

## Learning goals

- **See** subtle signs of elder abuse
- **Hear** all perspectives
- **Understand** cultural issues
- **Feel** confident in approach
- **Act** with support of team



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## Elder abuse is...

any act of commission or omission that results in harm to an elderly person



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## Types of abuse

- Physical
- Financial
- Emotional
- Sexual
- Neglect



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## Typical elder abuse profile

### Victim

- Over 75 years
- Female/widow/single
- Physical and/or cognitive impairment
- Social isolation
- Dependent on caregiver
- Low self-esteem

### Abuser

- Often under 30 or over 60
- Close relative or caregiver
- Living with abused elder
- Psychologically stressed or depressed
- Substance abuse history
- Financial problems



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## Approach to treatment

- Crisis intervention
- Short-term intervention
- Long-term intervention
- Follow-up



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- S**creen for abuse in all elderly individuals
- T**hink about risk factors
- O**minous danger signs present
- P**hysical findings
- H**istory
- A**ddress issue of elder mistreatment
- R**eport issue of elder mistreatment
- M**anage with prevention and risk factor modification



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## Strategies for intervention

- Awareness of own attitudes and values
- Interview
- Documentation
- Team approach
- Knowledge of community resources
- Education – proactive, prevention



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# **BUILD A CASE**

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Video entitled:

## **She's Happier There**

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



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# **CASE STUDY**

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# **ROLE PLAYING**

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# COMMUNITY RESOURCE LIST ON ELDER ABUSE

For further details, refer to the Blue Book Directory of Community Services in Toronto

## Protective and Legal Services

Community Policing Support Unit	416-808-7040	24 hours 7 days a week	Contact person: Constable Patricia Fleischmann voice mail
Victim Services Program of Toronto	416-808-7066	24/7	CTOVictimService@aol.com
Office of Public Guardian and Trustee Investigation Unit	416-314-2800 416-327-6348	0830–1630 hrs	leave voice mail message www.attorneygeneral.jus.gov.on.ca
Advocacy Centre for the Elderly (ACE)	416-598-2656	0900–1700 hrs Thursdays: 1300–1700 hrs	www.advocacycentreelderly.org
Ontario Network for the Prevention of Elder Abuse	416-978-1716		www.onpea.org

## Community Supports / Services

Community Information Toronto (Blue Book Information)	Dial "211"	24/7	211toronto.ca
Client Services & Information Unit (Social Services/Welfare)	416-392-2956 After 1800 hrs: 416-392-8600	0830–1630 hrs	www.city.toronto.ca Click on Services
Mobile Crisis Unit	416-289-2434	24/7	
Red Door Women's Shelter (always keeps four spaces for elderly women – not wheelchair accessible)	416-469-3610	24/7	
Warden Woods Centre	416-694-1138	0900–1700 hrs	Contact: Dorothy Miller (ext. 36)
Circle of Care Support Group for Abused Women	416-635-2860	0830 – 1630 hrs	www.circleofcare.com
Family Services Association – Elder Abuse Consultation Team	416-977-0559	0900–1700 hrs	www.fsatoronto.com
Sexual Assault & Domestic Violence Care Centre Sunnybrook & Women's (Women's College Campus)	416-323-6040		leave voice mail message sunnybrookandwomens.on.ca

## Publications

Elder Abuse Manual – Toronto Police Service	416-808-7040		
Senior Abuse Manual – Nepean Police Service	613-836-4680		
Fraud Free Calendar (produced by Ministry of Consumer & Business Services)	416-326-8525		www.cbs.gov.on.ca
A Guide to Advance Care Planning	1-888-910-1999 To order, call 1-888-910-1999		www.gov.on.ca/citizenship/seniors

## Other

Seniors Secretariat (OSS)	416-326-9886		Elder's Abuse Project
Office for Seniors Issues	416-327-4244		

## THE INTERVIEW – SUSPECTED ABUSER

It is more effective to start with a soft approach and work up to the uncomfortable issues. Do not avoid the difficult issues but do not confront head on.

These are some techniques to use when conducting your interview:

“I need your help to understand what happened.”

Validate where possible:

“I can understand your frustration.”

“Thank you for telling me what happened.”

Point out consequences:

“You could be charged. \_\_\_\_\_(victim) could be seriously hurt.”

Limit and redirect:

“It is important to prevent this from happening again.”

“What would be helpful to you in preventing this?”

Be encouraging:

“We have helped others with similar problems.”

If the abuser is responsive, confirm you (the team, etc.) will do all you can to help. Then start to work on a plan.

If person is unresponsive, summarize the discussion and offer help:

“I know you don't want to talk any more about this right now and I respect that.”

“I need to stress how harmful this behaviour is.”

“I'm very concerned and you can reach me at \_\_\_\_\_ if you want to talk about this later.”

## **THE INTERVIEW – VICTIM**

The purpose of the interview is to gather information about the person's health, walk of life, ADL and IADL functioning where abuse is suspected, for example from the referent, collateral report, your own observation. You may want to be sure to include questions of the following sort:

1. Do you have any problems or concerns?
2. Are you alone a lot? (Social isolation)
3. Is there someone you can turn to with a problem or if you have trouble?
4. Are you concerned about anyone in your family?  
Does any member of your family drink or use drugs?
5. Do you need help to take care of yourself?  
Do you control your own medication? Make your own meals?
6. Do you manage your own money? Do you own banking, manage your cheque book?  
Do you help anyone financially?
7. Do you feel safe in your home?

# RISC: PROTOCOL FOR ELDER ABUSE

**R = Recognition**

**I = Interview**

**S = Safety assessment**

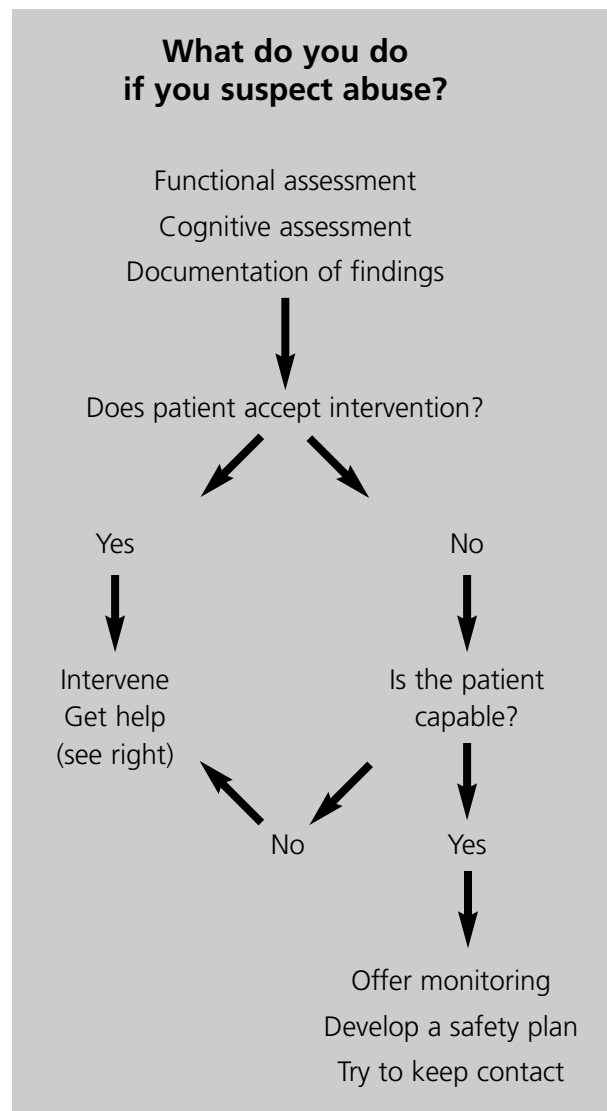
**C = Cognition and Capacity**

## Presentation

- Injuries are disproportionate with history
- Presentation without caregiver
- Vague or bizarre explanation for injury
- Delay in seeking medical attention
  - Caregiver stressed or has low tolerance for patient
  - Caregiver infantilizes the elder
  - Frequent visits to ER despite adequate resources

## Patient

- Withdrawn, fearful
- Poor hygiene, inappropriate dress
- Bruises in various stages of healing
- Malnutrition when appropriate resources present
- Unexplained fractures
- Unusual bruising or injuries
- Vaginal or rectal bleeding



## Elder Abuse Resources for the Health Professional

Victim Services (Police):	(416) 808-7066
Mobile Crisis Unit (if mental health diagnosis is involved):	(416) 498-0043
Office of the Public Guardian and Trustee: (Investigation Unit)	(416) 327-6348
Advocacy Centre for the Elderly (ACE):	(416) 598-2656
Seniors Information and Referral Service, Toronto	(416) 392-0505
Women's College Campus Domestic Violence Program (24 hrs/day)	(416) 323-6040
Community Care Access Centre:	
North York	(416) 222-2241
Scarborough	(416) 750-2444
Toronto	(416) 506-9888
Regional Geriatric Program of Toronto	(416) 480-6026

## **Elder Abuse Interview**

(Note: Interview patient and caregiver separately)

### **Patient Interview:**

- Assess functional capacity and need for assistance in ADLs
- Ask about the role of the caregiver
- Ask if the patient has ever been verbally, physically or psychologically abused
- Ask if the patient would like intervention
- Assess risk to patient (safety)
- If appropriate, administer a Folstein Mini Mental Status Examination
- Should the patient decline intervention, determine their capacity to understand the associated risks
- Document physical findings of abuse or neglect

### **Caregiver Interview:**

- Ask about health needs of the patient
- Ask what role they play in providing care of patient
- Inquire about the caregiver's health
- Inquire about any history of alcohol, drug and mental health problems\*\*
- Inquire about current social support and outside contacts\*\*
- Is caregiver reliant on the patient for finances/housing\*\*
- It must be stressful looking after (relative). How do you manage his/her care?
- Where appropriate ask:
  - Caring for the elderly is sometimes difficult. Have you ever been so frustrated that you have (insert – pushed him/her, hit him/her, yelled at him/her)?
  - The patient has (describe injuries). Could you explain how he/she sustained these injuries? If appropriate, inquire as to why it has taken this long to seek out the proper care.
  - The patient appears to be malnourished. Do you have any idea how this happened?

\*\* Denotes high risk situation

Originally developed by Dr. Karen Fruetel.

## QUOTABLE QUOTES

“Only one in six cases of elder abuse is reported, compared to one in three for child abuse. Rather than occurring as isolated incidents, abuse of the elderly is recurrent in up to 80% of cases.”

Anne Sclater, MSc, MD, FRCPC  
Presented at the 6th Annual Update, Internal Medicine for the Primary Case Physician,  
Edmonton, Alberta, April 2000

“Elder abuse is an international problem found among all racial, ethnic and socio-economic backgrounds, with an incidence and prevalence only slightly less than that of child abuse”.

Anne Sclater, MSc, MD, FRCPC  
Presented at the 6th Annual Update, Internal Medicine for the Primary Case Physician,  
Edmonton, Alberta, April 2000

“Most elderly people value autonomy above personal safety and comfort, and would rather have inadequate care with families than the best of institutional care.”

Anne Sclater, MSc, MD, FRCPC  
Presented at the 6th Annual Update, Internal Medicine for the Primary Case Physician,  
Edmonton, Alberta, April 2000

“Management of the abusive situation requires skill, diplomacy, and knowledge of a complicated health-care and legal system.”

Ontario Medical Review January 1993

“The key to detection is proper assessment and documentation in the medical record.”

Anne Sclater, MSc, MD, FRCPC  
Presented at the 6th Annual Update, Internal Medicine for the Primary Case Physician,  
Edmonton, Alberta, April 2000

“Behavioral observation may provide the only clue to verbal or emotional abuse. Careful observation of the patient may indicate a state of generalized fear and anxiety.”

Anne Sclater, MSc, MD, FRCPC  
Presented at the 6th Annual Update, Internal Medicine for the Primary Case Physician,  
Edmonton, Alberta, April 2000

“Geriatric services, where available, are able to review the entire situation, perform the necessary assessments, and arrange for additional services.”

Ontario Medical Review January 1993