



REACHING OUT TO END ELDER ABUSE

Community Protocol Guidelines



Elder Abuse
London Middlesex

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Notes

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Background

Elder Abuse London Middlesex is a group of volunteers comprised of service providers and members of the community-at-large who are dedicated to working together to address the issue of elder abuse. EALM was formerly known as the Coalition to End Abuse of Older Adults London & Middlesex, established in 2010 with the merger of Project S.E.N.I.O.R. (Stop Elder Neglect in our Region), a London Police Service initiative (2000), and the Committee on Abuse and Neglect of the Elderly (CANE, 1985).

Vision

To end elder abuse.

Mission

To work in collaboration with the community to make London and region a place where older adults can live with respect and dignity, free from any form of abuse.

Guiding Principles

1. Every individual has the right to live free of abuse.
2. All forms of abuse, whether deliberate or inadvertent, are unacceptable.
3. Ending elder abuse is everyone's responsibility.
4. To do nothing is to allow abuse to continue.

Community Protocol Guidelines

In response to a need identified through community consultation, Elder Abuse London Middlesex developed these guidelines as a tool to increase awareness of abuse, promote conversation, and inspire the community to take action.

Introduction

Chances are you know or will know an older adult who is being abused. It could even be you. Abuse is a serious social problem, with wide ranging consequences.

In recent years, elder abuse has gained more attention and rightly so. The year 2016 is expected to mark a historic event. According to Statistics Canada, 2016 is the year the number of individuals over the age of 65 will begin to outnumber those under the age of 15. In addition to the ageing of our population, Canadians are also living longer. The significant increase of older adults in the years to come will lead to more cases of abuse.

Identifying abuse can be difficult. It can happen to **anyone**: male, female, married, widowed, single, divorced, and living alone, with family or in residential care, poor, wealthy, employed or retired, in poor health or good health, capable or not capable. It may be the person you least expect. Therefore, it is important to acknowledge that abuse can affect **any older adult, at any time, anywhere**. Awareness of abuse is increasing; however, abuse of older adults remains well hidden, often unrecognized or ignored.

Elder Abuse is a community issue that requires a community response. We cannot assume it is none of our business or that someone else will deal with it. We need everyone working together to reduce the stigma and bring an end to elder abuse and its consequences.

Elder Abuse London Middlesex invites you to use this guide to increase your knowledge and understanding of elder abuse and the issues surrounding it, to learn what you can do if you or someone you know may be in an abusive or potentially abusive situation, and to learn about the resources available to you.

If you interact with older adults where you work or volunteer, we also invite you to use these guidelines to establish or update a formal protocol for your organization, group, or place of business for identifying and responding to elder abuse.

Reach out to end elder abuse.

What is Elder Abuse?

Elder Abuse is any action or inaction by any individual or organization in a position of trust which causes harm or distress, or violates human or civil rights.

Abuse can be broadly categorized into the following generally acknowledged types:

- Financial Exploitation
- Emotional
- Physical
- Sexual
- Neglect/Abandonment
- Violation/Denial of Human/Civil Rights

Many older adults experience more than one type of abuse at the same time and may experience abuse at the hands of more than one person.

Definitions, Abusive Behaviours, and Possible Indicators

Abuse can be difficult to detect and its signs are often very subtle. While it is important not to jump to conclusions, never ignore your instincts that what you are seeing or hearing could be abuse.

The different types of abuse are defined below, along with some examples of behaviours and indicators. The presence of any one or more of these or other behaviours or indicators is not proof that abuse exists or is likely to happen. Consider them "red flags," signs that exploration and action are required.

Financial Exploitation

Any intentional misuse of an older person's money, property, or assets with or without his or her knowledge or informed consent

Abusive Behaviours

- Criticizing an older adult's spending choices
- Pressuring an older adult to offer financial assistance, repeated borrowing, or unpaid loans
- Using an older person's money for unintended purposes, e.g. for the personal use of someone other than the older person
- Using an older person's resources (e.g. food, car) without payment or permission
- Moving into or not moving out of an older person's residence, against their wishes
- Over-bearing, aggressive, or underhanded control of an older person's funds
- Gifting or excessive spending of an older person's funds
- Restricting access to funds
- Withholding bank or credit card statements, bills, or other financial statements
- Misuse of personal checks, credit cards, or accounts, including online activity
- Theft of money and property
- Fraud or extortion
- Forging an older person's signature, engaging in identity theft
- Pressuring or forcing an older person to change legal documents
- Compelling or coercing an older person to grant or change a Power of Attorney (POA)
- Intentional or unintentional misuse of a POA
- Forcing the sale of property or possessions against an older person's wishes
- Overcharging for services

Possible Indicators

- Unrealistic burden of care for housing/support of children/grandchildren/great-grandchildren
- Unwillingly used as a babysitter or housekeeper
- Unusual or frequent withdrawals of money or withdrawals inconsistent with the older person's means or historical patterns of spending
- Financial activity the older adult is incapable of performing, such as ATM withdrawals when bedridden
- Older person's lack of knowledge of his or her own financial situation
- Concern or confusion about money given or loaned
- Older adult seeking permission to spend own money
- Others insisting on handling or controlling finances
- Unable to use money for things the older person needs or wants
- Unpaid bills although the older adult can afford to pay them
- Level of care not commensurate with the older person's income or assets
- Sudden or unexplained changes in an older person's financial condition, e.g., diminished standard of living, inability to pay bills, insufficient money for food, clothes, required aids, or social activities
- Disappearance of cash or possessions
- Suspicious changes in wills, power of attorney, titles, and policies
- Addition of names to an older person's bank accounts, investments, real estate etc.
- Unnecessary services, goods, or subscriptions
- Excessive charitable contributions
- Property sold without permission
- Other(s) believing that an older adult does not need all of his or her money

Emotional/Psychological

Any intentional/unintentional action, inaction, comment, or threat that causes emotional anguish, fear, or diminished self-esteem or dignity

Abusive Behaviours

- Using condescending language
- Treating an older adult like a child – e.g., using baby talk
- Talking about an older person or the person's affairs in his or her presence as if the older adult is not there or cannot hear, not including the older adult in conversations
- Expecting an older person to look after grandchildren when beyond his or her wishes or ability
- Denying access to grandchildren
- Alienating family and friends
- Denying or refusing to allow access to community groups or programs
- Isolating an older person from friends, activities, family gatherings, social events
- Habitual verbal aggression, name calling
- Intimidation through yelling, threatening, bullying, ridiculing, insulting, mocking, scolding
- Withholding affection, shunning, ignoring as punishment
- Humiliating an older person in public or private, including online through social media
- Blaming or scapegoating
- Falsely accusing
- Threatening violence or retaliation, terrorizing, or menacing
- Questioning competency
- Excluding an older adult from decision-making
- Threatening to put an older person in a 'home'
- Misuse of Power of Attorney for Personal Care
- Making harassing phone calls
- Mocking or challenging an older person's mental or cognitive capacity
- Mocking or challenging an older person's ability to communicate
- Refusing to facilitate access to English as a Second Language classes
- Threatening to send an older adult back to his or her country of birth

Possible Indicators

- Sudden changes in behaviour
- Few or no visitors or outings
- Withdrawn, depressed, extremely passive
- Low self-esteem
- Resignation, helplessness, hopelessness
- Tearful, emotional
- Inappropriate guilt
- Anxiety, agitation
- Older adult is overly apologetic and frequently puts himself or herself down
- Older adult apologizes frequently for poor English, calls himself or herself stupid
- Sleep disturbance, sleeping too little or too much
- Change in eating patterns
- Change in weight
- Fearful, cowering
- Reluctance to talk openly
- Confusion, forgetfulness
- Contradictory statements, or other ambivalence, not resulting from mental confusion
- Older person appears nervous when a specific individual/s is present
- Avoidance of physical, eye, or verbal contact with specific individual/s
- Excessive deference to specific individual/s
- An individual with an older adult shows an unusual amount of concern (too little or too much); speaks on behalf of the older person; makes decisions for the older person with little or no consultation; is reluctant to leave the older person alone with professional or others

Physical

Any act of violence or rough treatment causing injury or physical discomfort

Abusive Behaviours

- Rough handling, pinching, squeezing, pushing, shoving, poking, jerking
- Hitting, kicking, punching, slapping, choking, biting
- Burning, shaking, twisting, pulling hair
- Force feeding
- Restraining
- Forced confinement in a room, bed, chair, home, etc., locking in a car
- Throwing objects, use of weapons
- Improper use of medication, including overmedicating or withholding medication
- Attempting to apply force or threatening (by act or gesture) to apply force to an individual in such a way that the individual can reasonably expect the threat or action to be carried out

Possible Indicators

- Unexplained physical injuries such as cuts, abrasions, bumps, burns, bruises, finger/grip marks, welts, scars, lacerations, punctures, fractures, sprains, dislocations, rope marks, swelling, symmetrical grip marks, internal injuries
- Unexplained falls
- Explanation for an injury does not fit the evidence
- Delay in seeking treatment
- Injury to scalp, evidence of hair pulling
- Pain or discomfort or signs of under-medication
- Appears 'drugged' or unusually lethargic, or shows other signs of over-medication such as tremors
- Drug or alcohol abuse
- Confusion, disorientation
- History of accidents, claims of being 'accident prone'
- Broken eyeglasses or frames
- Excessive repeat prescriptions or failure to take medication regularly (prescription not finished when it should be)
- Seeking medical attention from a variety of doctors or medical centres

Sexual

Any sexual behaviour directed towards an older adult without that person's full knowledge and consent

Abusive Behaviours

- Rape – forcing intercourse with self or others
- Sexual assault, sexual harassment
- Any unwanted form of sexual activity, e.g., touching, fondling, kissing
- Inappropriate sexual comments or jokes
- Forcing person to commit degrading acts
- Showing pornographic material
- Forcing an older adult to watch sex acts
- Forcing an older person to undress
- Over-involvement with dressing and personal hygiene
- Withholding sex or affection

Possible Indicators

- Pain or bruises in genital area
- Unexplained vaginal or anal bleeding
- Torn, stained, or bloody underclothing
- Bruises around breasts
- Unexplained venereal disease or genital pain, itching, or infections
- Difficulty walking or sitting
- Frequent complaints of abdominal pain
- Rope marks or other signs of physical restraints
- Unexplained changes in behaviour such as aggression, withdrawal, or self-mutilation
- Sexual behaviour that is out of keeping with usual relationships and personality

Neglect/Abandonment

Intentional or *unintentional failure to provide the basic necessities of care by an individual/organization in a position of trust

* Possibly due to lack of experience, information, or ability

Self-neglect is not considered to be abuse.

Abusive Behaviours

- Failure to provide adequate food, water, clothing, shelter, health care, hygiene, exercise, social stimulation
- Failure to provide a safe environment
- Failure to provide adequate supervision
- Withholding services

Possible Indicators

- Unusual weight loss, malnutrition, emaciation, dehydration, mouth sores, delirium
- Missing dentures, glasses, hearing aids/batteries, assistive devices
- Missed or cancelled appointments, withholding of medical or other services
- Left alone at home or in public when supervision or assistance is required
- Lack of required safety features in home
- Unsafe living conditions (no heat or running water, faulty electrical wiring, other fire hazards, lack of ventilation in hot weather)
- No phone access
- Confined to bed, chair, room, or house
- Home in disrepair
- Fridge and cupboards contain little or no food
- Untreated medical or physical problems, such as bed sores
- Unsanitary living conditions: dirt, bugs, soiled bedding and clothes
- Unkempt appearance – clothing soiled or ill-kept
- Poor hygiene, unpleasant odour, open skin sores
- Unsuitable clothing or covering for the weather
- Frail or cognitively impaired and presents alone or without regular caregiver
- Lack of access to other care providers, e.g., doctor, dentist, therapist
- Lack of social contact

Violation/Denial of Human/Civil Rights

Any action or inaction that takes away the basic rights and freedoms to which all Canadians/residents are entitled

Abusive Behaviours

- Withholding or restricting access to information
- Restricting right to privacy
- Denying access to religious worship
- Denying opportunity for informed consent
- Interference with or censoring mail
- Accessing personal information (e.g., email, online bank account) without permission
- Unwanted confinement
- Restricting social contact
- Restricting access to community supports
- Denial of independent legal advice
- Restriction of liberty
- Threatening deportation

Possible Indicators

- Rarely seen outside
- Not making or receiving calls
- Not seeing family or friends, or not attending faith or social gatherings
- Restricted access – difficulty visiting, calling, or otherwise contacting an older adult
- An older adult makes excuses for social isolation
- Not receiving information to enable an informed choice
- Not given opportunity to understand documents being signed
- Not allowed to express opinions or to vote
- Isolation

Rights of Older Adults

Elder abuse is a human rights issue. Human rights are basic rights and freedoms to which all humans are entitled. *At the very core of abuse are fundamental loss of respect and deprivation of basic human rights as set out in the Universal Declaration of Human Rights in 1948, consequent international treaties and national human rights acts.*¹

Article I of the Declaration states in part that: *All human beings are born free and equal in dignity and rights.*² This does not change with age. Older adults have the same rights as people younger than themselves.

Ageism

*Ageism — stereotyping or discriminating against people based on their age — is widespread and the most tolerated form of social prejudice in Canada*³

*There are many erroneous beliefs in our society - e.g., that older adults' lives are less valuable and older adults are less deserving of having their rights respected.*⁴

Ageism, like racism and sexism, is a form of discrimination. The Canadian Charter of Rights and Freedoms states that it is illegal for a person to be discriminated against because of age.⁵

*Ageist assumptions can result in lack of respect for an older adult's personal values, priorities, goals, lifestyle choices, and inherent dignity as a human being.*⁶

Contrary to commonly held beliefs, most older adults who experience abuse or neglect are mentally competent, are not dependent on other people, and do not require constant care.⁷

¹ Levin, S. P. (2008). *Discussing screening for elder abuse at primary health-care level*. World Health Organization. Executive Summary, p. 10. Online : http://www.who.int/ageing/publications/Discussing_Elder_Abuseweb.pdf

² The Universal Declaration of Human Rights. Article 1. Online: www.un.org/en/documents/udhr/index.shtml

³ Revera Inc. and the International Federation on Ageing. November 2012. *Revera Report on Ageism*. Online http://www.ageismore.com/Revera/media/Revera/Content/Revera-Report_Gender-Differences.pdf

⁴ Canadian Network for the Prevention of Elder Abuse. *Ageism*, p. 5. Online: www.cnpea.ca/ageism.pdf

⁵ The Constitution Act, 1982, being Schedule B to the Canada Act 1982 (U.K.), 1982, c. 11. Online: <http://laws-lois.justice.gc.ca/eng/const/page-15.html>

⁶ Canadian Centre for Elder Law, a division of the British Columbia Law Institute, (2011). *A Practical Guide to Elder Abuse and Neglect Law in Canada*, p 10. Online <http://www.bcli.org/project/practical-guide-elder-abuse-and-neglect-law-canada>

⁷ Bain, P., Spencer, C. (updated 2009). World Elder Abuse Awareness Day Fact Sheet 2, *What is Abuse of Older Adults?* prepared for Federal/Provincial/Territorial Ministers Responsible for Seniors in Canada. Online: www.gov.pe.ca/photos/original/senior_weaad.pdf

In rights-based approaches, adults “are entitled to make decisions based on their own needs and values...upholding the importance of their rights.”⁸

*As Spencer (2005) explains, up to one-third of abused or neglected older adults decline the help that is offered to them by agencies, often due to the guilt or shame associated with the abuse, but also because the assistance offered does not reflect their self-identified needs.*⁹

*"Staying in control of one's life" is a key priority for older people, coupled with dignity, choice, autonomy, and the opportunity to lead an ordinary life. However, the right to autonomy and self-determination can sometimes be overridden by other people's concerns, fears, and priorities.*¹⁰

From the *Canadian Centre for Elder Law*:

The following principles are meant to help professionals and volunteers understand and effectively respond to the rights of older adults who are abused, neglected, or at risk:

1. Talk to the older adult

Ask questions. Talk to the older person about his or her experience. Help the person to identify resources that could be helpful.

2. Respect personal values

Respect the personal values, priorities, goals, and lifestyle choices of an 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, including choices others might consider risky or unwise.

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.

⁸ Podnieks, E. (2008). "Elder Abuse: The Canadian Experience." *Journal of Elder Abuse & Neglect*, 20(2): 126-150

⁹ MacRae, L., Pearson, S. (September 2010). *Civil Investigation and Abuse of Vulnerable Adults in Calgary: An Exploratory Study*. Submitted to: Action Group on Elder Abuse, Submitted by: Canadian Research Institute for Law and the Family

¹⁰ Division staff, Nuffield Institute for Health, Oxford, Centre on Population Ageing, University of Oxford, *Time to decide: a seminar at the Oxford Centre on Population Ageing, 21 September 1999*. Published 2000 by Help the Aged, London, England

6. Avoid ageism

Prevent 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 age.

7. Recognize the value of independence and autonomy

Where this is consistent with the adult's wishes, assist the adult to identify the least intrusive way to access support or assistance.

8. Know that abuse and neglect can happen anywhere and by anyone

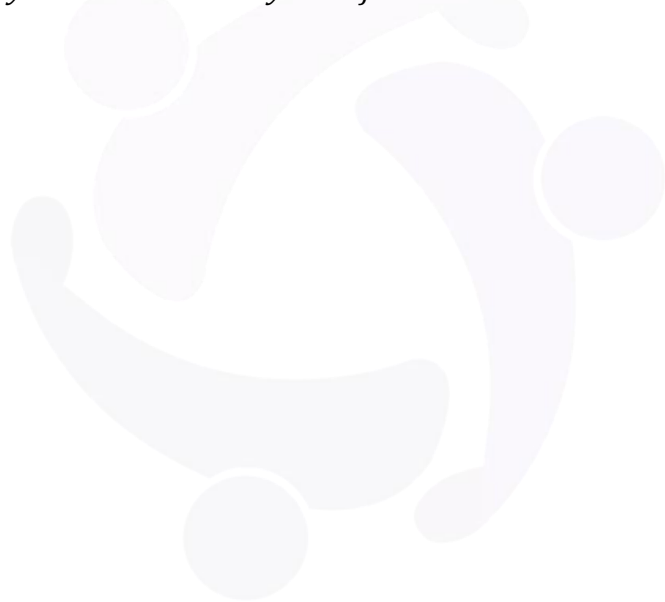
Abuse and neglect of older adults can occur in a variety of circumstances from home care to family violence.

9. Respect rights

An 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 inaction when someone's safety is at stake. If you work with older adults, you need to educate yourself about elder abuse.¹¹



¹¹ Canadian Centre for Elder Law. *A Practical Guide to Elder Abuse and Neglect Law in Canada*. (Revised edition 2011) p 5. Online <http://www.bcli.org/project/practical-guide-elder-abuse-and-neglect-law-canada>

Gathering Information, Asking Questions About Abuse

Trust

It takes a great deal of courage for any abused person to disclose and discuss what is happening to him or her. A trusting relationship is essential if he or she is going to feel safe and comfortable enough to do so.

To build trust

- Create a safe environment for discussion, where the person can talk to you alone without outside influence.
- Allow ample time.
- Listen carefully. This is the most important skill you have in providing support.
- Be willing to allow periods of silence.
- Allow the person time to get his or her thoughts together, and to respond to your comments and questions before you speak again.
- Be mindful of hearing or vision difficulties.
- Be sensitive to language difficulties. If the person is struggling with the language, ask if he or she would like an interpreter.
- Be sensitive to cultural and religious values and gender differences.
- Ask questions that make sense in context.

When abuse is disclosed

- Treat the older adult as a person, not a victim.
- Believe the person.
- Accept what you have been told at face value.
- Remain neutral.
- Do not deny or underestimate what is going on.
- Do not judge the person or the situation.
- Do not make comments about the abuser.
- Communicate your concern.
- Establish from the outset what your role is and the limits of your role to avoid any misunderstanding.
- Explain the person's right to privacy and limits on privacy in certain circumstances

(agency and legal requirements).

- Ask the person how he or she would prefer the situation to be addressed.

It is important for individuals being abused to know

- The abuse is not their fault.
- They do not deserve to be abused.
- Many types of abuse are against the law; **all** types of abuse are unacceptable.
- Abuse is not tolerated in any culture or religion.
- They have a right to live without fear.
- They have the right to be safe and secure.
- They have the right to control their own life and make their own decisions.
- They cannot control the abusive person's behaviour.
- Abuse often gets worse over time.
- They are not alone. Help is available.
- Many people are abused, and many people have found ways to deal with these situations.
- Addressing issues of abuse will not have an impact upon the immigration process.



Asking Questions

Many people feel uncertain about what questions to ask about abuse and how to ask them. The following suggestions are meant as a guideline in exploring an abused person's experience. The potential questions are examples only and are not intended as a checklist or reference while talking to an older adult about his or her situation.

- Ask questions in a calm, supportive manner, during the course of a conversation.
- Allow the conversation to evolve rather than using pre-determined questions or an interrogative style.
- Where possible, use open-ended questions, questions that require more than a one or two word or yes or no answer. Open-ended questions encourage a more in-depth response, ongoing discussion and expression of opinions and feelings. They typically begin with how, what, when and where.

"Tell me about..." although not a question, is a phrase that also encourages the same kind of response.

- Using indirect questions about aspects of the person's life, rather than direct questions about abuse, may help to begin a discussion about potential or suspected abuse.
- If the person does not wish to talk about the abuse, respect that decision, but always leave the door open for future discussion when he or she is ready.

Potential Questions

Below are some examples of potential questions and follow-up questions, beginning with those that are more general and indirect, followed by questions related to specific types of abuse.

General

- What does a regular day look like for you?
What do you do? Who do you talk to?
- How often do you see your family and friends?
How often would you like to see them?
- Who helps you when you need an extra hand?
What does that help look like?
- Who do you connect with when you need to talk to someone?
- Have you ever felt restricted and unable to come and go as you please?
In what way did you feel restricted?
- Have you ever wished for more privacy at home?
What were the circumstances?
- How safe do you feel in your home?
What makes you feel unsafe/safe?
- When have you felt uncomfortable or afraid due to someone else's behaviour?
What were the circumstances?
- Do you ever feel like a burden or that no one wants you around?
What makes you feel that way? How do you experience that?
- How are you currently managing your affairs?
How does the current arrangement meet your needs?

- Tell me about the things that make you feel sad or lonely.

Financial

- How are you currently managing your finances?
How do you feel about the manner in which they are currently being managed?
- What, if any, concerns do you have regarding your income and/or assets being adequate for your needs?
Has there been any recent change to your income/assets?
- What is your understanding of your bank and credit card transactions?
What concerns, if any, do you have?
- How often do you review your bank and credit statements and your bills?
Has the frequency of your review of these documents changed? If so when, and in what way?
- What arrangements have you made to ensure your bills are paid?
What, if any, concerns do you have about these arrangements?
- How do you feel about the way your Power of Attorney is being used to make decisions on your behalf?
- Have you ever felt pressured to help someone financially?
If yes, tell me about the circumstances.
- Does anyone depend on you for shelter or money?
If yes, who? Tell me about the situation.
- Have you ever felt pressured to sell your home or possessions?
If yes, tell me about the circumstances.
- Has anyone ever taken or used your money or credit cards without your knowledge or permission?
If yes, tell me about the circumstances.
- Has anyone ever asked you to co-sign a loan, make or change a will or POA, or to add his

or her name to your bank account or other assets?
If yes, tell me about the circumstances.

Emotional / Psychological

- How do you currently make decisions for yourself?
- When have you felt disrespected by those close to you?
Tell me about the circumstances.
- When have you been offended by someone shouting at or insulting you, or treating you in any other way that you found offensive?
Tell me about the circumstances.
- How often do you visit or speak with your family or friends?
How has your contact with your friends and family changed over the past (period of time)?
- How do you contact your friends/family/doctor, etc.?
Has your access to your friends/family/doctor, etc. ever been restricted? If yes, tell me about the circumstances.
- You seem a little tired; how are you sleeping?
- When was the last time you felt nervous or afraid?
- When was the last time you felt threatened or intimidated?
What made you feel that way?

Physical

- I see you have ____ (describe observed injury). This type of injury causes me to wonder if someone has hurt you?
- What happens when someone gets angry with you or loses his or her temper?

- When was the last time someone hit, slapped, or intentionally hurt you or threatened to hurt you?
- When was the last time someone attempted to prevent you from doing something you wanted to do?
Tell me about the circumstances.
- Have you ever been forced to stay in a chair or in bed, or confined to a particular area of your home?
Tell me about the circumstances.
- What medications do you take?
How do you obtain your medications?
Who helps you with your medications?
What, if any, concerns do you have about your medications?
- Have you ever been forced to eat or do anything you do not want to do?
Tell me about the circumstances.

Sexual

- Does anyone make lewd or offensive comments to you?
- Does anyone approach you in a sexual way that causes you to feel uncomfortable?
- Does anyone ever touch you in a sexual way without your consent?
- Does anyone ever touch you in a personal way that makes you feel uncomfortable?
- Are you ever forced to look at pornographic material or watch sex acts?

Neglect/ Abandonment

- How do you feel about the amount of help you are receiving?
- What do you feel you need to live comfortably?
- Who can you depend upon when you need help?
- Who makes decisions about what help you receive?
What concerns, if any, do you have about this arrangement?
- How do you get to your appointments?
What difficulties, if any, do you have getting to your appointments?
- What concerns, if any, do you have about the assistance/support that is currently available to you?
- What would you need to feel safe?
- What difficulties, if any, have you had obtaining assistive devices, e.g., hearing aids, walker, cane, glasses

Violation/Denial of Human/Civil Rights

- How often do you feel restricted from coming and going as you please?
Tell me about the most recent times.
- Do you have unrestricted access to a phone/computer?
- Has anyone ever opened your mail without your permission?
Tell me about the circumstances.
- Have you ever felt pressure to include anyone in your visits to your doctor or lawyer?
Tell me about the circumstances.
- How do you currently make decisions regarding your personal affairs?

- When was the last time you were afraid to express your opinions?
Tell me about the circumstances.
- Have you ever been or felt restricted from voting?
Tell me about the circumstances.
- Have you ever felt that your immigration status in Canada might change?
Tell me what makes you feel this way.
- Has anyone ever threatened to have you deported if you don't do what he or she wants?
Tell me about the circumstances.



Documentation

Write it down!

Documentation of an abusive situation, whether suspected, confirmed, or potential, is critical.

It can be instrumental in the protection of an older adult's autonomy, assets, health, or life.

A written record can be used to

- Communicate with and assist others who may become involved.
- Decrease the potential for miscommunication and errors.
- Protect the client, worker, and agency in the event of legal action or claims.
- Provide evidence where charges may be applicable.
- Assist in monitoring potential, suspected, or actual abuse.
- Help both the older adult and the worker recognize patterns and/or escalation of abuse.
- Monitor progress.
- Aid in further assessment and development of appropriate responses.

When documenting

- Be concise, accurate, and timely.
- Remain objective and non-judgmental. Document only what you know for certain, what you yourself see or hear, not what is assumed or speculated.
- Describe the situation in detail – who, what, when, where, how.
- Indicate sources of information, e.g., client, family, co-worker, neighbours, landlord.
- Record verbatim the comments of the older adult or others. Use his or her exact words in quotation marks, e.g., Name stated, ".....".
- Note any discrepancies in details obtained from different sources.
- Note visible injuries. Include a detailed description, e.g., size, age, pattern, colour etc.
- Describe what actions were taken, by whom, when, where, etc.
- Record all contacts and referrals made on behalf of the older adult.
- Ensure appropriate consent is obtained and recorded.
- Regulated professionals must know documentation standards required by their regulatory bodies.

Barriers

This may be the most important section in these guidelines. No amount of knowledge of elder abuse and available resources, nor the desire to help, will make a difference if barriers to accessing or providing that help are allowed to stand in the way. The following are examples of barriers that may be faced.

Barriers to Disclosure

The following points are from Human Resources and Skills Development Canada.¹²

Why is abuse of older adults kept secret? Disclosing the abuse experienced may be difficult because the older adult:

- **Does not recognize the situation as abusive**
People who have lived in abusive circumstances over a period of time may stop recognizing abuse because it is a regular occurrence.
- **Does not know where to get help**
Older adults may not be aware of agencies or individuals who can assist; they may have tried to get help in the past and were unsuccessful.
- **Fears it will escalate**
Older adults may be afraid that if they say something or complain, the alleged abuser will find out and the abuse will get worse; older adults are often at a greater risk when the abuse is brought out into the open.
- **Takes blame for the abuse**
Older adults who are abused may feel that they deserve the abuse because they chose the wrong spouse or perhaps may feel guilty about how they functioned as parents.

¹² Human Resources and Skills Development Canada. *Elder Abuse Modules, Module 3 – Intervention, A. Barriers to Disclosure.*

Online: http://www.esdc.gc.ca/eng/seniors/funding/pancanadian/elder_abuse.shtml#3a

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- **Worries about what will happen if the abuse becomes known**
Older adults may worry that the person abusing them will be arrested; they often do not know that this may be an avenue for the perpetrator to get badly needed help. They may also worry about where they will live, and not want to leave their own homes. They may be fearful of having to move to a facility, which the person abusing them may have threatened.
- **Feels humiliated**
Older adults may feel humiliated because they mistakenly believe that they should be able to control or stop the abuse.
- **Fears a loss of connection**
Older adults may no longer have living siblings, relatives, or a spouse. The alleged abusers may be the only people with whom the older adults connect personally or are the only conduit to the outside world. Many alleged abusers threaten their victims with ending their contact with loved ones such as grandchildren.
- **Believes that family honour is at stake**
Older adults who are abused may believe that disclosing abuse will bring shame and dishonour to the entire family. In some communities, the family unit is considered more important than the individual; the older adult may feel a duty to suffer in silence rather than bring adversity or shame to the whole family.
- **Believes that privacy is at stake**
Older adults who are abused may believe that they should be able to solve their own problems (and not “air dirty laundry in public,” for example).
- **Has a history of abuse**
Older adults who are abused may have had previous experience in disclosing an incident of abuse and had a poor or unpleasant outcome.

1. Difficulty in determining what constitutes abuse

- Inability to recognize behaviours and indicators
- Challenges in distinguishing between abuse, ageing-related physical conditions, and memory impairments

2. Complexity of situation

- Language difficulties
- Cultural issues
- Capacity issues (see [Capacity](#))
- Denial of abuse
- Resistance to intervention
- Older adult may not recognize the situation as abusive if it is not physical

3. Personal Barriers

- Uncomfortable asking about abuse
- Do not know how or what to ask (see [Asking Questions](#))
- Fear of offending
- Fear that raising concerns will make the situation worse
- Fear of reprisal by the abuser toward the target
- Believe someone else will respond

4. Systemic Barriers

- Lack of training on agency policies
- Confusion regarding privacy legislation (see [Privacy and Confidentiality](#))
- Lack of support from supervisor and/or management
- Fear of job loss
- Fear of getting someone (e.g., co-worker) in trouble
- Fear of retribution from the suspected abuser toward the service provider (fear of violence to themselves or to their families)
- Fear of litigation
- Lack of time and resources
- Lack of a protocol

Barriers can only be removed in an environment that encourages their identification, acknowledges their significance, and provides an action plan and the personal support necessary to address these barriers.

There is no one method for overcoming barriers. The most effective approach or approaches will depend on the specific people, organization, or situation involved.

First and foremost, become informed. Education increases our awareness, understanding, and general comfort level relating to the issue of elder abuse. Education expands our capacity to explore these complex situations and to advocate for integration of practices to overcome barriers and respond to the abuse.



Privacy and Confidentiality

Privacy is a basic human right, protected in Canada by the Canadian Charter of Rights and Freedoms as well as federal and provincial laws and statutes governing the collection, use, disclosure, and retention of personal information.¹³ These regulations are often cited as a barrier to responding effectively to abuse, seen as limiting the ability to involve others who may help. This, quite simply, is not the case.

It is important to understand fully what, if any, your legal and ethical obligations are, as well as the rules and regulations regarding privacy regulations in your workplace, or where you volunteer. It is equally important to recognize that none of these need stand in the way of accessing help.

*Consent is central to the concept of privacy. Granting or withholding consent to the collection, use, or disclosure of their personal information provides individuals with the means to protect their privacy rights.*¹⁴

In certain circumstances, defined in privacy laws, disclosure can be made without consent. In most cases where there is a legal or ethical obligation, an individual can expect that their personal information will only be revealed to others with their full knowledge and consent and only in ways that have been agreed upon.

Building a trusting relationship (see *Trust*) can make the difference between an abused person giving or refusing consent. Clearly explain your reasons for wanting to share information with anyone else, and why you need the person's consent.

When someone refuses to allow information to be disclosed, take the time to explore and understand his or her reluctance. Look at ways of possibly easing any concerns or determining more acceptable options. Do not allow misunderstandings about privacy and confidentiality to prevent moving forward.

¹³ Treasury Board of Canada Secretariat. PIA (Privacy Impact Assessment) e-learning tool (September 26, 2003). *Canadian Privacy Legislation and Policy*.

¹⁴ Office of the Privacy Commissioner of Canada. Fact Sheets (April 2006). *The Privacy Act: Not an Excuse to Promote Secrecy*. Online: http://www.priv.gc.ca/resource/fs-fi/02_05_d_29_e.asp

Capacity

We must enter a relationship with someone with the assumption they are capable. An individual can be quite capable in some areas of his or her life, and challenged in others. It is very important to consider multiple domains of an individual's life in the context of his or her present circumstances. Even when someone is assessed incapable of financial or personal care decisions, it is critical to consider and respect their wishes. If someone is incapable in certain areas of his or her life, it is important that we work together to protect the integrity and well-being of the individual.

If you wish further and detailed information on legal and legislative issues on capacity, substitute decision-making, etc., refer to:

- Preston, Joanne and Wahl, Judith. (December 2002). Abuse Education, Prevention and Response: A Community Training Manual for those who want to address the Issue of the Abuse of Older Adults in their Community, 3rd edition. *Advocacy Centre for the Elderly (ACE)*. *online*: ACE, Elder Abuse – Publications, Section 4, Part 3: <http://www.advocacycentreelderly.org/appimages/file/eamanualsec4c.pdf>, Part 4: <http://www.advocacycentreelderly.org/appimages/file/eamanualsec4d.pdf>, Part 5: <http://www.advocacycentreelderly.org/appimages/file/eamanualsec4e.pdf>
- National Initiative for the Care of the Elderly, Advocacy Centre for the Elderly. *Tool on Capacity & Consent, Ontario Edition*. http://canadiangeriatrics.ca/students/assets/File/Capacity%26Consent_Tool.pdf
Pocket Tool version: http://www.nicenet.ca/files/NICE_Capacity_and_Consent_tool.pdf
- Substitute Decisions Act, 1992
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_92s30_e.htm

Mandatory Reporting of Abuse

In Ontario, reporting of suspected elder abuse is **mandatory only** under the following two Acts:

1. Long-Term Care Homes Act 2007¹⁵ and
2. Retirement Homes Act, 2010¹⁶

For information on reporting harm to a resident:

1. Long-Term Care Homes: Call the Ministry of Health and Long-Term Care's toll free Long-Term Care ACTION Line at 1-866-434-0144 or see <http://www.ontario.ca/health-and-wellness/long-term-care-home-complaint-process>
2. Retirement Homes: Call toll free 1-855-ASK-RHRA (1-855-275-7472) or see <http://www.rhra.ca/en/report/how-to/>



¹⁵ Long-Term Care Homes Act (2007). Online: <http://www.ontario.ca/laws/statute/07l08>

¹⁶ Retirement Homes Act, 2010. Online http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_10r11_e.htm

Assessment & Screening Tools

It is essential to understand the specific concerns surrounding screening and assessment as well as the pros and cons of using existing assessment tools. There are also important issues to be aware of, and questions to be answered when developing or modifying tools.

For detailed information on these points, refer to:

- Discussing screening for elder abuse at primary healthcare level:
http://apps.who.int/iris/bitstream/10665/43523/1/9789241594530_eng.pdf
- Elder Abuse Ontario, Core Curriculum and Resource Guide, Assessment Tools, pages 65–69:
<http://www.elderabuseontario.com/wp-content/uploads/2014/04/CoreCurriculum-English.pdf>



Elder Abuse and the Law

London Police Service and Ontario Provincial Police (OPP), Western Region

The following statement has been provided by London Police Service and Ontario Provincial Police, Western Region:

London Police Service and Ontario Provincial Police, Western Region, recognize that elder abuse is a serious issue affecting our community. We are aware that elder abuse is underreported for many reasons, including fear, lack of awareness of the law and of community resources, shame, and embarrassment.

London Police Service and OPP actively work with key community partners to enhance response to older adults as victims of abuse and neglect. We have been members of Elder Abuse London Middlesex since its inception.

Officers are trained to identify, respond to, and investigate issues involving elder abuse. Crisis counsellors with London Police Service, Family Consultant/Victim Services Unit, and the Ontario Provincial Police provide information and counselling to those affected.

See [Get Help Now](#)

Criminal Code Offences

Many forms of elder abuse are offences under Canada's Criminal Code. There are also sentencing provisions that take into account whether the person convicted was in a position of trust or power over the victim, and whether the victim's age was a motivating factor in the crime (Criminal Code section 718.2, 1995).¹⁷

Evidence that an offence had a significant impact on victims due to their age – and other personal circumstances such as their health or financial situation – is also considered an aggravating factor for sentencing purposes (Amendment to Section 718.2, January 13, 2013).¹⁸

¹⁷ *Criminal Code*, R.S.C., 1985, c. C-46. Online: <http://laws-lois.justice.gc.ca/eng/acts/c-46/page-412.html>

¹⁸ Government of Canada, Department of Justice. News Releases. *Legislation Protecting Canada's Seniors Comes Into Force*. Online: <http://news.gc.ca/web/article-en.do?nid=714949>

The following was adapted from the Canadian Network for the Prevention of Elder Abuse's, *Abuse As Criminal Matters*.¹⁹

The Criminal Code offences below may apply in cases of elder abuse.

Financial Abuse

- *theft (section 322)*
- *theft by person holding power of attorney (section 331)*
- *criminal breach of trust (conversion by trustee) (section 336)*
- *forgery (section 366)*
- *extortion (section 346)*
- *fraud (sections 386, 387, 388)*

Emotional or Psychological Abuse

- *threats (section 264)*
- *criminal harassment (section 264.1)*
- *intimidation (section 423)*

Physical Abuse

- *assault, assault causing bodily harm and aggravated assault (section 265, 266, 267, 268)*
- *unlawfully causing bodily harm (section 269)*
- *forcible confinement (section 279)*
- *counselling or aiding suicide (section 241)*
- *criminal negligence (section 219) (This may also constitute neglect.)*

Sexual Assault

- *sexual assault (section 271)*
- *sexual assault with a weapon or causing bodily harm (section 272)*
- *aggravated sexual assault (section 273)*
- *incest (section 155)*

¹⁹ Canadian Network for the Prevention of Elder Abuse (CNPEA). December 13, 2011. *Criminal Code Offences*

Neglect

- *criminal negligence (section 219)*
- *failure to provide necessaries (section 215)*



Case Studies

The following case studies illustrate various scenarios in which one or more types of abuse (see *What is Elder Abuse?*) could be occurring. In each scenario we have identified the warning signs or “flags” (see *Definitions, Abusive Behaviours, and Possible Indicators*) that alert us to the possibility of abuse, the type of abuse that may be occurring, and things to explore (see *Gathering Information, Asking Questions About Abuse*).

Please note: All characters, situations and events depicted in the case studies are fictitious. Any resemblance to actual persons, living or dead, or actual situations or events, is entirely coincidental.

CASE STUDY # 1

“Doug,” age 68, father of three, widowed, lives in a rural community approximately an hour’s drive from his children and is no longer able to drive due to medical conditions. Doug has recently purchased a car from a young female friend who, with her family, has been frequenting his home often in recent months.

Flags

- Loss of driver’s license due to medical conditions
- Recent purchase of a car
- Rural location
- Widower
- New friendship with a young woman

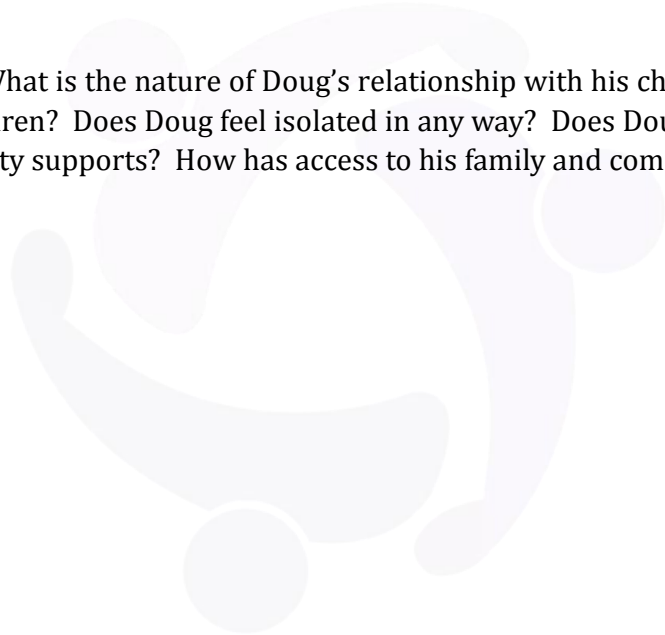
Possible abuse occurring

- Psychological/emotional – Doug lives alone in a rural community without family close by. Doug was recently befriended by a young woman and her family who have become very involved with him, suggesting the possibility of a coercive, dependent relationship.

- Financial – Doug no longer holds a valid driver’s license, yet he recently purchased a car from his new friend, indicating the possibility of impaired reasoning and/or coercion.
- Violation of human rights – Doug has medical concerns and lives alone without family support close by. Doug lacks transportation.

Things to explore

- Capacity – What are the medical conditions that resulted in the loss of Doug’s driver’s license? Are the medical conditions being managed and/or treated? Are Doug’s medical issue(s) affecting his capacity?
- Psychological – What is Doug’s understanding of the relationship with the young woman and her family? Has Doug ever felt nervous or afraid of the young woman or her family? Has he ever felt threatened? Has he ever felt dependent upon his new friend?
- Financial – What is the reason for the purchase of the car? What were the circumstances that led to the purchase? Did Doug feel pressured to purchase the car?
- Violation of Human Rights - What is the nature of Doug’s relationship with his children? How involved are Doug’s children? Does Doug feel isolated in any way? Does Doug have access to family and community supports? How has access to his family and community supports changed?



CASE STUDY # 2

“Cathy,” age 70, widowed, has one married daughter and one eight-year-old grandson. Cathy lived independently in the same home for 20 years, but sold her house and has since moved several times in the past few years. She now resides with her daughter, son-in-law, and grandson in a two-bedroom home. Since moving in with her daughter, Cathy frequently comments that she cannot afford to attend social events.

Flags

- Frequent moves in recent years that are uncharacteristic of Cathy
- Residing with daughter and her family in a home that appears to lack sufficient space
- Comments from Cathy that she cannot afford to attend social events
- Widow

Possible Abuse Occurring

- Financial – Cathy sold her house and moved several times in the past few years after a long period of stability. Cathy’s comments may suggest access her to finances is restricted.
- Psychological/Emotional – What is the quality of the relationship between Cathy and her daughter? Has Cathy ever felt threatened or coerced? Has she ever felt unsafe?
- Neglect/Violation of Rights - Cathy is living in a situation that appears to lack sufficient space and privacy for the household.

Things to Explore

- Financial – What were the circumstances/reasons for her recent moves? Has she ever felt pressured to help anyone out financially? Did she experience any pressure to sell her house? Does she feel she has sufficient funds to meet her needs? Has she ever felt restricted in accessing her funds?

- Psychological/Emotional – What is the nature of the relationship with her daughter? What were the circumstances that led to Cathy moving in with her daughter? Has she ever felt threatened, nervous, or afraid of her daughter or son-in-law?
- Neglect/Violation of Rights - Is Cathy comfortable/satisfied with her living conditions? Does she feel that she has sufficient privacy? Does she feel restricted in any way? Are her basic needs being met?



CASE STUDY # 3

“Anne,” age 84, divorced, has two sons who have infrequent contact with her. She has lived in her own home for several years. Anne has shared her home with a boarder for the past nine years.

Recently Anne obtained a mortgage on her home, and moved from the main area of the house to a basement apartment. The boarder and his family are now living on the main level. Anne requires a walker. There are no formal resources involved with Anne.

Flags

- Recent move to the basement of the house
- New mortgage on house at age 84
- Mobility issues
- Lack of family involvement and formal community supports

Possible Abuse Occurring

- Psychological/Emotional – Anne has been living with an unrelated family for some time. The recent move to the basement, despite mobility issues, indicates the potential for coercion.
- Financial – Anne recently obtained a mortgage on her home, an action that is uncharacteristic for someone of her age. This indicates the possibility of coercion, misuse, or theft of her financial resources.
- Neglect – Anne recently moved to the basement of her home despite mobility issues, potentially isolating her from social supports and resources.

Things to Explore

- Psychological/Emotional - What is Anne's understanding of the nature of her relationship with her tenants? What were the reasons for the recent change of living arrangements within the house, and did she feel pressured or coerced to comply? Has her relationship with her family changed since the boarder moved in?
- Financial - Does Anne have sufficient financial resources to meet her needs? Have her financial circumstances changed? What were the circumstances/reasons for borrowing funds? What is Anne's understanding of the contract with the lender? Has she ever felt threatened or coerced to help someone out financially?
- Neglect – Anne uses a walker. Do the recent changes have an impact upon Anne's freedom within the house? Does Anne feel restricted or isolated since moving into the basement apartment? Does Anne feel comfortable with the change? Are her needs being met? Is there increased risk of injury?



CASE STUDY # 4

“Lydia” is a 72-year-old immigrant woman. She was sponsored five years ago by her son and lives with him, his wife, and two grandchildren who are both under the age of 10. She has just recovered from a stroke. She is fluent in English.

Lydia had an active social life before coming to Canada, but since her arrival she rarely leaves the home without her son and his family. She has learned about programs in the community, but says she does not have the money for bus tickets. Also, she says that she has too much housework to do, and has to babysit the grandchildren after school.

Flags

- Change in social life
- Lack of access to community programs
- Medical changes
- Housekeeping and babysitting expectations

Possible abuse occurring

- Financial – Lydia states she cannot afford the cost of bus tickets to participate in social activities, suggesting access to finances may be restricted or insufficient.
- Psychological/Emotional – Lydia no longer maintains an active social life due to domestic responsibilities, which may suggest she is being pressured to comply.
- Neglect – Lydia has recently experienced a stroke; however, she states she has many domestic responsibilities, suggesting the possibility that she is not receiving appropriate aftercare/rehabilitation.
- Violation of Rights - Family expectations of on-going domestic duties.

Things to explore

- Financial – What is her source of income and has she ever felt restricted in accessing her funds? Does she feel she has sufficient financial resources? Does she have any concerns about how her finances are being managed?
- Psychological/Emotional – Has she ever felt threatened or intimidated by her family to comply with domestic expectations to maintain her immigration status? How does she perceive her relationship with her family?
- Neglect – Is Lydia receiving appropriate aftercare for her stroke? Are her medical needs and self-care needs being met? Does Lydia have access to supports/devices she requires for rehabilitation?
- Violation of Rights – How does she feel about being responsible for domestic chores and childcare? Has she ever felt pressured or coerced into performing these duties? Does Lydia feel restricted from participating in social activities?



Summary

No individual or organization needs to respond to an abusive situation alone. Where there are concerns about possible or actual abuse, or a need for more information, there are readily available resources and highly qualified and caring people to talk to.

Here are some simple steps to responding to the possibility abuse is occurring.

1. **Be alert to the warning signs** – Know the warning signs and be alert to these signs in the community. Warning signs are your invitation to ASK. Please refer to the section *What is Elder Abuse?*
2. **Ask** – You cannot know if abuse is occurring unless you ask questions. Abuse will not be present in every situation. Where abuse is not present, the older adult will know that he or she could talk to you if he or she later felt that he or she were being abused. Be helpfully nosy.
3. **Listen** – Listen in a calm, caring, and respectful way to what the individual has to say. You do not have to solve the individual's problems. Let him or her know that you care and are there to listen.
4. **Connect** – Inform the individual of community resources that may be useful and offer to assist the individual in making a connection. Be respectful of the person's right to choose.

Elder abuse is a community issue that requires a community response. We cannot assume it is none of our business or that someone else will deal with it. We need everyone working together to reduce the stigma, and to bring an end to elder abuse and its consequences.

Elder Abuse London Middlesex invites you to use this guide to increase your awareness of abuse, promote conversation and take action.

Reach out to end elder abuse.

Get Help Now

Emergency

Police, Ambulance, Fire..... 911

Non-Emergency

Seniors Helpline (London & Middlesex) 519-667-6600

Victim Services of Middlesex County..... 519-245-6660

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

London Police Service 519-661-5670

Ontario Provincial Police (OPP)..... 1-888-310-1122

Crimestoppers 1-800-222-TIPS (8477)

<http://www.londoncrimestoppers.com/home/>

<https://www.tipsubmit.com/WebTips.aspx?AgencyID=172>

Seniors Safety Line (Ontario), over 150 languages spoken..... 1-866-299-1011

Office of the Public Guardian and Trustee

Guardianship Investigation Unit (Screening Line) 1-416-327-6348

General Resources

211 Ontario..... 211

<http://www.211ontario.ca/>

theHealthline.ca <http://www.thehealthline.ca/>

Resources

- “It’s Not Right!” Neighbours, Friends & Families for Older Adults

<http://itsnotright.ca/>

What You Can Do When Abuse or Neglect is Happening to An Older Adult in Your Life Brochure

<http://itsnotright.ca/sites/learningtoendabuse.ca.itsnotright/files/nff%20inr%20when%20abuse%20is%20happening%20eng.pdf>

Plain Text

http://itsnotright.ca/sites/learningtoendabuse.ca.itsnotright/files/What_you_can_do_when_abuse_or_neglect_is_happening_to_an_older_adult_in_your_life_plain_text.pdf

How You Can Identify Abuse and Help Older Adults at Risk

Brochure

<http://itsnotright.ca/sites/learningtoendabuse.ca.itsnotright/files/nff%20inr%20warning%20signs%20eng.pdf>

Plain Text

http://itsnotright.ca/sites/learningtoendabuse.ca.itsnotright/files/How_You_Can_Identify_Abuse_and_Help_Older_Adults_at_Risk_Plain_Text.pdf

What You Can Do to Keep Yourself Safe From Abuse

Brochure

<http://itsnotright.ca/sites/learningtoendabuse.ca.itsnotright/files/nff%20inr%20what%20you%20can%20do%20eng.pdf>

Plain Text

http://itsnotright.ca/sites/learningtoendabuse.ca.itsnotright/files/What_you_Can_Do_to_Keep_Yourself_Safe_From_Abuse.pdf

- Advocacy Centre for the Elderly (ACE)
<http://www.advocacycentreelderly.org/>
- Canadian Centre for Elder Law
<http://www.bcli.org/ccel>
- Canadian Network for the Prevention of Elder Abuse
<http://www.cnpea.ca/>

- Elder Abuse Ontario
<http://www.elderabuseontario.com/>
- Government of Canada. Seniors.gc.ca. Elder Abuse Awareness
<http://www.seniors.gc.ca/eng/pie/eea/index.shtml>
- National Advisory Council on Aging (NACA). (2001). *Seniors and the Law*. Expressions. Volume 14; No 3. Publication Government of Canada.
<http://www.globalaging.org/elderrights/world/seniorsandthelaw.pdf>
- National Initiative for the Care of the Elderly (NICE)
<http://www.nicenet.ca/>
- National Initiative for the Care of the Elderly, Advocacy Centre for the Elderly. *Tool on Capacity & Consent, Ontario Edition*.
[http://canadiangeriatrics.ca/students/assets/File/Capacity%26Consent Tool.pdf](http://canadiangeriatrics.ca/students/assets/File/Capacity%26Consent%20Tool.pdf)
Pocket Tool Kit version: [http://www.nicenet.ca/files/NICE Capacity and Consent tool.pdf](http://www.nicenet.ca/files/NICE_Capacity_and_Consent_tool.pdf)
- Ontario Association of Social Workers. (2009). *A Practical Handbook for Service Providers*.
<https://www.oasw.org/store/Store/Product.aspx?prodid=3249>
- Toolkits produced by the Durham Elder Abuse Network in partnership with Durham Regional Police Service & Region of Durham
 - Elder Abuse Assessment Tool Kit. Breaking the Silence: Giving a voice Back to Seniors
<http://www.durhamelderabusenetwork.ca/CommunicationToolKitInstructions.pdf>
 - Assisted Communication Elder Abuse Screening Tool Kit, Pictures & Symbols
<http://www.durhamelderabusenetwork.ca/CommunicationToolKitSymbols.pdf>
- Vancouver Coastal Health (VCH). (March 2008). BC First Nations re:act Interactive PDF e-manual. **Re:act: recognize & report, a guide to prevent & respond**.
http://www.vchreact.ca/attachments/react_manual_fn.pdf