



CANADIAN NETWORK *for*
the PREVENTION of ELDER ABUSE

RÉSEAU CANADIEN *pour la PRÉVENTION*
du MAUVAIS TRAITEMENT des AÎNÉS

Sexual Assault of Older Adults: Building Bridges Between Health and Justice

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Elder Abuse Ontario

Stop Abuse - Restore Respect

Maltraitance des personnes âgées Ontario

Arrêtez les mauvais traitements - Restaurer le respect

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- In a few days, you will be invited to take a short survey about this webinar. Please take a moment to participate. Your feedback will help us improve our next webinars and evaluate our project.

Thank you!

Your Presenters



Linda Reimer

RN, BScN, SANE-A, TITC-CT

Linda Reimer is a registered nurse who has been practicing in the field of interpersonal violence and forensic nursing since 1995 primarily at the Domestic Abuse and Sexual Assault Care Centre of York Region. She has a Bachelor of Science in Nursing from the University of Toronto and a forensic studies certificate from Mount Royal University. Ms. Reimer is a certified sexual assault nurse examiner, a clinical traumatologist and certified in several risk assessment tools. A member of the Forensic Nurses Society of Canada and the International Association of Forensic Nurses (IAFN), she was the recipient of the IAFN Achievement Award in 2012 and an IAFN board member from 2010- 2014. Ms. Reimer speaks about sexual assault, domestic violence, human trafficking and elder abuse at the provincial, national and international level and is passionate about the intersection of forensic nursing and victims of violence.

Your Presenters



Raeann Rideout

Raeann Rideout is currently the Central East, Regional Elder Abuse Consultant for Elder Abuse Ontario.

Raeann has worked in the field of elder abuse for over 18 years. In her current position, she provides front-line training and public education, assists in the planning of community events/project, strengthening community partnerships and collaborates with local, provincial and national stakeholders to enhance the response to elder abuse. Raeann consults with seniors, families and agencies on elder abuse cases. She was the co-chair of the Canadian Network for the Prevention of Elder Abuse for several years. Raeann previously worked for the Addictions Foundation of Manitoba as an Education Prevention Consultant and as a Consultant for the Manitoba Seniors Directorate. She was also Project Coordinator for the Kingston & Frontenac Elder Abuse Task Force for 5 years.

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OUTLINE

- Definition
- Dynamics Of Abuse
- Prevalence Of Elder Abuse
- What Is A Forensic Nurse?
- Role Of Forensic Nurse In Esa
- Mandatory Reporting
- Benefit To Justice System
- Safety Planning

Elder Abuse

“... a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an *expectation of trust* which causes harm or distress to an older person.” *World Health Organization*



Elder abuse is a multidimensional phenomenon that encompasses a broad range of behaviors, events, and circumstances.

Unlike random acts of violence or exploitation, elder abuse usually consists of repetitive instances of misconduct.

Violence

“The intentional use of physical force or power, threatened or actual, against a person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation.”

(Krug et al., 2002) World Health Organization



Types of Abuse

Physical: Any act of violence or rough handling that may or may not result in physical injury causing physical discomfort and pain.

Psychological: Any action, verbal or non-verbal, that lessens a person's sense of dignity and worth.

Financial: Any act done without consent that results in the financial or personal gain of one person at the expense of another.

Neglect: Not meeting the needs of an older woman unable to look after herself .

Active Neglect: deliberate withholding of care or necessities of life.

Passive Neglect: failure to provide proper care due to lack of knowledge, experience or ability.

Sexual Abuse



Forced and/ or unwanted sexual interaction (touching and non-touching acts) of any kind with an older adult.

– May include:

- forced and/or unwanted completed or attempted contact between the penis and the vulva/anus, and/or
- the mouth and the penis, vulva or anus, and/or
- penetration of the anal or genital opening by another person by hand, finger or other object and/or
- unwanted intentional touching either directly or through the clothing of the genital, anus, groin, breast, inner thigh or buttocks
- unwarranted , intrusive and or painful procedures in caring for genitals or rectal area and/or
- Forced and/ or unwanted non-contact acts of a sexual nature such as forcing a victim to view pornographic material, photographing an elder for sexual gratification, voyeurism and verbal/behavioral sexual harassment

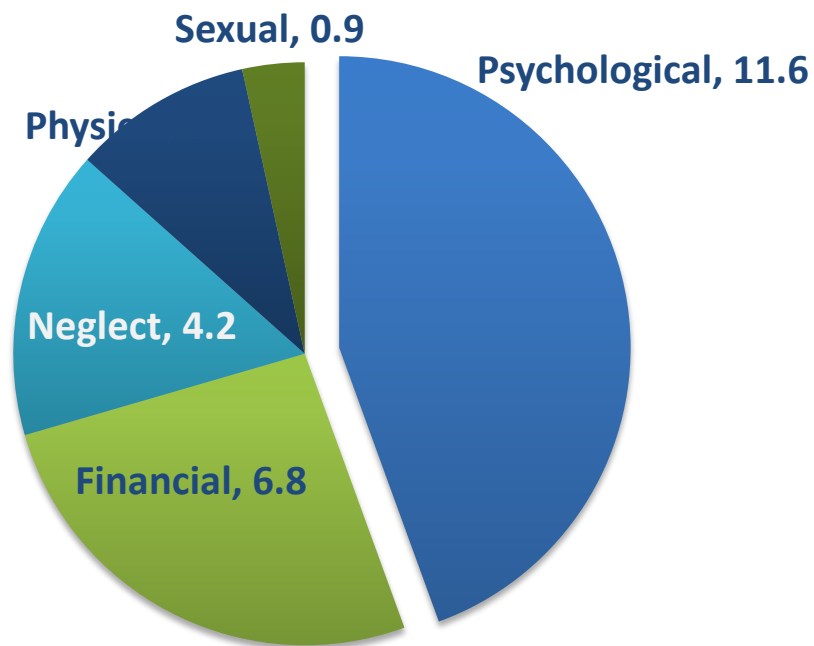
– All the above acts also qualify if committed against an incapacitated person who is not competent to give informed approval

Global Prevalence – Community



Elder abuse is a hidden problem.

1 in 6 older adults worldwide have been abused in the past year.



Almost **16%** of people aged 60 years and older.

1 in 24 cases are reported.
Prevalence rates are likely underestimated.

WHO, 2017

Prevalence

Meta-analysis of 38,544 studies of which 52 meet inclusion criteria

- Spanned 28 countries
- Defined elder as both greater than 60 and greater than 65 years

Findings:

- Overall elder abuse: 15.7 % of population
 - Physical 2.6 %
 - **Sexual** **0.9 %**
 - Psychological 11.6 %
 - Financial 6.8 %
 - Neglect 4.2 %
- The Americas, on average, rate of 10 % of population

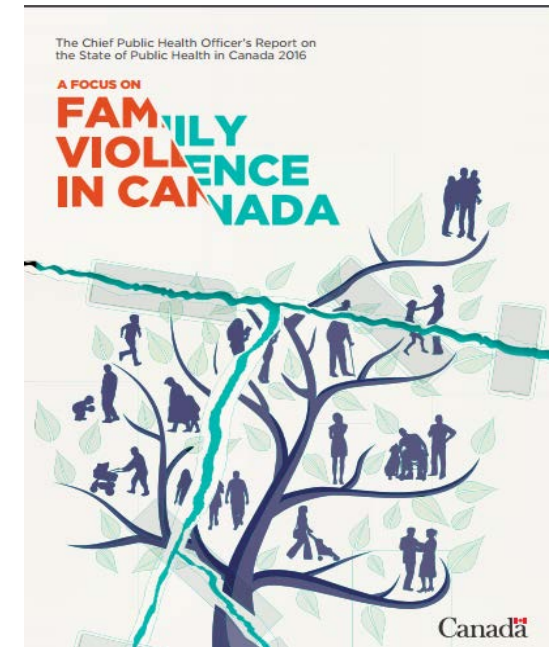
Yon, Y., Mikton, C., Gassoumis, Z., Wilber, K., Elder abuse prevalence in community settings: a systematic review and meta-analysis. Lancet Glob Health 2017. retrieved at www.thelancet.com/lancetgh

Canadian Statistics

Recent study of elder abuse in Canada,
Into the Light: National Survey on the
Mistreatment of Older Canadians (2015)

Prevalence of mistreatment was 8.2%

Psychological:	2.7 %	251,0157
Financial	2.6	244, 176
Physical	2.2	207,000
Sexual	1.6%	149,000
Neglect	1.2	116,256



Every day, **eight**
seniors are victims
of **family**
violence.

Perpetrators

- The most common perpetrators for psychological, neglect and physical abuse was by a spouse/ex-spouse followed by a child or grandchild
- Sexual abuse older adults frequently reported person to sexually abuse was a friend followed by a spouse/ex-spouse

Into the Light: National Survey on the Mistreatment of Older Canadians (2015)

Perpetrators

Among 230 alleged offenders

~ 25% were strangers

~ 25% alleged incest

~ 15% were spouses/partners

~ 10% were unrelated caregivers

(Burgess, Ramsey-Klawnsnik and Gregorian, 2008)

Perpetrators

119 alleged facility perpetrators

- 6 had criminal histories
- 2 had been previously accused of sexual assault
- 6 were substance users
- 43% were facility employees
- 41% facility residents
- Remainder were family members and visitors

(Ramsey-Klawnsnik et al, 2008)

Reasons for Under-reporting

- Victim's feelings of shame/ guilt
- Fear that the report will result in even worse treatment from the abuser
- Want to protect the perpetrator, who may be family
- Unsure of where to turn for help
- Fear of being institutionalized
- Failure to recognize and report it when it does occur
- View husband - not a 'perpetrator'
- Fear of separation and change
- Dependency issues – financial, physical
- Rejection by family members
- Generational and religious values
- Fear of starting over



Consequences of Elder Abuse

- Physical trauma
- Nutrition and hydration issues
- Reduced self worth
- Sleep disturbances
- Increased susceptibility to new illnesses (including sexually transmitted infections)
- Exacerbation of pre-existing health conditions
- Increased risks of anxiety and depression
- Posttraumatic stress disorder
- Increased hospitalization
- Increased risk of premature death

Forensic Nursing Defined

A nurse who provides specialized care for patients who are victims and/or perpetrators of trauma (both intentional and unintentional).

- **NURSES first and foremost:**
 - understanding of the normal anatomy and physiology
 - In-depth physical assessment
 - skilled in history taking and physical assessment
 - understanding of medications
 - skilled at working with patients in distress
- Further education or experience in:
 - critical care/ emergency/ mental health/ public health

Forensic Nurses

Education/Training in:

- Working with victims of violence
- STI acquisition
- Crisis intervention
- Forensic assessment
- Injury identification and documentation
- Forensic photography
- Collection & continuity of evidence
- Risk assessment/danger assessment
- Safety planning
- Legal issues pertaining to practice
- Forensic reports & testifying in court

Forensic nurses appreciate the medical and emotional sequelae of violence.

Forensic Nurses

- Deliver comprehensive nursing care for the physical, psychological, and social trauma that occurs in patients who have experienced assault/ abuse
- Experts in history-taking, assessment, identification and documentation of injury
- Patient-centered, trauma-informed, and legally objective approach

Forensic Nurses

- Provide treatment for trauma response and injury
- Integrate patient advocacy
- Collect samples for forensic analysis
- Knowledge of the adverse health outcomes, including vicarious trauma
- Aware of community resources to support the patient
- Provide testimony in judicial proceedings

Typical Forensic Patient

- Victims of violent crime:
 - Sexual assault
 - Domestic violence
 - Child abuse
 - Sexual assault/sexual exploitation
 - Human trafficking
 - Elder abuse/neglect

Forensic Nurse Role in Elder Abuse

- Establish Capacity
- Screening- EASI, EARA
- Assess and document:
 - Current medical history
 - Current medications
 - Mental/emotional health
 - History of current incident
 - Previous abuse
- Forensic physical exam
- Collect forensic evidence
- Discharge Plan:
 - Safety planning
 - Follow up

Capacity

- Mental capacity is the ability to understand and appreciate the nature and consequences of one's decisions
- All adults are presumed to have the mental capacity unless and until established otherwise
- Must be capable to give consent

Health Care Consent Act at <https://www.ontario.ca/laws/statute/96h02>

Capacity

- May be limited- care vs. finances
- Who makes decisions and what is their scope?
- Substitute Decision Maker
- Power Of Attorney
- Public Guardian and Trustee

Capacity

What can affect capacity?

- Medical condition
- Stress/anxiety
- Medication
- Exhaustion/time of day
- Alcohol/recreational drug use

Consent

Must:

- be capable to give consent
 - relate to the treatment
 - be informed
 - be given voluntarily
 - not be obtained through misrepresentation or fraud
-
- Can be verbal, written, implied
 - Can be withdrawn at any time

Health Care Consent Act at <https://www.ontario.ca/laws/statute/96h02>

Screening for Elder Abuse

EASI - Elder Abuse Suspicion Index

- 6 questions that can assist to determine if a referral is needed
 - Validated by family practitioners with cognitively intact seniors
- Available from NICE (www.nicenet.ca)

EARA - Elder Abuse Risk Assessment Guide

- structured professional judgment (SPJ) tool
- reflects scientific knowledge and professional practice
- outlines what information and core risk factors should be considered in a violence risk assessment and how to determine the risk involved in the case- risk management strategies
- similar to other risk assessment instruments - domestic violence (the B-SAFER and the SARA), stalking (the SAM), general violence (the HCR-20) and sexual violence (the SVR-20 and the RSVP).

Medical Forensic Assessment

Head to toe examination of the client (undressed and draped)

Inspection of the client's body noting areas of

- tenderness
- swelling
- decreased ROM
- change in LOC
- indications of trauma

Medical Forensic Assessment

- Palpation for areas of tenderness, pain, swelling
- Identification and detailed description of injuries
- Scan the body with an alternate light source
- Collection of trace forensic evidence as required (fibers, hair, swabs, etc.)
- Sexual assault evidence kit



Forensic Markers of Sexual Assault

- Pain, bruising/swelling/abrasion/bleeding of anogenital area
- STIs
- UTIs
- Bruising on inner thighs
- Presence of semen (SAEK)

Elder sexual assault often occurs concurrently with other forms of abuse.

Forensic Documentation of Injuries

VI: PHYSICAL EXAMINATION FORM

Mark all injuries relevant to the assault as well as areas of tenderness and Woods light findings on the diagram. Describe colour, appearance and size of injuries. Provide a brief history of injuries. **USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE VICTIM.**

DESCRIPTION OF INJURIES

Body - Profile Right - pt. states left arm and right arm
 tender to touch from elbow to shoulder. - pain scale 8

Body - Profile Left

1 cm circular brown bruising

2 cm circular brown bruising

- pale blue bruising
 - undefined border
 5 cm x 4 cm

- purple bruised area 5 x 6 cm

- swelling wrist area
 - pain scale 10

tender to touch

(P1)

(P2)

- Type of injury
- Location
- Size and shape
- Colour
- Pain
- Unique features

Physician/Nurse Examiner's Signature: *[Signature]* Date: *[Signature]* '06 Time: 1900

Distribution: Hospital Records - White Copy Police - Gold Copy

Accidental Bruising in Older Adults

- 90% of accidental bruises on the extremities rather than the trunk, neck or head
- <25% remember how they got bruises
- Medications that interfere with coagulation increases the number of bruises

Mosqueda L., Burnight K, Liao S. The life cycle of bruises in older adults. J AM Geriatr Soc. 2005 Aug;53(8): 1339-43

Bruising in Older Adults Who Report Abuse

- Bruises were large and more than 50% had a least one bruise greater than 5 cm
- Could be anywhere but noted more bruises specifically on face, lateral or anterior aspect of the arm or on the back compared to accidental
- 90% of older adults able to tell how they got the bruise

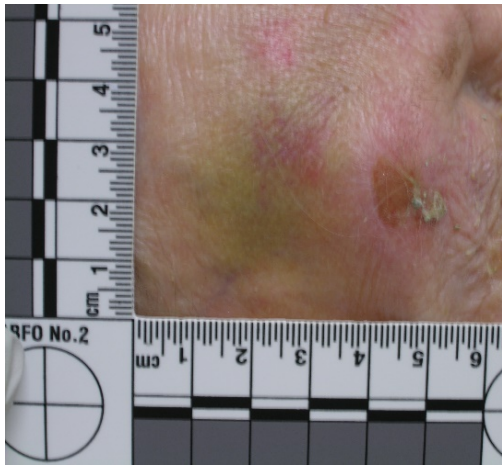
Wigelsworth A, Austin R, Corona M, Schneider D, Liao S, Gibbs L, Mosqueda L. Bruising as a marker of physical elder abuse. *J AM Geriatri Soc* 2009 Jul;57(7) 1191-6.

Bruising

- Sample of 658 elders who reported to APS for physical elder abuse
- Most common bruising locations were the lateral and anterior arms (34%), head and neck (15%), and posterior torso (10%)
- Victims' odds of head and neck bruises greater when reporting non-fatal strangulation (95%), punched (14%) and beaten (95%)
- Odds of having lateral/anterior arm bruises eight times greater with history of being grabbed

Forensic Photography

- Forensic photos of injuries (pre& post treatment if possible)
- Injuries photographed acutely & at follow up exam 2-3 days later



Forensic Evidence Collection

Sources of evidence:

- Clothing
- Body evidence
- Genital/anal evidence (SAEK)



Health Concerns

- Injury
- Sexually transmitted infections
- Treatment
- Drug facilitated sexual assaults

Genital Injuries

- The average age of menopause is 51 years old
- Time when there is a decrease in estrogen:
 - Increased vaginal dryness
 - Thinning of the tissue
 - Increased friability
- Increased risk of injury, tearing and or bleeding during intercourse

Genital Injuries

Retrospective review of 122 postmenopausal and 130 premenopausal who had been sexually assaulted

- Found that post-menopausal women were three times more likely to sustain genital injury from a sexual assault compared to premenopausal
- Additionally while there was no statistically significant number of extra-genital injury difference between the two groups it was noted that postmenopausal women were significantly more likely to have larger bruises
- May be forensically relevant
- Are medically relevant- increase risk of STI acquisition

Discharge Plan

Safety Planning

- Address acutely (shelter, hospitalization)
- Complicated and ongoing

Follow up

- Book for 2-4 days following acute visit
- Review test results
- Re-document injuries
- Link to community and counselling services

Cases need a multi-disciplinary approach

How To Access Forensic Nurse

- Timing is of the essence
 - forensic evidence can deteriorate over time
 - injuries heal
 - medical options of care may be time sensitive
- Start discussions re: a plan of response before it is needed
- Ontario Network of Sexual Assault and Domestic Violence Care and Treatment Centres
- Canadian Forensic Nurses Association

Elder Abuse Reporting

British Columbia

- Adult Guardianship Act R.S.B.C., 1996, c.6.
 - Applies to any adult living anywhere (except prison)
 - Abuse/neglect- notify the regional health authority
 - If health authority has reason to believe- intervene, inform the public guardian and trustee, report to police
- Community Care and Assisted Living Act R.S.B.C., 2002, c.75
 - Applies to adult residing in community care/assisted living
 - Must notify family, provider, funder

Elder Abuse Reporting

Alberta

- Protection for Persons in Care Act, S.A. 2009, c. P-29.1
 - Adult in care facilities who is being abused
 - Report to police or designated body/person

Saskatchewan

- Victims of Domestic Violence Act, S.S. 1994, c. V-6.02.
 - Adult living in community experienced DV
 - Protection order
- Personal Care Homes Regulations, R.R.S. c. P-6.011 Reg. 2
 - Adult is in personal care home , experience harm
 - Inform family, provider, regional health authority

Elder Abuse Reporting

Manitoba

- Protection for Persons in Care Act, C.C.S.M. c. 144
 - Adult in care being abused
 - Report to Minister in Protection of Person in Care Office
- Vulnerable Persons Living with a Mental Disability Act, C.C.S.M. c. V90
 - Adult with mental disability since childhood being abused
 - Must report to ED appointed by the Minister

Elder Abuse Reporting

Ontario

- Long Term Care Homes Act 2007, S.O. 2007, c. 8
 - Adult living in LTC experiencing abuse
 - Report to Minister
- Retirement Homes Act, 2010

Quebec

- Charte des droits et libertes de la personne, L.R.Q., c.. C-12
 - Adult living anywhere & victim of exploitation
 - Apply to the commission

Elder Abuse Reporting

New Brunswick

- Family Services Act, S.N.B. 1980, C. F-2.2
 - Adult living anywhere being abused
 - Report to the Minister

Nova Scotia

- Protection for Person in Care Act, S.N.S. 2004, c.33
 - Adult is in care and being abused
 - Report to the Minister
- Adult Protection Act, R.S., c.2
 - Adult living anywhere and victim of abuse
 - Report to the Minister of Community Services

Elder Abuse Reporting

Prince Edward Island

- Adult Protection Act, R.S. P.E.I. 1988, c. A-5
 - Adult living anywhere in need of protection
 - Report to Minister of Health and Wellness (APP)

Newfoundland

- Neglected Adults Welfare Act, R.S.N.L. 1990, c N-3
 - Adult living anywhere not receiving suitable care
 - Report to Director of Neglected adults or social worker

Elder Abuse Reporting

Nunavut

- Family Abuse Intervention Act, S.Nu. 2006, c. 18
 - Adult living in community- family abuse
 - Restraining order

North West Territories

- Protection Against Family Violence Act, S.N.W.T. 2003, c.24
 - Adult living in community- family violence
 - Restraining order

Yukon

- Adult Protection and Decision Making Act, S.Y. 2003, c.21, Sch A
 - Adult living anywhere being abused
 - Report to Seniors' Service/ Adult Protection Unit

Bill 87

- Amendments to the Regulated Health Professions Act, 1991
- Definition of patient extend to one year past care
- Strict disciplinary action-suspension of licence to practice
- Colleges to provide funding for therapy and counselling for patients who were sexually abused by members
- Penalties for failing to report sexual abuse of patients are increased



Case Study 1

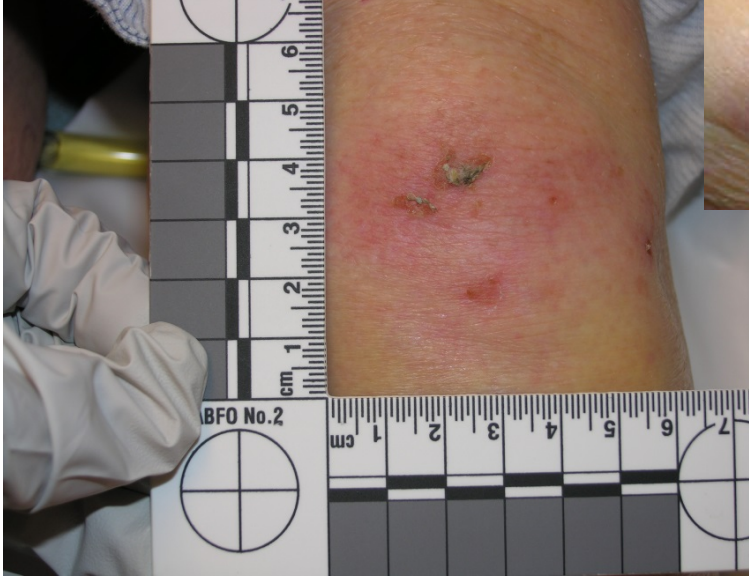
- 90 yo female living in nursing home
- Relevant Hx: vascular dementia
- Staff witness another resident, 86 yo male, having intercourse with her
- Family and Police notified, pt to DASA
- Sustained bruising on her inner thigh and arms, SAEK completed

Case Study 2

- 79 yo female transferred from another hospital- ?sexual assault
- Patient found naked on floor of seniors' apartment- several injuries
- Clothing in a pile on floor- underwear missing
- Unable to give consent- confused but co-operative
- Had been coherent 3 days prior
- POA gives consent

Case Study 2

- Injuries photographed and documented
- Client answers direct questions although still somewhat confused
- Yes to penetration of mouth, cunnilingus and digital penetration
- ALS flares over chest- skin swab
- SAEK



Case Study 2

- Given HIV-PEP and followed by DASA
- Family offered supportive counselling
- Police investigate
- Shirt sent to CFS- no semen
- Kit swabs negative
- Determine client not sexually assaulted

Case Study 2

Outcome:

- Spilled tea on clothing, undressed, fell on way to bathroom, on floor 3 days before found dehydrated and confused
- Underwear???

Challenges re: investigations

Adult protective services personnel in the US were asked about investigating sexual assault against residents:

- Rarely witnessed
- Failure of many facilities to access medical forensic exams in a timely manner
- Delay in reporting
- Facility staff asking questions which can disrupt a forensic interview
- Communication barrier with victim

(Ramsey-Klawnsnik and Teaster, 2008)



Challenges

- Study of 284 cases of alleged ESA
 - Victims- 93.5% were female age 60-100, mean age 78.4
 - 72% occurred in private homes
 - 23% in facilities
 - 5% in other locations
- Nature of the abuse:
 - Sexualized kissing
 - Fondling of breasts and genitals
 - Penetration of vagina, mouth or anus
 - Exhibitionism
 - Sexual discussions, jokes, comments
 - Forced pornography viewing

Challenges

- Behavioural indicators
 - 19 cases victims were shamed or had a guarded response about possible abuse
 - 49 displayed fear or ambivalent attitude toward suspected offender
 - 25 were upset during personal care

Challenges

- **Forensic markers**

- In 43 cases witnessed
- 84 elders had physical trauma
- 132 (77%) had visible injuries
- 6 had STIs

- **Evidence**

- 43% had medical forensic exams
- 20 cases evidence was destroyed- washed sheets, clothing

Burgess, A., Ramsey-Klawnsnick, H., & Gregorian, S. (2008). Comparing Routes of Reporting in Elder Sexual Abuse Cases. *Journal of Elder Abuse and Neglect*, 10 (4), 336-352

Bridge Between Health And Justice

- In-depth medical forensic assessment can make the difference in terms of investigation and charges laid
- In-depth documentation of injuries and forensic photos evidentiary
- Patient may not be able to give history at time of prosecution
- Forensic nurse available to testify

SAFETY PLANNING

FOR OLDER ADULTS
KEEPING SAFE IN UNHEALTHY
RELATIONSHIPS



TOOLKIT FOR SERVICE PROVIDERS

2017



OVERVIEW OF TOOLKIT

This toolkit was designed for agencies supporting older victims who are vulnerable, at-risk or experiencing abuse.

Whether the individual is an older woman or man, the Safety Planning Toolkit provides important information about family and partner violence. It also provides suggestions and strategies to help protect older adults in situations of risk or danger on how to maintain their safety and security.

The Toolkit uses an approach to answer common questions many older adults ask such as, is my relationship unhealthy? What can I do? Who can help me?

The Toolkit Provides:

- * Key facts and statistics on abuse and violence in later life.
- * Tips on how to recognize the warning signs of unhealthy relationships or abusive partners.
- * Action steps for an older adults personal safety including making a personalized safety plan.
- * Contact information on programs and services.

What is a Safety Plan?

A safety plan is **an outline of actions** that an older adult can put in place and follow to increase their safety. **An older adult may be at risk from one or several different types of abuse from a caregiver or family member.**

A safety plan includes **steps and strategies to help keep an older adult safe** if they are in an unhealthy relationship.

They can **use the plan to prepare in advance for the possibility of (further) violence**, as well as during and after a crisis situation.

METRAC and The Law Foundation of Ontario supported the development of the Safety Planning Toolkit





Considerations for Making a Safety Plan

When you are developing a safety plan with an older adult, try to make it practical, realistic and take into consideration their strengths and limitations.

Think about how they can stay physically and emotionally safe. This means that the older adult knows what steps to take if a person says or does things that make them feel out of control and very upset.



Taking the Journey

Asking the Older Adult

These can be difficult questions to ask, but it's important for preparing the safety plan.

Some older adults may choose to continue to live in an unhealthy relationship, while others may act immediately and leave

- 1. Do you want to stay with the person who is causing harm?**
- 2. Are you in the process of leaving or going back to the other person?**
- 3. Have you already ended the relationship?**

Taking the Journey

- Older adults have control over how they want to respond to the situation to stay safe.
- They can decide if and when they want to tell others that they have been harmed, or that they may still be at risk.
- This is a very personal experience, only they can determine which path to take and when they want to take the journey.

Whatever steps they take, keep in mind there are supports to help them along the way, including friends, family, neighbours, and community agencies.



Considerations for Making a Safety Plan

Questions about Mental Health and Cognitive Ability to Make Decisions to Manage Personal Care and Property

- Has anyone told you that you are incapable of making decisions? If so, have you been assessed by a physician or capacity assessor?
- Do you have a Substitute Decision Maker or legal guardian?
- Have you prepared a Power of Attorney (POA) for Property and/or Power of Attorney for Personal Care?
- Do you have access to the documents?
- When was the last time you reviewed and/or updated your POA?

If the person who has Power of Attorney is the abuser, discuss options of revoking the POA and make new legal documents if the older adult is capable of making this decision.

Questions about Physical Health and Mobility

- If you have a physical disability, are there physical barriers in your environment that would prevent a safety exit or access to safety?
- Do you require any personal support to manage activities of daily living, such as bathing, making meals, dressing?

Documentation and Personal Information

- Do you have papers about your legal status in Canada, including sponsorship, permanent residence (PR), or citizenship? (e.g. PR card, Birth Certificate, Passport)
- Do you have access to your personal records such as bank statements Birth Certificate?
- Do you have access to a mobile phone or vehicle?

My Safety Plan

The following steps are my plan to start protecting myself in case of further violence. I do not have control over the other person's violence. I do have a choice about how I respond and get to safety. I will decide for myself if and when I tell others that I have been harmed, or am if I am still at risk. Friends, family and other helpers can help protect me, if they know what is happening and what to do.

I will leave money, a change of clothes, important papers, and an extra set of keys with: (enter name and phone number): _____

If I sense danger, I will use the following "code word" or signal (flashing porch light, knocking on wall of apartment) to tell my family, helpers or friends to call the police: _____

I will call any of the following people for help if I sense I am in danger (enter names and phone numbers below):

◆ Police: 911 or _____

◆ Friend: _____

◆ Relative: _____

◆ Neighbour: _____

◆ Co-worker: _____

◆ Therapist/Counsellor: _____

◆ Shelter: _____

◆ Other: _____

Intervention Services for Older Adult At-Risk or Experiencing Abuse



Intervention Services for Older Adult Victims

- Senior At-Risk Coordinators/Senior Safety Advisor
- Geriatric Emergency Nurses (GEM)
- Elder Abuse Consultation Teams
- Situation Tables
- Elder Mediation

Program and Support Services

- Ontario Network of Sexual Assault/Domestic Violence Treatment Centres
- Ontario Association of Interval and Transition Houses
– Shelter Services
- Safe Beds
- Counselling Services

Sexual Assault/Domestic Violence Treatment Centres

Sexual Assault/Domestic Violence Treatment Centres (SADVTC) are 35 **hospital-based centres** that provide 24/7 emergency care to women, children and men who have been sexually assaulted or who are victims or survivors of domestic violence by an intimate partner.

Services include:

- Emergency medical/ nursing care
- Crisis intervention
- Collection of forensic evidence
- Follow-up and counselling
- Referral to community resources
- Safety planning**

Whether you're a social worker; physician, paramedic or other medical professional; a police officer or firefighter; you are often the first point of contact for someone who has been a recent victim of sexual assault or domestic violence.

**Get Help
Now**

Call the Seniors Safety Line

1-866-299-1011

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



Ontario Provincial Supports

SUPPORT AND SERVICES AVAILABLE TO HELP OLDER ADULTS

Victim Services:

Assaulted Women's Helpline.....	1 866 863 0511
	TTY Mobile: 1-866-863-7868
	(Fido, Rogers, Bell, Telus) #SAFE (#7233)
Fem'aide	1-877-336-2433
	TTY: 1 866 860 7082
Seniors Safety Line.....	1 866 299 1011
Victim Witness Assistance Program	
Victim Support Line.....	1 888 579 2888

Health Care and Support Services:

Alzheimer Society of Ontario.....	1 800 879 4226
Community Care Access Centre.....	310 2222
Talk4Healing.....	1 855 554 4325
Canadian Hearing Society.....	1 877 347 3427
Rainbow Health Ontario.....	1 416 324 4100

Provincial Supports

Capacity and Guardianship Issues:

Capacity Assessment Office.....	1-866-521-1033
	TTY: 416-314-2687
Office of the Public Guardian and Trustee.....	1 800 366 0335


Advocacy & Legal Advice:

Advocacy Centre for the Elderly (ACE).....	1 855 598 2656
Community Legal Education Ontario.....	1 416 408 4420
Human Rights Tribunal of Ontario.....	1 866 598 0322
Society Referral Service.....	1 855 947 5255
Legal Aid Ontario.....	1 800 668 8258
Ontario Ombudsman.....	1 800 263 1830
Ontario Human Rights Commission.....	1 800 387 9080

24 Hour Support or Crisis Lines:

Assaulted Women's Help Line.....	1 866 863 0511
Mental Health Helpline	1 866 531 2600
Ontario Network of Sexual Assault/Domestic Violence Treatment Centres	1 416 323 7327
Support for Male Survivors.....	1 866 887 0015

Sexual Abuse of Older Adult Module



SEXUAL ABUSE OF OLDER ADULTS

**AN INTERVENTION GUIDE FOR SERVICE
PROVIDERS AND PARTNERS IN CARE**

Produced by Elder Abuse Ontario



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



EAO Training Modules




**FINANCIAL ABUSE
OF
OLDER ADULTS**

AN INTERVENTION GUIDE FOR
SERVICE PROVIDERS AND
PARTNERS IN CARE

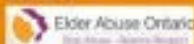
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


**ELDER ABUSE IN
OUR LGBTQ
COMMUNITY**

AN INTERVENTION GUIDE FOR SERVICE
PROVIDERS AND PARTNERS IN CARE

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**EMOTIONAL
ABUSE OF
OLDER ADULTS**

AN INTERVENTION GUIDE FOR
SERVICE PROVIDERS AND
PARTNERS IN CARE

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World Elder Abuse Awareness Day June 15



WEAAD held in communities across the province and the country attracting thousands of seniors and their families. These events draw media attention which in turn increases awareness.

www.elderabuseontario.com

Thank you!

This webinar is part of CNPEA's project *Increasing Access to Justice for Older Adult Victims of Sexual Assault: A Capacity Building Approach*, funded by the [Justice Canada Victims Fund](#). For more details, please [visit our project page](#) on cnpea.ca

We will soon send out a brief survey about this webinar. Please take a moment to fill it out, this will help us with our project evaluation and future webinars!



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