

# ELDER ABUSE IN OUR **LGBTQ** COMMUNITY

AN INTERVENTION GUIDE FOR SERVICE  
PROVIDERS AND PARTNERS IN CARE

PRODUCED BY:



Elder Abuse Ontario  
Stop Abuse - Restore Respect

[WWW.ELDERABUSEONTARIO.COM](http://WWW.ELDERABUSEONTARIO.COM)



# Introduction Training Module

Elder Abuse Ontario has developed a series of 'Training Modules' on specific issues related to elder abuse. The Modules have been designed to provide a standardized format for training purposes that can be utilized for educating interdisciplinary sectors. Recognizing the diversity of training environments as well as time considerations, sections of the module can be used independently to teach on a specific subject area or used in its entirety.

The module contains the following:

- Guiding principles
- Overview and definition(s)
- Risk factors, and warning signs
- Assessment Questions
- Interview Strategy
- Safety Planning
- Reporting and Legislation
- Case Studies – Discussion Questions, Fact Box, Decision Tree for navigating support and interventions
- Provincial Resources/Services

The Module flows in an order to allow the participants the opportunity to engage in discussions throughout the training session. There are multiple examples of Case Studies, reflective of real life stories, which aide to engage active dialogue among participants. Each case study is created to elicit personal perceptions of the situations, critical thinking regarding response and interventions, and promoting best practices based on their role and position. This Module can help guide thinking through a complex issue; it is an iterative process. Understanding grows with experience and reflection.

## Recognize Indicators of Abuse

- Why is this situation causing me concern?
- What am I observing?

## Interact with the Senior at Risk

- How do I feel about this situation/the alleged abuse?
- What are the values, wishes, goals of the person?
- Is the senior making the decisions?

## Respond

- What resources are required?
- What are my responsibilities?
- What is my role on the team?

## Reflection

- Stop and think about the situation to promote a better understanding of the issues on an individual, team, organization, and systems level; this can contribute to better responses and the prevention of elder abuse.

The wide range of case studies incorporate unique issues, risk factors, and safety concerns. The inclusion of assessment questions in the Module for each case provides an overall guideline that can be used for eliciting a response from an older adult based on the type of abuse that is occurring. The assessment questions are not conclusive, but a starting point to begin the conversation with an older adult to gather more information about the suspected abuse.

A listing of provincial organizations who provide support to older adults in abusive situations is included at the end of the Modules. This resource list can be very helpful for agencies in connecting an older adult with other support services and programs. It is also beneficial to bring a listing of local services and programs in the community that are available to support seniors' at-risk or experiencing abuse.

## **Target Audiences**

Prior to facilitating a training session the trainer/facilitators should gain an understanding and background of the audience they will be speaking to about elder abuse. There may be specific issues or concerns an agency/organization requests particular focus be drawn to during the training. It is important to inquire about level of knowledge and expertise of the individuals receiving the training, as well as their professional role and responsibility within their field of work and specific sector they are working with (i.e. Long-term care or community services). With these details, the module content can be used to tailor training accordingly

The module can be adapted for:

- Seniors and volunteers in the community
- Health care professionals working in hospitals, community-based agencies, or individuals' homes,
- Retirement home and long-term care home staff.
- Front line responders

## **Disclosures:**

It is important to be prepared for personal reactions or disclosures from participants during a training session on elder abuse. A discussion on this sensitive topic may trigger a memory from an experience with either a client or a personal experience. You may consider inviting a counsellor to your training session, particularly if you feel you are unable to provide the necessary support.

## **Accompanying Training Materials:**

The module has a supplementary PowerPoint presentation. It can be used prior to presenting the Module, along with or proceeding the use of the Module. In addition, Elder Abuse Ontario also has additional resources posted on its web site, including links to research, reports, and other agencies working in the field of elder abuse. These can be found at [www.elderabuseontario.com](http://www.elderabuseontario.com)

## **Guiding Principles:**

EAO has included guiding principles to follow when providing response and intervention to assist older adults at-risk or experiencing elder abuse.

# Guiding Principles

- 1. Talk to the older adult.** Ask questions and talk to the older person about his or her experience. Help the person identify resources that could be helpful. Note their mental capacity for decision-making and their understanding of the consequences of their decisions – each decision is assessed independently.
- 2. Respect personal values, priorities, goals and lifestyle choices of the older adult.** Identify support networks and solutions that suit the older adult's individuality.
- 3. Recognize the right to make decisions.** Mentally capable older adults have the right to make decisions, even if those choices are considered risky or unwise by others (including you). Understand that often before a person will seek or agree to accept help, they need to be able to trust you and know that you will follow through with the help you offer to give.
- 4. Seek consent or permission.** In most situations, you should get consent from an older adult before taking action.
- 5. Respect confidentiality and privacy rights.** Get consent before sharing another person's private information, including confidential personal or health information (unless there is risk to the older person or someone else).

# Guiding Principles

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Supporting our Older LGBTQ community by creating inclusive environments and appropriate care and support to prevent abuse and neglect.



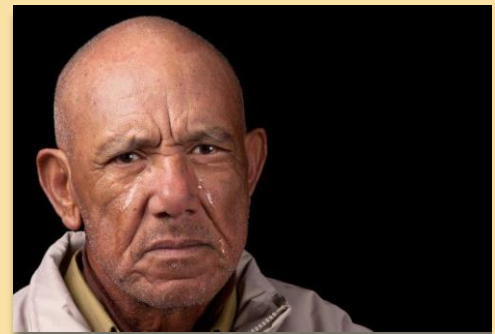
If only my doctor would allow my partner to attend my appointments



What do I do now? I lost my partner. What are my rights?



I want to be my true self!



Who can help me?

Dr. Samir Sinha's presentation on the update of the Ontario Seniors strategy "33 Broader Recommendations that focus on issues that examine the development of elder-friendly communities, housing, transportation, ageism and elder abuse and the needs of special populations like our aboriginal or LGBTQ populations."

("Putting The Ontario's Seniors strategy in Practice, Here and Beyond..." Dr. Samir Sinha-June 2014)

**Are you concerned about a client or family member/friend?**

## What is LGBTQ?

### **Lesbian**

A woman who is emotionally, physically, spiritually, and/or sexually attracted to women.

### **Gay**

A person who is emotionally, physically, spiritually, and/or sexually attracted to people of the same gender.

### **Bisexual**

A person who is emotionally, physically, spiritually, and/or sexually attracted to people of more than one gender.

### **Trans**

An umbrella term referring to people with diverse gender identities and expressions that may differ from stereotypical gender norms.

### **Queer**

A word that was formerly used solely as a derogatory slur and has been reclaimed as a term of defiant pride.

(For a complete glossary of terms visit [www.rainbowhealthontario.com](http://www.rainbowhealthontario.com) or [www.the519.org](http://www.the519.org) )

## CASE STUDY

### SEXUAL ABUSE



**What would you suggest the Doctor do next?**

Why won't they speak to me?

Meet Anna Maria and Dimitra, they have been partners for the past 2 years. Anna Maria has been experiencing some health issues that affect her memory, Anna Maria goes to her doctor's office, and her partner Dimitra accompanies her. Margaret has an adopted son Guiseppe who does not like Dimitra. Anna Maria is very nervous and does not want to forget anything her doctor tells her and asks if Dimitra can attend the examination. Guiseppe has started to attend the examinations for the past month and was assigned power of attorney (POA) for his mother for personal care and finances. Anna Maria has not been deemed incapable to make decisions but Guiseppe has started taking over all decisions pertaining to treatments and the finances. Yesterday at Anna Maria's appointment Guiseppe told the doctor that he is POA and told the doctor Dimitra is not a decision maker. In spite of her request, Dimitra is not allowed in the examining room by doctor's office staff (citing confidentiality).



Many survivors of Elder abuse feel a sense of shame or may be unable to articulate the nature of the abuse. Others may not trust mainstream services. The following lists provide examples of **Risk Factors** and **Warning Signs!**



### Behaviours

- Withdrawn
- Depression
- Anger
- Trouble Sleeping
- Overly Sexual
- Aggressive

- **Psychological:** Signs of depression, fear, anxiety, or withdrawal or change in behavior around certain person(s); forced isolation

- **Physical Abuse:** Skin shows signs of dehydration, lacerations, burns; Bruising appears in unusual areas such as chest, abdomen, face, or extremities; Unexplained fractures or a history of “accidents”

- **Sexual Abuse:** Unexplained sexually transmitted diseases or genital infections; Inappropriate touching; Non-consensual/incapable to consent sexual contact of any kind

- **Financial:** Sudden inability to pay bills; Banking happens in the presence of a relative, caregiver, or stranger who may be receiving money from the senior; Unexplained or sudden withdrawal of money from accounts; Misuse of a Power of Attorney

- **Neglect:** Inadequate or lack of medical/health assistance; Withholding food or liquids; Inadequate or inappropriate use of medication

- **Systemic Abuse:** Failure to recognize, provide or attempt to provide adequate or appropriate services, including services that are appropriate to that person’s age, gender, culture, needs or preferences



- Past history of family violence
- Cognitive impairment
- Mental health issues
- Frailty/ physical disability
- Dependence on the abuser
- Isolation of the older adult
- Substance misuse
- Problems with stress and coping
- Current relationship problems

- Past history of family violence
- Cognitive impairment
- Mental health issues
- Frailty/physical disability
- Dependence on the victim
- Substance misuse
- Problems with stress and coping
- Current relationship problems
- Lack of knowledge of LGBTQ sensitivity or diversity training

## RISK FACTORS

## What is Elder Abuse and Violence in Older Adults?

“A SINGLE OR REPEATED ACT, OR LACK OF APPROPRIATE ACTION, OCCURRING IN ANY RELATIONSHIP (WHERE THERE IS AN EXPECTATION OF TRUST), THAT CAUSES HARM OR DISTRESS TO AN OLDER PERSON”.

THE ABUSER CAN BE A PARTNER, FAMILY MEMBER, FRIEND OR PAID CAREGIVER.

(WORLD HEALTH ORGANIZATION 2004)

## What we know about LGBTQ Older Adults?

“DEMOGRAPHIC STUDIES ON ELDERLY PEOPLE DO NOT DISTINGUISH BETWEEN GAY MEN, LESBIANS AND BISEXUALS.”

“ELDERLY GAY MEN AND LESBIANS APPEAR TO BE STRUGGLING AGAINST AGEISM AND REJECTION ON THE PART OF YOUNGER GAY MEN AND LESBIANS.”

(RAINBOW HEALTH ONTARIO, [HTTP://WWW.HC-SC.GC.CA/HCS-SSS/PUBS/ACCES/2001-CERTAIN-EQUIT-ACCES/PART3-DOC1-ENG.PHP](http://www.hc-sc.gc.ca/hcs-sss/pubs/acces/2001-certain-equit-acces/part3-doc1-eng.php))

## Profile of an Older Adult Victim

- LIVING ALONE
- REQUIRING PHYSICAL/ MECHANICAL ASSISTANCE
- SUFFERING FROM EMOTIONAL HEALTH ISSUES
- SOCIALLY ISOLATED
- SOME DEPENDENCE ON ACTIVITIES OF DAILY LIVING
- POOR HEALTH
- POOR SOCIAL WELL-BEING



## Who are the likely perpetrators of abusive behaviour?

- YOUR PARTNER
- MISUSING SUBSTANCES
- FINANCIALLY DEPENDENT ON VICTIM
- SUFFERING FROM MENTAL ILLNESS, ALCOHOLISM

## Systemic Barriers for Older LGBTQ Adults

-PROFOUND INVISIBILITY - PRESUMED TO BE HETEROSEXUAL

-FACE REAL DANGERS OF NEGLECT, DISCRIMINATION AND DISCOMFORT FROM STAFF, OTHER RESIDENTS AND FAMILIES OF OTHER RESIDENTS

-LONG-TERM RELATIONSHIPS ARE DEVALUED - COUPLES IN LONG-TERM RELATIONSHIPS MAY BE SEPARATED

-DEFINITIONS OF "FAMILY" ARE BASED ALMOST EXCLUSIVELY ON BIOLOGICAL KIN

-SELF-ADVOCACY MAY BE DELICATE & DIFFICULT IF THEY ARE NOT 'OUT'

(RAINBOW HEALTH ONTARIO)

## Social Support in the Older Adult LGBTQ Community

- LGBTQ SENIORS HAVE SIGNIFICANTLY FEWER SUPPORT NETWORKS WHEN COMPARED TO THOSE SERVING THE GENERAL SENIOR POPULATION

LGBTQ SENIORS ARE:

2 X AS LIKELY TO AGE AS A SINGLE PERSON

4 X AS LIKELY TO HAVE NO CHILDREN TO CALL UPON IN TIMES OF NEED

2 X AS LIKELY TO LIVE ALONE

- MANY OLDER LGBTQ PEOPLE HAVE EXPERIENCED REJECTION BY THEIR FAMILIES
- FOR GAY/BI-MEN, LOSS OF A PARTNER, FRIENDS AND SOCIAL NETWORKS AS THEY AGE AND AS A RESULT OF THE AIDS PANDEMIC

(RAINBOW HEALTH ONTARIO)



I am very angry how could she do this to me?

John and Martin have been partners for 8 years and have lived together for 6 of them. Martin's family had no contact with him when he "came out." When Martin died suddenly of a heart attack, his family arranged his funeral (not allowing John any involvement) and cleared out his "possessions" from the house. Many of the items that were taken were items they shared. Martin's sister has contacted a realtor to put the house up for sale as John's name was never on the title of the house. Martin's sister has threatened to forcefully evict John and the last time she was at the house she cut off the furnace, even though it -20 outside. Martin's sister also had thrown a snow globe memento in a rage when John told her he needed 3 months to find a new place to live. John does not have the financial resources to move and Martin never made a will. John is very angry and depressed he is not sure what his legal rights are.



***John comes to your office for support. How would you support John?***

## FACT BOX

***Type of Abuse: Psychological, Financial, neglect and Physical***

***Warning Signs and Risk Factors:***

For the Victim: Anger, depression, isolation and dependence on the abuser

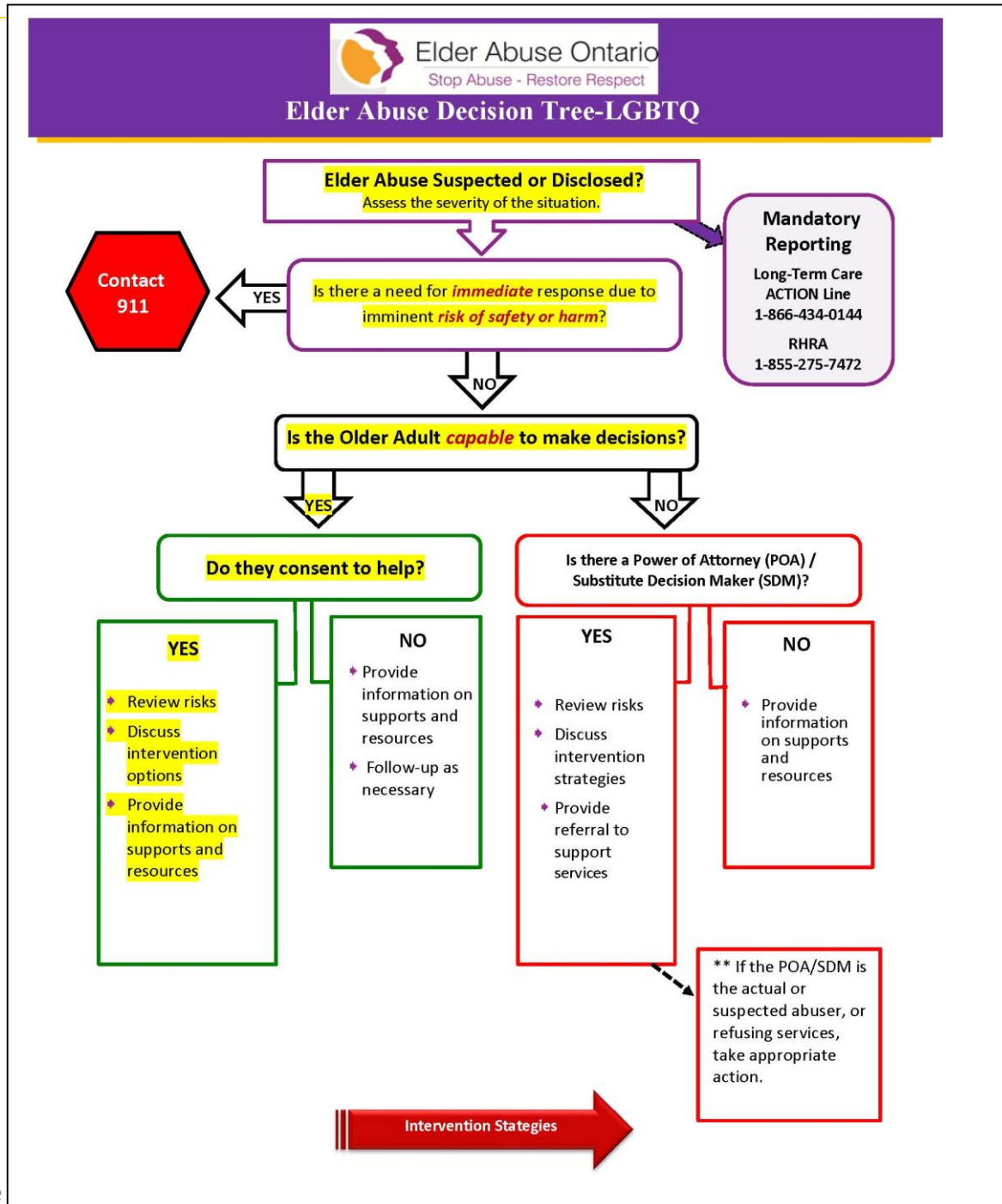
For the Abuser: Problems with stress and coping, current and past relationship problems

***Assessment Questions:***

- Are your friends/family aware of your sexual orientation? If no: Are you afraid of being 'outed'? By whom?
- If the individual is "out"* - Do you feel safe? With whom?
- Do you live alone?
- Do you feel safe? Is there something that you would like to share with me?
- Has there been a recent incident causing you concern? Tell me about it.
- Has anyone made you do things you didn't want to do?
- Do you make decisions for yourself or does someone else make decisions about your life, like how or where you should live?
- Are you/have you been afraid to seek help from a 'mainstream' organization?
- Do you understand Powers of Attorney? Do you have them completed?

## SUPPORTING

The following example below is an example of how a service provider can use the decision tree to support John



## SUPPORTING

The following example below is an example of how a service provider can use the decision tree to support John



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### Elder Abuse Decision Tree - LGBTQ



#### Assessment Questions

- Are your friends/family aware of your sexual orientation? If no: Are you afraid of being 'outed'? By whom?
- Are you/have you been afraid to seek help from a 'mainstream' organization?
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- Do you feel comfortable receiving treatment anywhere?
- *If the individual is "out"*- Do you feel safe? With whom?
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- Do you make decisions for yourself or does someone else make decisions about your life, like how or where you should live?

#### Resources and Community Support

<a href="#">Alzheimer Society of Ontario</a>	1-800-879-4226
<a href="#">Assaulted Women's Helpline</a>	1-866-863-9511
<a href="#">Community Care Access Centre</a>	310-2222
<a href="#">Law Society Referral Service</a>	1-855-947-5255
<a href="#">Mental Health Helpline</a>	1-866-531-2600
<a href="#">Office of the Public Guardian and Trustee</a>	1-800-366-0335
<a href="#">Ontario Provincial Police</a>	1-888-310-1122
<a href="#">Ontario Pride Network</a>	<a href="mailto:info@prideatwork.ca">info@prideatwork.ca</a>
<a href="#">Rainbow Health Ontario</a>	416-324-4100
<a href="#">Seniors Safety Line</a>	1-866-299-1011
<a href="#">Egale Human Rights Trust</a>	1-888-204-7777
<a href="#">Talk4Healing</a>	1-855-554-4325
<a href="#">Retirement Homes Regulatory Authority</a>	1-855-275-7472
<a href="#">Victim Support Line</a>	1-888-579-2888

For more resources visit: [www.elderabuseontario.com](http://www.elderabuseontario.com)

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### INTERVENTION STRATEGIES

SAFETY

Develop Safety Plan

Police Wellness Check

Provide Seniors Safety Line Information

Follow-up with Victim Services

Contact shelter services or safe bed program

Support

Support access to crisis intervention

Provide counselling services for victim/caregiver/POA

Discuss options for protecting finances

Refer for legal support

Arrange appointment with Family Physician/Family Health Team/Geriatric Assessment Services

Link caregiver with support programs

Referral

Document actions

Ensure linked to support

Monitor situation

Follow-up with older adult

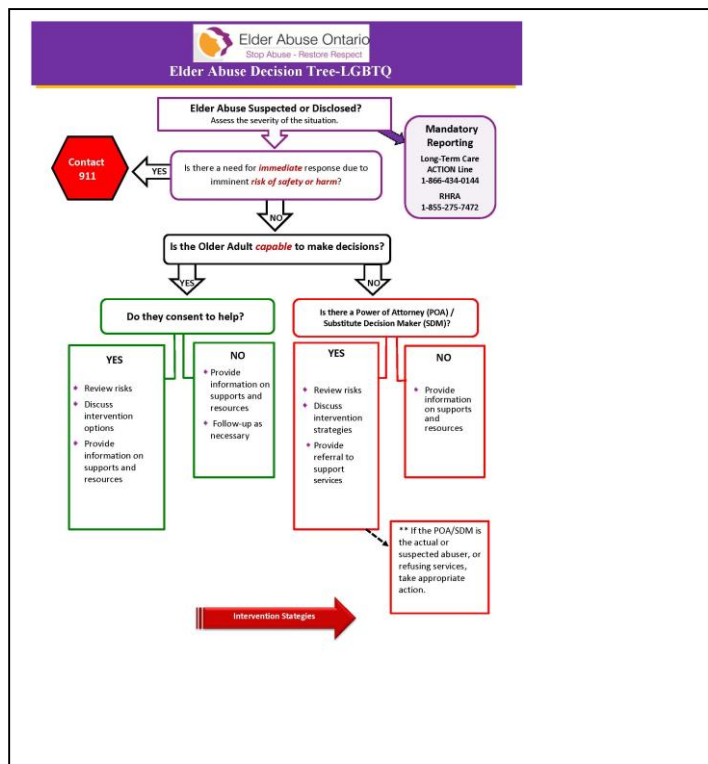


Elder abuse can be a very difficult conversation to broach with a friend, family member or older adult client. It is important to conduct a thorough assessment to detect, identify and intervene to support the older adult victim.

### Assessment Questions

- Are your friends/family aware of your sexual orientation? If no: Are you afraid of being 'outed'? By whom?
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# Decision Tree



**Elder Abuse Ontario**  
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**Elder Abuse Decision Tree - LGBTQ**

**Assessment Questions**

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**Resources and Community Support**

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<a href="#">Assaulted Women's Helpline</a>	1-866-969-3511
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<a href="#">Mental Health Helpline</a>	1-866-531-2600
<a href="#">Office of the Public Guardian and Trustee</a>	1-800-366-0835
<a href="#">Ontario Provincial Police</a>	1-888-310-1122
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**INTERVENTION STRATEGIES**

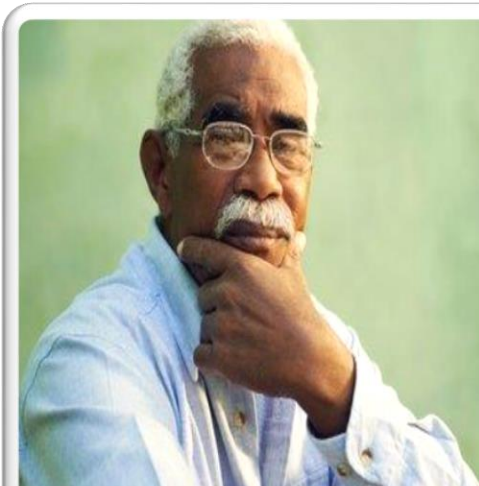
SAFETY	Support	Referral
Develop Safety Plan	Support access to crisis intervention	Document actions
Police Wellness Check	Provide counselling services for victim/caregiver/POA	Ensure linked to support
Provide Seniors Safety Line Information	Discuss options for protecting finances	Monitor situation
Follow-up with Victim Services	Refer for legal support	Follow-up with older adult
Contact shelter services or safe bed program	Arrange appointment with Family Physician/Family Health Team/Geriatric Assessment Services	
	Link caregiver with support programs	

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[www.elderabuseontario.com](http://www.elderabuseontario.com)

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## CASE STUDY

### SEXUAL ABUSE



**What should Sacha's  
Physiotherapist do?**

**I don't want my nephew to get into any trouble!**

Sacha is 76 years old, he is a retired steel worker and owns his own home. Sacha was very close to his brother Louis who died a year ago. Louis asked Sacha to "watch over" his 34 year old son Pierre. When Pierre, lost his job and needed a place to live, Sacha offered him a room, until he could find a job. Pierre has not found a new job in over 8 months. 6 months ago Sacha had "minor" day surgery. He was given a prescription for oxycodone for the pain, and was prescribed to take the pills "as needed". This morning when Sacha went to take a pill to help ease his pain, he noted there were no pills left. This was the third time this had happened, Pierre had "borrowed" his medication last time, and when he had confronted Pierre he said he needed them to help him with his back pain. One night Sacha had come downstairs for a glass of water and saw Pierre in the backyard with a man, handing the pills over in exchange for cash. Sacha's physiotherapist would be visiting soon, he knew the exercises would be very painful, but he does not want Pierre to get into trouble, especially with the police. Sacha's Physiotherapist has arrived at his home and notices Sacha is withdrawn and is wincing from pain.

## FACT BOX

### ***Type of Abuse: Neglect, Financial, and Physical***

#### ***Warning Signs and Risk Factors:***

For the Victim: Withdrawn, Physically frail, isolation and dependence on the abuser

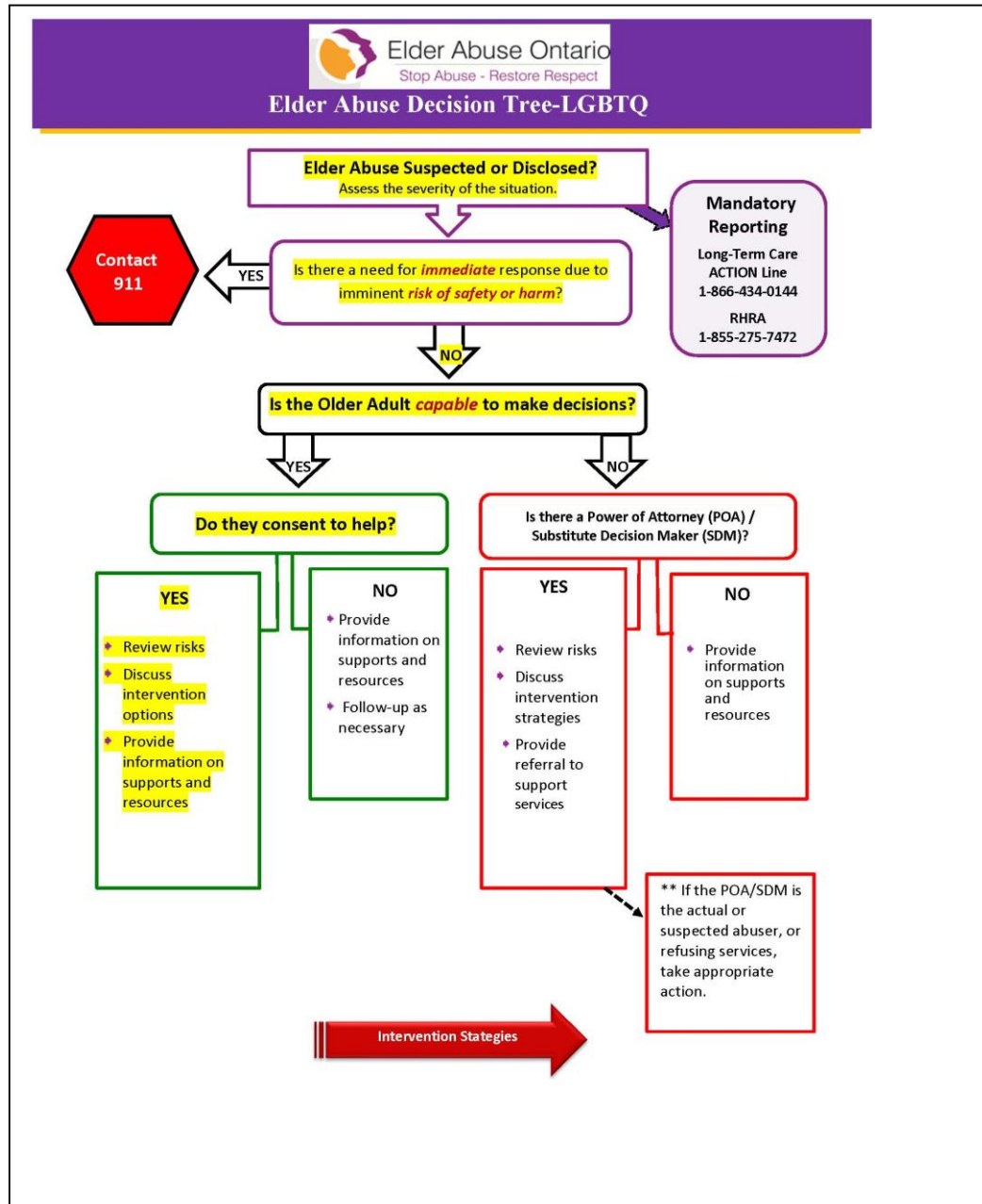
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Elder Abuse Decision Tree - LGBTQ



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Link caregiver with support programs

**Referral**

Document actions

Ensure linked to support

Monitor situation

Follow-up with older adult

## Supporting our LGBTQ older adults

- ACKNOWLEDGE ANY POTENTIAL PAST TRAUMA (INSTITUTIONALIZATION, REJECTION)
- ACKNOWLEDGE AND ASSIST WITH ANY INTERNALIZED NEGATIVE ATTITUDES REGARDING THEIR SEXUAL ORIENTATION/GENDER IDENTITY
- CREATE A SAFE ENVIRONMENT FOR THE LGBTQ OLDER ADULTS ESPECIALLY WHEN WORKING WITH GROUPS WHEN THERE MAY BE A MINORITY OF LGBTQ ELDERS, BY CREATING ALLIES AND CREATING A ZERO TOLERANCE HARASSMENT POLICY
- SEEK CONSULTATION OR REFER IF THE OLDER ADULT REQUIRES MORE SPECIALIZED CARE
- DO NOT MAKE ASSUMPTIONS, ASK FOR CLARIFICATION (COMPETENCIES FOR COUNSELLING LGBT CLIENTS)
- TRY AND USE THE SAME LANGUAGE AS THE OLDER ADULT USES TO DESCRIBE THEIR GENDER IDENTITY OR SEXUAL ORIENTATION
- MAINTAIN CONFIDENTIALITY. ALWAYS ASK THE OLDER ADULT FOR CONSENT TO DISCLOSE SEXUAL ORIENTATION OR GENDER IDENTITY
- BE SUPPORTIVE IF AN OLDER ADULT IS NOT “OUT” THEY WILL DECIDE IF AND WHEN TO DISCLOSE THEIR IDENTITY WHEN THEY FEEL SAFE AND AFFIRMED
- SUPPORT THE OLDER ADULT AND ANYONE INVOLVED IN THEIR CIRCLE OF CARE, MANY STUDIES SUPPORT THAT PARTNERS/ FRIENDS ARE MORE INVOLVED IN PROVIDING CARE THAN FAMILY MEMBERS.
- ASK THE OLDER ADULT WHAT PREFERRED PRONOUN THEY PREFER
- DO NOT ASSIGN ROOMS OR GROUPS BASED ON GENDER UNLESS YOU ADD INCLUDING TRANS (GUIDE TO SERVING LGBTQ SENIORS RHO)

## Where Do I Report Elder Abuse In The Community?

### REPORTING IN THE COMMUNITY:

#### ***PERSONAL HEALTH INFORMATION PROTECTION ACT 2004***

**40. (1)** A HEALTH INFORMATION CUSTODIAN MAY DISCLOSE PERSONAL HEALTH INFORMATION ABOUT AN INDIVIDUAL IF THE CUSTODIAN BELIEVES ON REASONABLE GROUNDS THAT THE DISCLOSURE IS NECESSARY FOR THE PURPOSE OF ELIMINATING OR REDUCING A SIGNIFICANT RISK OF SERIOUS BODILY HARM TO A PERSON OR GROUP OF PERSONS.

A HEALTH INFORMATION CUSTODIAN MAY DISCLOSE PERSONAL HEALTH INFORMATION ABOUT AN INDIVIDUAL,

(A) FOR THE PURPOSE OF DETERMINING, ASSESSING OR CONFIRMING CAPACITY UNDER THE *HEALTH CARE CONSENT ACT, 1996*, THE *SUBSTITUTE DECISIONS ACT, 1992* OR THIS ACT;....

I don't understand the Law

## Where Do I Report Elder Abuse in a Long Term Care Home/Retirement Home

### MANDATED LEGISLATION FOR LONG-TERM CARE HOMES:

- **SECTION 24 (LTCH ACT)** STATES THAT ANYONE WHO SEES/SUSPECTS ABUSE IN LTC HOMES IS LEGALLY OBLIGATED TO REPORT IMMEDIATELY TO DIRECTOR AT MOHLTC 1-866-434-0144

### MANDATED LEGISLATION FOR RETIREMENT HOMES:

- **SECTION 75 (1)** STATES THAT ANYONE SEEING OR SUSPECTING ABUSE IN A RETIREMENT HOME IS LEGALLY OBLIGATED TO REPORT TO RHRA - 1-800-361-7254

Where do I report Elder Abuse?



## Impacts on Older Adult Survivors

- Psychosocial Trauma
  - Many of these individuals suffered from depression
- Sleep Disturbances
  - Often taking medication to assist in sleeping
- Increased Anxiety
  - Consistently locking doors and living in fear
- Crying spells, withdrawal symptoms, startle reflex, agitation, restlessness, incontinence, confusion (often masked as dementia)

## Increased Risk Factors for LGBTQ Older Adults

- A FOCUS GROUP REPORTED THAT THE MOST PRESSING HEALTH AND HUMAN SERVICE NEED FOR LGBT ELDERS' IS **DEALING WITH SOCIAL ISOLATION**. ISOLATION IS A RISK FACTOR FOR ELDER ABUSE. LGBT ELDERS ARE MORE LIKELY TO AGE ALONE THAN HETEROSEXUALS (FRAZER, 2009)
- MANY LGBT OLDER ADULTS ARE AT HIGH RISK FOR ELDER ABUSE, NEGLECT, AND VARIOUS FORMS OF EXPLOITATION BECAUSE OF **LIVING IN ISOLATION AND FEAR OF THE DISCRIMINATION** THEY COULD ENCOUNTER IN MAINSTREAM AGING SETTINGS. (NATIONAL ACADEMY ON AN AGING SOCIETY/GSA & SAGE, 2011)
- VICTIMIZATION BECAUSE OF SEXUAL ORIENTATION CAN LEAD TO INTERNALIZED HOMOPHOBIA MANIFESTED AS GUILT OR SHAME. VICTIMS MAY COME TO BELIEVE THAT THEY ARE NOT WORTHY PEOPLE AND DESERVE LONELINESS, POOR LIVING CONDITIONS, AND ILL HEALTH. THEY MAY NOT WANT TO SEEK OR ACCEPT HELP AND ARE AT RISK OF SELF-NEGLECT. (D'AUGELLI & GROSSMAN, 2001, COOK-DANIELS, 1998)

## Past History of Discrimination Against the LGBTQ Community

- 1969 CONSENSUAL SEX BETWEEN SAME SEX ADULTS REMOVED FROM CRIMINAL CODE OF CANADA
- 1973 HOMOSEXUALITY NO LONGER CLASSIFIED AS A MENTAL ILLNESS
- 1974 GAYS AND LESBIANS PERMITTED AS IMMIGRANTS TO CANADA
- 1977-98 TERRITORIES/PROVINCES PROHIBITED DISCRIMINATION ON BASIS OF SEXUAL ORIENTATION (ONTARIO IN 1986)
- 2003 ONTARIO LEGALIZED SAME SEX MARRIAGE
- 2005 CANADA OPENS DOORS TO LGBT MARRIAGE AND IMMIGRATION

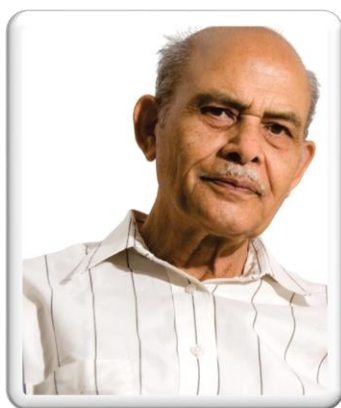
## Past Discrimination that may have led to trauma

IN A SURVEY OF 3,500 LGBT ELDERS, 55 AND OLDER, 8.3% OF THE ELDERS REPORTED BEING ABUSED OR NEGLECTED BY A CARETAKER BECAUSE OF HOMOPHOBIA AND 8.9% EXPERIENCED BLACKMAIL OR FINANCIAL EXPLOITATION. (FRAZER, 2009)

INITIAL DATA REPORTED BY MAP STATE THAT AN AVERAGE OF 42% OF TRANSGENDER PEOPLE HAVE EXPERIENCED SOME FORM OF PHYSICAL VIOLENCE OR ABUSE. FURTHER, AN AVERAGE 80% OF TRANSGENDER PEOPLE HAVE EXPERIENCED VERBAL ABUSE OR HARASSMENT (MAP, 2009).

## CASE STUDY

### SEXUAL ABUSE



I need help, but now I am sorry I asked for it!

Pritam broke his hip and was hospitalized for the past 4 months and then transferred to a long term care home for rehab. There was an incident when Raj, his partner of 15 years, was visiting. Raj had bent over to kiss Pritam when the nurse was walking in to dispense his medication. The nurse abruptly walked away and when Raj was leaving she was whispering to another colleague and laughing. Pritam requires a two person transfer and for the last 3 weeks the nurse has refused to provide support to the PSW to transfer Pritam. The nurse has made some derogatory remarks about gay couples in front of Pritam and suggested he probably broke his hip because of his “gay lifestyle”. Pritam is irritable these days he often sits in soiled incontinence briefs and he cannot sleep because he does not feel comfortable in this home and wants to go home.

## FACT BOX

***Type of Abuse: Neglect, Systemic and Psychological***

***Warning Signs and Risk Factors:***

For the Victim: Withdrawn, trouble sleeping, physically frail, isolation and dependence on the abuser

For the Abuser: Problems with stress and coping, lack of sensitivity training and legislation pertaining to the LTCHA and OHRC.

***Assessment Questions:***

- Are your friends/family aware of your sexual orientation? If no: Are you afraid of being ‘outed’? By whom?
- If the individual is “out”- Do you feel safe? With whom?*
- Do you live alone?
- Do you feel safe? Is there something that you would like to share with me?
- Has there been a recent incident causing you concern? Tell me about it.
- Has anyone made you do things you didn’t want to do?
- Do you make decisions for yourself or does someone else make decisions about your life, like how or where you should live?

## SUPPORTING

The following example below is an example of how a service provider can use the decision tree to support Pritam.



**Elder Abuse Ontario**  
Stop Abuse - Restore Respect

### Elder Abuse Decision Tree - LGBTQ



#### Assessment Questions

- Are your friends/family aware of your sexual orientation? If no: Are you afraid of being 'outed'? By whom?
- Are you/have you been afraid to seek help from a 'mainstream' organization?
- Do you understand Powers of Attorney? Do you have them completed?
- Do you feel comfortable receiving treatment anywhere?
- If the individual is "out" - Do you feel safe? With whom?
- Do you live alone?
- Do you feel safe? Is there something that you would like to share with me?
- Has there been a recent incident causing you concern? Tell me about it.
- Has anyone made you do things you didn't want to do?
- Do you make decisions for yourself or does someone else make decisions about your life, like how or where you should live?

#### Resources and Community Support

<a href="#">Alzheimer Society of Ontario</a>	1-800-879-4
<a href="#">Assaulted Women's Helpline</a>	1-866-863-9
<a href="#">Community Care Access Centre</a>	310-2
<a href="#">Law Society Referral Service</a>	1-855-947-5
<a href="#">Mental Health Helpline</a>	1-866-531-2
<a href="#">Office of the Public Guardian and Trustee</a>	1-800-366-0
<a href="#">Ontario Provincial Police</a>	1-888-310-1
<a href="#">Ontario Pride Network</a>	<a href="mailto:info@prideatworl">info@prideatworl</a>
<a href="#">Rainbow Health Ontario</a>	416-324-4
<a href="#">Seniors Safety Line</a>	1-866-299-1
<a href="#">Egale Human Rights Trust</a>	1-888-204-7
<a href="#">Talk4Healing</a>	1-855-554-4
<a href="#">Retirement Homes Regulatory Authority</a>	1-855-275-7
<a href="#">Victim Support Line</a>	1-888-579-2

For more resources visit: [www.elderabuseontario.com](http://www.elderabuseontario.com)

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### INTERVENTION STRATEGIES

**SAFETY**

Develop Safety Plan

- Police Wellness Check
- Provide Seniors Safety Line Information
- Follow-up with Victim Services
- Contact shelter services or safe bed program

**Support**

Support access to crisis intervention

- Provide counselling services for victim/caregiver/POA
- Discuss options for protecting finances
- Refer for legal support
- Arrange appointment with Family Physician/Family Health Team/Geriatric Assessment Services
- Link caregiver with support programs

**Referral**

Document actions

- Ensure linked to support
- Monitor situation
- Follow-up with older adult

## CASE STUDY

### SEXUAL ABUSE

I can't be my "true" self anymore!



Liz is a trans female who is 72 year old who lives alone and has been experiencing difficulty managing her activities of daily living. She was assessed by a CCAC case manager for Long-Term Care and was moved into a room which she shared with a woman. Liz has male anatomy but identifies as a woman. She was not asked to identify by Long-Term Care staff, who do support her to wear female clothing and take her hormone therapy medications. The woman whom she shares a room with has requested to be moved into another room with a "real woman". The long term care home staff are sympathetic to Liz's roommate. Liz had a mini stroke and has been assessed by a capacity assessor and deemed incapable of managing her property and personal care decisions. Liz's estranged son Larry was contacted by the Office of the public guardian of trustees and has been appointed as her substitute decision maker even though they have not had contact for 30 years. Larry has stopped all of Liz's hormone therapy and has requested the facility dress Liz in male clothing and has had her hair cut short. Liz has been extremely depressed and withdrawn, she no longer comes out of her room, and becomes anxious when anyone comes into her room. The social worker in the long term care home has come to visit Liz.

## FACT BOX

### ***Type of Abuse: Neglect, Systemic, Physical and Psychological***

### ***Warning Signs and Risk Factors:***

For the Victim: Withdrawn, anxiety and depression, cognitive impairment, isolation and dependence on the abuser, rights being violated under the Ontario Human rights Code (OHRC)

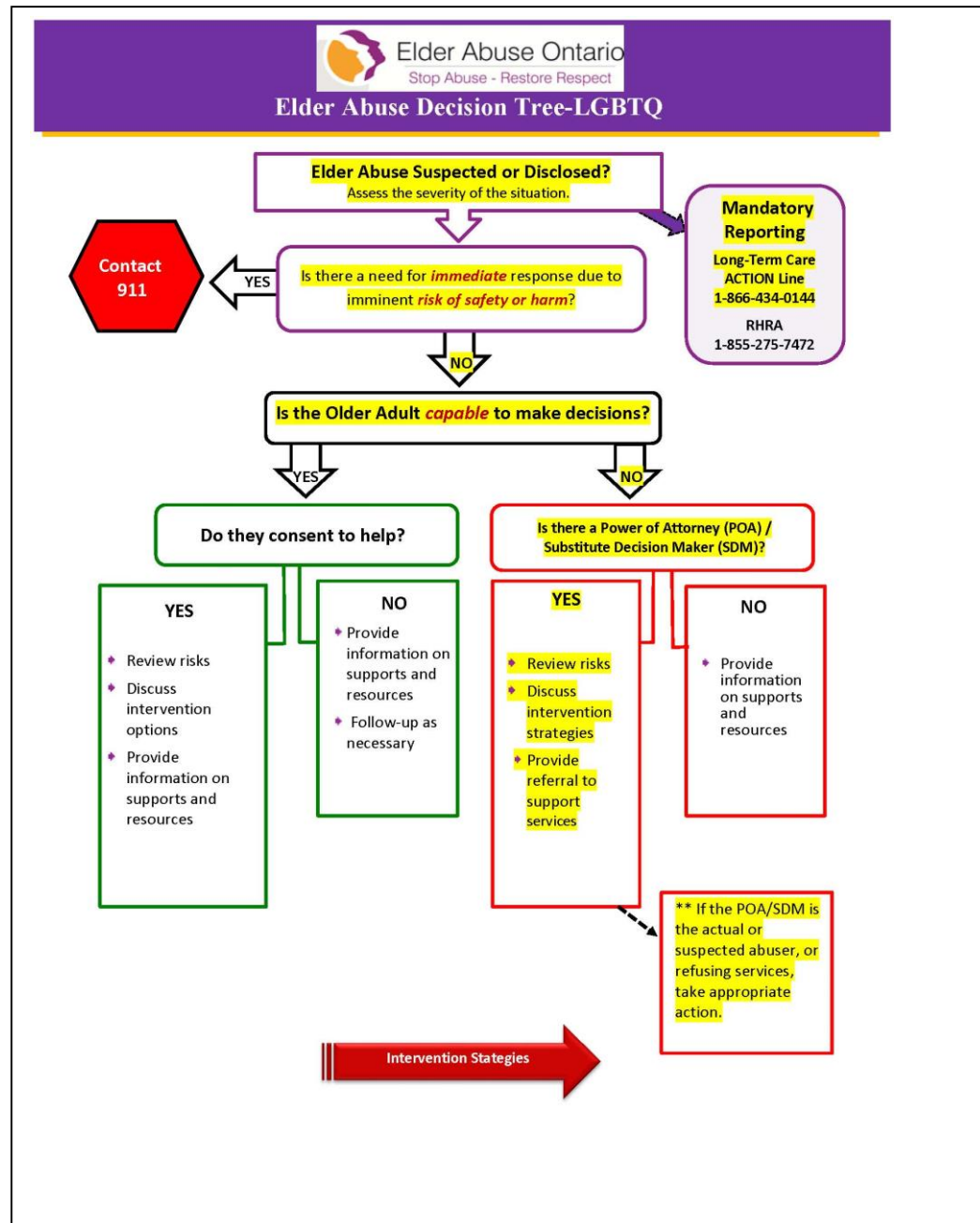
For the Abuser and LTCH: Problems with stress and coping, lack of sensitivity training and legislation pertaining to the LTCHA and OHRC.

### ***Assessment Questions:***

- If the individual is “out”- Do you feel safe? With whom?*
- Is there something that you would like to share with me?*
- Has there been a recent incident causing you concern? Tell me about it.*
- Has anyone made you do things you didn't want to do?*
- Do you make decisions for yourself or does someone else make decisions about your life, like how or where you should live?*
- Are you/have you been afraid to seek help from a ‘mainstream’ organization?*


## SUPPORTING

The following example below is an example of how a service provider can use the decision tree to support Liz.




## SUPPORTING

The following example below is an example of how a service provider can use the decision tree to support Liz.


Elder Abuse Ontario  
Stop Abuse - Restore Respect

### Elder Abuse Decision Tree - LGBTQ



#### Assessment Questions

- Are your friends/family aware of your sexual orientation? If no: Are you afraid of being 'outed'? By whom?
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- Do you make decisions for yourself or does someone else make decisions about your life, like how or where you should live?

#### Resources and Community Support

<a href="#">Alzheimer Society of Ontario</a>	1-800-879-4226
<a href="#">Assaulted Women's Helpline</a>	1-866-863-9511
<a href="#">Community Care Access Centre</a>	310-2222
<a href="#">Law Society Referral Service</a>	1-855-947-5255
<a href="#">Mental Health Helpline</a>	1-866-531-2600
<a href="#">Office of the Public Guardian and Trustee</a>	1-800-366-0335
<a href="#">Ontario Provincial Police</a>	1-888-310-1122
<a href="#">Ontario Pride Network</a>	<a href="mailto:info@prideatwork.ca">info@prideatwork.ca</a>
<a href="#">Rainbow Health Ontario</a>	416-324-4100
<a href="#">Seniors Safety Line</a>	1-866-299-1011
<a href="#">Egale Human Rights Trust</a>	1-888-204-7777
<a href="#">Talk4Healing</a>	1-855-554-4325
<a href="#">Retirement Homes Regulatory Authority</a>	1-855-275-7472
<a href="#">Victim Support Line</a>	1-888-579-2888

For more resources visit: [www.elderabuseontario.com](http://www.elderabuseontario.com)

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### INTERVENTION STRATEGIES

SAFETY

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Arrange appointment with Family Physician/Family Health Team/Geriatric Assessment Services

Link caregiver with support programs

Referral

Document actions


Ensure linked to support

Monitor situation

Follow-up with older adult

**Elder Abuse Ontario**  
[www.elderabuseontario.com](http://www.elderabuseontario.com)

Funded by:







“What should my family and friends watch out for?”

There are many ways that friends and family can help older adults keep themselves safe. One way they can help is by staying vigilant for signs of Elder Abuse.

### If You or Someone You Know Becomes a Victim

- GO TO A SAFE PLACE
- CALL 911
- CONTACT LOCAL CRISIS SUPPORT LINES
- SEEK MEDICAL ATTENTION - IMPORTANT TO SEEK CARE DUE TO GREATER RISK OF SUSTAINING INJURY DURING EVENT DUE TO AGING PROCESS

PLEASE REMEMBER YOU ARE NOT ALONE. IT IS NOT YOUR FAULT.

### What Can I do to support My Parents or Other Older Relatives from Becoming Victims of Elder Abuse?

- IF YOUR FAMILY MEMBER IS BEING CARED FOR AT HOME BY PAID CAREGIVERS OR IN A FACILITY, REMAIN INVOLVED AND OBSERVANT TO BE ASSURED HE/ SHE IS RECEIVING QUALITY CARE AND THAT ARE NO SIGNS OF ELDER ABUSE
- WATCH FOR CHANGES IN YOUR FAMILY MEMBER'S MOOD OR APPEARANCE
- BE ESPECIALLY VIGILANT FOR SIGNS OF ABUSE IF YOUR FAMILY MEMBER HAS A COGNITIVE PROBLEM
- OFFER OR INFORM THEM ABOUT COUNSELLING AND SUPPORT SERVICES THAT CAN HELP THEM COPE WITH THEIR SITUATION
- IF YOU SUSPECT AN OLDER ADULT MAY BE A VICTIM OF ELDER ABUSE, DISCUSS YOUR CONCERNS WITH THE PERSON AND ENCOURAGE THE PERSON TO OPEN UP WITH YOU IF THEY HAVE CONCERNS NOW OR AT ANY TIME IN THE FUTURE. REASSURE YOUR FAMILY MEMBER THAT YOU ARE THERE TO LISTEN AND ASSIST IN WHATEVER WAY POSSIBLE

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



**"Physical abuse is any physical contact that causes injury or not to the older adult. When my nephew hit me, that was PHYSICAL ABUSE. I know that I can reach out and get help."**

**"Psychological or Emotional abuse is when someone says or does something that causes anguish or fear. When my daughter threatened to leave and never visit me again, that was EMOTIONAL**



**"Sexual abuse is any unwanted sexual contact that you don't consent to or are unable to consent to. When my friend forced me to look at pornography that I did not want to see, that was SEXUAL ABUSE."**

**"Neglect is when my needs fail to be met. Sometimes this is intentional, and sometimes it isn't. When my nurse at the hospital didn't give me the right medication for several days, that was NEGLECT."**



There are many signs and symptoms of abuse, and you can learn more about these on our website at [www.elderabuseontario.com](http://www.elderabuseontario.com)



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



You can learn lots of great tips for staying safe at

[www.elderabuseontario.com](http://www.elderabuseontario.com)

You can also access our **Seniors Safety Line**  
in 150 languages, 24 hours a day, 7 days a week, at **1-866-299-1011**

## Helpful Resources

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You can find a legal clinic in your area by going online at [www.legalaid.on.ca](http://www.legalaid.on.ca) or by calling Legal Aid Ontario  
1-800-668-8258

Consent and Capacity Board  
[www.ccboard.on.ca](http://www.ccboard.on.ca)  
1-866-777-7391

Assaulted Women's Help Line  
[www.awhl.org](http://www.awhl.org)  
416-364-4144

Retirement Homes Regulatory Authority  
[www.rhra.ca](http://www.rhra.ca)  
1-855-275-7472

Long-Term Care ACTION Line

[www.ontario.ca/page/long-term-care-home-complaint-process](http://www.ontario.ca/page/long-term-care-home-complaint-process)  
1-866-434-0144

Talk4Healing

1-855-554-4325

Ontario Pride Network

[info@prideatwork.ca](mailto:info@prideatwork.ca)

Rainbow Health Ontario

416-324-4100

Seniors Safety Line

1-866-299-1011

Egale Human Rights Trust

1-88-204-7777

Office of the Public Guardian and Trustee

<http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/>

1-800-366-0335

Family Service Ontario

[www.familyserviceontario.org](http://www.familyserviceontario.org)

416-231-6003