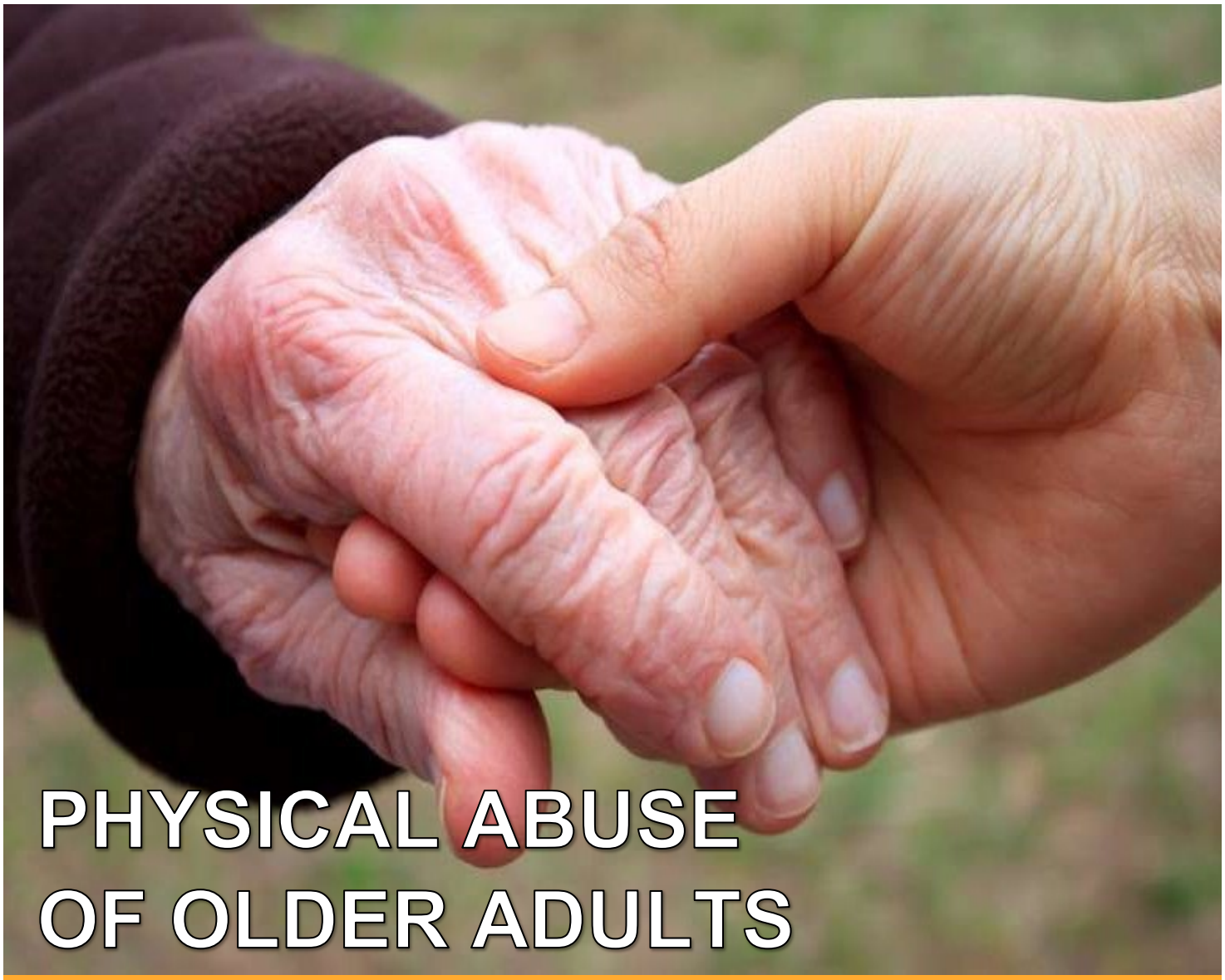


PHYSICAL ABUSE OF OLDER ADULTS

AN INTERVENTION GUIDE FOR SERVICE PROVIDERS AND PARTNERS IN CARE

Produced by Elder Abuse Ontario

Elder Abuse Ontario
Stop Abuse - Restore Respect
Maltraitance des personnes âgées Ontario
Arrêtez les mauvais traitements - Restaurez le respect

Ontario

Introduction

Elder Abuse Ontario has developed a series of 'Training Modules' on specific issues related to elder abuse. The modules have been designed to provide a standardized format that can be utilized when training interdisciplinary sectors. The sections within the module can be used separately, to teach about specific subject areas or used in its entirety, to suit a variety of training environments or challenges of time constraints.

The Physical Abuse 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 – Discussion Questions, Fact Box, Decision Tree for Assistance in Navigating Supports and Interventions
- Provincial Resources/Services

By design, the module allows participants opportunities to engage in discussions throughout the training session. There are several examples of Case Studies, reflecting real life stories, which are intended to illicit personal perceptions of the situations, encourage critical thinking regarding a response or intervention, and promote best practices, specific to the person's role and position. This module can help guide thinking through a complex issue, an iterative process.

Understanding grows with experience and reflection.

Recognize Indicators of Abuse	• Why is this situation causing me concern? • What am I observing?
Interact with the Senior at-risk	• How do I feel about this situation/the alleged abuse? • What are the values, wishes, goals of the person? • Is the senior making the decisions?
Respond	• What resources are required? • What are my responsibilities? • What is my role on the team?
Reflect	• Stop and think about the situation to promote a better understanding of the issues, on the individual, the team, the organization, and at a systemic level. This can lead to better responses and the prevention of elder abuse.

The wide range of case studies presented incorporate unique issues, risk factors, and safety concerns. The inclusion of assessment questions for each type of abuse case provides a guideline intended to illicit a response from an older adult. While the assessment questions are not conclusive, they serve as a starting point, to begin the conversation with the older adult in order to gather more information about the suspected abuse.

The listing of provincial organizations that provide support to older adults, dealing with abusive situations, is included at the end of the modules. This resource list can be very helpful for agencies, to connect older adults with support services and programs. Consulting listings of local community services and programs and referring to these, is also helpful.

Target Audiences

Prior to facilitating a training session about elder abuse, the trainer/facilitator should gain a better understanding of the background of their audience. For example, an agency/organization may request the training have a particular focus. It is important to inquire about the level of knowledge and expertise of the individuals receiving the training, their professional role and responsibility within their field of work, as well as the specific sector they are working in (Long- term care or community services). With this information, the content of the module can be tailored accordingly.

The module is adaptable for:

- Seniors and volunteers in the community
- Health-care professionals working in hospitals, community-based agencies, or individuals' homes
- Retirement Homes
- Long-Term care staff
- Front-line responders

Disclosures:

It is important to be prepared for disclosures or personal reactions from participants during any training session on elder abuse. A discussion of a sensitive topic may trigger memories from an experience with a client or a personal experience. Facilitators may consider inviting a counsellor to the training session, particularly if they feel unsure of being able to provide the necessary supports.

Accompanying Training Materials:

A supplementary PowerPoint presentation accompanies the module. It can be used either prior to the presentation or in tandem with the module. In addition, Elder Abuse Ontario offers additional resources, which may be found posted on its web site, links to research, reports, and information from/links to other agencies working in the field of elder abuse. These can be found at www.elderabuseontario.com

Guiding Principles:
The Guiding Principles included will assist in providing response and intervention, to assist older adults who are at-risk or experiencing elder abuse.

Guiding Principles

1. Talk to the older adult. Ask questions to learn more about his or her experience. Help the person identify resources that could be helpful. Note their mental capacity for decision-making and their understanding of the consequences of their decisions – each decision is assessed independently.

2. Respect personal values, priorities, goals and lifestyle choices of the older adult. Identify support networks and solutions that suit the older adult's individuality.

3. Recognize the right to make decisions. Mentally capable older adults have the right to make decisions, even if those choices are considered risky or unwise by others (including you). Understand that often before a person will seek or agree to accept help, they need to be able to trust you and know that you will follow through with the help you offer to give.

4. Seek consent or permission. In most situations, you should get consent from an older adult before taking action

5. Respect confidentiality and privacy rights. Get consent before sharing another person's private information, including confidential personal or health information.

Guiding Principles

6. Avoid ageism. Avoid making ageist assumptions or discriminatory thinking based on age, from affecting your judgment. Avoid stereotypes about older people and show respect for the inherent dignity of all human beings, regardless of their age.

7. Recognize the value of independence and autonomy. Where this is consistent with the older adult's wishes, assist them in identifying the least intrusive way to access support or assistance.

8. Know that abuse and neglect can happen anywhere and to anyone. Abuse and neglect of older adults can occur in a variety of circumstances.

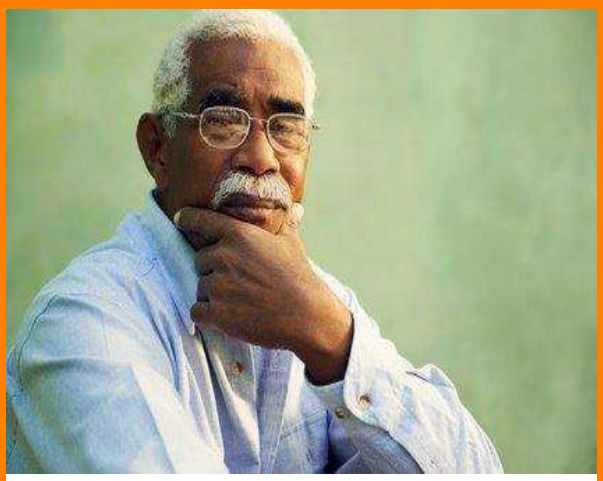
9. Respect rights. The appropriate response to abuse, neglect, or risk of abuse or neglect should respect the legal rights of the older adult, while addressing the need for support, assistance, or protection in practical ways.

10. Get informed. Ignorance of the law is not an excuse for not taking action when someone's safety is at stake. If you work with older adults, you need to educate yourself about elder abuse. It is your responsibility to be aware of appropriate resources and services in the community.

Canadian Centre for Elder Law, July 2011

SOUND FAMILIAR?

"My son treats me like a child. Whenever I can't do my daily household chores he locks me in my room without dinner or my medication."



"One of the nurses ties my legs to my bed at night because I've been known to wander around the long-term care home."

Are You Concerned About A Client or Family Member/Friend?

"My wife has always taken her anger out on me by slapping or punching me. I can usually handle the bruises but tonight she pushed me down the stairs."

"My granddaughter pinches and pokes me if I doze off while she's feeding me."

What is Physical Abuse of Older Adults?

Physical abuse is any act of violence or rough handling that may or may not result in physical injury but causes physical discomfort or pain and it might include:

- Physical assault - hitting, shoving, slapping, rough handling
- Pushing, pulling, kicking, beating, twisting, shaking
- Pulling hair, biting, pinching, spitting at someone
- Confinement, inappropriate restraint use
- Overmedicating, withholding necessary medications

Elder abuse is an important social and public health problem. In 2014–2015, the National Initiative for the Care of the Elderly (NICE; www.nicenet.ca) conducted a national telephone survey to estimate the prevalence of five forms of elder abuse in community-dwelling Canadians who were 55 years of age and older. A representative sample of 8,163 older Canadians completed the survey, which provided information about the rates of, and risk factors for, (1) neglect, (2) psychological abuse, (3) physical abuse, (4) sexual abuse and (5) financial exploitation. This study was the largest study of the prevalence of elder abuse ever conducted in the world and had some surprising results.

About 7.5% of older adults, or 75 of every 1,000 older Canadians, were abused in the previous year. Looked at another way, approximately 695,248 older Canadians were abused in the last year. When neglect was added to psychological, physical, sexual and financial abuse, the number jumped to 82 of every 1,000 older people, or 8.2%, representing 766,247 older Canadian adults.

The most common form of abuse was psychological or emotional abuse, which affected 2.7% of older Canadians daily or almost daily. Psychological attacks involved older adults being repeatedly criticized, yelled and shouted at or insulted. Financial abuse was the second most frequent form of elder abuse in Canada, affecting 2.6% of older adults. Financial abuse usually involved perpetrators trying to make the older person give them money or taking the older person's money, possessions or property. Physical abuse was the third most common form of elder abuse and affected 2.2% of older people. Physical assaults usually involved people being pushed, shoved, grabbed or hit and insulted. Fewer older Canadians were sexually assaulted but still 1.6% of the survey respondents reported being sexually abused in the past 12 months. Lastly, 1.2% of older adults were neglected a few times or more in the last year; this usually involved not getting the help they needed with housework and meals. Very few of the older Canadians who participated in the survey were ill or very frail, most were in their sixties and early seventies and most had higher levels of education. This would lead us to believe that the actual prevalence is much higher than what was reported.

If you are on the lookout for elder abuse, signs of depression and abuse at earlier stages of life (childhood, youth, middle age) may be strong indicators that someone might be at risk for abuse.

Findings Specific to Physical Abuse

- 2.2% (207,889 Canadians) of respondents were physically abused in the past 12 months
- Of those reporting physical abuse, 14.5% were abused as children (<18 years), 4.6% as youth (18-24 years) or 5.3% as middle-aged adults (25-54 years)
- Only 0.3% of the respondents who reported physical abuse said that they felt abused

Common Forms Of Physical Abuse:

- Pushed, shoved or grabbed (0.7%)
- Hit, slapped (0.6%)
- Have something thrown at them (0.5%)
- Pinched, scratched or having hair pulled (0.4%)
- Attempts at being restrained or being held down by the perpetrator (0.3%)

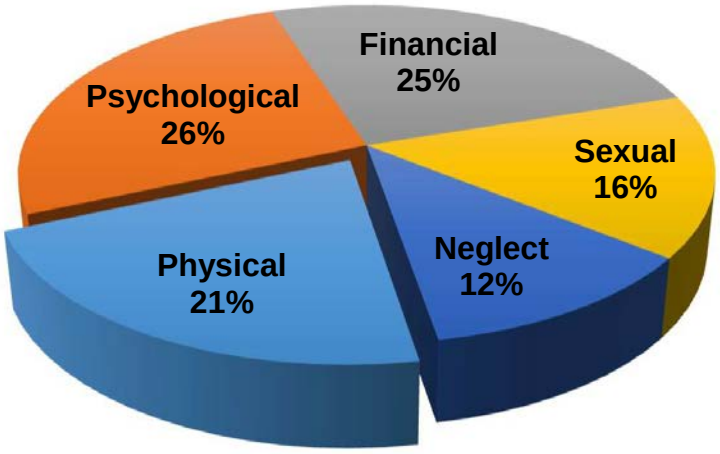
Common Abusers:

- Spouse/ex spouse (34%)
- Child or grandchild (27.3%)
- Friend (12%)
- Service provider (7%)
- Someone at work (7%)
- Sibling (4%)
- Neighbour or acquaintance (4%)
- Stranger (3%)

Majority of the abusers did not live with the victim (55.3%) while 47.3% did live with them.

Abusers had a fairly high rate of mental health problems (26.5%) compared to the general population aged 55 and older.

Prevalence of Elder Abuse in Community Dwelling Canadians NICE, 2016



Indicators of Physical Abuse - Older Adults

Physical

- Unexplained injuries such as broken bones, bruises, bumps, cuts, grip marks, welts, lacerations, swelling, fractures
- Internal injuries
- Head or neck injuries
- Signs of being restrained
- Unusual patterns of injuries
    - Immobility
- Broken eyeglasses
    - Unkempt
- Signs of lethargy, memory problems (under/over medication)

Behavioural

- Discomfort or nervousness around family, friends, caregiver or others
- Unusual withdrawal from family and friends
    - Depression
- Discrepancies between injury and explanation from the older adult
- Seen by many different doctors or hospitals
- Reluctance to talk openly; uncommunicative; unresponsive
- Avoidance of physical or eye contact with caregiver and/or health care providers
- Sleep problems
    - Self-harming
- Changes in eating patterns

Risk Factors for the Perpetrator

Individual Level

- Current diagnosis of mental illness (i.e. caregiver depression)
- Substance abuse
- Controlling behaviours and high levels of hostility
- Poor or inadequate preparation or training for caregiving responsibilities
- Assumption of caregiving responsibilities at an early age
- Inadequate coping skills
- Exposure to abuse as a child

Relationship Level

- High financial and emotional dependence upon a vulnerable elder
- Past experience of disruptive behavior
- Lack of social support
- Lack of formal support

Community Level

Formal services, such as respite care, for those providing care to older adults are limited, inaccessible or unavailable

Societal Level

A culture where:

- There is high tolerance and acceptance of aggressive behavior
- Family members are expected to care for elders without seeking help from others
- Persons are encouraged to endure suffering or remain silent regarding their pains
- There are negative beliefs about aging and elders

In addition to the above factors, there are also specific characteristics of institutional settings that may increase the risk for perpetration of vulnerable elders in these settings, including: unsympathetic or negative attitudes toward residents, chronic staffing problems, lack of administrative oversight, staff burnout, and stressful working conditions.

Centers for Disease Controls and Prevention, Elder Abuse: Risk and Protective Factors

Risk Factors of Physical Abuse for Older Adults

- Living in social and physical isolation
- Lack social or emotional support
- Requires physical/mechanical assistance
- Lives alone
- Suffers from emotional health issues
- Substance abuse
- Some dependence on activities of daily living
- Poor health
- Being Aboriginal
- Poor social well-being
- Lesbian, gay, bisexual or transgender older adults
- Experiencing language and/or cultural barriers
- Experienced abuse in childhood/the past
- Lack of knowledge of available support programs or services in the community

Other Considerations for Physical Abuse of Older Adults

- Most often, frustration, anger or despair was the apparent motive for family- perpetrated homicides against seniors.

- Caregiving for mental or physical impairments is highly stressful and families are not trained for the job. Unintentional though it may be, abuse and neglect are sometimes perpetrated by people who had previously acted loving, supportive and caring.

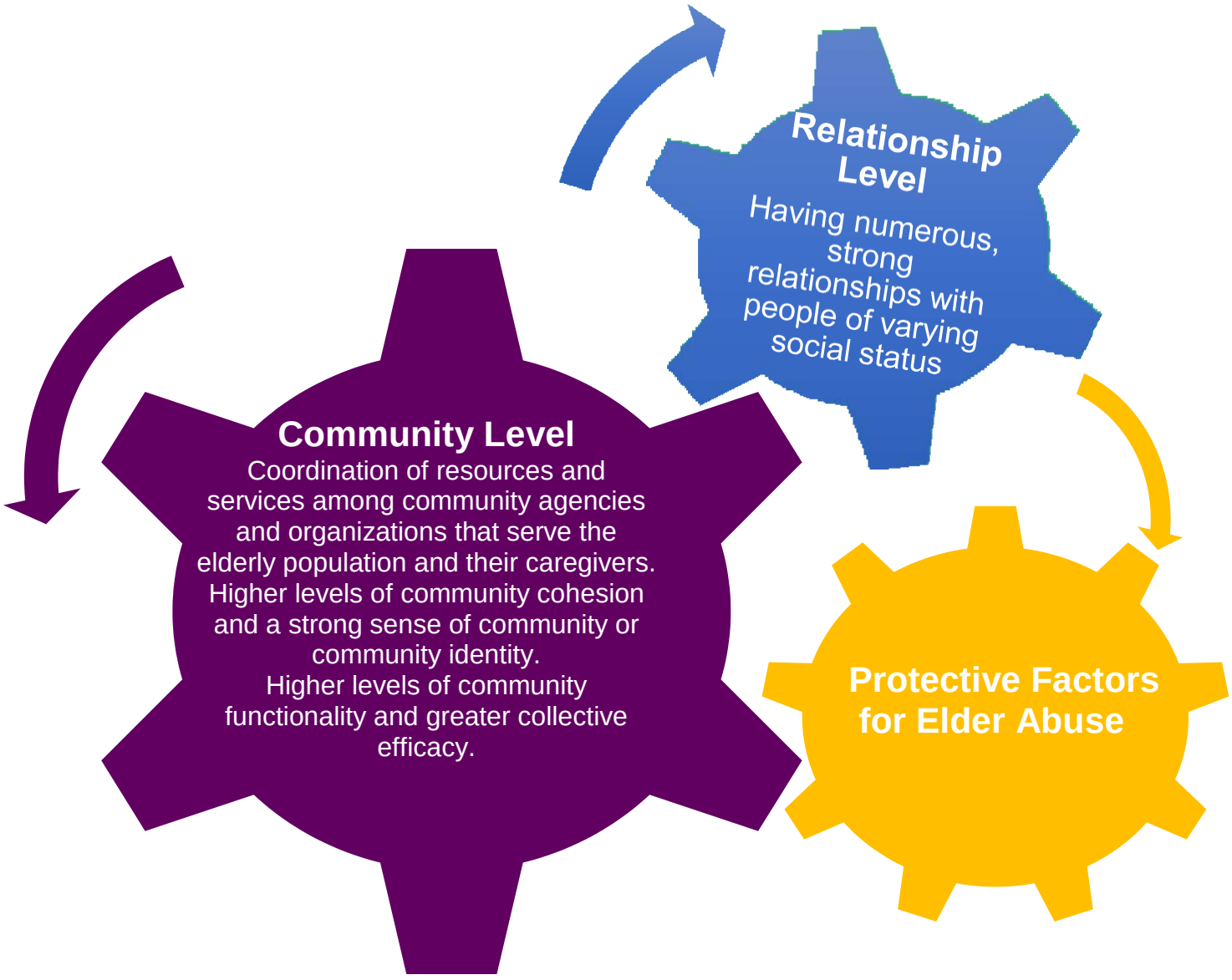
- In contrast, financial gain was the most commonly identified reason behind senior homicides committed by non-family members.

- Domestic violence in later life may be a continuation of long-term partner abuse or may begin with retirement or the onset of a health condition.

- Domestic violence within older couples is often not recognized, and consequently strategies, which have been proven effective within the domestic violence arena, have not been routinely transferred into circumstances involving the abuse of older people

- The likelihood of abuse and neglect increases with age. As people get older, and especially for those who become more dependent, the likelihood of being taken advantage of increases. Abuse increases with age, with 78% of victims being over 70 years of age.

Government of Canada: Department of Justice. Exploring the Role of Elder Mediation in The Prevention of Elder Abuse, 2012



Factors within institutional settings that may be protective include: effective monitoring systems in place; solid institutional policies and procedures regarding patient care; regular training on elder abuse and neglect for employees; education about and clear guidance on how durable Power of Attorney is to be used; and regular visits by family members, volunteers, and social workers.

Protective factors reduce risk for perpetrating abuse and neglect. Protective factors have not been studied as extensively or rigorously as risk factors. However, identifying and understanding protective factors are equally as important as researching risk factors.

Centers for Disease Controls and Prevention, Elder Abuse: Risk and Protective Factors

Barriers to Reporting

It is important to consider the barriers older adults face in reporting or disclosing abuse and why help is often not sought out. Victims of elder abuse and neglect may feel ashamed of their abusive experiences. Those who consider reporting abuse often choose not to because, in the majority of cases, they are abused by a family member, loved one, or trusted caregiver. It can be extremely difficult to tell others that someone you trust and love is abusing or neglecting you. Making matters worse, abusers often blame their victims, telling them that the abuse is their "fault," and threatening them if they reveal the abuse to anyone. If the older person is dependent on the abuser for care, he or she may feel as if he or she has no option but to live in fear and pain.

FEAR

- Fear that disclosure will lead to further abuse
- Fear of being placed in a care home
- Fear of losing a caregiver or contact with a family member
- Fear of being blamed, judged
- Repercussions from family or staff (escalation of abuse; loss of financial support; loss of connections with loved ones)

EMOTIONAL IMPACT

- Feel no one will believe them
- Shame/embarrassment that a family member treats them badly
- Need to keep the problem in the family
- Rejection by family members

KNOWLDEGE/LANGUAGE

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- Not knowing where to turn for help …Report where? Report what?
- Language barriers not able to access resources or culturally appropriate services
- Feel that they cannot prove the abuse is happening
- Believe police or social services cannot help them

Having the Conversation

Physical abuse is a difficult subject to broach with a family member or older adult. It is important to conduct a thorough assessment, to detect, identify and intervene, when supporting an older adult who is the victim of physical abuse. The following are sample questions that may assist care providers in starting the conversation, where physical abuse is suspected. Follow your professional standards when conducting investigative interviews and obtaining client consent.

Persons working with older people in potentially abusive situations need to be sensitive to cultural differences and intervene accordingly. Formulating culturally sensitive prevention and intervention efforts requires an understanding of roles and responsibilities within the family and help-seeking behaviors.[6] Certain cultural values, beliefs and traditions influence family dynamics, intergenerational relationships and ways in which families define their roles and responsibilities and respond to daily challenges. These differences make some situations difficult to distinguish from abuse or neglect.

Assessment Questions

Older Adult Residing in a Long-Term Care or Retirement Home

- During personal care has a care provider ever intentionally hurt you?
- Is there anyone working in the retirement home/long-term care centre that makes you feel uncomfortable?
- Are you afraid to be left alone with anyone at the retirement home/long- term care centre?
- Are you alone a lot?
- Does anyone force you to stay in your room when you do not want to?
- Does your care provider force you to take any medications (that is not appropriate to your clinical care plan), which may impair your memory or judgment?
- (Ask another caregiver) Is the resident withdrawing from participating in activities or socializing?

PHYSICAL ABUSE – Assessment Questions

- Is there something that you would like to share with me?
- Has there been a recent incident (with a family member, friend and/or caregiver) that is causing you concern?
- Is there anyone close to you that makes you feel uncomfortable?
- Is there anyone that you fear being left alone with?
- Are you afraid of any family members and/or caregivers?
- How do family members behave toward you?
- Does your caregiver and/or family member(s) always answer questions that are asked of you?
- Is there someone in your life who is mistreating/harming you?
- Have you ever been touched in any way you did not want?
- Do you have any bruises, cuts and/or pain in your body that you cannot explain?
- Have you ever experienced physical abuse in the past?
- Are you alone a lot?
- Does your family member/caregiver take you to see a doctor when you have pain or an injury of any sort?
- Do you see different doctors/hospitals every time you are injured?
- Does your family member or caregiver force you to see a different doctor or hospital when you are injured?
- Has anyone tried to harm you while under the influence of alcohol or any other substances?
- Have you ever been forced or tricked to take any substances that may impair your memory or judgment?

PHYSICAL ABUSE - Formulating Questions for Suspected Abuser

Note: Working with a suspected abuser is a very delicate situation and should only be undertaken by a qualified professional possessing the appropriate skills and training.

- Are you and (senior's name) aware of the kinds of help available in the community?
- How do you and (senior's name) handle disagreements?
- What expectations does (senior's name) have of you?
- Most caregivers find their role stressful. I sense caring for (senior's name) is stressful for you. Is this recent or has this been this way for some time?
- Do you often feel so tired/exhausted that you sometimes cannot meet (senior's name) needs?
- How do you react under stress?
- Do you tell people you care about when you are feeling stressed?
- When you are angry/resentful/frustrated with (senior's name) have you ever felt out of control? What did you do?
- Do you feel able to ask for help from others when you feel you need a break?
- Is caring for (senior's name) different than you thought it would be?
- How do you feel you are managing the present situation?
- How is (senior's name) involved in decisions and determining his/her care?
- What does (senior's name) need help with every day?

Adapted from Seniors Resource Centre Association of Newfoundland and Labrador, 2006

Other Questions for Suspected Abuser:

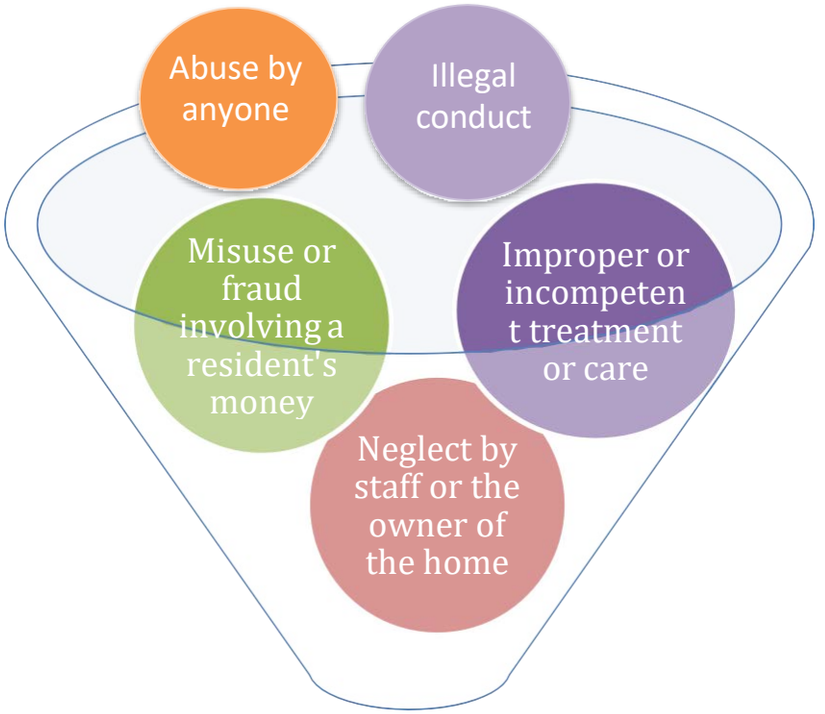
- Do you feel forced to act out of character or do things you feel badly about?
- Do you sometimes feel that you are being forced to be rough with (senior's name)?
- Do you sometimes feel that you can't do what is necessary or what should be done for (senior's name)?

Adapted from CASE: Caregiver Abuse Screen, NICE, 2010

Know the Law

In Ontario, the law says that the abuse of an elder person 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)



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.

REPORT

It is against the law for anyone to punish someone who reports abuse of a resident in a home.

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.

Is Physical Abuse a Criminal Offence?

In Canada, certain forms of elder abuse are crimes under the **Canadian Criminal Code of Canada.** Elder abuse is not a separate offence but some abusive actions are covered by the Code. Although all forms of abuse are wrong, not all actions or tactics used by perpetrators toward an older adult (such as insulting, isolating, and ignoring behaviours) are necessarily recognized as a crime. They can however be signs that the abuse might get worse in the future.

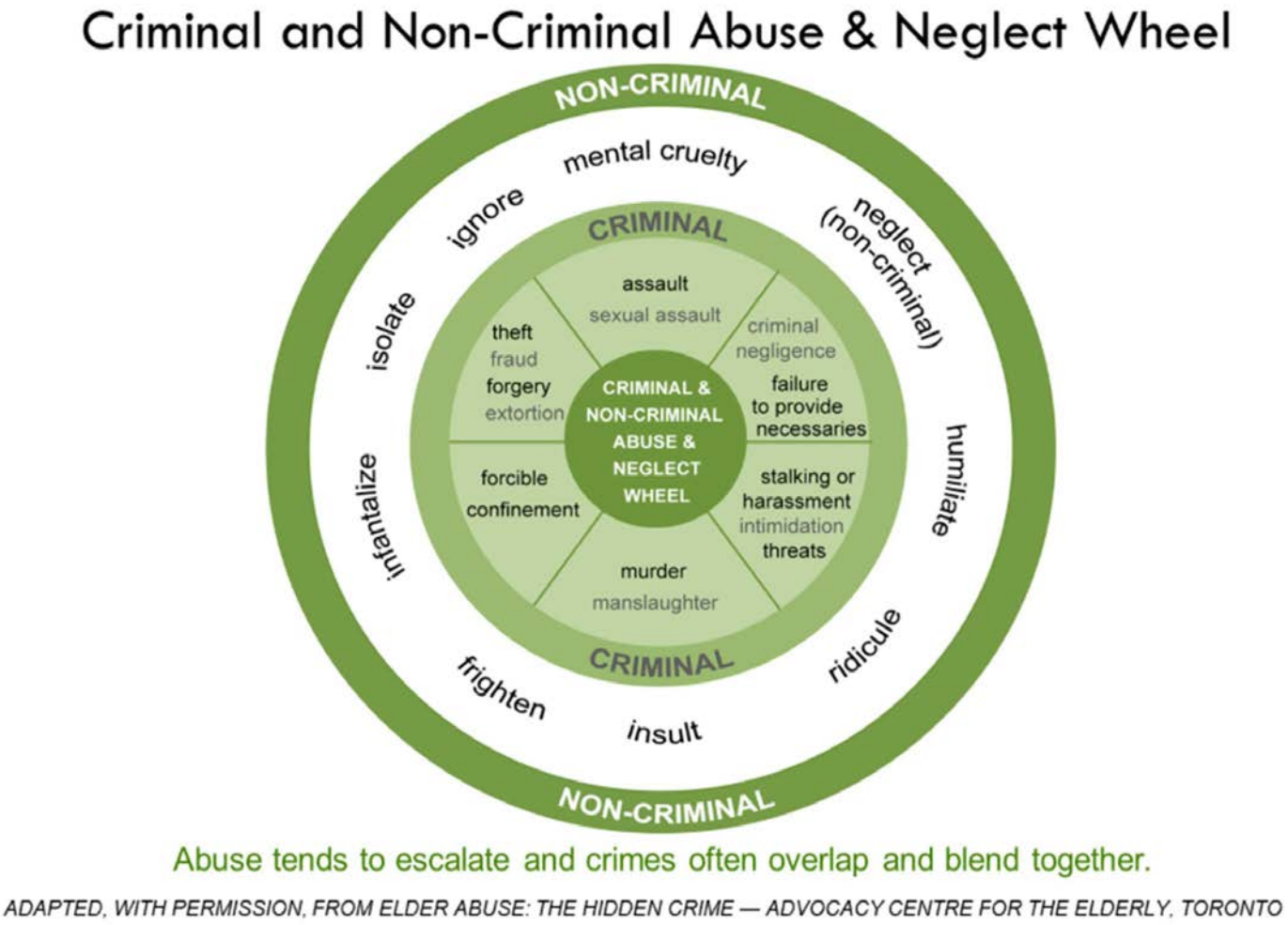


Image source: http://bcceas.ca/information/elder-abuse-and-neglect

Actions that are criminal offences do not cease to be an offence because the person is an older adult. Police can lay criminal charges if they have reasonable grounds to believe a crime has been committed. Some of the Criminal Code provisions that may apply in cases of physical elder abuse include:

Assault (s. 265-268)

Can be committed by attempting or threatening to apply force to another person if the other person believes that the abuser has the ability to carry out the act. Most people think of assault only as the intentional use of force against somebody without his or her consent.

However, attempting or threatening by an act or gesture to use force may also be assault. If the victim has reason to believe that the perpetrator could and would use force (has present ability to effect his or her purpose), this could result in a charge even where no force was applied.

Assault with a Weapon or Causing Bodily Harm (s. 267)

Section 266 of the Criminal Code of Canada and criminal case law determines that an assault has taken place when a person applies intentional force on another person, indirectly or directly.

Section 267 indicates that for an assault to rise to the level of bodily harm, one additional requirement must be met, the person committing the assault actually did cause bodily harm.

Aggravated Assault (s. 268)

Aggravated assault in Canada is an assault that results in the wounding, maiming, disfiguring, or endangers the life of the complainant (victim). Usually the alleged assault involves a weapon, such as a firearm or knife. The level of injury inflicted on the victim, along with the personal circumstances of the accused, will likely determine the length of the jail sentence imposed by the judge.

Forcible Confinement (s. 279)

A charge that often accompanies domestic assault charges. To be convicted with forcible confinement, the Crown must prove that the individual forced the victim to remain in one place using threats, coercion or physical restraint.

Murder (s. 229)

States that culpable homicide is murder and requires proof of an ulterior intention to kill or a closely related state of mind that combines elements of intention (to cause bodily harm), foresight or knowledge (that the bodily harm is likely to cause death) and recklessness (whether death ensues or not).

Manslaughter (s. 234)

The unjustifiable, inexcusable, and intentional killing of a human being without deliberation, premeditation, and malice.

Manslaughter is a distinct crime and is not considered a lesser degree of murder. The essential distinction between the two offenses is that malice aforethought must be present for murder, whereas it must be absent for manslaughter.

Overcoming Resistance to Commission of Offence (s.

Attempting to choke, suffocate or strangle another person with the objective to render that person insensible, unconscious or incapable of resistance for the purpose of committing an indictable offence (for example sexual abuse).

Safety Planning

REMEMBER:A safety plan is NOT a guarantee of safety. It is a tool that includes strategies to increase an individual's safety.

Supporting the Older Adult

Safety Strategies May Include:

- Reducing the risk of physical violence
- Escaping in an emergency
- Preparing to leave the abuser
- Getting help if leaving is not an option
- Staying safe in public

Safety Plans are:

- Flexible – they should be constantly revisited as circumstances change
- Personal – they are different for each individual
- Helpful for people at risk for partner abuse, elder abuse, stalking/criminal harassment, sexual assault

A victim's predictability is their vulnerability: time + place

Questions to Ask:

- What is your daily routine like?
- Do you have a trusted support person or friend?
- Does anyone else know about the abuse?
- Have police ever been involved?
- What have you done to feel safer in past?
- What are your areas of concern?
- What do you need to feel safer?

Source: Pina Marino, Caledon-Dufferin Victim Services

Preventative Actions – Older Adults

Educate older adults in your care about different preventative actions they can take such as:

- Thinking carefully before making changes to their living situation, such as moving in with family or friends or having someone move into their home, especially if they promise to take care of them.
- Planning for their future while they are still independent and mentally capable. Have a Power of Attorney or a Living Will to express how they want to address their finances and health care decisions to avoid confusion and family problems later on.
- Maintaining contact with loved ones and connections with friends, family and support networks.
- Staying active in the community – volunteer, go on outings with friends and visiting neighbours. Isolation increases vulnerability to abuse.
- Seeking alternative options for care, not only relying on family members for their care and social life.
- Taking control of their own decisions and health care.
- Educating themselves about their rights and the signs to recognize elder abuse.
- Having their own phone and opening their own mail.
- Asking for help when they need it.
- Becoming educated about services for seniors, attending local health fairs to ask questions and pick up written materials.
- Reporting abuse when they see it.
- If they are not satisfied with care services they receive in their home or care facility (improper treatment/yelling), voicing the challenges they are encountering.
- Safety plans should be shared with trusted support people

Preventative Actions - Caregivers

Caring for older adults is a rewarding experience but it can be demanding. When a caregiver becomes overwhelmed and does not have the coping skills and/or supports to care for their loved one, they may act in an abusive manner – most often not intentionally.

Educate caregivers about different preventative actions they can take such as:

- Learning about the signs of elder abuse and neglect.
- Treating all seniors with respect and dignity.
- Requesting help from friends, relatives, or local agencies, so they can take a break.
- If the older adult has dementia or cognitive impairments, inquiring about adult day programs or respite care services.
- Maintaining their health and social connections.
- Seeking medical care or counselling to deal with stress, anxiety, and/or depression when necessary.
- Participating in support groups for caregivers, such as the Alzheimer's Society.
- Seeking intervention services if they are experiencing drug or alcohol abuse. There are many support lines and agencies available in Ontario.
- Calling the Seniors Safety Line or other telephone helplines for access to information on local services or seek to guidance on dealing with potential elder abuse
- If they feel they need help to care for the older adult – calling to make arrangements for additional care services.

PHYSICAL ABUSE

Case Study

Case Study 1

I just can't remember how I got the bruises in the first place.

Diego (79 years old) and wife, Martina (76 years old) immigrated to Canada over 40 years ago. Although Diego has an engineering background from Venezuela, he worked as a truck driver in Canada up until his retirement at 65. Martina was a stay-at-home mother so often, it was difficult to support their three children on only one income.

In the past, Diego would come home extremely intoxicated after driving all day and would hit Martina, if he became frustrated with the children, since he believed it was her job to keep them quiet. Martina never told anyone about these instances because she did not want to bring shame to her family. Recently, Martina was diagnosed with Alzheimer's Disease and together they agreed Diego would become her Power of Attorney. Twice a week, Martina attends a daily program at a local Seniors' Centre.

You are a staff member of the Seniors' Centre and notice one day that Martina has black bruises on the front and back of her neck. She is also only wearing a short sleeve shirt on a cold winters day. Diego usually accompanies Martina into the building, to bring her to the day program, but today he remains inside the vehicle and speeds off after she exits the car. You ask Martina about the bruises, however she cannot recall what happened to her and says it is probably from the hard pillow she sleeps with at night.

What should the worker do?

FACT BOX

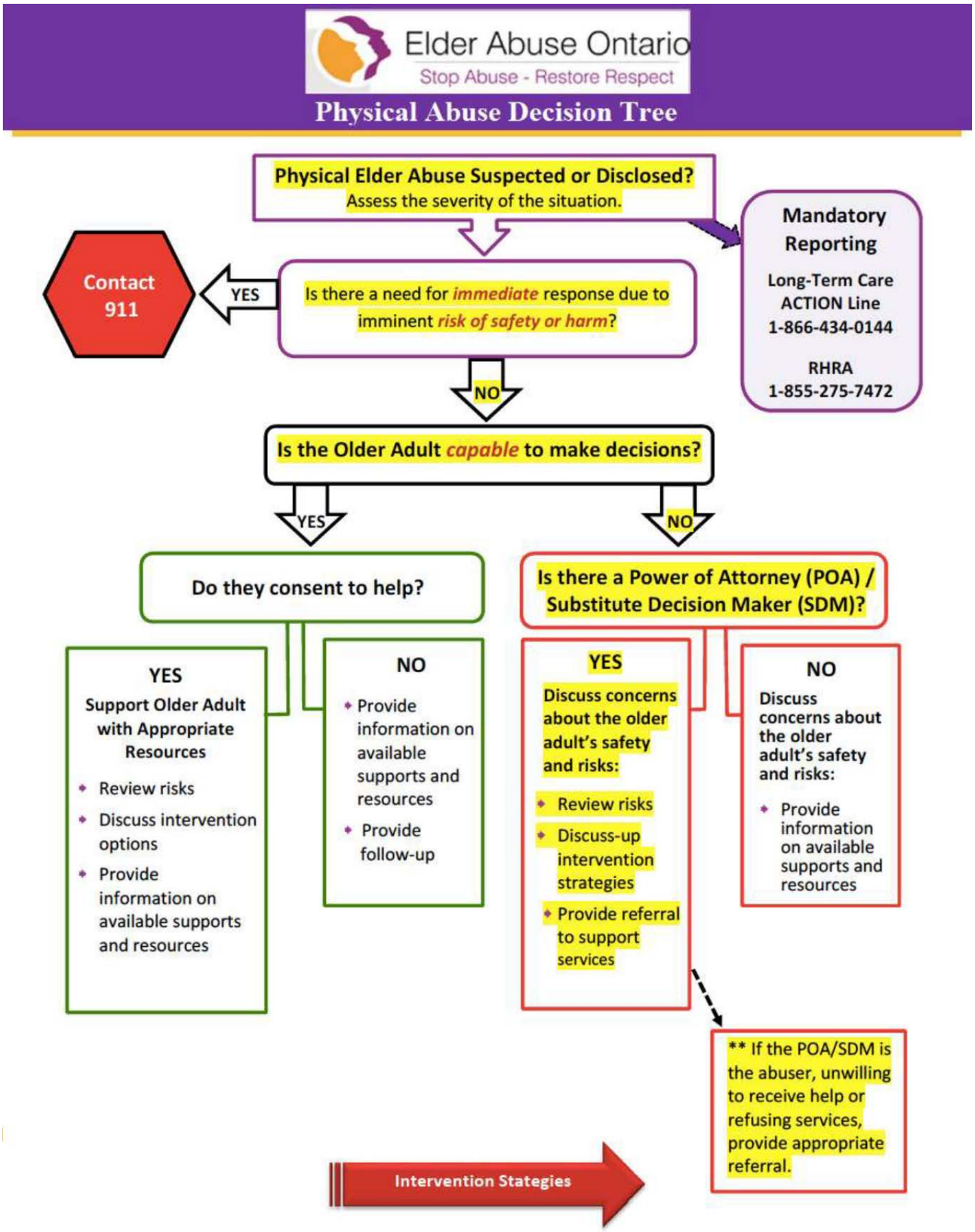
Type(s) of Abuse:	Physical, neglect and possibly sexual
Warning Signs:	✓ Bruises on the front and back of Martina's neck ✓ Disclosure that earlier in the relationship, Diego slapped and hit her when he was intoxicated ✓ Martina wearing a short sleeve short on a cold winter day ✓ As caregiver, Diego drives off without ensuring Martina is safety in the building at the program, not typical behaviour of coming inside with Martina ✓ The discrepancies between the injuries Martina presents with and her explanation of the cause of the injury – 'sleeping on a hard pillow'
Risk Factors for Victim:	✓ History of domestic violence, physical assault ✓ Martina has Alzheimer's Disease and therefore likely cognitively impaired ✓ Martina is dependent on Diego for care as her primary caregiver ✓ Diego is Martina's Power of Attorney, which cannot be easily revoked, because Martina is now cognitively impaired ✓ Barrier to disclosure- Martina never revealed to anyone she was a victim of domestic violence because she did not want to bring shame to her family – this may be cultural issue ✓ Poverty- Martina was a stay-at-home mother and they found it difficult to support their family on just one income ✓ Substance abuse issues – Diego's use of alcohol to cope with stress in the past ✓ Isolation - no other persons actively involved in their lives – children, family, friends ✓ Increased vulnerability because of age, Alzheimer's diagnosis, age of caregiver, lack of supports for caregiver ✓ Lack of understanding or knowing about Canadian laws and options relating to abuse
Who is Abuser?	✓ Husband and caregiver, Diego (disclosed)
Risk Assessment:	✓ Martina is not in immediate danger, but tracking and documenting events is important, because of numerous high-risk factors presenting ✓ Likelihood of escalation of abuse as her care needs increase ✓ No mandatory reporting because this is a Senior Centre in the community ✓ Assume Senior Centre staff are un-regulated health professionals

Pertinent Assessment Questions:	**For Martina:** ✓ Do you feel safe at home? ✓ Does Diego threaten or hurt you in any way? ✓ Are you afraid of anyone at home? ✓ Are you afraid of Diego or scared to ask for help? ✓ Are you uncomfortable when Diego takes care of you? ✓ Does Diego leave you home alone often? ✓ Do you get enough to eat? ✓ Does Diego give you your medication every day? ✓ How often does Diego help you to have a bath? ✓ Does Diego willingly give you help when you need it? ✓ Do you feel sad and lonely often? ✓ Do you feel like Diego doesn't want you around? ✓ Does Diego tell you that you give him too much trouble? ✓ Do you wish you could live somewhere else, like in a home or with one of your children? ✓ **For Diego:** ✓ Do you feel overwhelmed by being the caregiver for Martina? ✓ Do you feel sad and lonely often? ✓ Do you feel angry that Martina cannot take care of herself more? ✓ Are you angry that Martina is increasingly, needing your help? ✓ Do you find it difficult to manage Martina when she cannot remember things? ✓ Do you find it difficult to cope when Martina does not behave the same way she used too? ✓ Do you feel you are sometimes forced to be rough with Martina? ✓ Do you feel you have to reject or ignore Martina because you are frustrated and confused sometimes? ✓ Do you often feel so tired and exhausted that you cannot look after Martina? ✓ Do you get time to do some of the things you enjoy? ✓ How often do you see your children, family, friends?
Capacity:	✓ Martina is not capable because she has been diagnosed with Alzheimer's Disease. However, she may still be able to actively participate in decisions concerning her care and life choices – this is dependent on the stage of her disease and level of functionality.

Consent:	✓ Martina's consent can be sought, depending on the stage progression of the Alzheimers disease ✓ Consent for cognitive impairment is based on context, consequences of choice and consistency: *does Martina understand the situation and risk she faces? *does she understand the options/choices available to her? *does she understand the possible outcomes and impact of the various options/choices, on her life? *does Martina fluctuate in her understanding of choices and options? ✓ Consent to support and refer, can be requested from Diego as the Power of Attorney and caregiver for Martina
Response and intervention:	✓ Senior Centre staff are likely not regulated healthcare professionals, but they need to report the situation to their supervisor ✓ As a service provider, the worker needs to review the organizational policy and protocols to ensure compliance ✓ Worker needs to ensure all observations related to Martina, are properly documented ie. unusual changes to her behaviour as presented at the centre, monitoring the situation closely ✓ Since Martina is diagnosed with Alzheimer's and her caregiver/Power of Attorney is the potential abuser, the Senior Centre staff may contact the Office of the Public Guardian and Trustee, regarding Martina – OPGT can make decisions about Martina's finances and her personal care if they find Diego is not acting in her best interests as her PoA and caregiver. (OPGT will intervene in cases where seniors who are incapable, at-risk, unsafe, neglected, vulnerable and frail). ✓ Centre staff can work with Martina to create a safety plan, based on her ability (for example, help pack an emergency bag and leave it at the Centre) ✓ Worker can ask a local community police liaison officer to do a safety and security check at the home of Martina to ensure her living environment is safe for her ✓ Worker can arrange a medical appointment with her doctor, so the doctor may request PSW service for Martina, allowing Diego to have some caregiving relief/respite time. ✓ Worker can offer some additional programs for Martina to attend, so that Diego has some time for himself ✓ Worker can help Diego stay connected with an Alzheimer Caregiver Support Program or similar programs in the community ✓ Worker may connect with the children of Martina and Diego to have them assist in the care of Martina
Referral & Resources:	✓ Refer to OPGT ✓ Refer to local LHIN/Community Care for respite and ADL support for Martina ✓ Refer to Alzheimer's Association Caregiver support programs for Diego ✓ Refer to a community health centre with social work support/counselling for Diego ✓ Refer to a community centre, if available, one that can support the family in the Spanish language, which is their language of birth
Other:	

SUPPORTING MARTINA

The example below illustrates of how a service provider can use the decision tree to support Martina.



Resources and Community Supports

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Office of the Public Guardian and Trustee	1-800-366-0335	Welcome Centre Immigrant Services	1-877-761-1155

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Intervention Strategies

SAFETY

- Develop Safety Plan
- Police Wellness Check
- Provide Seniors Safety Line Information
- Follow-Up with Victim Services
- Contact Shelter Services, Safe Bed Program

SUPPORT

- Support Access to Crisis Intervention
- Provide Counselling Services for Caregiver/POA
- Discuss Options for Protecting Finances
- Refer to Meals On Wheels
- Arrange Appointment with Family Physician/ Family Health Team/ Geriatric Assessment Services
- Link to Mental Health/ Addiction Program

REFERRAL

- Document Action
- Ensure Linked to Support Services
- Monitor Situation
- Follow-Up with Senior

PHYSICAL ABUSE

Case Study

Case Study 2

He is rough handling me and I am unable to tell anyone about my distress.

Sanjeev (70 years old) has ALS and has been living in a Long-Term Care (LTC) centre for the past two years. Sanjeev's health began to decline when his wife died and their daughter opted to move him to LTC to receive appropriate care. Sanjeev is no longer able to speak and requires assistance with mobility. His daughter holds his Power of Attorney (POA) for personal care. She is extremely worried about her father's health and does what she can to support him.

As a PSW, you see Sanjeev regularly, each week day. He is always smiling and generally in good spirits. You plan a one-week vacation and another PSW, who usually works the night shifts, offers to cover your day shifts while you are off. When you return to work, you find that Sanjeev's mood is now sombre and he will no longer make eye contact with you. You notice fresh bruises and small cuts on Sanjeev's arms and legs, which were not there before.

As this appears unusual and you cannot ask Sanjeev about these injuries, you decide to speak with the other PSW. She comes to Sanjeev's room to relieve you, but appears to be flustered and angry. The worker handles Sanjeev roughly while putting him into his wheelchair. You ask the worker about the cuts and bruises but she quickly explains that Sanjeev's sporadic movements while she is moving him from the bed to wheelchair are the cause.

What should the PSW do next?

FACT BOX

Type(s) of Abuse:	Physical and possibly neglect
Warning Signs:	✓ Bruises and cuts on arms and legs ✓ Mood has changed from smiling and good spirits to sombre ✓ Sanjeev's behavioural change of no longer making eye contact with the regular caregiver (PSW #1) ✓ PSW # 2 is regular night-caregiver but appears frustrated and angry , handling Sanjeev roughly ✓ Cuts and bruises on Sanjeev's arms and legs do not match the explanation given ✓ Sanjeev has been in LTC for 2 years without significant changes in his temperament or physical presentation of bruises and cuts, explained recently as caused by sporadic movements ✓ marked change in behaviour and physical presentation in the span of one week are not plausible explanations as offered by PSW #2
Risk Factors for Victim:	✓ Sanjeev is vulnerable because of the ALS condition ✓ Sanjeev is non-verbal, significantly heightens his risk for abuse ✓ Dependent on others for all bodily movements ✓ Sanjeev cannot speak therefore cannot tell anyone about the abuse ✓ Isolation, as Sanjeev is non-verbal, he is less likely to be interacting with others
Who is Abuser?	✓ Possibly PSW # 2 is the abuser ✓ Systemic abuse- PSW may not have enough time and/or resources to cope with in providing increased care needs for residents during waking hours
Risk Assessment:	**Sanjeev:** ✓ Sanjeev is capable but unable to communicate verbally ✓ Sanjeev is not in imminent danger ✓ Observe change in the normal behaviour **PSW # 2:** ✓ Shift change from night to day, may disrupt concentration and body rhythms, impact ability to work ✓ Possible burn-out or stressed

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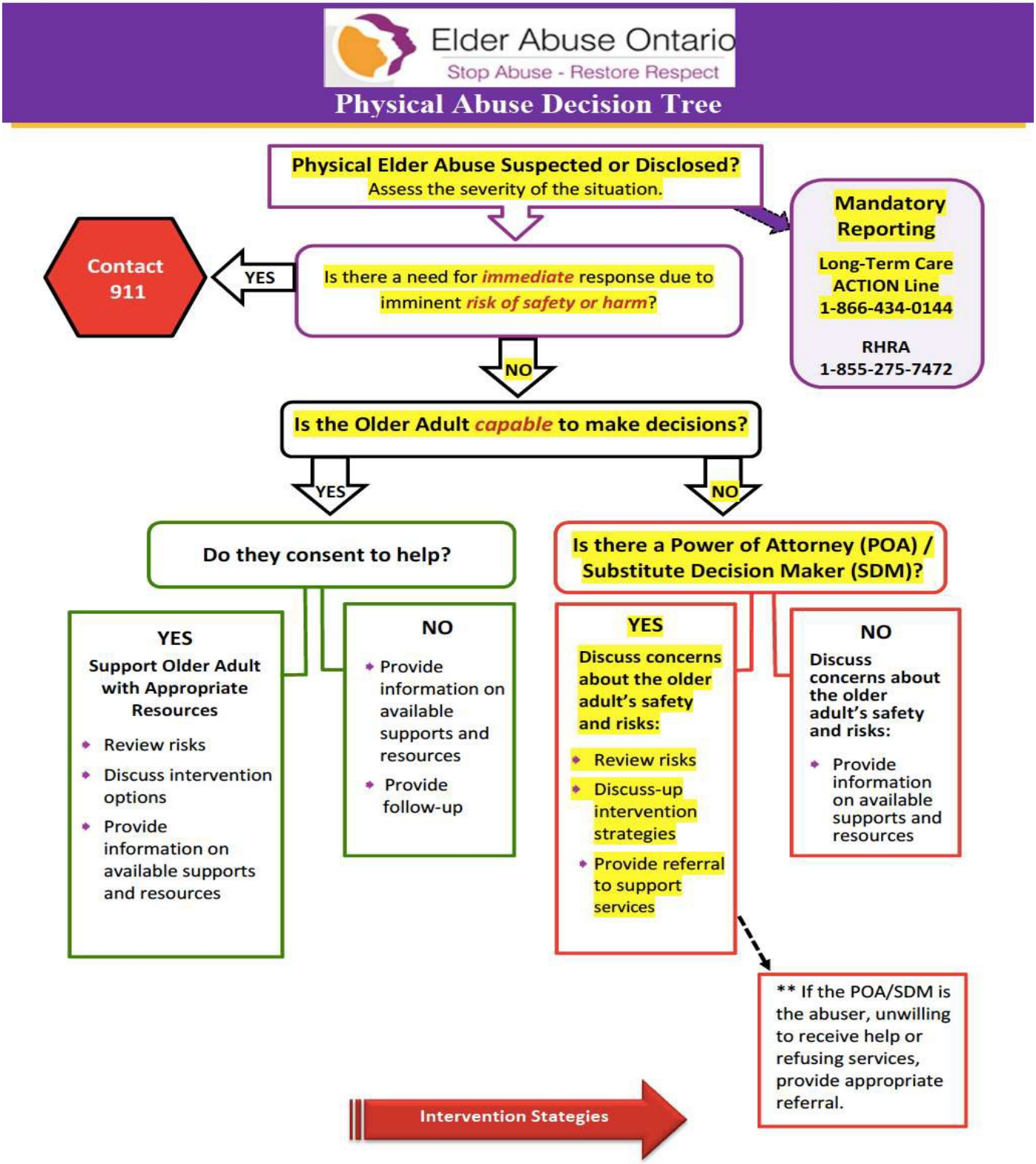
Pertinent Assessment Questions:	**Sanjeev:** ✓ How did you get the bruises on your arms and legs? ✓ Does PSW # 2 hurt you when she provide care to you? ✓ Why do you feel so sad **PSW # 2:** ✓ Who often do you feel overwhelmed at work? ✓ How are you adjusting to the change in your shifts from night to day? ✓ Are you able to sleep properly or get enough sleep at night? ✓ How often do you feel angry when you are caring for a resident? ✓ Do you feel you have too much to do during your shift? ✓ How often do you lose your temper with others? ✓ Do you feel alone or deserted by others? ✓ Do you feel worried or sad about something?
Capacity:	Sanjeev is capable
Consent:	✓ Sanjeev is able to give consent to PSW # 1
Response and intervention:	✓ PSW # 1 needs to report incident to the Long-Term Care Action Line ✓ PSW # 1 needs to report incident to the Director of Care within the home, as well as her immediate supervisor ✓ Sanjeev resides in a LTC home which is governed by the Long-Term Care Homes Act (2007) ✓ Director of Care/Supervisor with PSW # 1 needs to advise Sanjeev's daughter of the incident as the holder of his PoA ✓ Director of care needs to investigate the incident, interview all involved and implement the necessary strategies to keep Sanjeev safe, based on the policy, protocol and procedures governing the LTCH and the LTCH Act ✓ Director of care needs to report incident to the LTC Action LIne immediately after incident is brought to him/her attention ✓ Sanjeev's daughter should document all the conversations, her observations each time she visits her father and report any changes related to his appearance, moods, behaviour ✓ Sanjeev's daughter should take him to a doctor who is able to communicate with a patient with ALS to assess any other unobserved abuse, he may have experienced

Response and intervention:	✓ Sanjeev's daughter reports her concern to the Director of Care ✓ Director of Care should bring in training for all PSWs on working with ALS residents ✓ Assign PSW # 2 to a different resident after training and support has been offered ✓ Director of Care should bring in resources from The Aphasia Centre to work with non-verbal residents to help establish other means of communication for Sanjeev to use to express his wishes ✓ Director of Care should implement checks and balances in places where staff switching shifts, might impact their ability to perform their duties in a compassionate, respectful and thoughtful manner Switching from nights (which may require less care needs for residents) to days (which often means a greater demand on the caregiver) can result in the caregiver not being able to cope with the time change and the increased demands of the job
Referral & Resources:	✓ Refer Sanjeev's daughter to seek legal advice ✓ PSW is not a regulated healthcare professional but since they are working in a long-term care setting, the rules and regulations under the Long-Term Care Homes Act governs the actions that must be taken by the PSW and the Director of Care ✓ Refer Sanjeev's daughter to join the Residence/Family Council of the LTC home ✓ Refer Sanjeev's daughter to join the ALS Society, on behalf of her father, to get resources for him to read ✓ Refer Sanjeev's daughter to join The Aphasia Centre and learn about non-verbal ways she can communicate with her father and he with her
Other:	

SUPPORTING SANJEEV

The example below illustrates of how a service provider can use the decision tree to support Sanjeev.



Resources and Community Supports

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Intervention Strategies

SAFETY

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- Police Wellness Check
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SUPPORT

- Support Access to Crisis Intervention
- Provide Counselling Services for Caregiver/POA
- Discuss Options for Protecting Finances
- Refer to Meals On Wheels
- Arrange Appointment with Family Physician/ Family Health Team/ Geriatric Assessment Services
- Link to Mental Health/ Addiction Program

REFERRAL

- Document Action
- Ensure Linked to Support Services
- Monitor Situation
- Follow-Up with Senior

PHYSICAL ABUSE

Case Study

Case Study 3

Through all of this, I still want to stay with my partner.

Donald (67) and his partner, Erwin (67) have lived together in a retirement home for the last three years. Donald has been on medication for several years, to manage his severe depression and regularly attends informal support group meetings for this issue. Erwin has had substance misuse issues in the past but has managed to overcome this problem on his own. At the most recent meeting, Donald shared with the group, that his depression has become worse, even with the medication. He is experiencing insomnia, a loss of appetite and feelings of suicide.

Donald mentioned that Erwin sometimes leaves for two or three days at a time without saying where he is going and has threatened to leave the relationship because of "differences." The lead counsellor of the support group stayed after the meeting, to speak with Donald, who was in obvious distress.

During the conversation, Donald disclosed that Erwin has been restraining him to the bed at night, burning him with cigarettes when he is frustrated. The counsellor notices circular burn marks on Donald's arms and sees signs of possible restraints around around his wrists. Donald says he wants to continue to live in the retirement residence with Erwin, but does not know what to do.

What should the counsellor do?

FACT BOX

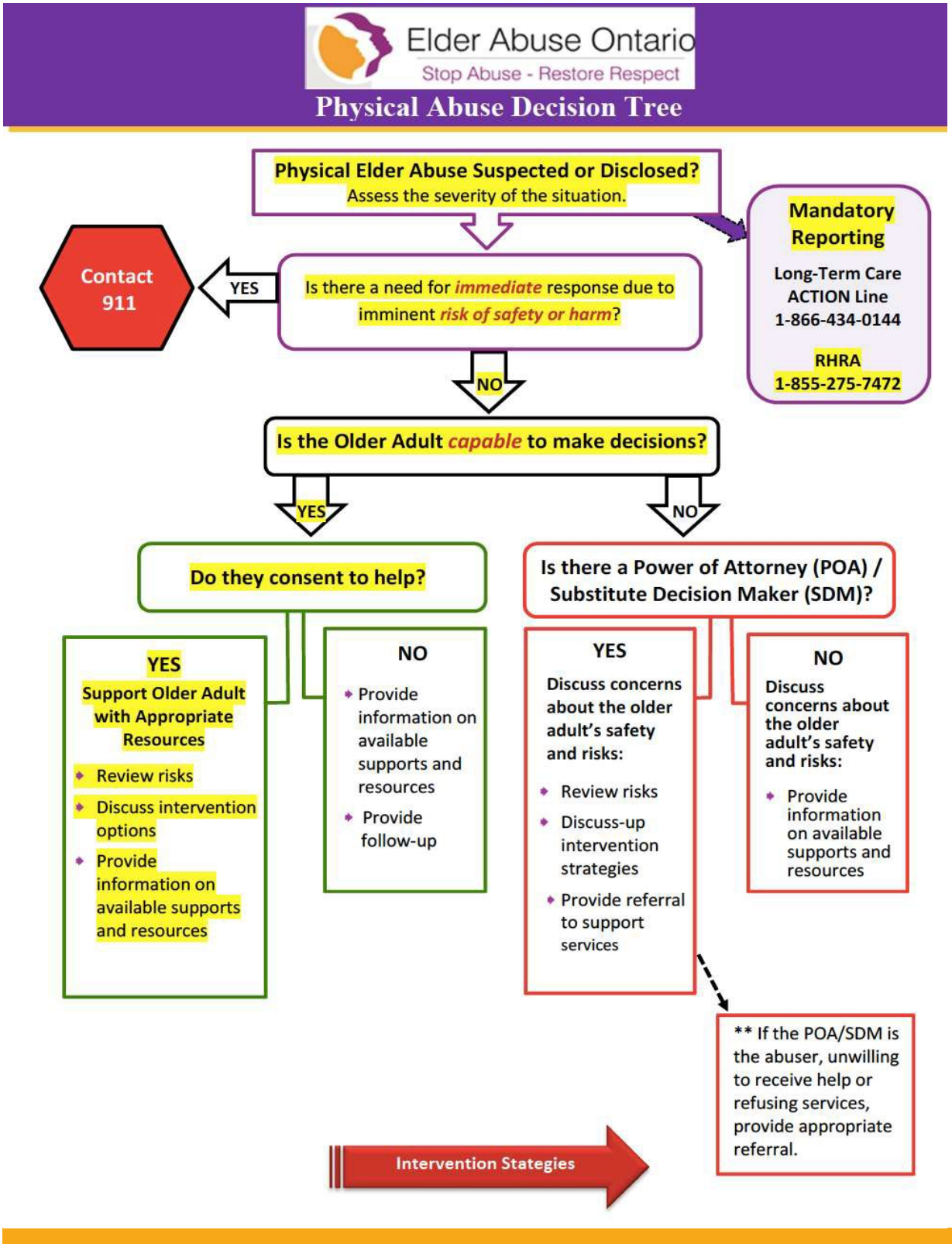
Type(s) of Abuse:	Physical, emotional/psychological
Warning Signs:	✓ Donald suffers from depression and it is getting worse with medication that is not working ✓ Donald partner Erwin has a history of substance misuse ✓ Donald is suffering from insomnia ✓ Donald is experiencing a loss of appetite ✓ Donald is experiencing feeling of suicide ✓ Donald is left alone for long periods of time ✓ Donald is being restrained to the bed without his consent ✓ Donald and Erwin experience social isolation due to their sexual orientation ✓ As a result of insomnia, Donald might present as exhausted, tired, fatigue ✓ As a result of the loss of appetite, Donald might present as losing weight, frail, tired, lack of focus, lethargic, confused, stressed ✓ Donald presents in his support group with obvious signs of distress ✓ Donald and Erwin experiencing relationship issues as Erwin is threatening to leave the relationship because of "differences"
Risk Factors for Victim:	✓ Donald suffers from a serious mental health issue - depression ✓ Donald's partner Erwin has a history of substance abuse ✓ Erwin has anger management issues - he burns Donald with cigarettes, when he is frustrated ✓ Erwin restrains Donald to the bed at night, without consent ✓ Disclosure and evidence of the use of restraints (visible marks on Donald's wrists) ✓ Disclosure and evidence of circular burn marks on Donald's arms ✓ Donald is emotionally dependent on Erwin ✓ Living arrangement – cohabiting heightens risk for abuse ✓ Complex power dynamics within the relationship
Who is Abuser?	✓ Erwin, Donald's partner is the abuser
Risk Assessment:	**Donald** ✓ Donald does not seem to be in imminent danger but since he is capable, he need to be asked what he thinks and the councillor needs to act according to those wishes ✓ How do you feel when Erwin leaves you alone for two or three days at a time, without telling you where he is or when he will be back? ✓ What would you do if Erwin left you and did not return? ✓ Would you like a medical review of the medications you are currently on for your depression?

Pertinent Assessment Questions:	✓ Are you scared for your safety? ✓ Do you have a safety plan? ✓ Is Erwin's name on the rental agreement at the retirement home? ✓ Do you have any other close friend(s) or relative(s) in your life? ✓ Have you appointed a Power of Attorney for your care? ✓ If there is no PoA, do you have a substitute decision-maker, other than Erwin? (Erwin would be the natural substitute decision-maker for Donald because he is his common-law partner and they are co-habiting). ✓ How would you feel if you had to live by yourself? ✓ Will you be comfortable living by yourself, so that you are safe and can then see Erwin on your own terms? ✓ Are you comfortable setting boundaries with Erwin? ✓ Do you think Erwin will respect those boundaries if you set them, to manage your relationship? ✓ Are you comfortable telling Erwin how it makes you feel, when he leaves you for long periods of time? ✓ How do you think Erwin would react if you asked him to leave? ✓ Do you think Erwin may be experiencing substance abuse issues again? ✓ How would you feel if Erwin disclosed to you, that he is misusing substances again? ✓ How can the counsellor support Donald to identify his options and make choices that consider his physical and emotional safety?
Capacity:	✓ Donald is capable ✓ Erwin is capable
Consent:	✓ Donald is able to give consent
Response and Intervention:	✓ Report under Section.75 of the RHA, abuse perpetrated by the partner to the RHRA, who will investigate and follow up. ✓ Notify the RH Licensing operator and together develop a safety plan. ✓ Work with Donald to develop a comprehensive safety plan ✓ Counsellor must follow the policy, protocol and procedures of abuse intervention of the organization that employs them ✓ Work with Donald to secure a Power of Attorney that will act in his best interests ✓ Advise Donald to seek legal counsel, regarding severing their joint assets ✓ Provide Donald with intensive support to address his isolation and link him to support groups ✓ Assist Donald with meeting his doctor to reassess his medications for depression, insomnia and lack of appetite (a referral to a psychologist or psychiatrist may be required). ✓ Support Donald in addressing any issues he identifies, that puts him at an increased risk of abuse ✓ Work with Donald to address his dependency issues, focusing on his safety, well- being and improvement of self-esteem

Response and Intervention:	✓ Work with Donald to expect better from his relationship and help set acceptable boundaries ✓ Work with Donald to ensure that if those boundaries in his relationship with Erwin are violated, that he has the supports to terminate the relationship safely ✓ Councillor should document any future disclosures Donald makes, any change in his attendance to the group, any changes in his emotional temperament, physical presentation or any other changes to his usual behaviour.
Referral & Resources:	✓ RHRA Reporting under S.75 RHA ✓ Refer Donald to the local LGBTQ2S organization ✓ Refer for legal advice regarding PoA or other potential legal issues ✓ Suggest that Donald call the police the next time he feels unsafe with Erwin, as this might be a domestic violence charge (disclosures and visible signs of abuse)
Other:	✓ Counsellor must inform Donald about the limits to confidentiality because this situation involves domestic violence ✓ Must report the situation to Retirement Homes Regulatory Authority ✓ If counsellor is a social worker, they must follow their professional protocols, responsibilities and obligations ✓ Councillor might want to refer Donald to Victim Services for support ✓ Councillor will want to report to their immediate supervisor in the event that the police are called and the file/documentation becomes evidence in criminal proceedings.

SUPPORTING DONALD

The example below illustrates of how a service provider can use the decision tree to support Donald.



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Intervention Strategies

SAFETY

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SUPPORT

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- Link to Mental Health/ Addiction Program

REFERRAL

- Document Action
- Ensure Linked to Support Services
- Monitor Situation
- Follow-Up with Senior

PHYSICAL ABUSE

Case Study

Case Study 4

Nobody understands what I go through. These are normal behaviours from my husband.

Farheen is an 80-year-old woman who lives in Toronto with Usman her husband of 60 years. The couple immigrated to Canada as refugees, over 20 years ago. They have no children or any friends in their neighbourhood. They are devoutly religious and attend a service in another city once or twice a week. In their home country, a husband is permitted to hit his wife and unfortunately, Usman has continued this practice, living in Canada. This abuse has resulted in broken bones for Farheen.

She has managed to keep the cause of it hidden from her son and community and refuses to seek outside help unaware of Canadian laws. Usman has, over the past year developed significant memory problems, further increasing his aggressive behaviour. One day, without the permission of her husband, Farheen went alone to the nearby pharmacy to pick up some medication.

The pharmacist greeted Farheen and asked where Usman was, because they typically come in together. The pharmacist noticed that Farheen seemed to be in a lot of pain and was limping when she walked. Farheen would not make eye contact during the conversation.

What should the pharmacist do?

FACT BOX

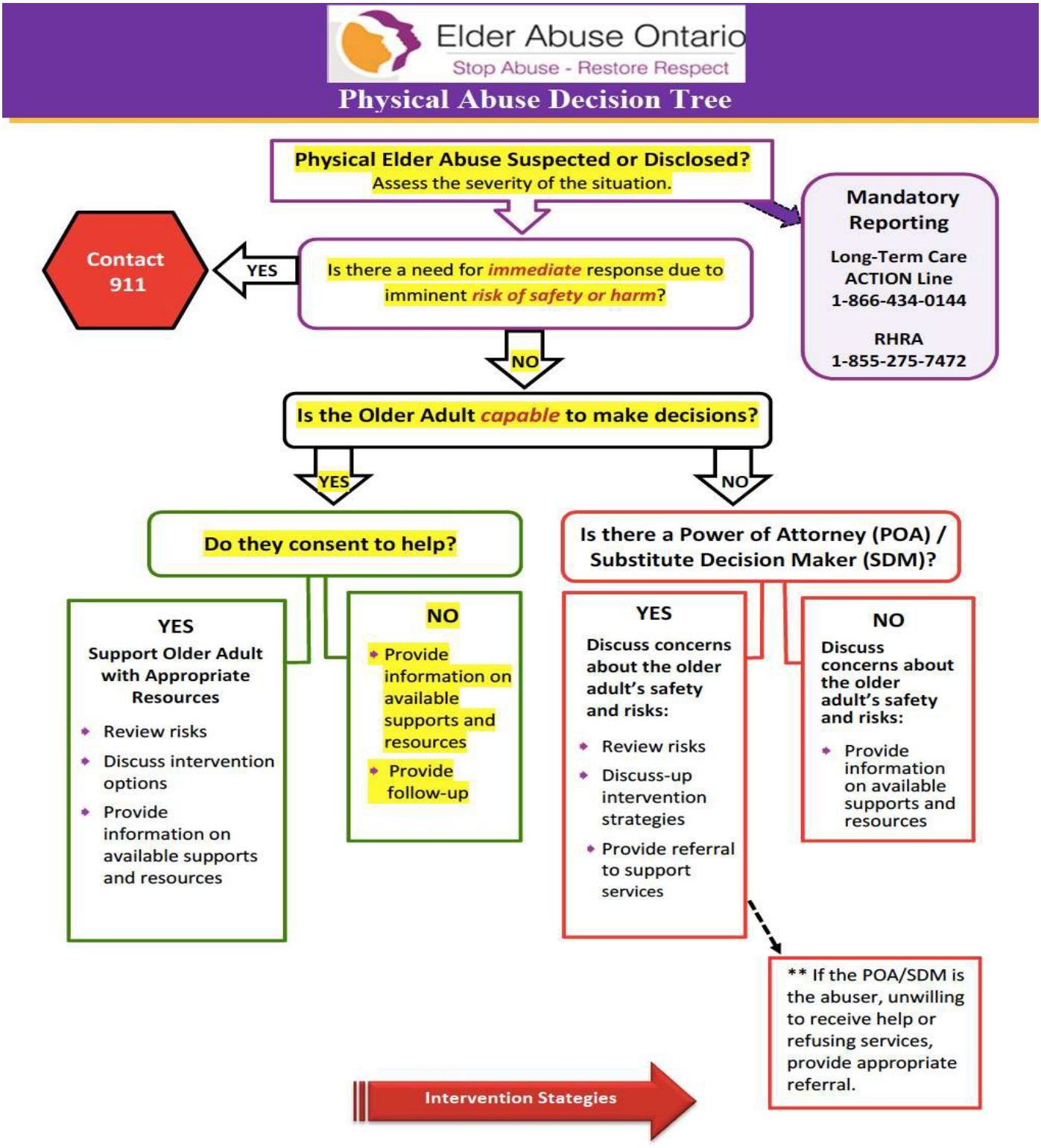
Type(s) of Abuse:	Physical, emotional/psychological
Warning Signs:	✓ Farheen's broken bones ✓ Usman's increased memory loss and escalating aggression/physical violence towards wife ✓ Couple are refugee immigrants ✓ Couple isolated with little interaction with friends in their community/neighbourhood ✓ Farheen limping with visible signs of pain ✓ Farheen keeping long-term abuse a secret from others ✓ Farheen unwillingness to seek help, accepting violence as a part of her life/'culture' ✓ Farheen not making eye contact with the pharmacist, is a significant change to her normal behaviour
Risk Factors for Victim:	✓ History of domestic violence in the 60 year old marriage ✓ "*Back home traditions*" used to excuse and accept domestic violence in relationship, as victim does not know it is unacceptable in Canada for a husband to "reprimand his wife" through physical violence ✓ Farheen will not seek help or speak out about abuse, because it will bring shame/embarrassment, dishonouring the family ✓ Abusive behaviours rooted in cultural/traditional norms ✓ Memory problems of husband will become increasingly severe ✓ Physical and social isolation ✓ Lack of awareness that violence against women in Canada is not acceptable and women have options ✓ Given the complex cultural and power dynamics, Farheen might not see her family as a support mechanism and will therefore hide the abuse from them
Who is Abuser?	✓ Usman the husband
Risk Assessment:	✓ Farheen is not in imminent danger but given her age she is extremely vulnerable to becoming disabled or dying from any form of physical abuse. It is important for an intervention to occur, in a timely manner, because Usman's memory loss is increasing as is his aggression towards his wife.

Pertinent Assessment Questions:	**Pharmacists:** ✓ Ask Farheen why Usman is not with her and whether everything is alright? ✓ Did Usman hurt you, that you are in so much pain? ✓ Can you tell me why you are in pain and limping? ✓ Farheen, do you feel safe at home? ✓ Do you want me to help you make an appointment with a doctor? ✓ Do you know that in Canada, physical abuse is not acceptable and you have options and do not need to stay silent? ✓ Farheen in Canada there are options and help for women in your situation to stay safe? ✓ You and Usman have been together for a long time but you don't have to suffer in silence, let me know if I can help you find ways for you to stay safe. ✓ I am worried about your safety, can you call the Seniors Safety Line and talk with someone to get ideas about keeping yourself safe? ✓ Do you want me to help you tell a friend about what is going on so they can help you with Usman? ✓ Would you feel more comfortable speaking with my female colleague?
Capacity:	✓ Farheem is capable ✓ Farheen may be suffering from some brain injuries as a result of this physically abusive relationship ✓ Usman is capable but he may be suffering from early onset of Alzheimer's (he is presenting with memory loss and increased aggressive behaviours) ✓ Without formal diagnosis, Usman is presumed capable.
Consent:	✓ Farheem is able to give consent to the Pharmacist to assist her, but might be reluctant (cultural or language barriers, possible fear of getting her husband in trouble)
Response and intervention:	✓ Pharmacist provides Farheen information about safety planning or what to do in an urgent situation ✓ Pharmacist can offer options available in terms of housing to keep herself safe ✓ Pharmacist may help her think through talking with her friends, or other family to get help with her husband ✓ Pharmacist may contact the place of worship Farheen/Usman attend, suggesting the faith leader deliver a sermon about respect and laws in family relationships in Canada and how violence is unacceptable in respectful relationships ✓ Pharmacist may ask the local police to conduct a safety and security check on the couple ✓ Pharmacist may contact the LHIN or Community Care to seek advice about what to do, based on his observations and concerns for his customer/patient ✓ Pharmacist may want to speak to Farheen about the complications arising to her health as a result of being a victim of physical abuse

	✓ Pharmacist may want to explain to Farheen how the abuse can affect her independence (a broken hip resulting from the abuse, will limit her mobility)
Referral & Resources:	✓ Pharmacist may consult with his professional college, to seek advice about what to do, to ensure compliance with professional practices obligations governing pharmacists ✓ Provide Farheen with information about domestic violence ✓ Provide Farheen information about the laws in Canada ✓ Provide access information to culturally appropriate support groups ✓ Suggest a referral to the Alzheimer's Society of Toronto, to get a diagnosis for Usman and to get help for Farheen at the same time.
Other:	

SUPPORTING FARHEEN

The following example illustrates how a service provider can use the decision tree to support Farheen.



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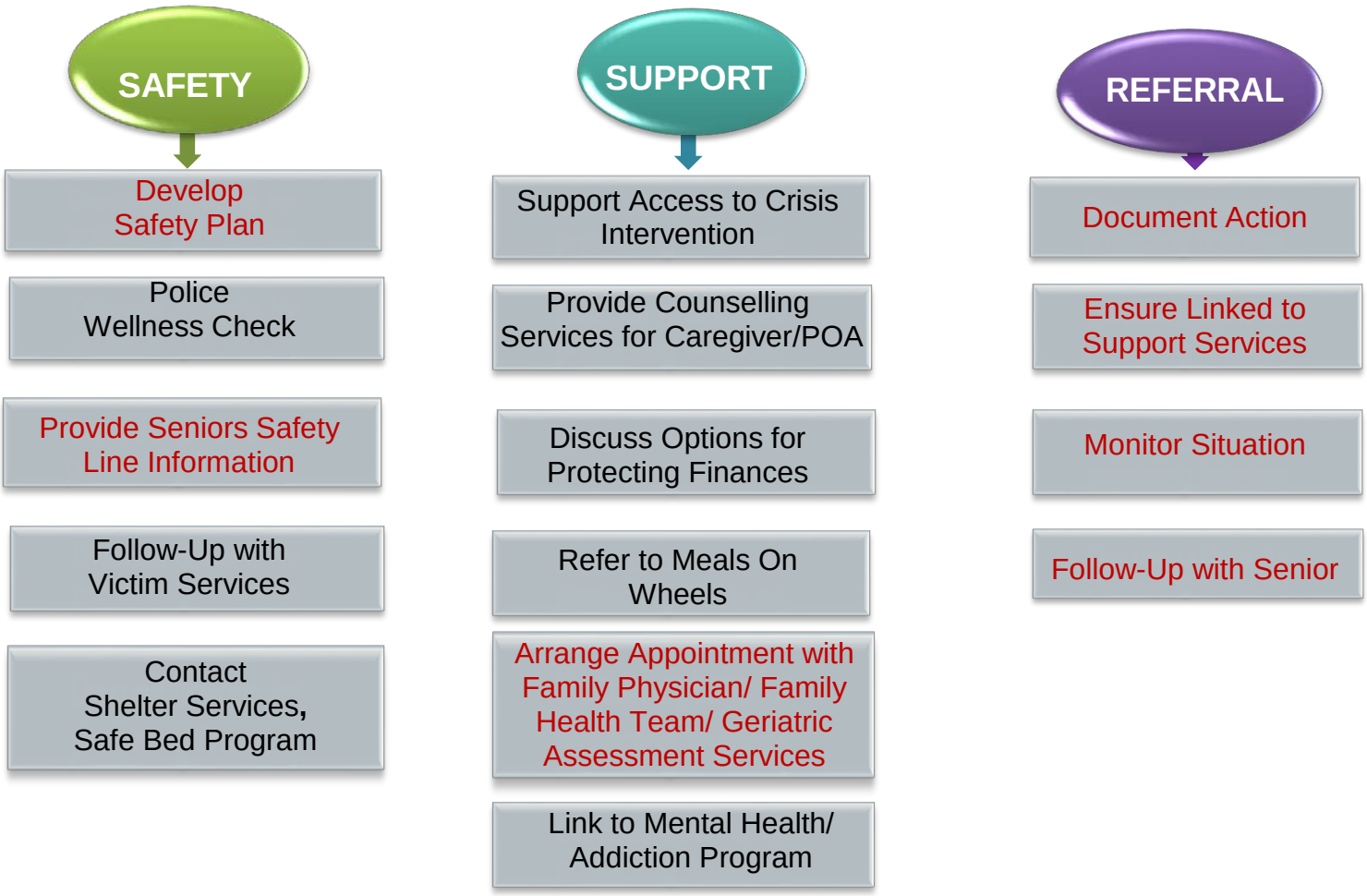
Intervention Strategies



How to Support Older Adults

- If a family member is being cared for at home by paid caregivers or in a facility, remain involved and observant to be assured they are receiving quality care and that there are no signs of abuse.
- Watch for changes in the older adult's mood or appearance.
- Be especially vigilant for signs of abuse if the older adult has a cognitive impairment.
- Offer or inform older adult about counselling and support services that can help them cope with their situation.
- Promote increased social contact and supports. Having the opportunity to talk to others is an important part of relieving stress and tensions for older adults.
- If you suspect an older adult may be a victim of emotional elder abuse, discuss your concerns with the person and encourage them to open up with you if they have concerns now or at any time in the future. Reassure the older adult that you are there to listen and assist in whatever way possible.
- Believe them. Never blame them for causing the abuse. Suggest community organizations or faith communities and other practical sources of help, and provide needed assistance if their disability prevents them from helping themselves.

If a family member is dealing with stress and conflict:

- Encourage the person who is using abusive strategies to seek counselling or group support to help deal with and alleviate family stress.

- Inquire about the availability of respite care to arrange a health care worker to provide care to the older adult for a few hours a week in order to help reduce caregiver stress.

- Contact the Community Care Access Centre to inquire about access to respite care and/or health care services within the home to assist with care such as bathing, dressing or cooking.

- Engage in social activities and communication with family members/friends. Families can work together to share solutions and provide informal respite for each other.

- "Counseling for behavioral or personal problems in the family or for the individual with mental health and/or substance abuse problems can play a significant role in helping people change lifelong patterns of behavior or find solutions to problems emerging from current stresses. If there is a substance abuse problem in the family, treatment is the first step in preventing violence against the older family member."6

Adapted from: Facts on psychological and emotional abuse of seniors. Government of Canada
American Psychological Association (2012). Elder Abuse & Neglect in Search of Solutions.

There are many different kinds of abuse, and it's a good idea to know what they are so that you can protect yourself and your family and friends.

Often times other forms of abuse are present with emotional abuse.

There are many signs and symptoms of abuse, and you can learn more about these on our website at www.elderabuseontario.com

If I have more questions or would like general information about staying safe, what should I do?

You can learn lots of great tips for staying safe at

www.elderabuseontario.com

Access the Seniors Safety Line
in 150 languages, 24 hours a day, 7 days a week
1-866-299-1011

Helpful Resources

Elder Abuse Ontario
www.elderabuseontario.com
416-916-6728

Advocacy Centre for the Elderly
www.advocacycentreelderly.org
1-855-598-2656

Alzheimer Society of Ontario
www.alzheimer.ca/en/on
1-800-879-4226

Assaulted Women's Help Line
www.awhl.org
416-364-4144

Local Health Integration Networks
www.healthcareathome.ca
310-2222 (CCAC)

Legal Aid Ontario
www.legalaid.on.ca
1-800-668-8258
Find a legal clinic in your area via phone or online

Long-Term Care ACTION Line
http://health.gov.on.ca/en/common/system/services/lhin/ltc_actionline.aspx
1-866-434-0144

Office of the Public Guardian and Trustee
https://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/index.php
1-800-366-0335

Ontario Human Rights Commission
Human Rights Legal Support Centre
www.hrlsc.on.ca
1-800-387-9080

Ontario Network of Sexual Assault & Domestic Violence Treatment Centres
www.sadvtreatmentcentres.ca/
416-323-7327

Ontario Provincial Police
www.opp.ca
1-800-310-1122

Retirement Homes Regulatory Authority
www.rhra.ca
1-855-275-7472

Senior Crime Stoppers
www.ontariocrimestoppers.ca
1-800-222-TIPS (8477)

Seniors Safety Line
1-866-299-1011

Talk 4 Healing
A helpline for Aboriginal women
www.talk4healing.com/
1-855-554-HEAL (4325)

Victim Support Line
www.attorneygeneral.jus.gov.on.ca/english/ovss/programs.php
1-888-579-2888

Supporting References

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2. Elder Abuse: Risk and Protective Factors. Centers for Disease Control and Prevention.Centers for Disease Control and Prevention, 14 Jan. 2014. Web. 26 June 2016. www.cdc.gov/violenceprevention/elderabuse/riskprotectivefactors.html.

3. Facts on psychological and emotional abuse of seniors. (2015). Government of Canada. www.seniors.gc.ca/eng/pie/eaa/psychologicalandemotional.shtml>

4. Looking Beyond the Hurt: A Service Providers Guide to Elder Abuse. Newfoundland and Labrador Network for the Prevention of Elder Abuse (NLNPEA). Seniors Resource Centre of Newfoundland and Labrador, Sept. 2013. Web. 26 June 2016. www.nlnpea.ca/LBH>.

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6. McCann-Beranger, Judy. Exploring the Role of Elder Mediation in the Prevention of Elder Abuse. Government of Canada, Department of Justice, Family, Children and Youth Section. N.p., 7 Jan. 2015. Web. 26 June 2016. www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/mp-pm/p11.html>.

7. National Initiative for the Care of the Elderly. (2016). The National Survey on the Mistreatment of Older Adults in Canada - Physical Abuse. 'Into the Light' Tool Series. Toronto.

8. The Caregiver Abuse Screen (CASE). (n.d.): n. pag. National Initiative for the Care of the Elderly (NICE). Feb. 210. Web. 26 June 2016. www.nicenet.ca/files/Case.pdf>.