

EAO Safety Planning Webinar

The information and opinions expressed here today are not necessarily those of the Government of Ontario



Supporting Older Adults to Create A Safety Plan

March 29th 2017

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Welcome to our webinar!

- All attendees will be muted during the webinar
- If you are experiencing issues please type into the chat/Question box and send to Mary Mead/Rochella Vassell
- If you have a question we will spend 30 minutes near the end on Questions and Answers
- You will be prompted to fill out an evaluation form once the session has ended, please fill out the form as your feedback will guide us for our future webinars. You will also receive an email link to the evaluation after the session.
- The speakers will provide their contact information at the end of their slide show and you can connect with them directly if you have further questions
- Participants will be sent a certificate of attendance and slides electronically after the webinar

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Acknowledgements

Thank You to METRAC and The Law Foundation of Ontario
for supporting the development of the Safety Planning
Toolkit



METRAC
ACTION ON VIOLENCE



**The Law
Foundation
of Ontario**
Advancing access to justice

Learning Objectives

- Understand the practicality and suitability of the safety planning tool and how it can be useful when working with older adults
- Understand the potential increased risk factors for older adults and barriers to accessing supports.
- Understand obligations with mandatory reporting.
- Understand provincial resources that can assist with aiding an older adult to create a safety plan.

Elder Abuse Ontario (EAO)

- ✓ Not-for-profit charitable organization
- ✓ Established in 1990
- ✓ Funded by the Province of Ontario, under the Ministry of Seniors Affairs

Mission: Create an Ontario where all seniors are free from abuse through awareness, education, training, collaboration, service co-ordination and advocacy.

EAO oversees the Implementation of the Ontario Strategy to combat Elder Abuse



Elder Abuse Ontario
Stop Abuse - Restore Respect

Ontario's Strategy to Combat Elder Abuse

Comprised of 3 Major Priorities

Community
Coordination
& Response

Training

Public
Awareness

Research
&
Evidence



Elder Abuse Ontario (EAO)

- ✓ **7 Regional Consultants in Ontario** (Thunder Bay, Sudbury, Woodstock, Mississauga, Toronto, Peterborough, and Ottawa)
 - ✓ Francophone
 - ✓ Key resources for providing consultation on elder abuse cases to review options and resources for intervention.
 - ✓ Consultants DO NOT act as case managers for cases of abuse.
-
- ✓ Support over 50 local Elder Abuse Committees/Networks
 - ✓ Strengthen partnerships between these committees and other health/social service agencies to enhance the response to elder abuse.
 - ✓ Develop and implement training materials, tools and resources for elder abuse prevention and intervention.



METRAC

- METRAC works with individuals, communities and institutions to change ideas, actions and policies with the goal of ending violence against women and youth
www.metrac.org
- METRAC's Community Justice Program provides accessible, multi-language legal information and training about laws important for women affected by violence. www.owjn.org
www.onefamilylaw.ca



METRAC
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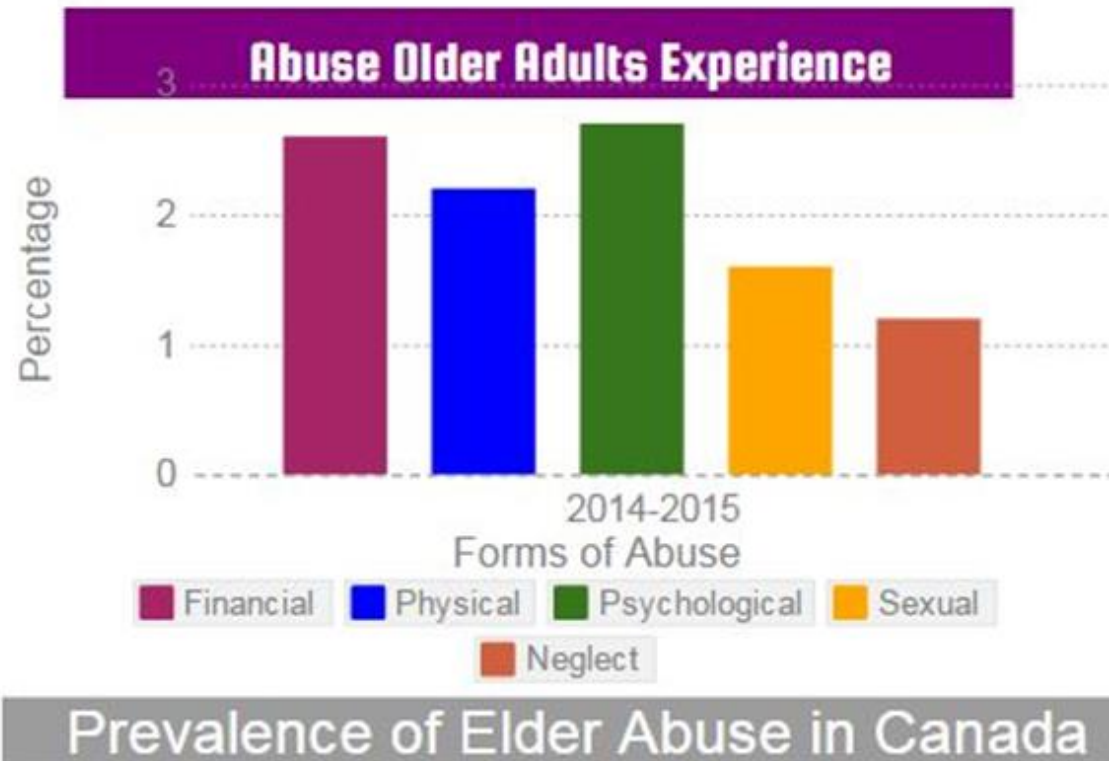
Elder Abuse Ontario
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DOMESTIC VIOLENCE AND ELDER ABUSE

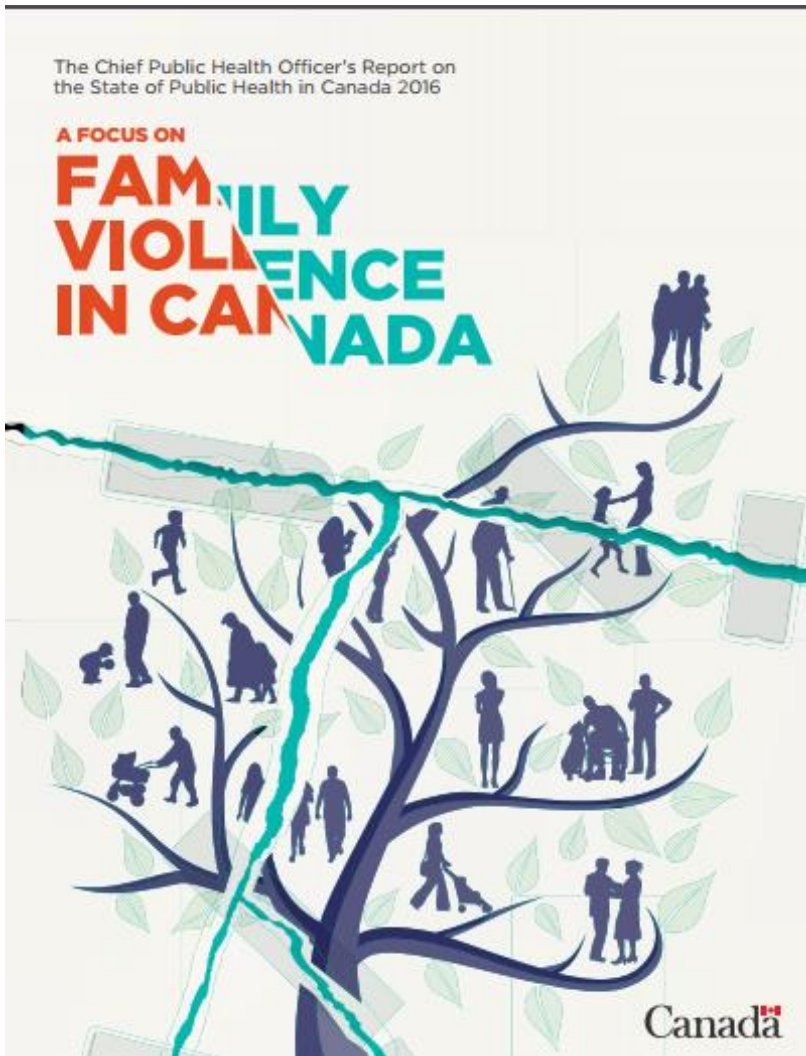


NICE Prevalence Study



Source : National Initiative For the Care of the Elderly, 2016 Canadian National Survey on the Mistreatment of Older Adults in Canada.

Family Violence



Every day,
eight seniors
are victims of
family violence.

The health impacts extend far beyond physical injuries and include poor mental health, psychological and emotional distress, suicide, and increased risk of chronic diseases and conditions such as cancer, heart disease and diabetes.

When Canadians were asked questions about family violence, abuse and conflict, data showed that:



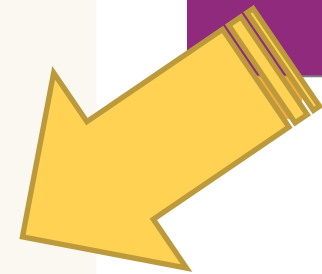
An estimated 9 million or a third of Canadians over the age of 15 years said they had experienced abuse before the age of 15 or 16 years.^{2,26,27}



About 760,000 or 4% of Canadians over the age of 15 years said they had experienced intimate partner violence in the previous five years.¹⁰



Over 766,000 or 8% of Canadians over the age of 55 years said they had experienced abuse or neglect in the previous year.²⁷



Some Canadians are at higher risk for family violence.



Women are more likely than men to experience more severe and frequent violence from a spouse or someone they are dating.¹⁰



Indigenous women are more likely to experience family violence than non-Indigenous people.¹⁰



People with disabilities are more likely to experience violence from a spouse, especially more severe types of violence, than people without a disability.²⁸



People who identify as lesbian, gay, bisexual, trans or questioning (LGBTQ) are more likely to experience abuse or neglect during childhood, bullying and violence from a spouse or someone they are dating.^{10,29-31}

Learning Network Femicide Report

1 in 5 women murdered in Ontario from 1974 to 2012 was 55 years or older.

This finding demonstrates the substantial number of older women in Ontario who were killed. While the killing of one woman is unacceptable, this statistic reminds us that gender-based violence exists across the life course and that intervention and prevention efforts must target all age groups, including women who are older. Moreover, the “baby boomers” are moving into this demographic and the number of women 55 years and older will represent a larger portion of the population in Ontario. This could mean that as this demographic ages, an even higher ratio of women killed will fall into this older category, having implications for risk assessment, risk management and safety planning.

The killing of older (93%) and younger (97%) women is overwhelmingly perpetrated by males.

The gendered nature of violence against women holds for femicide against women who are older. While early evidence suggests the nature of femicide against older women differs in some ways from femicide against younger women, prevention of femicide cannot be separated from the broader context and root causes of violence against women (i.e. gender inequality, sexism, misogyny, power imbalances, institutionalized discrimination, and poverty).

“Femicide is the extreme end point on a continuum of violence against women. Femicide occurs because the continuum of violence against women continues to be accepted, tolerated and justified.”

Baker, L, Etherington, N, Pietsch, N. & Straatman, A.L. (2016)

The Learning Network Femicide Report

In about half of the femicides of older women, there was evidence of prior violence by the perpetrator.

While almost three quarters of femicides of older women did not have previous police contact, there was evidence of prior threats in nearly one third of the cases and prior violence in about one half of these femicides. A history of violence is considered a risk factor for femicide, particularly in intimate partner relationships. This indicates that neighbours, friends, family, and social and health support workers need to be aware of warning signs and risk factors for abuse. A reluctance to contact police may change with time as social norms change.

	Older Women	Younger Women
Prior violence	49%	73%
Prior threats	32%	53%
Prior contact with police	27%	47%

Where a motivation was recorded in official records, the femicides of older women were attributed to mental illness, mercy killings, or suicide pacts.

A range of motives for femicide were reported by officials including quarrel, financial motivation, mental illness and jealousy. Jealousy is considered a significant risk factor for intimate partner femicide, and was found to be the most common motive for femicide of younger women. In contrast, the most frequently documented motive for the femicide of older women was mental illness, suspected mercy killings or suicide pacts. While these findings may be partially

Caregivers who abuse women who are older may also be an intimate partner or another family member. When overlap occurs, the context of each relationship must be considered in understanding

Section 1



Safety Planning Toolkit includes:

- Definitions
- Warning Signs



Elder Abuse Ontario

Stop Abuse - Restore Respect

What is Elder Abuse?

World Health Organization (WHO, 2004) defines elder abuse as:

“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”.

***Despite what many think, elder abuse is more than hitting a senior.
It is a multi-faceted problem and very complex.***

Intersection of Domestic Violence and Elder Abuse

Violence Between Intimate Partners

Any form of physical, sexual, emotional or psychological abuse, including financial control, harassment and stalking. It occurs between opposite or same-sex intimate partners.

Abusers:

Current or former partner or spouse, including intimate companion.



Elder Abuse

One or many actions or lack of appropriate action, that harms an older person. It occurs in any relationship where one person is trusted or has authority to care for the older person. (WHO, 2002)

Abusers:

Partner, spouse, adult children, niece, nephew, grandchildren, other family members, **non-family members** such as paid caregivers, professionals.

Family Violence

Family violence is any form of abuse that a child or adult experiences from any other family member. It is an abuse of power by one person to hurt and control someone who trusts and depends on them. It also includes neglect, which means the family member who is supposed to provide care does not look after a person's living needs, like food, health, cleaning, proper clothing and housing.

Abusers:

Spouse or intimate partner, sister, brother, child, niece, nephew or other family member.

Types of Elder Abuse

- ✓ **Financial**
- ✓ **Psychological**
- ✓ **Physical**
- ✓ **Sexual**
- ✓ **Neglect**
- ✓ **Systemic**



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.

Sexual: Non-consensual sexual contact of any kind with an older woman. Sexual contact with any person incapable of giving consent is also considered sexual abuse. It includes but not limited to, unwanted touching and all types of sexual assault or battery, such as a rape, sodomy, coerced nudity, and sexually explicit photographing”.

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 meet them for 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.

Typical Abusers

- ✓ Spouse
- ✓ Adult children
- ✓ Adult grandchildren
- ✓ Paid caregiver (unrelated)
- ✓ Neighbours, friends, relatives – caregivers



The NICE National Survey also found that the most common perpetrators for Psychological, Neglect and Physical Abuse was by a spouse/ex-spouse followed by a child or grandchild.

In cases of sexual abuse older adults frequently reported person to sexually abuse was a friend followed by a spouse/ex-spouse.

What do we know?

Two distinct areas research and practice: VAW / EA

VAW Grassroots Evolution

- Immediate protection / long term solutions that acknowledge DV is a public, criminal issue / social structures perpetuate power imbalances

EA Defined By Health Care And Social Service Professionals

- EA broader – perpetrators include non-family
- Focus on *cognitive and physical functioning* are central concerns – EA identified as happening to “frail” older people

Ageism is a Social Norm

To the extent to which older people do not fit the perceived social norm, they are treated as “less”, which may include being less valued and less visible.

They become relegated to a second class status; their needs and their lives are treated as if they do not matter as much.



What do we know?

Ageism the most tolerated form of social prejudice!

- 6 in 10 (63%) of seniors say they have been treated unfairly / differently because of age
- 1 in 3 (35%) Canadians admit they treat people differently
- 8 in 10 (79%) agree seniors are seen as less important
- 1 in 5 (21%) see older Canadians as a burden

Revera Report – International Federation on Aging



The Visit



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Older Women's Experiences of Domestic Violence (Aged 65 And Over)

- Are less likely to report the abuse or seek help
- More likely to self-blame
- More likely to report health condition related to the abuse
- Have anxiety or depression, or have a physical illness
- Tends to be more emotionally, physically, and financially dependent on the abuser
- **May be afraid of consequences of reporting, such as having decision-making rights taken away by service providers, leaving their life-long home, community and social network, or being placed in a Long-term care home**

Consequences of Abuse

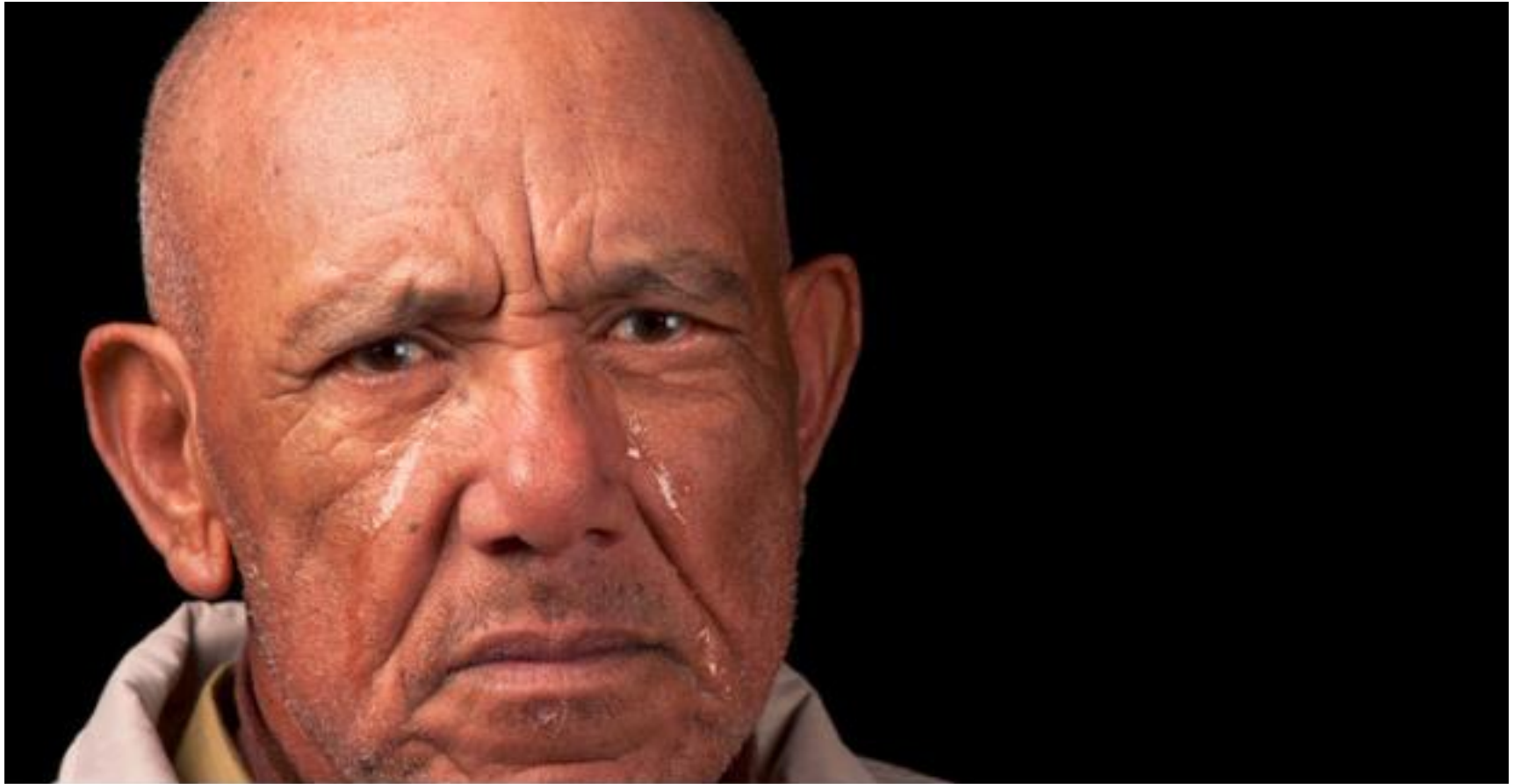
- Deteriorating health situation – abuse may accelerate or shift to include mutual abuse, retaliation
 - Risk likely to escalate
- Social isolation – increasing
- Social expectations pressure to care for an ailing spouse
- Few services or financial supports



Late Life Domestic Violence

- **DV Grown Old-** long term spouses and intimate partners
- **New Relationship**
- **“Reverse” Domestic Violence** if dominant aggressor issues or self defense
- **Organic based violence** (brain impairment)
 - Often confused with DV
 - Person cannot control behavior
 - Non-targeted violence





Domestic Violence Risk Factors

Domestic Violence Risk Factors

It is important to recognize risk factors that may put an older adult at higher risk of harm and abuse. These risk factors may be related to a history of domestic violence, or may have started recently.

Risk factors which can indicate if a situation of *domestic violence is getting worse and could lead to serious harm or death.*

(Domestic Violence Lethality Factors)

- o A history of domestic violence
- o Actual or pending separation
- o Obsessive behaviours by abuser
- o Abuser is depressed
- o Level of violence is increasing
- o Prior threats / suicide attempts by abuser
- o Threat to kill
- o Prior attempts to isolate abused person
- o Abused person is uneasy or afraid (intuitive sense of fear)
- o Abuser is unemployed

Risk factors when *no prior history* of Domestic Violence.

- o Abuser has mental health issues – depression
- o Social isolation
- o Deteriorating health and loss of mobility,
- o Chronic cognitive and physical illnesses
- o Older adults has disabilities and is dependent on other family/care providers
- o Poverty
- o Fear of being a burden, being separated, been sent to a 'home' increases vulnerability
- o Lack of coordinated approach and services to support families, increases vulnerability
- o Lack of respite for caregivers in situations of intensive care

Domestic Homicide with Older Adults

Of the limited research that has been done:

- Couples are most often in intact marriages
 - Husbands are the large majority of perpetrators
 - Physical health problems common
 - Depression within the perpetrator
 - Dementia within the victim
 - Care taker
-
- Homicide-Suicide more common in the older age group



Salari, S. (2007).
Bourget, D., Gagne, P., & Whitehurst, L. (2010).

Vulnerability to Elder Abuse – Risk Factors



- **Cycle of Violence**: may have a history as an abused victim
- **Caregiving Resentment and Stress**: Caregiving assumed out of resignation or obligation
- **Trusting of Others** - grew up in a trusting society
- **Lack of understanding of aging process**: Family/Care provider not knowing how to care for aging relative/spouse
- **Financial Assets** – Saving, pensions, house paid off
- **Medications** – impair judgement, sought after by criminals: substance abuse / addiction



**RED FLAGS OF POSSIBLE ABUSE BY
FAMILY MEMBER, SPOUSE/PARTNER**

Warning Signs – Abusive Behaviour

Taking Control of Finances

- Takes money, property or belongings without agreement or consent, lives with them and refuses to pay their share of the rent/mortgage.

Isolation from family and friends

- Puts limits on their using the phone or having contact with other people.
- Older adult does not feel they can tell anyone because they feel ashamed or embarrassed that someone they loved, such as a spouse or family member, has harmed them.

Controlling Behaviour

- Making all the decisions without asking
- Reading or withholding mail

Threats of violence or abandonment

- Makes older adult fearful or nervous when they are present.
- Locks on the outside of doors
- Disregard for privacy

How does ageism reinforce abusive behaviour?



Warning Signs – Abusive Behaviour

- Blaming the older adult:
You make me so mad. It's your fault I pushed you!
- A strong sense of entitlement:
It will be my money someday. You owe me.
- Treating the older adult like a child:
Do what I tell you!
- Arguments and name calling
- Leaving a dependent person alone for long periods of time

How does ageism reinforce abusive behaviour?



Pet/Animal Abuse

Animals are used as tools of power and control

- Intimidation and emotional abuse
- Targets of direct abuse

- ▶ How does the abuser treat the pets when he is upset?
When he is upset with you?
- ▶ What do you think would happen to your pet if you did...?
- ▶ Have you ever tried to leave? What happened to the pet?

Destruction of Property

- “Targeted” and symbolic target
- Induce fear
- Importance of documentation
 - Photos
 - Emotional and financial value

Section 2

Communicating With The Victim or At-Risk Older Adult

Steps to Support an Older Adult who is:

- Living in
- Thinking of Leaving
- Left and Ended

... an Abusive Relationships



The Visit Response 1



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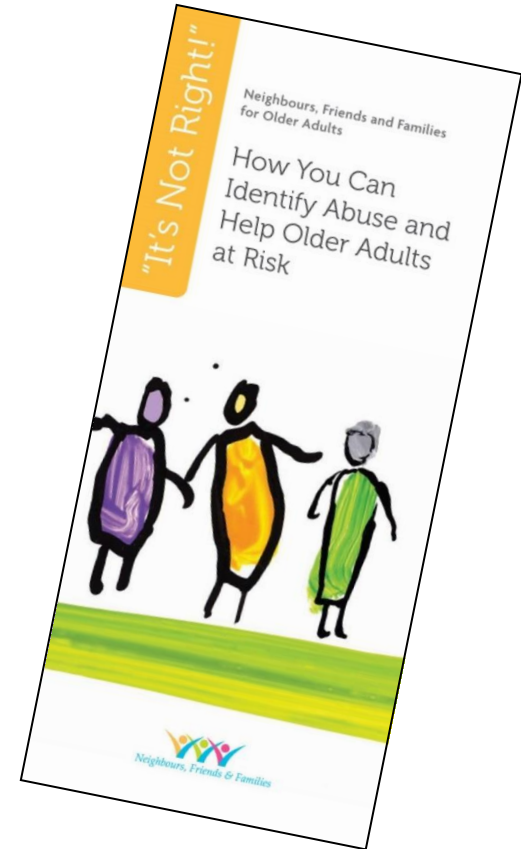


Ontario



What Do You See?

- Is it abuse?
- What are the warning signs?
- What are the risk factors?
- Who has power in this relationship?



What Did You See?

Warning signs

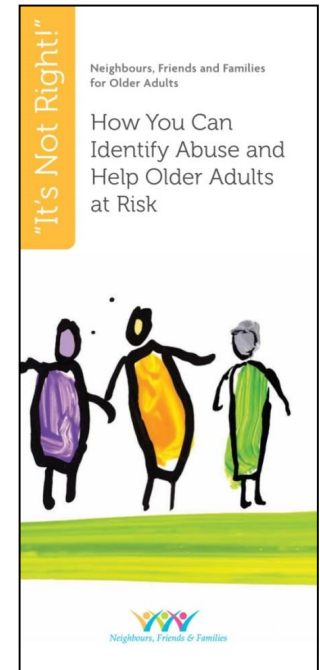
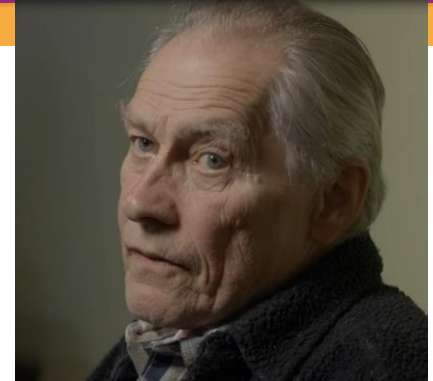
- ✓ Verbal abuse
- ✓ Physical abuse – scalds Pat in a temper

Risk Factors

- ✓ History of domestic violence is indicated by the adult children

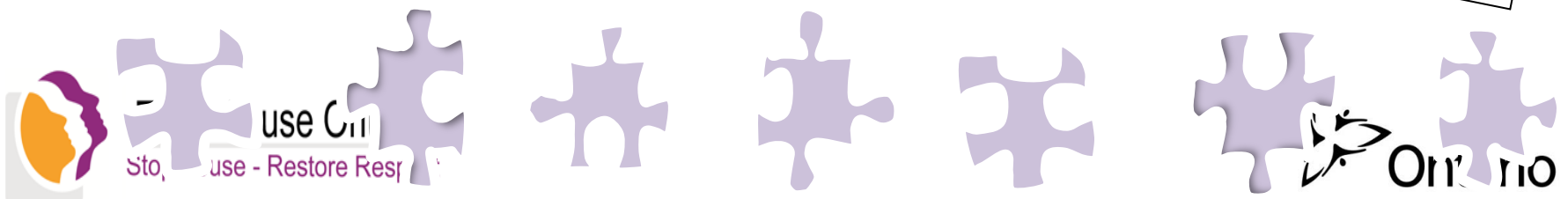
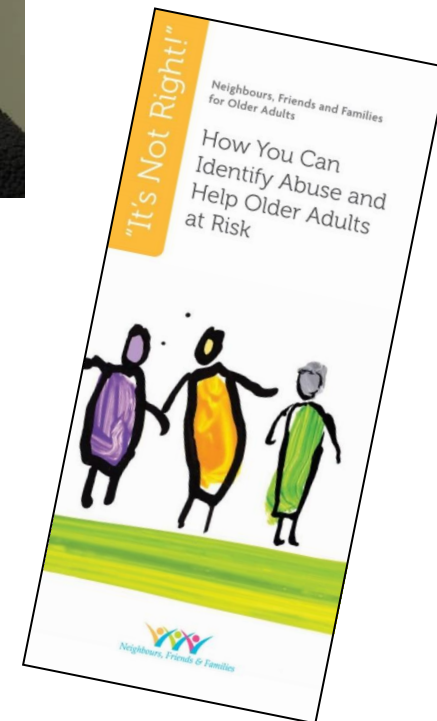
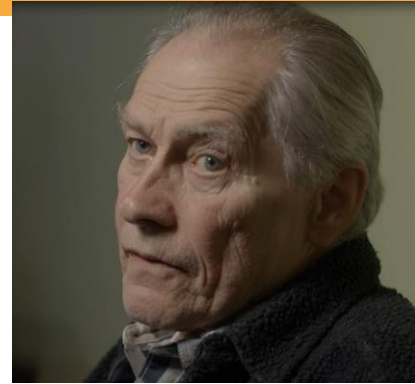
What Increases risk?

- ✓ Deteriorating health
- ✓ Increasing isolation



What is the situation?

- A shifting relationship
- Phil's health is failing
- Becoming more dependent
- Will Pat hurt Phil as retribution for years of abuse? Is that any less a concern?
- As Phil loses his independence his abusive behaviour may escalate



Situation

Her unique circumstances:

- Woman
- Wife
- Retired
- Married
- Care provider
- Middle class
- Isolation

We do not
choose our
social local



Is Abuse a Response to Trouble?



I am NOT abusive...
It's her role to help me.

SOLVE IT!

AVOID IT!!



Doing for/to

Being With

Avoiding

Being With



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Consequences of Abuse

- Wife is losing control of her daily life – emotional, psychological, physical impacts
- Increased social isolation
- Family relationships are being harmed
- Intergeneration impacts



Barriers to Reporting

- May not see the situation as abuse
- View husband - not a 'perpetrator'
- Longstanding dynamics in their relationship
- Wife may be:
 - Afraid that she will be blamed, judged
 - Afraid he will be judged, arrested, harmed
 - Ashamed for the situation
 - Strong 'care' ethic
- Report where? Report what?



Barriers to Reporting

- Domestic violence “grown old” – ageist attitudes
- Victim-blaming – “she’s put up with all these years”
- Longstanding family dynamics
- Dependency issues – financial, physical
- Fear of ending up in a senior’s home
- Fear of separation and change
- Shame



Why Service Providers Should Be Concerned

- ✓ No legislated agency is specifically dedicated to responding to the mistreatment of older adults in the community similar to those targeted at child abuse.
- ✓ Currently, elder abuse responses vary considerably within regions in Ontario .
- ✓ Because older adults **do not usually self-report** instances of elder abuse, the responsibility for **identification, reporting, and intervention *rests*** largely with **healthcare professionals, social service agencies**, and police departments



Best Practice Guidelines/ Interventions

- Build a therapeutic relationship with both victim and families
- During encounters and assessments with older adults be alert for risk factors and signs of abuse
- In order to encourage victims to speak about abuse ensure privacy and confidentiality

Section 3

Mandatory Reporting and creating a safety Plan



When is it Mandated to Report?

LTCHA s.24(1) , any person who has reasonable grounds to suspect that any of the following has occurred, or may occur, shall **immediately report** the suspicion and the information upon which it was based to the Director under the LTCHA.

The Long-Term Care ACTION Line is open seven days a week, from 8:30 a.m. to 7:00 p.m.

1-866-434-0144



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When is it Mandated to Report

Anyone seeing or suspecting abuse in a Retirement Home legally obligated to report to RHRA, at **1-800-361-7254**

Duty To Report To Registrar

Do you suspect that any of the following has occurred, or may occur, to a resident of a retirement home?

Harm, or risk of harm, resulting from:

- Improper or incompetent treatment or care
- Abuse of a resident by anyone
- Neglect of a resident by staff of the retirement home
- Unlawful conduct
- Misuse or misappropriation of a resident's money

If so, you must report it to the **Registrar of the Retirement Homes Regulatory Authority** along with any other relevant information.

To make a report, call:

1-855-ASK-RHRA (275-7472)

or write to the RHRA at: info@rhra.ca or

160 Eglinton Avenue East, 5th Floor, Toronto, ON M4P 3B5

You may report anonymously. The *Retirement Homes Act, 2010* protects people who report or provide information to the Registrar from any retaliation.

The failure of certain persons to make a report is an offence under the Act.

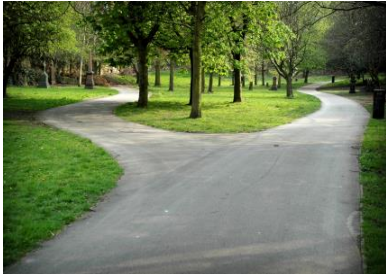
Mandatory Reporting for Minors

S. 72 Child and Family Services Act

Any child who is in need of protection, or who is or appears to be suffering from abuse/neglect must report to the Children's Aid Society

For children residing in Toronto call the Children's Aid Society of Toronto 416-924-4640

Capacity



***Ability to understand relevant information & appreciate the reasonably foreseeable consequences of making or not making a decision
(as it pertains to property or personal care decisions)***

Capable

Incapable



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 Ontario

Rights of the Older Persons

- **Dignity and Respect**
- **Autonomy -Independence**
- **Access to Information**
- **Privacy**
- **Freedom**
- **Confidentiality**
- **Safety and Security**
- **Basic Requirements for Life**
- **All rights under the OHRC**



Personal Health Information Protection Act 2004, S. O 2004, c. 3, Sched. A;

Disclosures related to risks

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. 2004, c. 3, Sched. A, s. 40 (1).

Disclosures related to this or other Acts

43. (1) A health information custodian may disclose personal health information about an individual, in the circumstances described in clause 42 (c), (g) or (n) of the *Freedom of Information and Protection of Privacy Act* or clause 32 (c), (g) or (l) of the *Municipal Freedom of Information and Protection of Privacy Act*, if the custodian is subject to either of those Acts;

What is a Safety Plan?

A safety plan is an **outline of actions** that you can put in place and follow to increase your safety. You might 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 you safe** if you are in an unhealthy relationship. You can **use your plan to prepare in advance for the possibility of (further) violence, as well as during and after a crisis situation.**

Making A Safety Plan for the Older Adult



When you are developing a safety plan, try to make it **practical, realistic and take into consideration the older adults strengths and limitations. Think about how the older adult can stay physically safe as well as ways to make sure they are emotionally safe.**

This means that you know what steps to take if a person says or does things that make them feel out of control and very upset.



Who Can Help an Older Adult with Safety Planning

Older adults can get help, guidance, support and counselling from a community agency, such as a shelter or Victim Services. These agencies can tailor the safety plan to the older adult's specific situation.

Community support services working with older adults will:

- Maintain their confidentiality (not tell your personal information)
- Listen to their story
- Believe the older adult and not make negative comments or judgments about their situation.

Safety planning is not a guarantee of safety. However, it can help older adults to talk, plan, think and prepare themselves to be safe. Safety planning is never final, because it is important to regularly check what the situation is and whether their safety plan is helping.

Section 3: Safety Planning

Developing a Safety Plan : Steps to Support an Older Adult who...



- is living in an abusive relationship
- may be thinking about leaving an abusive relationship
- has left or ended an abusive relationship

Safety Planning-Cognitive Needs

Mental Health and Cognitive Impairment

- 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 is the last time you reviewed and/or updated?
 - If the Attorney is the abuser, you may decide to revoke the POA and make new legal documents.



Safety Planning- 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?
- Do you require assistive devices (i.e., cane, walker)? If your device was taken or destroyed by the abuser, would you have access to a replacement?
- Do you have family/friend, someone who can provide you with support?
- Are you able to care for yourself for short term basis?
- Do you have any substance abuse problems What Do I Need To Consider in Making a Safety Plan?

Safety Planning-Documents

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: _____

My Safety Plan

If I have a disability, and my abuser is also my caregiver, I will set up an emergency care plan. I will contact the following people to plan for an emergency care provider or a shelter that can accommodate my disability.

Emergency Care Provider:

Accessible Shelter: _____

If I have pets and have to leave quickly, I can leave my pet(s) at this place, at least for the short term (name, phone number):

I feel safe telling these people about my situation: _____

In an emergency, I will ask trusted friends/family members to call 911 or police at the following number: _____

Section 4

Community Coordination and Resources



Service Providers Are Key To Identifying Abuse

Front line workers are able to:

- detect and intervene in cases of elder abuse
- develop an on-going relationship with the older adult.
- speak with the senior about the suspected abuse.
- help facilitate early identification or prevention,
- help reduce the isolation experienced by older adults,
- ask questions about potential abuse,
- discuss options for service and action.

Assessment Role

As the situation becomes better understood, it is important to obtain more specific signs of potential abuse.

- Involves both dialogue and observation
- On-going process; (may take many visits)
- Sensitivity to language, cultural differences is information gathering
- Keep in mind, one's own values can influence perception of the situation

Always clarify any uncertainties with the senior.

Community Partners

- Community Care Access Centre (CCAC)
- Geriatric Emergency Management Nurse (GEM)
- Social Workers in care settings and hospital
- Alzheimer's Society
- VAW sector
- BSO/PRC
- Senior Safety Line (211)
- Form personal connections – improved partnerships

EAO Resources and Tools

Sampling of Tools :

- **Tea & Talk Toolkit**
- **Empowering Bereaved Seniors**
- **Sexual Harm Module and Brochure**
- **Elder Abuse in our LGBTQ Community**
- **Financial Abuse Module**
- **Emotional Abuse Module**
- **Physical Abuse Module**
- **Re: Act Manual - Ontario Addendum**



It's Not Right!

Neighbours, Friends & Families for Older Adults

"It's Not Right!"

Neighbours, Friends and Families
for Older Adults

What You Can Do
to Keep Yourself
Safe From Abuse



"It's Not Right!"

Neighbours, Friends and Families
for Older Adults

How You Can
Identify Abuse and
Help Older Adults
at Risk



"It's Not Right!"

Neighbours, Friends and Families
for Older Adults

What You Can Do
When Abuse or
Neglect Is Happening
to an Older Adult in
Your Life



**Get Help
Now**

Call the Seniors Safety Line

1-866-299-1011

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



Elder Abuse Ontario
Stop Abuse - Restore Respect



Provincial Information and Support



Victim Services:

Assaulted Women's Helpline..... 1 866 863 0511
TTY Mobile: 1-866-863-7868
(Fido, Rogers, Bell, Telus) #SAFE (#7233)

Fem'aide1-877-336-2433
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 Information and Support

Advocacy Centre for the Elderly
www.advocacycentreelderly.org
1-855-598-2656

Alzheimer Society of Ontario
www.alzheimer.ca/en/on
1-800-879-4226

Assaulted Women's Helpline
www.awhl.org
1-866-863-0511

Community Care Access Centre
<http://healthcareathome.ca>
310-2222 (CCAC)

Consent and Capacity Board
www.ccboard.on.ca
1-866-777-7391

Elder Abuse Ontario
www.elderabuseontario.com/
(416) 916-6728

Fem'aide
www.femaide.ca/
1-877-336-2433

Law Society Referral Service
www.lsuc.on.ca/lsrc/
1-855-947-5255

Provincial Information and Support

Ministry of Health LTC-Action Line

www.ontario.ca/page/long-term-care-home-complaint-process

Office of the Public Guardian and Trustee

www.attorneygeneral.jus.gov.on.ca

1-800-366-0335

Ontario Coalition of Rape Crisis Centres

www.sexualassaultsupport.ca/

Ontario Provincial Police

www.opp.ca

1-800-310-1122

Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres

www.satontario.com/en/home.php

(416) 323-7518

Retirement Homes Regulatory Authority

www.rhra.ca/en/

1-855-275-7472

1866-434-0144

Rainbow Health Ontario

www.rainbowhealthontario.ca/

(416) 324-4262

Provincial Information and Support

Senior's Safety Line

1-866-299-1011

Senior Crime Stoppers

<http://ontariocrimestoppers.ca>

1-800-222-TIPS (8477)

Support Services for Male Survivors of Sexual Abuse

http://www.attorneygeneral.jus.gov.on.ca/english/ovss/male_support_services/

1-866-887-0015

TALK4HEALING

<http://www.talk4healing.com/>

1-855-554-HEAL (4325)

Victim Support Line

www.attorneygeneral.jus.gov.on.ca/english/about/vw/vsl.asp

1-888-579-2888

CONNECT WITH US

Connect With Us



To learn more about Elder Abuse Call
416-916-6728

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Subscribe to Newsletter



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METRAC



METRAC
ACTION ON VIOLENCE



**The Law
Foundation
of Ontario**

Advancing access to justice

Tamar Witelson
Legal Director

Direct phone: [416-392-3148](tel:416-392-3148) | Direct email: legaldirector@metrac.org



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Neighbours, Friends & Families for Older Adults



**Western
Education**

**Centre for Research & Education
on Violence Against Women & Children**

For More Information

To learn more on what the Government of Canada is doing for seniors or to find services and support in your province or territory, visit www.seniors.gc.ca and search for "Elder Abuse" or call **1 800 O-Canada** (1-800-622-6232, TTY: 1-800-926-9105).

This project is made possible through funding by HRSDC under New Horizons

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Questions



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