

# Addressing Abusive Behaviour in LTC: Opportunities for Change



**Presented by:**

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**Elder Abuse Ontario**  
Stop Abuse - Restore Respect



# Learning objectives

1. What is elder abuse?
2. Identify the risk factors and complexities of elder abuse
3. Role and responsibility of reporting under Ontario's legislation
4. Intervention strategies
5. Communicating with a victim or at-risk older adult
6. Resources that can help you deal with cases of abuse

# Elder Abuse Ontario (EAO)

- ✓ Not-for-profit charitable organization
- ✓ Established in 1992
- ✓ Funded by the Ontario Seniors' Secretariat

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

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

# Ontario's Strategy to Combat Elder Abuse



EAO's Role In Responding To Elder Abuse

# What is elder abuse?

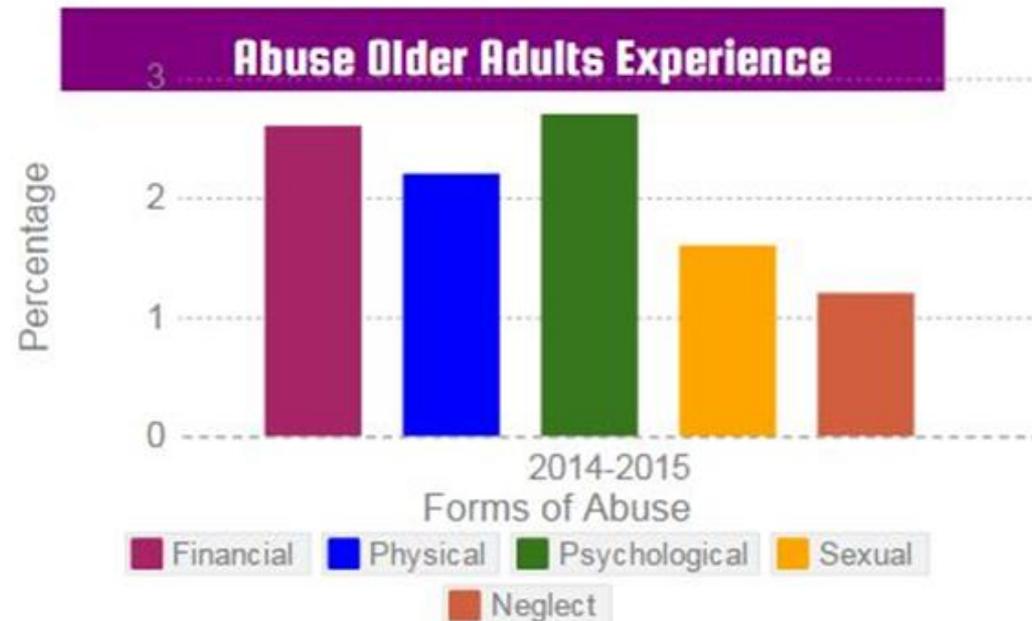
**World Health Organization (WHO, 2004) defines elder abuse as:**

“... 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.”

- ✓ **Physical**
- ✓ **Sexual**
- ✓ **Psychological**
- ✓ **Financial**
- ✓ **Neglect**
- ✓ **Other: bullying, violation of rights, spiritual, systemic etc.**



# Canadian statistics



## Prevalence of Elder Abuse in Canada

Source : National Initiative For the Care of the Elderly, 2016 Canadian National Survey on the Mistreatment of Older Adults in Canada.

Psychological:	2.7 %	251,157 older cdns
Financial	2.6 %	244,176 older cdns
Physical	2.2 %	207,000 older cdns
Sexual	1.6 %	149,000 older cdns
Neglect	1.2 %	116,256 older cdns

# Let's look at the facts...



- An estimated **8.2%** of Canadians aged 55 + are abused each year...  
That's roughly **765,000** older adults!

NICE, 2016 Canadian National Survey on the Mistreatment of Older Adults in Canada

- **1 in 6** older adults experienced some form of abuse this year...  
Only **1 in 24** will have reported it...

WHO, 2017 Fact sheet on elder abuse

# If thousands of seniors experience abuse every year... Why aren't they reporting?

- They worry: What will happen to me and my child?
- Loss of affection or familial connection
- Fear more abuse
- Feel ashamed
- Blame themselves
- Family honour



## **Witnesses might be reluctant to get involved because...**

- a) They feel it's none of their business
- b) They don't know something can be done
- c) They don't know who to contact for help

# What keeps service providers from reporting?

- Reluctance to acknowledge abuse
- Will consider older adult's autonomy, rights, confidentiality, quality of life, and future relationships before reporting
- Fear of withdrawal from service
- Sense of loyalty to colleagues or employer
- Fear litigation or complaint to their professional college
- Lack of knowledge around legislature for reporting abuse
- Lack of internal protocol to identify and respond to abuse
- Difficulty in detecting it – lack of training, tools and time

# Front-line workers are instrumental in the identification of abuse

## Front Line workers are able to:

- Help facilitate early identification or prevention
  - \*can observe and document changes in ability, attitude and behaviour
- Recognize signs, assess risk and respond appropriately
- Build a relationship of trust with older adults
- Speak with the senior and ask questions about the suspected abuse
- Discuss options for assistance and action
- Report suspected/witnessed mistreatment



# Risk factors specific to institutional settings

- Poor hiring practices (i.e. staff screening)
- Chronic staffing issues (i.e. high turnover, low pay, inappropriate staff-to-resident ratio)
- Lack of administrative and supervisory oversight
- Inadequate training on residents rights, elder abuse, compassionate care
- Inadequate support for staff (i.e. staff burnout, physical aggression from residents, negative attitudes toward residents, conflict with residents etc.)

# Who's at risk?

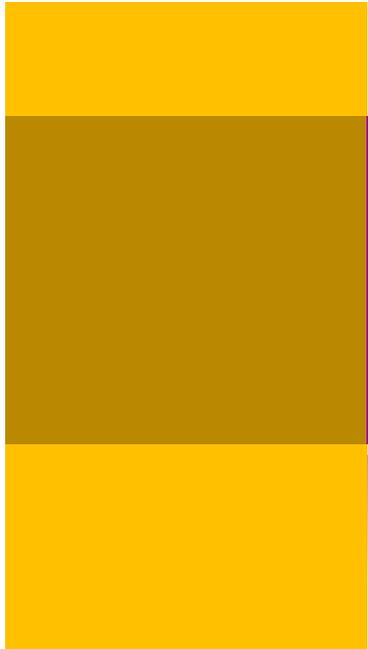


- Shared living arrangement
- Cognitive impairment
- Socially isolated
- Mental health issues
- Dependant on abuser or abuser dependant on older adult (i.e. food, shelter, finances, transportation, caregiving)
- Responsive behaviours: psychological aggression and physical assault
- History of domestic violence/ childhood trauma
- Individual factors: gender, race, sexual orientation, personality
- Lack of advocate/ little or no family involvement/ no formal or informal support

# Common abusers

- ✓ Adult children (over 50%)
- ✓ Spouse
- ✓ Adult grandchildren
- ✓ Caregiver (unrelated)
- ✓ Institutional staff
- ✓ Service Providers (e.g. paid caregivers, health care)
- ✓ Neighbours, friends, other relatives
- ✓ Residents in institutional settings





# RED FLAGS: WARNING SIGNS OF ABUSE



# Behaviours of an abusive Caregiver/Friend/Family Member



- ✓ Is either verbally abusive to older adult yet are charming and friendly to workers, or acts defensive or blames others when questioned
- ✓ Says things like “he’s difficult,” “she’s stubborn,” “he’s so stupid,” or “she’s clumsy”
- ✓ Attempts to convince others that the person is incompetent or crazy
- ✓ Is overly attentive
- ✓ Controls the older person’s activities and outside contacts, obstructs access to treatment
- ✓ Refuses to let an interview take place without being present, restricts access
- ✓ Talks about the family member as if he/she is not there or not a person
- ✓ Physically assaults or threatens violence against victim or worker
- ✓ Evasive responses to questions; contradictory responses; explanations not consistent with injuries

# Psychological abuse



**Any action or behaviour that may diminish an older adult's sense of wellbeing, dignity or self worth**

Includes threatening, insulting, intimidating, humiliating, imposed isolation, shunning, ignoring, being made to feel like a nuisance, shouting, speaking in a manner that is upsetting or frightening.

## Warning Signs

- Reluctant to talk openly
- Unusual withdrawal
- Change in behaviour around certain people
- Anxiety & depression
- Self-harming
- Lethargy or memory confusion
- Change in daily or social routines
- Imposed isolation (e.g. no access to grandchildren, exclusion from social activities as a result of bullying)
- Change in appetite (weight loss or gain)
- Increase in responsive behaviours



# Financial abuse

**Any improper conduct, done with or without the informed consent of the older adult, that results in monetary and/or personal gain to the abuser and/or monetary/personal loss**

Includes theft, forgery, fraud, misusing Power of Attorney and sharing an older adult's home without paying a fair share of the expenses. Older adults may also be unduly pressured to move from, sell, or relinquish their home or other personal property, sign legal documents that they do not fully understand and give money to relatives or caregivers

## Common family pressures

- Emergency loans
- A place to live when they are out of job or need to save-up
- Help paying for higher education (university)
- Assisting with major purchases (i.e. car)
- Making down payments for a home
- Co-signing or serving as guarantor for loans
- Using house title as collateral
- Help avoiding bankruptcy: adult son/daughter at the point of losing business or home

*Adapted from: Charmaine Spencer, Diminishing Returns (1995)*

# Signs of financial abuse – cont'd

- ✓ Large sums of money go missing from the senior's bank account
- ✓ Is a victim of a MMF scheme (e.g. romance scam, anti-virus scam etc)
- ✓ Suspicious or forged signatures on cheques or other documents
- ✓ Older adult is in debt with no known cause
- ✓ Senior is asked to sign documents without understanding them or really wanting to proceed.
- ✓ Transfer or withdrawal of funds without prior permission
- ✓ Denial to access or control finances such as credit cards, cheques
- ✓ Unexpected sale of the home or changes made to their will
- ✓ Personal belongings go missing
- ✓ The older person seems nervous or worried when discussing money



# Physical abuse



## Use of physical force that may result in bodily injury, physical pain or impairment

Includes rough handling, pushing, slapping, hitting, kicking, pinching, poking, twisting, shaking, cutting, burning, restraining, over/under medicating

### Warning signs

- Abrasions and/or bruises from being firmly held, pulled or restrained
- Recurring injuries to the same area or side (face, neck, upper extremities)
- Bruises in unusual areas (e.g. inner arm or inner thigh)
- Sprains, strains, fractures and dislocations
- Burns from hot water or cigarettes
- Wounds in various stages of healing
- Traumatic hair and tooth loss
- Discrepancies between injury and explanation from the older adult
- Avoids physical contact or eye contact when spoken to
- Nervousness around family, friends, caregiver, staff etc.

# Sexual abuse



**Any non-consensual touching, exploitation, behavior or remarks of a sexual nature that is demeaning, seductive, suggestive or humiliating**

Includes unwanted sexual touching, exposure, sexual assault, sexual harassment, inappropriate sexual language and joking, of a sexual nature, that is demeaning.

## Warning signs

- Trouble sitting or walking
- Blood or unexplained stains on clothing
- Pain, bruising and swelling: inner thighs, genitals and rectal area
- Contracts an STD Unexplained pain in the lower abdomen or lower back
- Unexplained bleeding from the genital and rectal areas
- Unexplained frequent urinary tract infections or genital infections paired with frequent or painful urination.
- Behavioural changes that include: withdrawal, fear, depression, anger, agitation, panic attacks, trouble sleeping, overly sexual or aggressive behaviour

# Neglect



**Failure to provide the necessities of life, care and assistance required for health, safety and well being. Includes inaction or a pattern of inaction that jeopardizes the health or safety of an older adult.**

*Three forms: Self-neglect, active or passive*

Includes inadequate provision or withholding of food, housing, heat, electricity, plumbing, medicine and physical aids. Also includes failure to assist older adults with personal hygiene, clothing, feeding, grooming or tending to medical conditions. It is not uncommon for abusers to prevent older adults from seeking medical attention, deny access to services, or administer medication incorrectly. Failure to listen and respond to expressed needs or concerns, to respond to calls for assistance and to help facilitate participation in activities and programs are other forms of neglect.



# Signs of Neglect – cont'd

- ✓ Soiled clothing, undergarments or bed linens
- ✓ Thirst and hunger
- ✓ Emaciation/malnutrition
- ✓ Skin condition (e.g. loose)
- ✓ Sunken eyes
- ✓ Intoxication
- ✓ Abandonment/Desertion
- ✓ Imposed social isolation
- ✓ Overuse of chemical restraints
- ✓ Unsanitary/unsafe living conditions
- ✓ Inappropriate clothing for the weather
- ✓ Skin sores from prolonged stillness in a bed, wheelchair or on ground
- ✓ Poor personal hygiene and grooming: body odor, long nails, unwashed hair, untrimmed body hair etc.

# Resident-to-resident aggression (RRA)

## Why does it happen?

- Feelings of entitlement
- Disruptions – wandering residents, calling out, making noise
- Territoriality
- Lack of communication or compromise between residents
- Lack of coping strategies or self-control
- Loneliness
- Discriminatory attitudes and beliefs

# Contributing factors

## **Feelings of loss**

due to physical health declines, and greater dependence on others for functional assistance

## **Cognitive declines**

can lead to aggressive and confused behaviors

## **Self-devaluation**

due to life changes that create a loss of control



## **Discomfort**

due to forced interactions with people they may not like

## **Generational divides**

between residents

## **FACTORS THAT LEAD TO BULLYING**

Older adults may show bullying and aggressive behavior towards their peers for a variety of reasons.



Taken from Health Professionals Press. Bullying Among Older Adults infographic, 2016

# Strategies for managing resident-to-resident aggression

- Notify appropriate staff
- Changing a resident's room (if roommate is bully)
- Physically intervening or separating residents
- Removing a resident from a dining room or public area or to change seating arrangements
- Trying to convince residents to compromise
- Redirecting or distracting residents
- Explaining to residents the nature of communal living, etc. (Rosen et al., 8).
- Following the SEARCH model

# SEARCH model

**S**upport

**E**valuate

**A**ct

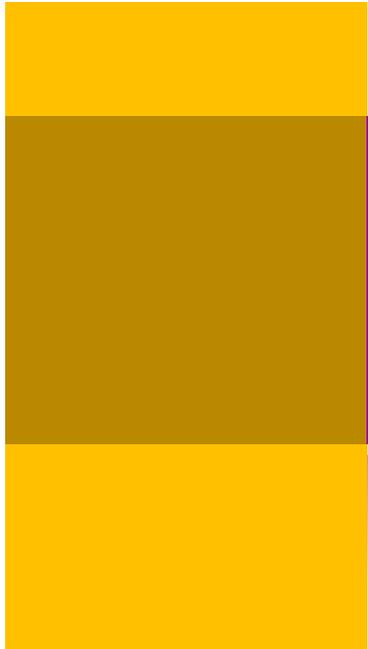
**R**eport

**C**are plan

**H**elp to avoid

# RRA prevention and management

- Know your institution's RRA mistreatment policies and procedures
- Know the residents (history): medical conditions, dementia, depression etc.
- Familiarize yourself with best practices for interventions
- Ask for training on how to handle bullying
- Document all resident-to-resident mistreatment
- Ensure victims are empowered and get support (i.e. assertiveness training)
- Work with bullies (i.e. teach appropriate ways of dealing with their power and control needs)
- Seek help from other staff and supervisors if/when necessary
- Discuss RRA in a team meeting (develop a treatment approach that would become part of a resident's care plan)
- Report all injuries to the supervising nurse
- Report confirmed or suspected abuse to Director of Care and Administrator
- Report suspected or confirmed abuse by anyone to the MOHLTC



# DUTY TO REPORT ABUSE



# Know the Law

In Ontario, the law says that the abuse of an older adult living in a **long-term care home** or **retirement home** must be **reported immediately** by anyone who has reasonable grounds to suspect that a resident has been harmed or will be harmed.

Retirement Home Act s.75. (1) and Long-Term Care Homes Act, 2007 s.24(1)

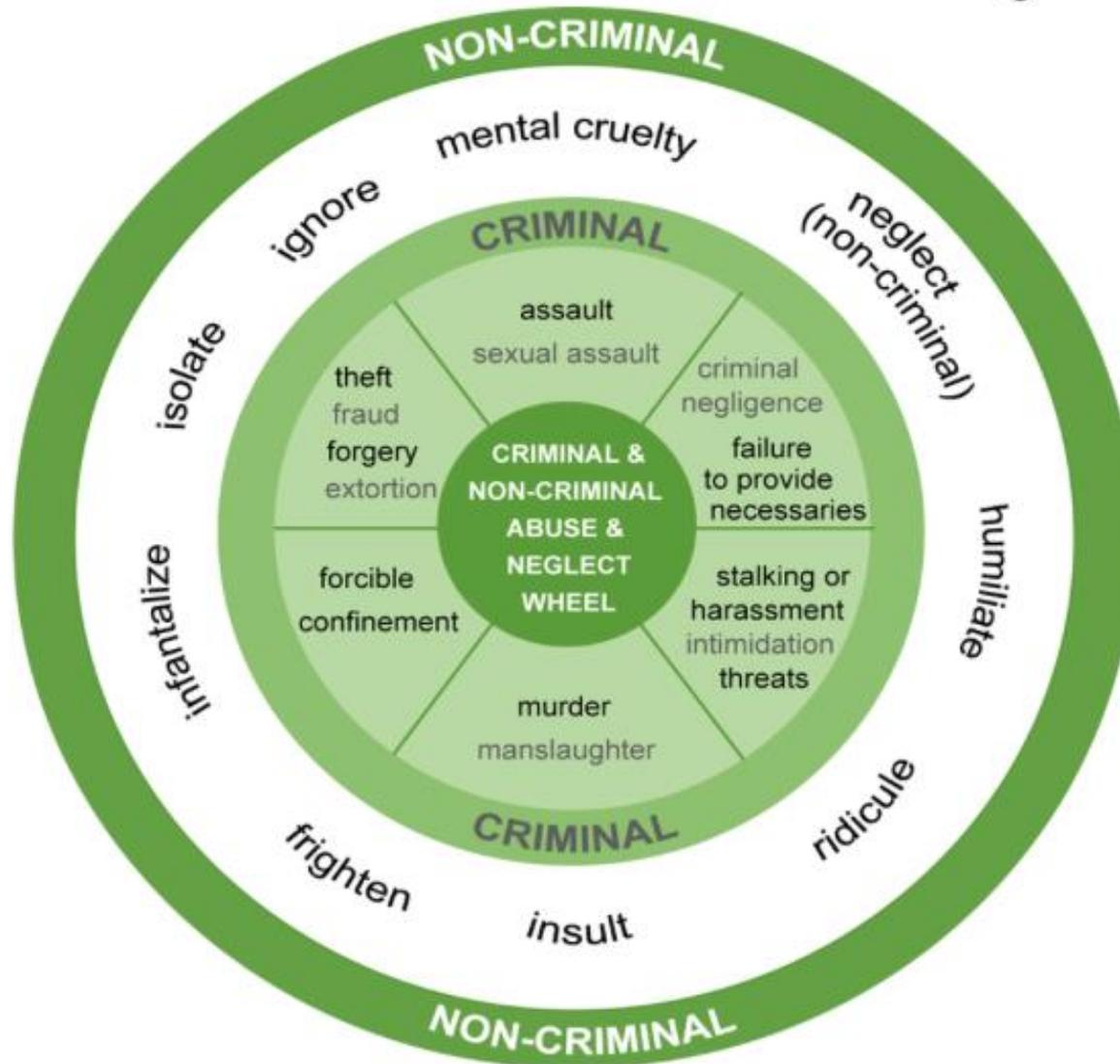
**Ministry of Health and Long-Term Care**

**1-866-434-0144**

**Retirement Home Regulatory Authority**

**1-855-275-7472**

# Criminal and Non-Criminal Abuse & Neglect Wheel



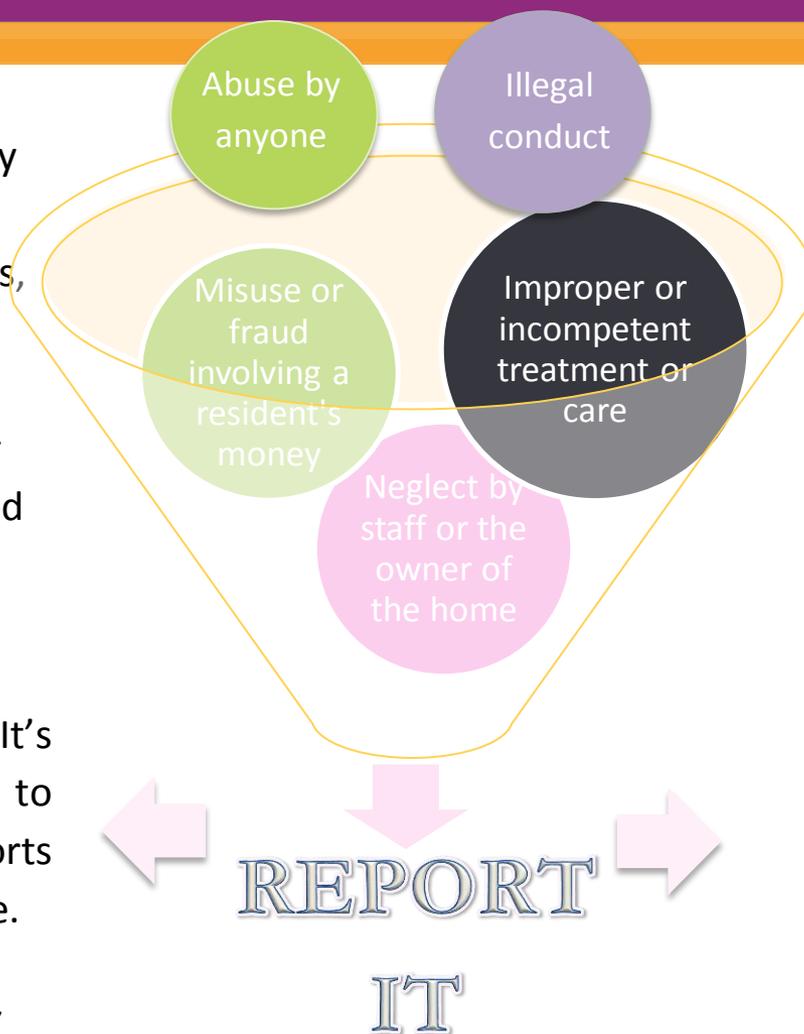
Abuse tends to escalate and crimes often overlap and blend together.

# Know the law

This obligation includes family members of residents, staff, owners of the homes, doctors, nurses and other health care professionals under the *Regulated Health Professions Act*, drugless practitioners and social workers.

Don't hesitate to report. It's against the law for anyone to punish someone who reports abuse of a resident in a home.

*Long-Term Care Homes Act, 2007*



## Mandatory reporting

**Ministry of Health and  
Long Term Care  
ACTION LINE**

**1-866-434-0144**

**Retirement Homes  
Regulatory Authority**

**1-855-275-7472**

**If the senior is in imminent risk of danger  
call 9-1-1**

# RESPONDING TO ALLEGED/SUSPECTED ABUSE



**Elder Abuse Ontario**  
Stop Abuse - Restore Respect



# LTC Policy – Elder Abuse

- Declaration/policy statement - zero tolerance of abuse
- Definition of abuse/examples of abuse
- Guiding Principles
- Recognition of Abuse
- Duty to report (LTC and RH)
- How to access the OPGT for incapable persons

# Best practice guidelines/ interventions

- Build a therapeutic relationship with both victim and families
- During encounters and assessments with older adults be alert for risk factors and signs of abuse
- In order to encourage victims to speak about abuse ensure privacy and confidentiality

# Assessment strategies

- **Create a therapeutic environment:** Make sure client is alone, comfortable and feels at ease. Try to minimize the chance of being overheard or interrupted by anyone, especially the abuser.
- **Listen non-judgmentally:** Believe their story and avoid making comments that put down the alleged or suspected abuser (no victim-blaming).
- **Be respectful and empathetic:** Make summary statements about the person's situation and reflect what they might be feeling.
- **Document:** Gather information in a calm, supportive manner, with consideration of cultural and spiritual factors. Write things down verbatim. Take note of environmental factors. Record size and location of injuries. Take pictures if they consent to it.
- **Explain options & their consequences clearly:** Older person needs to be informed about abuse, know what resources are available for help, and have realistic expectations as to what the outcomes of their actions and inactions will be. Emphasize options that build on older persons' need for control & autonomy

# Possible assessment questions

## **For those in Long Term Care Facilities or Retirement Residences**

During hygiene care has a care provider ever touched you inappropriately?

Has another resident ever spoken to you in a sexually inappropriate manner?

Does your care provider force you to take any medications which may impair your memory or judgment? (That is not appropriate to your clinical care plan)

Is there anyone that makes you feel uncomfortable?

Is there anyone that you fear being left alone with?

Has another resident attempted to touch you in a sexual nature?

Has another resident attempted to force you into a sexual act?

Has any care provider or another resident come into your room without your consent while you were dressing/attending to your personal hygiene?

Was there an inappropriate sexual relationship with a resident or staff member before being admitted into the Long Term Care Facility or Retirement Residence? Or before a staff member was hired at the Long Term Care Facility or Retirement Residence?

# Ask yourself...

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?

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



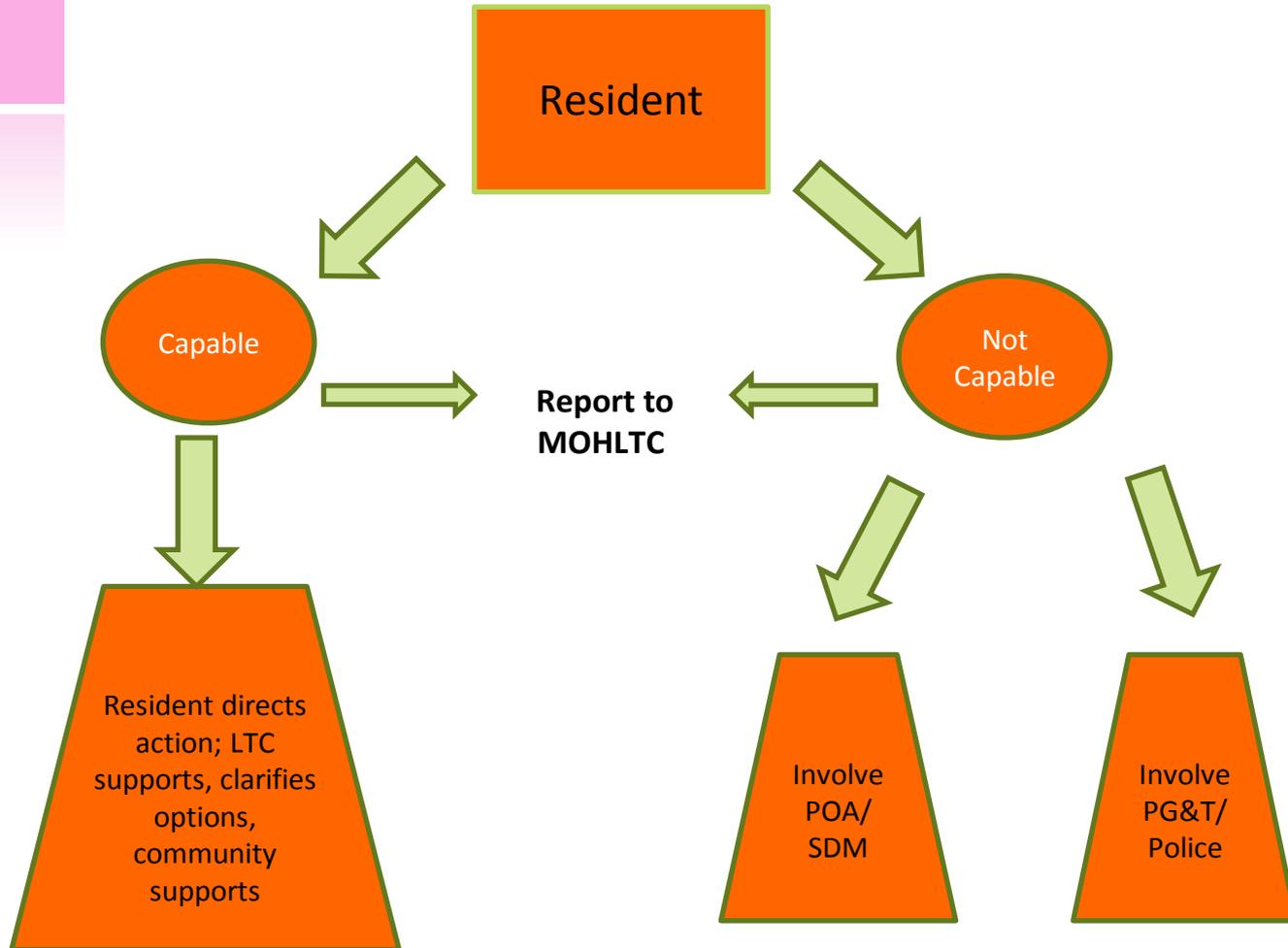


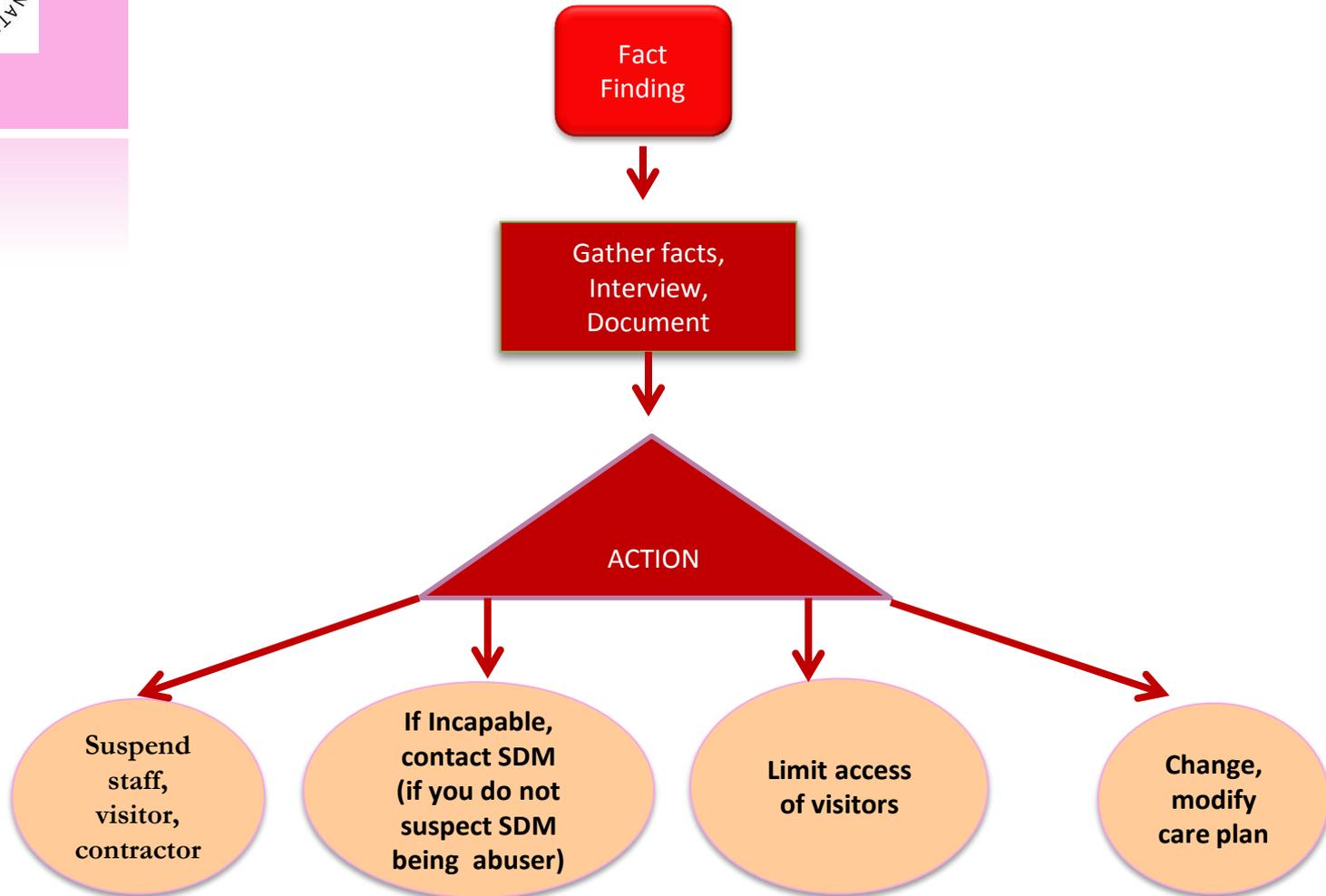
## **LTC Home Responsibility**

**Ensure  
Resident  
Safety**

**Resident  
Capacity**

**Fact Finding  
(Investigate)**





# Event reconstruction interview and chart review

**Awareness of the event was confirmed, followed by:**

- (a) details related to provocation and conclusion of the event,
- (b) details prior to the event
- (c) familiarity (whether or not this was a regular occurrence),
- (d) social changes (events such as recent death of friends, changes in visitors)
- (e) result of events (was it reported, were there injuries, medical intervention, care planning)
- (f) other witnesses, and
- (g) opinions about prevention and actions to take.

# Interventions

- BAT –Behaviour Assessment Tool
- PIECES
- Gentle Persuasion Approach (GPA)
- Montessori Mehtods for Dementia™
- Risk Management
- Care Plans
- BSO Teams
- GEM Nurses
- Regional Sexual Assault Centre
- Victim Services



# Provincial Information and Support

## **Elder Abuse Ontario**

<http://www.elderabuseontario.com/>

(416) 916-6728

**Senior's Safety Line: 1-866-299-1011**

## **Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres**

<http://www.satcontario.com/en/home.php>

(416) 323-7518

## **Victim Support Line**

<http://www.attorneygeneral.jus.gov.on.ca/english/about/vw/vsl.asp>

1-888-579-2888

## **Assaulted Women's Helpline**

<http://www.awhl.org/>

1-866-863-0511

## **Call your local Police Force by Dialing 911**

## **Ontario Provincial Police**

<http://www.opp.ca/>

1-800-310-1122

*Various local/ municipal contact information  
depending on location*

# Provincial Information and Support

## **Ontario Coalition of Rape Crisis Centres**

<http://www.sexualassaultsupport.ca/>

## **TALK4HEALING**

<http://www.talk4healing.com/>

1-855-554-HEAL (4325)

## **Rainbow Health Ontario**

<http://www.rainbowhealthontario.ca/>

(416) 324-4262

## **Fem'aide**

<http://www.femaide.ca/>

1-877-336-2433

## **Support Services for Male Survivors of Sexual Abuse**

[http://www.attorneygeneral.jus.gov.on.ca/english/ovss/male\\_support\\_services/](http://www.attorneygeneral.jus.gov.on.ca/english/ovss/male_support_services/)

1-866-887-0015

# Provincial Information and Support

## **Senior Crime Stoppers**

<http://ontariocrimestoppers.ca>

1-800-222-TIPS (8477)

## **Advocacy Centre for the Elderly**

<http://www.advocacycentreelderly.org>

1-855-598-2656

## **Alzheimer Society of Ontario**

<http://www.alzheimer.ca/en/on>

1-800-879-4226

## **Law Society Referral Service**

<https://www.lsuc.on.ca/lsrcs/>

1-855-947-5255

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

<https://www.attorneygeneral.jus.gov.on.ca>

1-800-366-0335

# Provincial Information and Support

## **Retirement Homes Regulatory Authority**

<http://www.rhra.ca/en/>

1-855-275-7472

## **Ministry of Health and LTC-Action Line**

<https://www.ontario.ca/page/long-term-care-home-complaint-process>

1866-434-0144

## **LHIN Home and Community Care**

<http://healthcareathome.ca/>

## **Consent and Capacity Board**

<http://www.ccboard.on.ca>

1-866-777-7391

## **Seniors Safety Line**

1-866-299-1011

# www.elderabuseontario.com

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Call the Seniors Safety Line  
**1-866-299-1011**

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



New to this site?

Guide to using the new  
Elder Abuse Ontario website

For a tutorial, [click here](#)



## We Can Help

**Need Help Now?**  
**Call the SENIORS SAFETY LINE**  
**1-866-299-1011**

[Elder Abuse Networks in Ontario](#)

[Directory of Programs & Services](#)

## Training & Education

[Upcoming Professional Development](#)

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[2017 Elder Abuse Ontario Symposium](#)

[Directory of Tools & Resources](#)

## Connect With Us



To learn more about Elder Abuse call **416-916-6728**

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# Training & Education

## Upcoming Professional Development

- Provincial and Regional Conferences
- Events with Community Partners
- Educational Events/Training Workshops
- Intervention Tools
- Intervention Modules
- Case Studies with Case Resolutions
- Safety Planning Tool Kit
- Videos
- Multicultural materials
- EAO Training Resources (i.e. Core Curriculum)
- Archived Webinars

## Training



Training Sessions



EAO Training Curricula



Intervention Tools



Videos



Spanish Materials



Webcast/Podcasts

Funded by:



# Intervention Modules

[www.elderabuseontario.com/training-education/training/intervention-tools](http://www.elderabuseontario.com/training-education/training/intervention-tools)

## Each Module includes the following:

- Guiding principles
- Overview and Definition(s)
- Risk factors and Warning Signs
- Assessment Questions
- Interview Strategy
- Safety Planning
- Reporting and Legislation
- Case Studies with Case Resolutions
- Discussion Questions, Fact Box,
- Decision Tree for assistance in navigating supports & interventions
- Provincial Resources/Services



Funded by:



# CONTACT ELDER ABUSE ONTARIO

## EAO Head Office

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**Website: [www.elderabuseontario.com](http://www.elderabuseontario.com)**

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