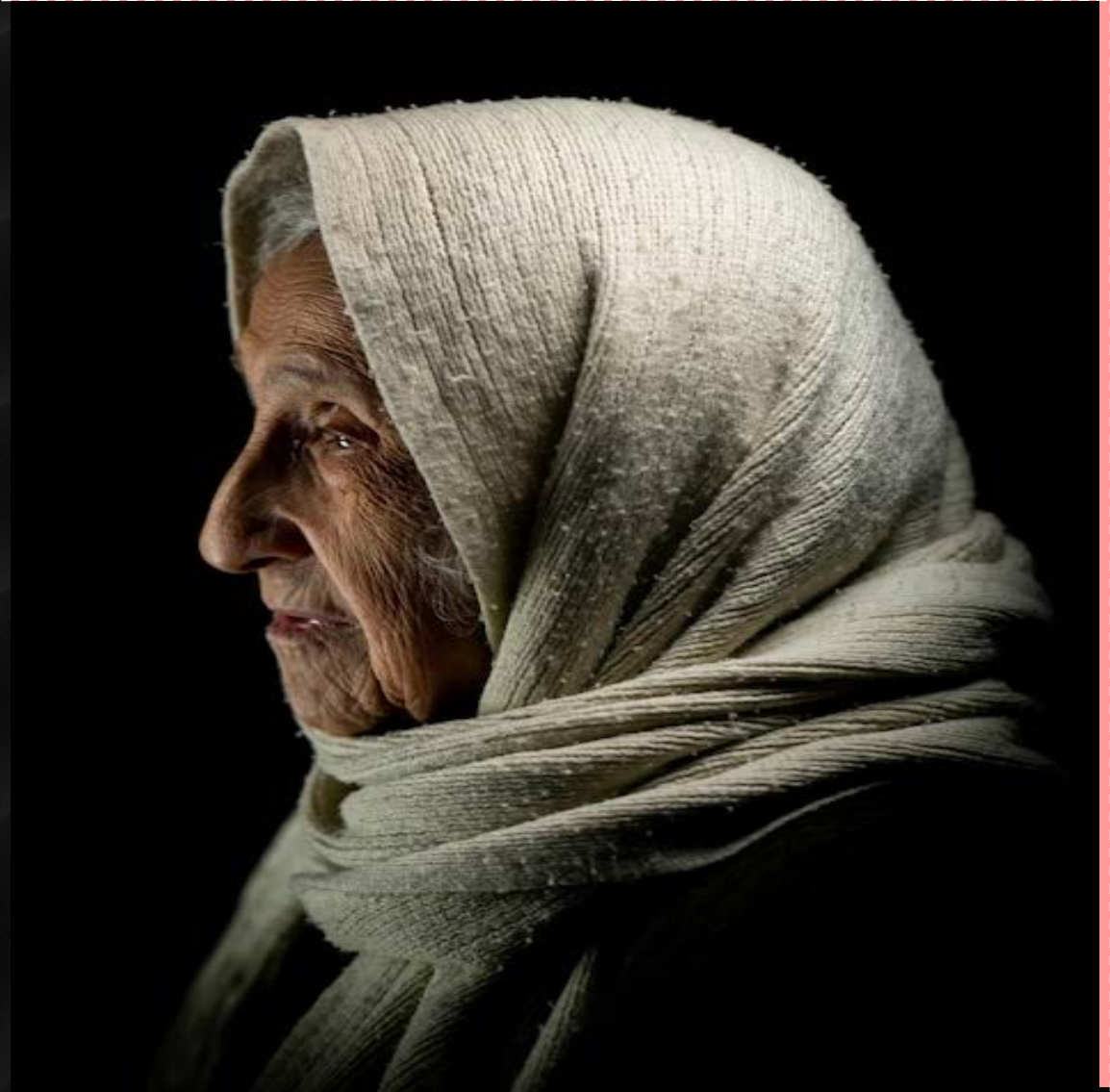
# AGING AND ABUSE

The Canadian population, in line with other countries globally, is aging at an unprecedented rate. According to 2023 population data, 18.9%— or 7.5 million Canadians — are 65 and over (Statistics Canada, 2023).

With the unprecedented growth in Canada's older population (Novak et al., 2014), the abuse of older adults is expected to rise.

Elder abuse is increasingly recognized as a public health crisis (Walsh & Yon, 2012).

Disasters, such as COVID-19, bring additional hardship for older adults with increased morbidity and mortality (Kwan & Walsh, 2017; World Health Organization, 2008), including escalating rates of interpersonal violence (Gutman, 2020).



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The World Health Organization (2020) defines elder abuse 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.'

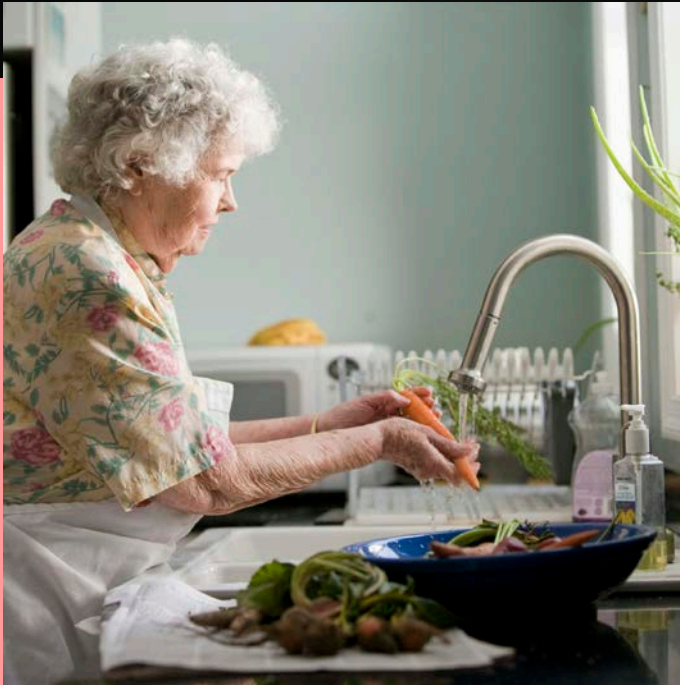
This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.'



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## DEFINING ELDER ABUSE

# PREVALENCE OF ELDER ABUSE



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A 2017 study based on the best available evidence from 52 studies in 28 countries from diverse regions, including 12 low- and middle-income countries, estimated that, over the past year, 15.7% of people aged 60 years and older were subjected to some form of abuse (Yon et al., 2017).

2015 population-based estimates 8.2% Canadian older adults have experienced abuse older in the past year; 3.2% were physically abused, 1.6% were sexually abused, 2.7% emotionally abused, and 2.6% financially abused while 1.2% reported they were neglected (McDonald, 2018).



<https://unsplash.com/photos/man-wearing-maroon-white-and-blue-stripe-long-sleeved-shirt-lifting-up-baby-wearing-gray-onesie-OxOxqLAWvE0>

# INDIVIDUAL-LEVEL RISK FACTORS

Functional dependence or disability

Poor physical and/or mental health



Cognitive impairment/  
Dementia

Low income/  
socioeconomic  
status (Pillemer  
et al., 2016)

# PERPETRATOR-LEVEL RISK FACTORS

Mental Illness

Substance Misuse

Opioid crisis is associated with a 25-35% increase in elder abuse cases involving theft of medications, financial exploitation and physical abuse (Roberto et al., 2020)

Abuser dependency for emotional support, financial help, housing or other assistance

# RELATIONSHIP-LEVEL RISK FACTORS

Most common perpetrators are spouses/partners (31.2%) and adult children (29.9%) (Burnes et al., 2019)



Family disharmony and conflictual relationships (Perez- Carceles, 2009)



# UNDERREPORTING

Elder abuse often goes unreported.  
Less than one-third of cases of  
abuse against older adults get  
reported to authorities (Pickering &  
Rempusheski, 2014)



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# FACTORS RELATED TO UNDERREPORTING

Under reporting of abuse of older adults is linked to how families, communities and societies understand abuse against older adults, and the role that ageism plays in our society (Walsh et al., 2011).

“Older people who are being abused by their adult children may be reticent to seek help due to fear of adverse consequences for their adult child. The parental bond frequently prevented participants from speaking to others, asking for help, or enacting the advice provided to them. Shame and stigma surrounding the reporting of elder abuse committed by adult children needs to be addressed” (Dow et al., 2020, p. 853).



# FACTORS RELATED TO UNDERREPORTING



Difficulty naming abuse (Roger, Brownridge, & Ursel, 2014; Zhang, 2019)

Fear of negative consequences for abuser, to themselves, belief that abuse was not perpetrator's fault, feelings of self-blame, shame and embarrassment (Dow et al., 2019)

Not wanting law enforcement involved, for many reasons (Jackson & Hafemeister, 2014)

Service providers suggest that mandatory reporting does not ensure victim safety (DeLima, Navarro, Enguidan, & Wilber, 2015; Jackson & Hafemeister, 2013)

Service providers lack appropriate training and resources (Kurkurina et al., 2018)

# RESEARCH STUDY ON THE DISCLOSURE AND REPORTING OF ABUSE AGAINST OLDER ADULTS

- There is a paucity of research in the area of under reporting and abuse as it occurs against older adults in the community (Roger et al., 2015).
- As reporting abuse is key to accessing appropriate services, understanding the many reasons and contexts why older adults, their family and service providers may not report abuse of older adults, is critical.
- Findings on the barriers and facilitators of reporting and disclosure can be used to develop recommendations to improve existing strategies or develop new approaches for intervention for community-residing older adults.

# DESIGN AND SAMPLE

- A mixed methods approach (Corbin & Strauss, 2015; Creswell, 2018) was used to provide a detailed and contextualized understanding of service providers and older adults' experiences in relation to reporting abuse experienced in old age.
- The research team included academics in Manitoba, Saskatchewan and Alberta, and an Advisory Committee consisting of a community service providers from each of the three provinces.

	Alberta	Saskatchewan	Manitoba
Number of Older Adults/Family Members	10	0	5
Number of Service Providers /Professionals	10	6	7

A black and white photograph of an elderly woman with her hand over her mouth, looking distressed. The image is dark and grainy, with a focus on the woman's face and hands. The text is overlaid on the image in a white, serif font.

KEY CONSIDERATIONS IN DISCLOSURE

AND

REPORTING ABUSE AGAINST OLDER ADULTS

# BARRIERS TO DISCLOSURE AND REPORTING ABUSE AGAINST OLDER ADULTS: INDIVIDUAL LEVEL

## Issues with naming abuse

While the words “abuse” and “elder abuse” are standard terms used by service providers, both service providers and older adults highlighted the need for more nuanced language. Differences in terminology, they suggested, may act as a strong barrier to disclosure, particularly when the definitions between the service provider and older adult victim of abuse do not match.

As a community social worker explains:

"Generally speaking, I don't like to use the word elder abuse. Only because if somebody is experiencing it, to put a label on something that quickly is - they often become much more defensive. So often we will talk about things that are hurting you, or things that make you feel uncomfortable, or have you had a situation where someone did something you didn't feel was quite right?"

# BARRIERS TO DISCLOSURE AND REPORTING ABUSE AGAINST OLDER ADULTS: INDIVIDUAL LEVEL

## Abuse is minimized or normalized

Older individuals who have experienced abuse tend to minimize or normalize abusive behaviour. Others are worse off or need services more than themselves.

An older adult shared how he reframes abuse as “disrespect” because he did not want to bring “trouble into his family’s life”. By reframing abuse as disrespect or an uncomfortable situation that had to be tolerated or endured, older adults minimized or normalized it.



# BARRIERS TO DISCLOSURE AND REPORTING ABUSE AGAINST OLDER ADULTS: INDIVIDUAL-LEVEL

## Social isolation

Social isolation may put older adults in a vulnerable position, as they do not have anyone to discuss their situation with or who they feel cares about what they are going through.

An urban-dwelling older woman commented, “I didn’t realize at the time like everything that was going on, really you know, because he [the perpetrator] was keeping me away from people. I couldn’t talk to anybody since he was always around.”

# BARRIERS TO DISCLOSURE AND REPORTING ABUSE AGAINST OLDER ADULTS: INTERPERSONAL-LEVEL

## Desire to protect the perpetrator

In some cases, older adults did not want to disclose the abuse out of fear that the person abusing them may potentially face consequences or harsh judgment for their actions.

A service provider shared that one client said, “I don’t want to get my grandson in trouble, but I want this to stop.”

An older adult residing in a rural area shared she did not want to report her adult daughter, explaining, that she “has two daughters at home and I just couldn’t see her, well, being homeless and them being put into childcare –because she was really good with her kids – it was just me that she was mean to me.”

# BARRIERS TO DISCLOSURE AND REPORTING ABUSE AGAINST OLDER ADULTS: SYSTEMIC-LEVEL

## Complexity of the reporting process and lack of appropriate services

The complexity of the legal reporting process poses challenges, especially for older adults who may lack capacity.

Service providers cited the need for older adults to make many phone calls to different agencies, fill out long, complicated forms, and communicate with law enforcement, the court system, and lawyers as a daunting process that required a lot of time and energy.

As a home care case manager explained:

“Having been through trying to report an abuse case, I cannot imagine a senior going through that and knowing where to go next, what to do, and who to talk to. I think the process would be difficult for them.”

# BARRIERS TO DISCLOSURE AND REPORTING ABUSE AGAINST OLDER ADULTS: INTERPERSONAL-LEVEL

## Fear of loss of relationships

Fear of losing meaningful and significant relationships was expressed as a barrier to reporting or leaving an abusive situation.

As an urban social worker explains

"So, I think that at times, that is probably one of the biggest barriers that we have to overcome, right? Because the individual is considering the 30–50 years of the relationship, the fear of the retaliation, being isolated, losing connections through that individual, and at the end of the day, not wanting that individual to be in trouble I find is by far one of the biggest things that we have to work through with clients."

# BARRIERS TO DISCLOSURE AND REPORTING ABUSE AGAINST OLDER ADULTS: INTERPERSONAL-LEVEL

## Fear of safety following disclosure

Study respondents noted a hesitancy amongst older adults to report abuse due to the underlying fear that their situation will be exacerbated and potentially worsen if they chose to do so.

An older adult shared she initially did not report because she did not want to worsen the harm and that this fear persisted even after she had left her home and entered a safe house:

"You are scared to go anywhere. When I would first go down to [safe house], even when I was getting familiar with it, I was absolutely terrified to take that step out the door. After I got home, I was ok . . . but I was scared to talk to people."

# FACILITATORS TO DISCLOSURE AND REPORTING ABUSE AGAINST OLDER ADULTS

## Trusting relationships

Having a supportive, nonjudgmental, trusting relationship with a service provider or informal support person played a pivotal role in disclosing or reporting abuse.

An older woman who fled violence emphasized the importance of having an empathetic service provider:

“[Service provider’s name] has been the first person that has been more than understanding of where I am coming from, of my condition, and of my views. And the first one that has actually been very understanding . . . Well, I certainly feel stronger in, like, moving towards winding away to . . . to . . . fix this situation.”

# FACILITATORS TO DISCLOSURE AND REPORTING ABUSE AGAINST OLDER ADULTS

## Autonomous decision-making

Service providers' recognition that older adults can and desire to make their own choices based on their own concerns, priorities, and wishes was an important facilitator for disclosure.

A rural senior's advocate discussed their approach to supporting older adults in coming to their own decision:

“Trying to remain non-judgmental and keep reminding them that they have choices, that they have options, um, and when they are ready for that, there is support to help them”

# KEY TENSIONS BETWEEN OLDER ADULTS AND SERVICE PROVIDERS

1. **Service provision and awareness**: Although service providers suggested older adults are not reporting abuse due to a lack of awareness of available resources, older adults stated that they knew about and accessed available supports, but felt they were met with unprofessionalism or that the services did not adequately address their specific needs.
2. **Lack of confidence in services**: Older adults lack of confidence in the available services created barriers to help-seeking. They expressed concerns about the lack of follow-through when they chose to disclose, scepticism about the effectiveness of reporting, and a belief about service providers lack of training and professional skill.
3. **Lack of evidence of abuse**: While service providers did not due to the lack of physical proof that the abuse had occurred and/or that they may not be believed.



# KEY TENSIONS BETWEEN OLDER ADULTS AND SERVICE PROVIDERS

4. Privacy concerns: Older adult participants regularly alluded to the notion of privacy as a significant barrier in reporting or disclosing abuse; this was not mentioned by service providers.
5. Capacity of older adults: While service providers frequently identified capacity, or lack thereof, as an issue in reporting abusive situations, the older adults involved in this study did not allude to this as being a challenge.

# RECOMMENDATIONS



1) Although older adults in the study noted they were aware of elder abuse and supportive services, their understanding of the various types of abuse and process for intervention calls for further public awareness campaigns that create awareness of abuse, particularly directed at these aspects.

(2) Services directed at supporting older adults who have experienced abuse need to be staffed by trained, educated, and qualified service providers, who can facilitate disclosure in a sensitive, non-judgmental, trauma-informed, culturally sensitive manner. Training should promote identifying and using common and relatable language to help ensure clients feel heard in the disclosure process, receive services, and be provided with ongoing support and referrals as needed and at a pace that more closely meets their needs.

# RECOMMENDATIONS



(3) Increased funding for elder abuse supports was identified by respondents who noted insufficient services including: a lack of emergency beds/suites for older adults fleeing abusive situations and requiring immediate assistance, an inadequate number of trained service providers in rural and remote communities and increasing waitlists for services. In addition, more widespread training among general frontline services (i.e., healthcare, social service, and legal practitioners) regarding the nature of abuse against older adults is warranted to promote disclosure. Some evidence suggests that many health professionals have insufficient awareness and knowledge of elder abuse (Fraga Dominguez et al., 2020; The Lancet Healthy Longevity, 2023).

## RECOMMENDATIONS



(4) The complexity of abuse against older adults and the high rate of intrafamilial abuse draws attention to the need for services directed at perpetrators of abuse (i.e., addiction, physical and mental health, anger management, housing, finances, caregiver support, etc.), who are often family members or loved ones (Peterson et al., 2014). This is particularly important, as many older adults who have experienced abuse live with the person who perpetrated it (Statistics Canada, 2019). Furthermore, supportive intervention should include training and resources for caregivers (Kohn & Verhoek-Oftedahl, 2011; Makaroun et al., 2020).

(5) Post-reporting supports for older adults experiencing abuse are needed to assist older adults in rebuilding their lives after abuse and developing or restoring social networks and support systems.

Grace lives at home with her adult daughter Anabel and her grandchild. She does not speak English. And while Anabel is at work, she cares for William. She also cooks dinner everyday and cleans house as much as she is able, including doing the laundry. She has no other relatives or family in Canada.

When Anabel comes home, she is frequently tired, which leads to irritations and frustration. One day she started blaming Grace for not budgeting well enough to make ends meet when she bought groceries for dinner. After a while, this escalated to verbal anger, and accusations that made Grace feel scared. Her daughter angrily even said sometimes, didn't Grace miss the old country and want to go back home? Or, that she would need to move to a nursing home if she became sick. A few days later, calm would return, and her daughter would apologize.

Nevertheless, Grace lived on eggshells fearing that her daughter's temper would result in physical abuse.

## CASE STUDY

we can come together as friends, family,  
neighbours and community to get people  
to talk about abuse.



Talking to someone is the most  
important step to getting help.



WHO SHOULD I TELL?

Questions?

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## Find Help

<https://www.cnpea.ca/en/what-is-elder-abuse/get-help>

If you or someone you know is being abused or neglected, help is available. Whoever you are—a concerned bystander, an overwhelmed caregiver, or a person experiencing abuse—you can take the first step now to get the support you need.

If you make a phone call and the line is no longer in service, or if you reach someone who isn't helpful, don't give up. Try again. Try another number. Look for someone else to talk to.

You can choose what kind of support feels right and what to do next. If you want information but are not ready to take action, you can choose not to give your name.

### 911

Call immediately if the situation is an emergency. Your call will be answered 24 hours a day.

### Police

Call your local police if the situation is not an emergency but you suspect it might be against the law. Ask to speak to someone who has been trained in elder abuse or domestic/family violence.

### Shelters

Many communities have shelters that provide temporary and emergency housing, especially in cases of domestic or family violence. These shelters are not just for younger women and their children. Older women can find support at a shelter, as well. Many shelters offer counselling and safety planning over the phone, 24 hours a day. You DO NOT have to be a shelter resident to get help and support. And you do not have to reveal your name unless you want to. [Find a shelter in Canada](#)

## Get help in...

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## Search for Elder Abuse Services

<https://eapon.ca/reporting/>

This directory is designed to help you connect to government and community-based health and social services across Ontario. You can search for support by entering a keyword or choose a topic to find services in a specific area or city in Ontario.

This information is **provided by 211 Ontario** and their directory is always being updated. If you do not see your agency or organization listed or you want to suggest an update [please contact 211 directly](#).



### Search by Topic or Keyword

You can search by our topic list or enter a keyword to search for resources.

Topic Search    Keyword Search

### Choose a Topic

Select a topic below to view subtopics.



**Stop Abuse. Restore Respect**

# Reporting

## In Ontario Retirement and Long-term care homes

Regulated health professionals such as doctors, nurses and social workers, family members, substitute decision makers, retirement home staff and operators, external care providers such as Personal Support Workers all have the same responsibility to help protect residents in homes by reporting abuse.





# Retirement and Long-term Care Homes



## **Retirement Homes Regulatory Authority**

[www.rhra.ca](http://www.rhra.ca)

1-855-ASK-RHRA (1-855-275-7472)

## **Long-Term Care Family Support and Action Line:**

[www.ontario.ca/page/long-term-care-home-complaint-process](http://www.ontario.ca/page/long-term-care-home-complaint-process)

1-866-434-0144

## The Patient Ombudsman

<https://www.patientombudsman.ca/Complaints/Before-you-make-a-complaint/Who-we-oversee>

1-888-321-0339

Help resolve complaints from patients, residents and caregivers about their experiences in Ontario's public hospitals, long-term care homes, home care, and community surgical and diagnostic centres.

## **Office of the Public Guardian and Trustee**

[www.attorneygeneral.jus.gov.on.ca](http://www.attorneygeneral.jus.gov.on.ca)

1-800-366-0335

# Reporting



## ***Reporting to the Canadian Anti-Fraud Centre***

Toll-free line to report 1-888-495-8501

Monday to Friday, from 10 am to 4:45 pm

<https://antifraudcentre-centreantifraude.ca/report-signalez-eng.htm>

***EAPO*** - Reporting overview of abuse in Ontario  
(phone and website links to agencies)

<https://eapon.ca/reporting/>

**CNPEA** - Links to P/T supports across Canada

<https://www.cnpea.ca/en/what-is-elder-abuse/get-help>

CCEL Practical Guide to Elder Abuse And neglect law in Canada



# Advancing the Human Rights of Older Persons

## UN Convention - Status Update

▶▶ **WEBINAR**




**THURSDAY  
October 3<sup>rd</sup>**



**12 pm - 1:30 pm ET  
9 am - 10:30 am PT**

ASL Provided



**Ontario** 



CANADIAN NETWORK for  
the PREVENTION of ELDER ABUSE  
RÉSEAU CANADIEN pour la PRÉVENTION  
du MALVAIS TRAITEMENT des AÎNÉS



Human Rights do not have a best before date  
Support a UN Convention on the Rights of Older Persons



Canadian Government  
Canadian Government



Elder Abuse  
Prevention  
Ontario





Elder Abuse  
Prevention  
Ontario

## WEBINAR

# Signal for Help Responders: *Supporting Someone who is Experiencing Abuse*



9th October



1 PM - 2 PM

### Speakers:

**Hélène Bigras-Dutrisac**, Community Activation  
Manager, **Signal for Help** *with support from*  
**Miranda Shepherd**, Communications Coordinator



Women and Gender  
Equality Canada

Femmes et Égalité  
des genres Canada



ASL Provided



[www.signalforhelp.ca](http://www.signalforhelp.ca)





# Ageism Awareness 2024

**AGEISM AFFECTS EVERYONE (OCTOBER 1 – 11)**

Join the movement to promote ageism awareness while building a Canada free of ageism against older persons.

[ENGLISH →](#)

[FRANÇAIS →](#)

# Ageism Awareness 2024 Campaign

October 9, 2024



CCAA has prepared a **nine-day campaign** to promote ageism awareness. The campaign consists of nine social media graphics prepared in **both official languages**. Each image has a corresponding caption. The captions and images are designed so that they can be used as a complete campaign, or as stand-alone posts.

**WE WOULD APPRECIATE HEARING FROM YOU.**

- Please take a few minutes to complete.

*Evaluation*



I was satisfied with the education provided at the webinar.

Evaluation

**Polling Question**



As a result of participating in the webinar, I gained new knowledge about elder abuse issues, risk factors, prevention and responses.

Evaluation

**Polling Question**



I intend to apply the knowledge gained from the session, to inform future decisions and actions.

Evaluation

**Polling Question**





Elder Abuse  
Prevention  
Ontario

**Join us...to help make a  
safer Ontario for all  
older adults.**

**Contact  
EAPO:**

1-416-916-6728

1-833-916-6728



<http://eapon.ca>



@EAPreventionON



# Contact Us



Comments? Questions?  
Keep in Touch

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@EApreventionON







THANK  
YOU