

# **ELDER ABUSE: WHAT YOU NEED TO KNOW**



Waterloo Region  
Committee  
On Elder Abuse

A guide for those working with  
older adults

## Acknowledgments

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A special thank you and acknowledgment is extended to Arlene Groh. Arlene's vision, dedication and commitment to educating the community and for providing direct client support to older adults experiencing elder abuse are truly gifts to our community. The time and effort she has contributed over the years is well recognized, and will benefit all those working with older adults. Arlene's professionalism and caring spirit are demonstrated by her guiding principle, "**Aging with honour, dignity and respect.**"

This booklet is intended to serve as a reference guide. The information has been collected by the Waterloo Region Committee on Elder Abuse (WRCEA). An overview is given of the subject of elder abuse, the signs, methods of assessment and approach to intervention. For those who wish more detailed information, a reference section provides web sites and a list of recent articles and books. A list of services in the region is provided but does not represent a complete list of community resources for elder abuse. For further information refer to the Directory of Community Services for Waterloo Region (Blue Book), Community Information Centre of Waterloo Region.

The Waterloo Region Committee on Elder Abuse does not accept any liability or warrant any service provided by the agencies named herein.

Adapted by the WRCEA from the Quick Reference guides produced by the Intervention Subcommittee of the Elder Abuse Task Force of Niagara (February 1996),

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## **How to Use These Guidelines**

These guidelines are intended to help gain a basic understanding of the problem of elder abuse - how to recognize it and how to respond to it in a way that both supports the older victim and lays the foundation for more intensive intervention if needed. The information presented here is consistent with current research, professional experience and legal standards, and is accurate and appropriate to service providers in the Waterloo Region at the time of publication (June 2008).

These guidelines are also intended to be applicable to a wide range of service settings and roles, and therefore may not always reflect what is expected of you in your work. Different organizational settings, mandates, and professional/service roles define how to interact with older adults and may limit the worker's role in identifying and responding to elder abuse. Specific expectations around roles and reporting are best defined in organizational or professional protocols. Organizations that work with older adults require a protocol for dealing with suspected elder abuse.

If your organization has no protocol, please review these guidelines with your own position and responsibilities in mind. Remember abuse is complex - there are no easy answers or quick fixes. Everyone's support for change is important. By working together, each of us provides an opportunity for change and healing to people affected by elder abuse.

## Introduction

All those who work with older adults need to be informed about elder abuse:

- how to recognize an older adult who may be experiencing abuse;
- how to relate to and support an abused older adult;
- how to access appropriate community services;
- what to do in an emergency.

It is believed that about 10% of elderly persons living in the community and receiving community-based services are victims of elder abuse ([www.onpea.org](http://www.onpea.org)). There are ways to help - finding out what to do is the first step.

### Definition:

Elder abuse is the mistreatment of an elderly person by someone he or she should be able to rely on... a spouse, a child, another family member, a friend, or a paid caregiver.

This includes:

**Physical violence:** pushing, shaking, hitting, sexually molesting, rough-handling, deliberate over/under-medication, or the improper use of restraints.

**Psychological harm:** threatening, bullying, name-calling, humiliating, or treating an older person like a child.

**Financial:** withholding money, forcing the sale of property or possessions, theft, coercing changes in wills, or misusing power of attorney responsibilities.

**Neglect:** failing to provide adequate food, drink or medical attention; leaving an elderly person in an unsafe or isolated situation.

## **Risk Factors:**

- a history of difficult family relationships, including past abuse;
- a suspected abuser has a history of poor adjustment; e.g. emotional or psychiatric problems; substance abuse; anti-social behaviour; inability to sustain employment; inability to sustain other relationships;
- a suspected abuser is having difficulty coping with the stress related to caring for the elderly person, especially when there are other risk factors present; *(However most caregivers do NOT become abusive, even when under tremendous stress);*
- an older person is socially isolated, especially when isolation is the result of cognitive or physical impairment.

Any older person may be a victim of elder abuse. Victims come from all walks of life; may be male or female; may be frail or in good health; may be from any ethno-cultural background. Everyone who works with elderly persons should be aware of the possibility of abuse.

## **Cultural sensitivity:**

The key to a culturally sensitive response to elder abuse is respect for cultural diversity, values and preferences. It is essential that no assumptions are made regarding a particular culture or ethnic group. Cultural values and preferences may be clarified by asking respectful questions. Be cognizant that culture affects how elder abuse is manifested, whether the abuse is disclosed and whether or not services are accepted. Culture defines family roles and responsibilities. Sometimes family expectations regarding care are a tremendous burden and a risk factor for abuse. In order to provide an ethno-culturally sensitive response to elder abuse, it is essential to understand how culture may affect the risk of abuse, disclosure of abuse, and which services are acceptable.

## Recognizing Elder Abuse

Elder abuse escalates the longer it continues. It becomes more frequent and more severe in its consequences. Early recognition and action are therefore important.

Signs of abuse are often subtle. Frequently there is a cluster of signs or symptoms, few of which will point to obvious "abuse". The more common signs of possible abuse are listed on pages 9 and 10.

Seeing signs of abuse does not necessarily mean that the older person is being abused. Many "signs" can also indicate other conditions: physical or mental illness, sensory deprivation, limited functional ability, poverty or grief, to name a few. **It is important not to jump to conclusions.** However, it is equally important not to ignore or "explain away" the signs. "Trust your gut". Abuse must be considered as a possibility.

Explore the causes and explanations for those signs which make you suspect abuse. In getting this information:

- Always talk to the older person, if possible alone. Do not rely on the explanations given by others.
- Observe behaviour closely.
- Use non-threatening questions: To the older person, "Are you getting all the help you need?" To the caregiver, "Do you need more help looking after...?"
- Focus on the unmet needs of the older person. Blaming or reprimanding the suspected abuser will close doors to future help.
- Be reassuring. Guilt and shame are barriers to getting help.

# Signs of Elder Abuse

## ELDER

### Behaviour

- Is anxious, withdrawn, agitated, evasive, depressed or suicidal.
- Shows fear of caregiver; behaviour changes when caregiver enters/leaves room.
- Is frail or cognitively impaired and presenting for emergency treatment alone or without regular caregiver.

### Habits

- Sudden/unexpected change in social habits.
- Sudden/unexpected change in residence or living arrangements.
- Unexplained or sudden inability to pay bills, account withdrawals, changes in the will or Power of Attorney, or disappearance of possessions.
- Refusal to spend money without consulting caregiver.
- Claims of being "accident-prone".
- Missed/cancelled appointments, especially medical appointments.

### Health/Well Being

- Sudden/unexpected decline in health or cognitive ability.
- Decline in personal hygiene; skin ulcers.
- Dehydration or malnutrition; sudden/rapid weight loss.
- Signs of over/under-medication.
- Suspicious injuries: bruising in various stages of healing; on the face or eye area, the inner part of the thighs or arms, or around the wrists or ankles.
- Sexually-transmitted disease; itching, pain or bleeding in genital area; difficulty sitting or walking.

- Explanation of injury or condition: inappropriate to type/degree; vague or bizarre; conflicting explanations from elder and caregiver.
- Unexplained delay in seeking treatment.
- Denial in view of obvious injury.
- Previous reports of similar injury.

### **Environment**

- Poor living conditions in comparison to assets.
- Inappropriate or inadequate clothing.
- Lack of food.
- Lack of required medical aids, functional aids, or medications.
- Evidence of locks or restraints.
- Living in worse conditions than others in the home.
- Involuntary separation from others in the home, friends or other family members.

### **CAREGIVER (Family, Friend, Paid Caregiver)**

- Is verbally aggressive, insulting or threatening toward elder.
- Shows unusual amount of concern over elder (either too little or too much)
- Speaks for elder; does not permit the elder's involvement in making decisions.
- Is reluctant to leave elder alone with professional.

## **Assessment: Take the Time to Understand the Situation**

Trust is essential. A trusting relationship is needed to obtain the information required to determine how to assist the family and the client to understand the options available.

If there is an ongoing relationship with the family or with the client, you are in a fortunate position - build upon that existing relationship.

If you don't have that relationship, take the time to develop trust before proceeding. The goal of the initial contact with the family may be simply reducing the anxiety and mistrust associated with the visit.

Gaining access to the client in order to build that trusting relationship may be a difficult task. An older victim may be difficult to reach if the suspected abuser denies entry to the home. In this circumstance, it may be helpful to try contacting the client by phone, to arrange a meeting with the client when the abuser is out, or to arrange a meeting with the client away from the home.

Remember, the older victim and/or the family have control over whether you may see them again. In working with the family, one of the goals should always be to lay the groundwork for future contact, especially in the early stages. Once contact is lost, so is the opportunity to intervene.

Helping the abused client is often frustrating. There are ways to bring choice into the life of the abused older person and to lay the groundwork for change.

**Before deciding what strategy and specific options will be pursued, understand the family and the context in which the abuse takes place. Rushing too quickly toward action may cause more harm than good.**

A full assessment is required. This could be carried out all at once or gradually over a period of time depending on the relationship with the family, your mandate and the victim's abilities and level of cooperation. If the client's life is in danger the assessor may need to assess and act quickly.

Determine with the victim how the assessment will be conducted, i.e. individually or with other persons present.

The assessment may include the victim, the suspected abuser, as well as other family members, friends or professionals who are able to shed light on the family dynamics. It is necessary to understand not only about the abuse but also about the family in order to determine what options will best meet their needs, wants and capabilities.

### **The assessment includes:**

**The Abuse:** What is happening? How often? What are the consequences? When did it start? What triggers it? What is the perceived cause? What does the victim do when it happens? What does the abuser do when it happens? What do they believe should happen to prevent it? Are they interested in changing the situation? What do they expect from you?

**The Family:** Roles, relationships, values, ethno-cultural values, history of family relationships.

**The Victim:** Health/medical status and history; functional assessment; cognitive ability; problem-solving ability; social support; emotional status; substance abuse; personality traits; observed behaviour; ethno-cultural values; financial assessment; beliefs about finances; perception of situation.

**The Suspected Abuser:** Health/medical status and history; emotional status; cognitive ability; problem-solving ability; social-support; ethno-cultural values; substance abuse; personality traits; observed behaviour; financial stability; stress; attitude toward the victim; attitude toward caregiving; understanding of the elderly victim's needs; ability to meet needs; perception of situation.

## **Ask questions.**

Give every older person an opportunity to express concerns about being abused. Do this by routinely asking non-threatening screening questions of every older person and, if applicable, of every caregiver. Some examples are given below.

**NOTE:** Do not ask questions of this type, if the older person is in the presence of someone who is suspected of abuse.

### **Examples of Screening Questions:**

Is everything going alright at home?

Is there anything going on in your life that you'd like to talk about?

Are you getting all the help you need?

### **Do They Understand?**

Older adults who are limited in their ability to fully understand what is going on around them are particularly vulnerable both to abuse and to being exploited by strangers. Not only is it easier for someone to take advantage of them, but also they are often less capable of telling someone about it. They are even more vulnerable when they live alone or are socially isolated. **It is important for everyone to be especially vigilant for the signs of abuse or exploitation of those suffering from dementia, confusion or depression.**

## Three Pivotal Questions

There are three questions which are pivotal to determining the course of intervention:

- Is this an emergency?
- Does the older person have the cognitive capacity to understand his or her choices and to appreciate the consequences of making a choice? Capacity involves both understanding the information provided and appreciating the consequences of the decision or lack of decision.
- Is the older person ready to act?

### 1) Is this an emergency?

An emergency is any situation in which the elderly person's safety, health or well-being is in imminent and serious danger. Serious danger may result from physical assault, the threat of imminent assault, the presence of life-threatening medical problems or living in an unsafe environment.

When made aware of abuse, ask whether the older person is at serious risk of harm. In most cases, the answer will be "no". In some cases, there is no immediate danger, but the situation is such that the risk of harm should be carefully monitored.

**NOTE:** Seek advice from your supervisor if applicable and time permits.

If Client is Willing and Able to Leave:

- Call 911 for police and/or ambulance.
- Arrange to move the client to a safe place, such as a shelter, a hospital, the home of a trusted friend or family member, or emergency placement in a long-term care home or retirement home.

If Client is Unwilling or Prevented from Leaving:

- If the older person is in serious danger, call the police and/or ambulance. Police will respond and ensure the safety of the victim. Police will investigate the allegations surrounding the incident and determine if criminal charges apply. If the investigation includes removing the abuser, the older person may require supportive services to remain at home.

If You Are At Risk:

- Leave immediately; contact the police and your supervisor if applicable.

An emergency means that protecting the safety of the client takes priority over other aspects of the intervention at that time. Once safe, help the client deal with the abuse, and rebuild his or her life.

## **2) Does the person have cognitive capacity?**

The individual's cognitive capacity must be assessed before any intervention can be planned. A formal, legal assessment may be costly and time-consuming. However, in working with an older adult, make an informed judgement as to whether he or she understands the situation.

If an individual appears confused, has poor short-term memory, is depressed or shows other signs of dementia, there is reason to question his or her understanding of what is occurring. The defining criterion is whether or not the individual understands the information provided and appreciates the consequences of his or her decisions. **This is not the same as the ability to make a "good" decision. People have the right to make decisions which seem irrational; but if the person understands and accepts the consequences of that decision, the person is competent under the law.**

If there is a question as to whether or not the individual understands the situation, continue the discussion. Keep coming back to the same questions to check for consistency. Observe how the individual lives, acts, and communicates. With the individual's permission, obtain information from others. Remember that for many people, cognitive capacity is "fluid", it may be there one time and not the next. When under stress, cognitive ability may be impaired. The individual may be capable concerning some aspects of his or her life and incapable for others. It may be necessary to assess the individual's understanding on an ongoing basis.

If the individual does not understand and is not able to make decisions, the intervention will emphasize taking protective actions. To ensure that the individual's values and wishes are respected, it is important to involve the individual to the extent that he or she is able, and to involve other trusted family members and friends.

If an individual has limited understanding and is experiencing serious harm due to abuse and there are no other family members willing and able to make decisions, contact the Guardianship Investigations Unit of the Office of the Public Guardian and Trustee (OPGT) (1-800-366-0335).

When calling the OPGT:

- be specific as to why the client's capacity is in question;
- be specific about the nature of the suspected risk (what it is, why it is serious, how removal of the client or caregiver will prevent further abuse);
- be specific about what has been done to try to rectify the situation;
- provide any information which may help an investigator gain access to the client or gain the client's trust.

### **3) Is the victim ready to act?**

An informed choice by a mentally competent individual, to stay in an abusive situation, must be respected. However, poor self-esteem and learned helplessness often result from abuse. These undermine a person's ability to make informed choices.

Informed choice means the individual understands the situation, the options available, the consequences of pursuing those options, and the ability to choose freely. If the individual is saying he or she does not want things to change, but there is a question about whether this is an informed choice, pursue this further and attempt to re-focus the intervention.

Instead of working with the client directly on abuse issues, try to provide assistance to improve the client's sense of worth and self-confidence. Find out what small changes the client would like to make and then provide support and assistance towards these goals.

Perhaps these might include changes in daily routine, making arrangements to get out of the house more, or becoming reacquainted with old friends.

The most important task is to develop a trusting relationship with the client. Explore options with the client about how to handle the situation the next time the abuse occurs. These smaller steps may empower the person to take action on the abuse in the future.

If the client is resisting all efforts of intervention:

- express concern for his or her well-being;
- provide a number to call for help;
- inform about elder abuse: that it's a problem affecting thousands; that it gets worse the longer it continues; that there is help. The individual is not alone;
- encourage the client to consider what to do the next time abuse happens;
- arrange a follow-up visit. If refused, try a telephone contact a few weeks later;
- develop a safety plan.

## Supporting the Abused Person

Victims often deny their abuse. Elder abuse may be a family secret. The victims do not complain and may not even admit the abuse to themselves. The abused older adult may hope the abuse is an isolated incident and will go away. Common reasons for not disclosing abuse include:

- Non-recognition: “This is our lifestyle/culture/relationship.”
- Control: “I can manage this; I know how to cope; if I admit to abuse, someone else will take control over my life.”
- Rationalization: “I deserve this; I’m too much trouble.”
- Shame: “If I tell, people will think badly of me or of my family.”
- Fear of abandonment: “If I tell, he or she won’t help me anymore; he or she won’t love me; I’ll be put in a nursing home.”
- Survival: fear of retaliation.

The most important skill needed to support an abused older adult is the ability to listen. Although, it may be easier to look the other way, ignoring elder abuse only seems to confirm the older person’s sense that he or she is not worth helping.

## Approaches to Intervention

Once the situation is understood, begin to work with the cognitively capable client (and the family, if appropriate) to resolve the problem. If the client is incapable, begin to work with the family (if appropriate) and/or other professionals to take protective action.

### Build on Strengths:

Options which encourage the development of strengths of the victim, the abuser and the family, should be the cornerstone of most elder abuse interventions.

- **Educate about abuse:** that abuse is never acceptable; the victim is not alone; abuse is likely to escalate; options available for responding to the situation.
- **Support:** Be non-judgmental and open-minded; listen and try to understand the client's needs and wants; encourage the client to think about what he or she wants and to explore options for achieving it; help the client understand he or she is not to blame for the abuse; tell the client that he or she is not alone and there are resources available; let the client know your concerns.
- **Explore options:** Let the client know there is help and the options that are available; as self-acceptance grows, the client will need more specific information about the consequences of pursuing an option - for the client and for the abuser.
- **Build social networks/reduce isolation:** Increase the number of people who are able to provide positive support; provide opportunities to build self-esteem.

- **Encourage responsibility for safety:** Encourage the individual to develop a safety plan, i.e. determine what the individual is going to do the next time abuse occurs. Call 911 if at risk of harm, leave the home and go to a neighbour. Specific safety plans will encourage responsibility and self-control; serve to protect the older adult when he or she is being victimized. For additional safety plan information please see website [www.ncall.us](http://www.ncall.us).
  
- **Relieve the caregiver:** When caregiver stress is a factor in the abuse, it may be relieved by services designed to provide respite or assistance. Options include home health and home support services, day programs, respite admissions or, where warranted, placement in a Long-Term Care Home.
  
- **Be open-minded with the abuser:** Appreciate that the older person usually wants to maintain the relationship with the abuser. When speaking with the suspected abuser, especially one in a care-giving role:
  - recognize the importance of the relationship with the older person and of the caregiver's role;
  - recognize the difficulties he or she experiences; the caregiver may be under enormous stress and may also be abused;
  - avoid being judgemental about care-giving efforts.
  
- **Multi-agency or multi-disciplinary approach:** The person who recognizes abuse may be advised or assisted by other agencies and professionals who have experience working with people affected by elder abuse-

## Protective Measures:

- **Bring outsiders into the home:** In many cases, abuse will subside when it is open to public scrutiny. Introducing home health or home support services, re-establishing family ties and visits, may all serve this purpose. In some cases, but not all, commencing a police investigation serves as a powerful deterrent, even if no charges are laid. Abuse will not stop by this means alone, but it may provide some time to develop alternative options.
- **Separate the abuser and the victim:** The most intrusive, and often least desired option is to separate the abuser and the victim. However, separation does provide needed safety and security for the victim. Options include removing the older person from the home by finding alternative accommodation or long-term care placement. Another option is to remove the abuser by finding alternate accommodation or by using legal options such as Peace Bonds/Restraining Orders or criminal charges with conditions of no contact.
- **Report:** There is no legal requirement to report suspected elder abuse of older persons living in their own houses, apartments or private residences. The law does say that if anyone sees harm being done to a person living in a Long-Term Care Home, the abuse must be reported to the Ministry of Health and Long-Term Care Homes, Regional Office.

**NOTE:** Many forms of elder abuse are crimes under the Criminal Code of Canada. Some of these include: assault, forcible confinement, sexual assault, murder, manslaughter, extortion, fraud, forgery, theft, stopping mail with intent, theft by person holding Power of Attorney, harassing phone calls, intimidation, uttering threats, criminal harassment, criminal negligence, and failure to provide basic necessities of life.

## **Elder Abuse in Long-Term Care Homes (LTCH)**

If an older person who lives in a Long-Term Care Home is being abused, the following actions must be taken.

- Contact the person responsible for the LTCH immediately, and inform the person of the concerns. Document any discussions and actions taken.
  - and/or
- Contact a Compliance Advisor at the Ministry of Health and Long-Term Care Regional Office. The Compliance Advisor will advise the caller on the information required and the next steps. All calls are confidential.

## **Elder Abuse in Residential Settings**

Includes retirement homes, group lodging homes.

If an older person who lives in a retirement home, is being abused the following options are available.

- If the older person is cognitively capable, discuss the concerns, provide information about options, obtain permission to proceed and determine what actions will be taken.
- If the older person does not understand the information provided, does not appreciate the consequences of his or her decisions and is incapable, discuss the situation with an appropriate person such as the individual's Power of Attorney, Administrator of the Home, Doctor or Elder Abuse Response Team.
- Refer to the 'Does the Person Have Cognitive Capacity' for additional options. (page 15)

## Documentation

Documentation is important to the intervention process, both as a record of progress and as a means of communication between agencies and professionals. It may also be necessary as potential evidence should charges be laid. It is important to document accurately, factually and in a timely manner.

It may be unclear whether or not an older adult is in fact being abused. The "grey area" is huge. Identifying abuse is like putting together a large jigsaw puzzle. It is essential that each person involved documents factually what is witnessed. Eventually there will be an accurate picture of what is taking place. Even if unsure whether abuse is taking place document facts and what has been witnessed.

Examples:

- I saw Mrs. Smith begin crying and wringing her hands after her son left.
- Mr. Jones stated that "I only get to move out of this chair when you give me my bath."
- I have never observed any food in the refrigerator since I started coming three weeks ago.
- I saw several bruises on Mr. Thompson's back. Mr. Thompson said, "I fell out of bed".

These are all potential signs of abuse or neglect and all should be documented.

## Community Resources

If abuse is suspected, help is available from a number of sources in the community - family members, friends, physicians, lawyers, clergy, home and community health professionals, the police, community support services, and hospitals. Provide information regarding resources and take direction from the older adult about how to proceed. Keep in mind the cognitive capacity of the older adult involved.

The services listed below were selected because they have experience with elderly persons.

## **INFORMATION AND CONSULTATION (COMMUNITY RESOURCES)**

### **Waterloo–Wellington Community Care Access Centre (CCAC)**

**Phone: 519-748-2222**

Information on and referral to community support services and resources. Home Care Services: assessment for visiting services that may include nursing, physiotherapy, occupational therapy, speech language pathology, nutrition counselling, social work, personal support and respite services, case management. Placement services for long-term care homes, continuing care placement and caregiver relief and support programs.

### **Waterloo Region Committee on Elder Abuse (WRCEA)**

**Phone: 519-883-2280 (call line)**

The call line is available Monday – Friday, 9am-4pm with volunteer responders who are knowledgeable about elder abuse and the resources available. Speakers are also available through this line, to provide public education to community groups upon request.

### **Community Support Connections**

**Crisis Intervention Assistance Service (CIAS)**

**Phone: 519-772-8787**

This program provides crisis intervention assistance to older adults who may be vulnerable and at risk in the community. Such risks could include homelessness, abuse, isolation, lack of motivation, alienation, grief and trauma from losses. The goal is to provide support and crisis intervention in critical situations, assist with a plan and linkage with the appropriate resources.

# **PROTECTION AND ADVOCACY**

## **Ministry of Health & Long-Term Care, Regional Office.**

**Phone: 1-866-532-3161**

Abuse in LTCH must be reported to a Compliance Advisor of the Ministry of Health and Long-Term Care.

## **Waterloo Regional Police Service**

**Phone: 519-653-7700**

Preserves law and order, works to prevent crime, and provides safety and security to people and property. Provides advice and support, and will act in an emergency, when a crime has been committed, when the victim or witness wants to press charges, when police involvement will deter abuse, even if charges are unlikely. Will give advice on questions regarding criminal charges.

## **Elder Abuse Response Team (EART)**

**Website: [wrps.on.ca](http://wrps.on.ca)**

**Phone: 519-579-4607**

EART is a collaborative partnership between the Waterloo Regional Police Service and the Waterloo-Wellington Community Care Access Centre. Core funding is provided by each agency. EART's mission is to prevent and respond to elder abuse by working in partnership with the community and by providing an opportunity for change and healing to people affected by elder abuse, thereby enhancing the safety and well-being of older adults. EART's mandate includes providing information and consultation, direct intervention, education and training and community development.

## **Victim Services of Waterloo Region**

**Website:** [www.vswr.ca](http://www.vswr.ca)

**Phone:** 519-585-2363

Victim Services of Waterloo Region is a not-for-profit agency providing 24 hour/7 day a week crisis intervention, emotional and practical support and community referrals to victims of crime and or tragic circumstance in the Region of Waterloo. The diversified programs include Crisis Intervention, Volunteer Program, ACCESS Program, Public Education Program, and Picking up the Pieces Program. The response is caring, skilled and effective as well as culturally appropriate with over 75 highly skilled volunteers and staff.

## **Office of Ontario Public Guardian & Trustee (OPGT)**

**Phone:** 1-800-366-0335

OPGT can help by investigating allegations of abuse or neglect of an incapable person where there is no one else in a position to do so. Where necessary, the Public Guardian and Trustee can take steps to get legal authority to make decisions for the person in order to prevent abuse or neglect.

## **Advocacy Centre for the Elderly (ACE)**

**Phone:** 1-416-598-2656

ACE is a legal clinic that specializes in the problems and needs of older people.

## **EMERGENCY SHELTERS AND ACCOMMODATION**

### **Respite and Placement Services Waterloo-Wellington CCAC**

**Phone:** 519-748-2222

Can arrange respite for caregivers and when required, urgent long-term care placement.

## **Retirement Home Beds**

**Phone: 519-883-2280**

List available from Waterloo Region Committee on Elder Abuse. No cost for up to 48 hours stay for senior who is at risk and is at a retirement level of care.

## **House of Friendship (men's hostel)**

**Phone: 519-742-8327, (24 hours)**

Short-term accommodation and meals. Individual case work support. Meals and drop-in available to non-residents.

## **Family Crisis Shelter Haven House, Cambridge**

**Phone: 519-653-2289 (24 hours)**

Confidential emergency shelter and counselling. Mutual help group for clients and community members who suffer from family violence.

## **Anselma House (females only)**

**Phone: 519-741-9184 (Shelter)**

**Phone: 519-742-5894 (24 hour crisis line)**

Provides short-term housing for women over 16 years of age who are victims of actual or threatened physical, emotional, verbal or sexual abuse and their children (males up to 16 years). Provides 1:1 and group support, and information and referral to community agencies.

## **Mary's Place (YWCA) (females only)**

**Phone: 519-744-0120, (24 hours)**

Supportive, temporary shelter and long-term residence. Provides counselling. Crisis support is available by telephone.

# **COUNSELLING AND SPIRITUAL CARE**

## **Woolwich Interfaith Pastoral Counselling Centre**

**Phone: 519-669-8651**

Confidential counselling service for individuals, couples and families.

## **KW Counselling Services**

**Phone: 519-884-0000**

Therapeutic counselling for individuals seeking solutions. Counselling for physical, emotional and sexual abuse.

## **Cambridge Interfaith Counselling Centre (Lutherwood)**

**Phone: 519-622-1670**

Provides marriage, family and individual counselling.

## **Catholic Family Counselling Centre**

**Phone: 519-579-4607**

Therapeutic counselling for individuals experiencing difficulties.

## **Wilmot-Wellesley Family Violence Prevention Program**

**Phone: 519-662-2731**

This program provides support for women and their children in crisis due to family violence in the Wilmot-Wellesley area. Provides counselling and ongoing crisis support.

## **Hazelglen Outreach Mental Health**

**Phone: 519-749-4213 (Kitchener-Waterloo)**

**Phone: 519-624-5716 (Cambridge)**

Short-term quick response, community based. Alternative to hospitalization for individuals 16 years and over with severe mental health problems.

## **John Howard Society of Waterloo-Wellington Family Violence Prevention Program**

**Phone: 519-743-6071**

Therapeutic program, group setting for men who assault their partners. Provides support group on completion of program.

## **Shalom Counselling Services, Waterloo**

**Phone: 519-886-9690**

Therapeutic counselling.

## **Family Services, Cambridge**

**Phone: 519-621-5090**

Individual, marital and family counselling. Family violence program for men who abuse. Sexual assault counselling for women. Women's group for women who come from abusive relationships.

## **Community Justice Initiatives of Waterloo Region**

**Phone: 519-744-6549**

**Victim Offender Reconciliation Program (VORP)** provides mediation services in cases referred by criminal court by giving opportunity for victim(s) to resolve the effects of the offence.

**Community Mediation Services (CMS)** provides mediation to anyone in the community who needs assistance in resolving disputes. CMS also provides training, consultation, workshops and other public education events focusing on strategies to resolve conflict in a constructive manner.

**Community Justice Circles (CJC)**, also known as Family Group conferencing, gives opportunity for people who have been impacted by crime or conflict to deal with the harmful effects. The process includes participation from people who were directly involved, as well as their family members, friends, and other supporters.

Together the group explores ways to repair the harm and to minimize further harm. CJC also trains community members as facilitators of the circles.

**CMS, VORP and CJC are all programs of Community Justice Initiatives**, a community-based agency founded on principles of restorative justice.

## **LEGAL**

### **Waterloo Region Community Legal Services**

**Phone: 519-743-0254**

Community legal clinics may give free legal advice and help. A financial needs test is required.

### **Lawyer Referral Service (via Law Society of Upper Canada)**

**Phone: 1-900-565-4577**

**Note: \$6.00 on phone bill provides 30 minutes of legal service**

Ensures no one is denied lawyers' services for lack of money. Operates under Ontario Legal Aid Act. Financial needs test required.

### **Giesbrecht, Griffin, Funk & Irvine**

**Phone: 519-579-4300**

Ted Giesbrecht will advise professionals re: elder law and legal options or provide legal services directly to client. Fee to be determined.

## **Six Questions to Guide Your Thinking When You Encounter Elder Abuse**

1. Why is this situation causing concern?
  - What flags are going up?
  - What is the cause for concern?
  - Trust your gut.
  
2. How do I feel about this situation/the alleged abuse?
  - What are my personal biases and reactions? (Sometimes our own emotions or unfinished personal issues about abuse may interfere with our response or ability to act.)
  
3. What are the relevant factors?
  - What information have you gathered?
  - From whom are you taking direction?
  - Do you have consent?
  - Is this person at risk of imminent harm? If so, the police must be called.
  - Is this person capable? Does he or she understand the consequences of his or her decisions? (That is not the same as the ability to “make a good decision.”)
  
4. What are the values, wishes and goals of the client?
  - Interventions and responses must be client-directed.
  - If the older adult cannot be present, what were his or her values and wishes?
  - Need to understand and respect cultural diversity, values, and preferences.
  
5. What are the options?
  - What are the options and interventions given the facts and client desires?
  
6. What is the response?
  - This includes resources, communication, implementation, evaluation, barriers and opportunities.

## References

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### Web Sites:

Advocacy Centre for the Elderly  
[www.advocacycentreelderly.org](http://www.advocacycentreelderly.org)

Canadian Association on Gerontology  
[www.cagacg.ca](http://www.cagacg.ca)

Canadian Network for Prevention of Elder Abuse  
[www.cnpea.ca](http://www.cnpea.ca)

College of Nurses of Ontario  
[www.cno.org](http://www.cno.org)

Conflict Resolution Network of Canada  
[www.crnetwork.ca](http://www.crnetwork.ca)

Department of Justice - Abuse of Older Adults Fact Sheet  
[www.justice.go.ca](http://www.justice.go.ca)

Elder Abuse Response Team, Region of Waterloo, Ontario  
[elderabuse@wrps.on.ca](mailto:elderabuse@wrps.on.ca)

Family Violence Project, Region of Waterloo, Ontario  
[www.fvpwaterloo.ca](http://www.fvpwaterloo.ca)

Gerontological Society of America  
[www.geron.org](http://www.geron.org)

International Network for Prevention of Elder Abuse  
[www.inpea.net](http://www.inpea.net)

National Center on Elder Abuse (United States)  
[www.elderabusecenter.org](http://www.elderabusecenter.org)

National Clearinghouse on Family Violence  
[www.phac-aspc.gc.ca/ncfv-cnivf](http://www.phac-aspc.gc.ca/ncfv-cnivf)

Ontario Gerontology Association  
[www.ontgerontology.on.ca](http://www.ontgerontology.on.ca)

Ontario Network for Prevention of Elder Abuse  
[www.onpea.org](http://www.onpea.org)

Public Health Agency of Canada/Agence de la sante publique du Canada.  
[www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)

Registered Nurses Association of Ontario: Best Practice Guidelines  
[www.rnao.org](http://www.rnao.org)

US National Institute on Aging  
[www.nia.nih.gov](http://www.nia.nih.gov)

Wisconsin Coalition Against Domestic Violence  
[www.wcadv.org](http://www.wcadv.org)  
[www.ncall.us](http://www.ncall.us)

### **Articles and Books:**

Anetzberger, G. J., Dayton, C., Miller, C. A., et al., (2005) Multidisciplinary teams in the clinical management of elder abuse. *Clinical Gerontologist* (The Haworth Press, Inc.) 28 (1/2), 157-171.

Bergeron, L. Rene, (2006) Self-determination and elder abuse: Do we know enough? *Journal of Gerontological Social Work* (The Haworth Press, Inc.) 46 (3/4), 81-102.

Bomba, P. A., (2006) Use of a single page elder abuse assessment tool: A practical clinician's approach to identifying elder mistreatment. *Journal of Gerontological Social Work* (The Haworth Press, Inc.) 46 (3/4), 103-122.

Brownell, P., & Heiser, D., (2006) Psycho-educational support groups for older women victims of family mistreatment: A pilot study. *Journal of Gerontological Social Work* (The Haworth Press, Inc.) 46 (3/4), 145-160.

Cohen, M., Levin, S. H., Gagin, R., & Friedman, G., (2007) Elder abuse: Disparities between older people's disclosure of abuse, evident signs of abuse, and high risk of abuse. *Journal of the American Geriatrics Society*, 55, 1224-1230.

Desroches, F. J., & Wister, A., (2007) Changing demographics and elder abuse: The challenge facing police services in Canada.

Dyer, C. B., Kelly, P. A., Pavlik, V. N., et al., (2006) The making of a self-neglect severity scale. *Journal of Elder Abuse and Neglect*, 18 (4), 13-23.

Dyer, C. B., Pickens, S., & Burnett, J., (2007) Vulnerable elders. When it is no longer safe to live alone. *Journal of the American Medical Association*, 298 (12), 1448-1450.

Elliot, E., & Gordon, R. (Eds.), (2005) *New directions in restorative justice: Issues, practice, evaluation*. Willan Publishing, UK. ISBN 1-84392-132-4

Elliot, G., (1999) *Cross-cultural awareness in an aging society. Effective strategies for communicating and caring*. McMaster University, Hamilton, Ontario.

Filinson, R., (2006) "No secrets" and beyond: Recent elder abuse policy in England. *Journal of Elder Abuse and Neglect*, 18 (1), 1-18.

Gorbien, M. J. (ed.), (May, 2005) *Elder abuse and neglect. Clinics in Geriatric Medicine*. 21 (2) W. B. Saunders Company ISSN 0749-0690

Groh, A., (2003) *A healing approach to elder abuse and mistreatment: The restorative justice approaches to elder abuse project*. Pandora Press, Kitchener. ISBN: 0-9732893-0-9

Kinnon, D., (2001) *Community awareness and response: Abuse and neglect of older adults*. Family Violence Prevention Unit, Health Canada.

Kozak, J. et al., (2001) *Stand by me: Preventing abuse and neglect of residents in long-term care settings*. National Clearinghouse on Family Violence, Health Canada

Nerenberg, L., (2006) *Communities respond to elder abuse*. *Journal of Gerontological Social Work (The Haworth Press, Inc.)* 46 (3/4), 5-33.

Nerenberg, L., (2007) *Elder abuse prevention. Emerging trends and promising strategies*. Springer Publishing Company, New York. ISBN 978-08261-0327-7

Ogioni, L., Liperoti, R., Landi, F., et al., (2007) *Cross-sectional association between behavioral symptoms and potential elder abuse among subjects in home care in Italy: Results from the Silvernet Study*. *American Journal of Psychiatry*, 15 (1), 70-78.

Penhale, B., (2006) *Elder abuse in Europe: An overview of recent developments*. *Journal of Elder Abuse and Neglect*, 18 (1), 107-116.

Prannis, K., Stuart, B., & Wedge, M., (2003) Peacemaking circles. From crime to community. Living Justice Press, St. Paul, Minnesota. ISBN 0-9721886-0-6

Pritchard, J. (ed), (1999) Elder abuse work. Best practice in Britain and Canada. Jessica Kingsley Publishers, London and Philadelphia. ISBN 1-85302-704-9

Rodriguez, M. A., Wallace, S. P., Woolf, N. H., & Mangione, C. M., (2006) Mandatory reporting of elder abuse: Between a rock and a hard place. *Annals of Family Medicine*, 4 (5), 403-409.

Statistics Canada, Canadian Centre for Justice Statistics, (2006) Family Violence in Canada: A statistical profile. Lucie Ogradnik (ed.) Catalogue no. 85-224-XIE, ISSN 1480-7165.

Stiegel, L., (2006) Recommendations for the elder abuse, health, and justice fields about medical forensic issues related to elder abuse and neglect. *Journal of Elder Abuse and Neglect*, 18 (1), 41-81.

VandeWeerd, C., Paveza, G. J., & Fulmer, T., (2006) Abuse and neglect in older adults with Alzheimer's Disease. *Nursing Clinics of North America*, 41, 43-55.

Vida, S., Monks, R. C., & Des Rosiers, P., (2002) Prevalence and correlates of elder abuse and neglect in a geriatric psychiatry service. *Canadian Journal of Psychiatry*, 47 (5), 459-467.

Wahl, J., (March 2001) The law related to elder abuse. Advocacy Centre for the Elderly, Toronto, Ontario

Zehr, H., (2002) The little book of restorative justice. Good Books, Intercourse, PA