

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 - Restaurez le respect

Introduction

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 that can be utilized when training interdisciplinary sectors. The sections within the module can be used separately, to teach about specific subject areas or the module used in its entirety, to suit a variety of training environments or challenges of time constraints.

The Sexual Abuse Module includes 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 Boxes, Decision-Trees to assist with navigating supports and interventions
- Provincial Resources/Services

By design, the module allows participants the opportunity to engage in discussions throughout the training session. There are several examples of Case Studies, reflecting real life stories, which are intended to elicit personal reflections about experiences, to encourage critical thinking regarding a response or intervention, and to promote best practices, specific to the person's role and position. This module can help guide participants through a complex issue through an iterative process.

Understanding grows with experience and reflection.

Recognize Indicators of Abuse

- Why is this situation causing me concern?

Interact with the Senior at-risk

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

Respond

- What resources are required?
- What are my options?

Reflect

- Stop and think about the situation to promote a better understanding of the issues, on the individual, the team, the organization, and at a systemic level. This can lead to better responses and the prevention of elder abuse.

The wide range of case studies presented, incorporate unique issues, risk factors, and safety considerations. The inclusion of assessment questions for each type of abuse case provides a guideline intended to elicit a response from an older adult. The assessment questions serve as a starting point, to begin the conversation with the older adult, to gather more information about the suspected abuse.

The listing of provincial organizations that provide support to older adults, dealing with abusive situations, is included at the end of the module. This resource list can be very helpful for agencies, to connect older adults with the necessary support services and programs.

Consulting listings of local community services and programs and referring to these, is also helpful.

Target Audiences

Prior to facilitating a training session about elder abuse, the trainer/facilitator should gain a better understanding of the background of the audience. For example, an agency/organization may request that the training have a particular focus. It is important to inquire about the level of knowledge and expertise of the individuals receiving the training, their professional role and responsibility within their field of work, as well as the specific sector they are working in (Long- term care or community services). With this information, the content of the module can be tailored accordingly.

The module is adaptable for:

- Seniors and volunteers in the community
- Health-care professionals working in hospitals, community-based agencies, or individuals' homes
- Retirement Homes
- Long-Term care staff
- Front-line responders

Disclosures:

It is important to be prepared for disclosures or personal reactions by the participants during any training session on elder abuse. Discussions of a more sensitive topic may trigger memories of a personal experience or that of a client. Facilitators might consider inviting a counsellor to attend the training session, particularly if they feel unsure of their capacity to provide the necessary supports.

Accompanying Training Materials:

A supplementary PowerPoint presentation accompanies the module. It can be utilized either prior to the presentation or in tandem with the module. In addition, Elder Abuse Ontario offers additional resources, which may be found on its website, including links to research, reports, and information from/links to other agencies working in the field of elder abuse. The website is: www.elderabuseontario.com

The information and opinions expressed in this document are not necessarily those of the Government of Ontario.

Guiding Principles:

The Guiding Principles will assist in providing appropriate responses and interventions, to assist older adults who are at-risk or experiencing elder abuse.

Guiding Principles

Responding To Elder Abuse

1. **Talk to the older adult.** Ask questions to learn more 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

Responding To Elder Abuse

6. **Avoid ageism.** Avoid making ageist assumptions or discriminatory thinking based on age, from affecting your judgment. Avoid stereotypes about older people and show respect for the inherent dignity of all human beings, regardless of their age.
7. **Recognize the value of independence and autonomy.** Where this is consistent with the older adult's wishes, assist them in identifying the least intrusive way to access support or assistance.
8. **Know that abuse and neglect can happen anywhere and to anyone.** Abuse and neglect of older adults can occur in a variety of circumstances.
9. **Respect rights.** The appropriate response to abuse, neglect, or risk of abuse or neglect should respect the legal rights of the older adult, while addressing the need for support, assistance, or protection in practical ways.
10. **Get informed.** Ignorance of the law is not an excuse for not taking action, when someone's safety is at stake. If you work with older adults you need to educate yourself about elder abuse. It is your responsibility to be aware of appropriate resources and services in the community.

SOUND FAMILIAR?



“I couldn’t believe what was happening to me. I did not know how to stop him. I was so afraid.”



“Often we hear people making sexual comments about us when we are together. It is hard to cope sometimes”.

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



“I feel so lonely. I am afraid to be around anyone, for fear they will harm me.”



“My husband is so controlling. He just won’t listen to me or talk about problems.”

What is Sexual Abuse of Older Adults

“**Sexual Abuse** is “non-consensual sexual contact, of any kind, with an older adult. Sexual contact with any person incapable of giving consent is considered sexual abuse. It includes, but is not limited to, unwanted touching and all types of sexual assault or battery, such as rape, sodomy, coerced nudity, and sexually explicit photographing.” [1]

Sexual Harassment is “engaging in a course of vexatious comment or conduct that is known or ought to be known to be unwelcome.” *Ontario Human Rights Code*

Sexual violence toward an older adult is any sexual act or attempt to obtain a sexual act by violence or force. These acts include:[1,2,3,4,8,14]

- Unwanted sexual touching or kissing
- Fondling or sexual intercourse without consent
- Unnecessary touching of genital area, that is not part of the care plan
- Making sexual remarks and/or suggestions
- Forced viewing of pornography
- Incest
- Sexual threats
- Marital or partner rape
- Unwanted sexual exploitation
- Sexual contact, sexual harassment
- Exposure and voyeurism
- Unwanted sexual activity, such as verbal or suggestive behaviours
- Gender-related comments about a person’s physical characteristics or mannerisms
- Harmful genital practices (unnecessary during provision of personal care)

In 2013, police-reported family violence, against an older adult, indicating there were 23 family-related sexual assaults against seniors, which accounted for 1% of all family violence against seniors; 96% of these senior sexual assault victims, were female.⁶

Older women are three times more likely to experience sexual abuse than older men.^[5]

Older adults residing in their own homes or in long-term care or retirement homes can be victims of sexual abuse and harassment.^[7,13] In addition, a partner cannot force their partner/spouse to perform sexual acts without consent and anyone is allowed to change their mind in the middle of a sexual act.

When a spouse is the abuser, the situation of sexual violence is a form of domestic abuse.

Profiles of Sexual Abuse

Who is the likely perpetrator of sexual abuse?

- **Partner/Spouse**
 - **Sexual violence by an intimate partner can include a date or a marital partner. Domestic abuse often occurs in some of these relationships.**
- **Family member (grandchildren, adult offspring)**
- **Caregiver**
- **Paid caregiver**
- **Other residents in a care home**
- **Facility staff**

Profile of an older adult victim of sexual abuse

- **Lives alone**
- **Requires physical/ mechanical assistance**
- **Suffers from emotional issues**
- **Misuses substances/alcoholism**
- **Socially isolated**
- **Some dependence on activities for daily living**
- **Poor health**
- **Poor social well-being**
- **Lesbian, gay, bisexual or transgender older adults**

- **Seek power and control over older adult, they perceive to be vulnerable.**
- **Suffering from mental illness**
- **Misuse of substances/ alcoholism**
- **Financially dependent on victim**

Warning Signs of Sexual Abuse

Older adult victims can experience serious effects and long-term impacts from sexual violence. Due to age-related physiological changes, older victims tend to sustain more severe physical injuries and emotional trauma as a result of an assault^[7,8,9,13,14]



Warning Signs

Behaviours

- Fear, mistrust or paranoia
- Depression or anxiety
- Anger, aggression
- Trouble sleeping
- Overly sexual
- Confused
- Withdrawn and wants to be alone
- Experiences suicidal thought or attempts
- Discomfort, avoidance in presence of specific people

Physical

- Torn or stained underclothing
- Unexplained and frequent urinary tract infections
- Genital infections paired with frequent or painful urination
- Trouble sitting or walking
- Bruising and swelling on inner thighs, vaginal, rectal areas
- Pain and bleeding in genital area
- Imprint injuries, bruising behind neck, bite marks, scratches
- Sexually transmitted diseases

Risk Factors of Sexual Abuse

There are certain factors associated with aging that increase an older adult's vulnerability to sexual abuse and can impede their ability to defend themselves. Individuals with cognitive impairments caused by age-related illnesses such as a stroke, aphasia or dementia are at an increased risk of being perpetrators and/or victims, due to their inability to understand boundaries of sexual behaviour toward others or consent.^[10]

Many survivors, even those with mild cognition, may not be able to recall/describe events that occurred during the assault, unable to talk coherently about the event, communicate at all due to their inability to speak or articulate, or not be believed by others who assume to be 'making up the story' due to loss of memory.^[11]

Risk Factors for Abuser

- Past history of family violence
- Mental health issues
- Caregiver burden
- Dependence on the victim
- Substance misuse
- Problems with stress and coping
- Current relationship problems

Risk Factors for Older Adults

- Past history of family violence or experience sexual abuse, prior to the age of 60
- Suffer cognitive impairment/dementia
- Mental health issues
- Physical frailty or mobility difficulties
- Dependence on the perpetrator for care
- Live alone or in isolation
- Substance misuse
- Problems with stress and coping
- Current relationship problems
- Older adults who are immigrants/newcomers to Canada

Barriers to Reporting

It is important to consider the barriers that older adults face, in reporting or disclosing sexual abuse and why they may not seek help. There are numerous reasons why older victims may choose not to report their victimization to the police:^[10,11,12,13,14]

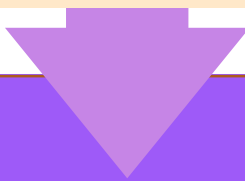
FEAR

Fear that disclosure will lead to being found out

Fear of being placed in a care facility.

Afraid that they will be blamed or judged

Repercussions from family or staff (e.g., escalation of abuse; loss of financial support; loss of connections with loved ones)

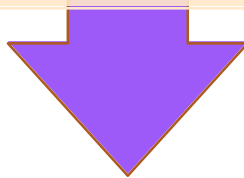


EMOTIONAL

Feel no one will believe them.

Feel ashamed embarrassed or humiliated

Rejection by family members



KNOWLEDGE/LANGUAGE

Not knowing where to turn for help ...Report where?
Report what?

Language barriers, not able to access resources or culturally appropriate services

Professionals not recognizing signs and therefore not making appropriate referrals

Ageist attitudes – ‘older adults are not sexual so abuse would not happen’

CASE STUDY SEXUAL

CASE STUDY 1

I trusted my son, I did not know what to do when he began watching inappropriate shows in front of me.



Edith is a 79- year old woman living in a retirement home for the past 2 years. Edith does not have any cognitive impairment or physical mobility issues, but has not made any friends and often does not socialize with fellow residents, because of a language barrier.

Though she immigrated to Canada with her husband and son, some 45 years ago, she does not speak English very well and has only lived within her Ukrainian community. Her husband moved into a LTC home when his Parkinson’s disease progressed to a stage that Edith could no longer care for him. Her son visits her often at however she does not seem happy when he arrives.

Program Coordinators in the home encourage the residents to join in for ‘social tea time’ in the lounge. When approaching Edith’s room coordinators have heard strange noises. Edith’s son answers the door and it is noted that the noises are coming from a TV with pornographic programs playing. Aware that Edith is in the room watching, you ask to speak with Edith alone however the son will not let you in the room. He states that he is “spending time with his mother and does not wish to be disturbed.”

Edith appears very upset and begins to yell in Ukrainian, but not understanding what she is saying, the coordinator is unable to enter the apartment as it is a private dwelling and there does not appear to be any immediate danger or harm to Edith.



What would you suggest the Program Coordinator do next?

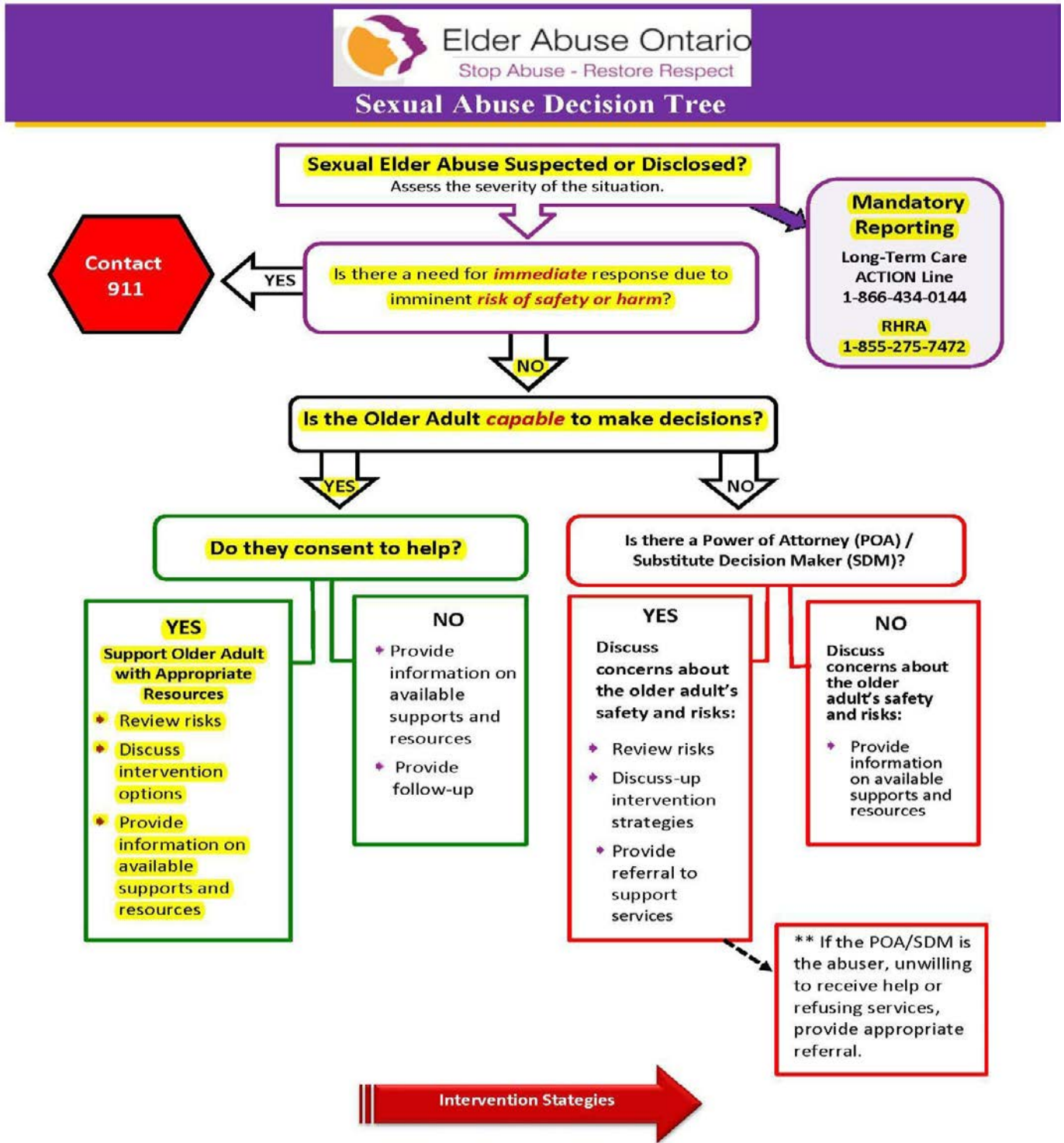
FACT BOX

Type of Abuse :	Sexual Abuse
Warning Signs :	<ul style="list-style-type: none"> ✓ Edith appears distressed and is yelling in her native language ✓ Edith is not happy when the son visits. ✓ Son appears defensive, not allowing staff to enter Edith's room while he is watching his programs
Risk Factors for Victim :	<ul style="list-style-type: none"> ✓ Edith's inability to communicate her concerns and feelings about the situation, is a risk factor for further abuse.
Who is Abuser ?	Edith's son
Risk Assessment:	<ul style="list-style-type: none"> ✓ RH must report immediately to RHRA and police as sexual abuse is a crime ✓ RH should access services of a translator, to facilitate communication with Edith to determine her cause for distress and what she is saying during the son's visits. ✓ Unknown if Edith is in immediate danger ✓ Staff should ask to speak to Edith alone regardless if son says no to determine if she is in immediate danger.
Pertinent Assessment Questions:	<ul style="list-style-type: none"> ✓ Do you need help? ✓ Has your son forced you to watch pornography? ✓ Has your son forced you to do anything that you did not want to do? ✓ Is your son forcing you to do anything that is making you feel uncomfortable or threatened?
Capacity:	<p>Capable</p> <ul style="list-style-type: none"> -Edith is capable. -Recognize her 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.
Consent:	Even though it is Edith's choice to consent to supports and referral, Retirement Home staff must report sexual abuse or suspicion of sexual abuse to his/her supervisor immediately. The Retirement Home must report to the RHRA. If the abuse is a criminal offence, Police need to be notified.
Response and intervention:	<ul style="list-style-type: none"> ✓ Staff should ask to speak with Edith to determine if she is in immediate danger even though son refuses. ✓ As per the RH Act 2010, RH staff must report incident immediately to his/her supervisor ✓ RH must report to RHRA to initiate an investigation ✓ RH must report to police if crime is suspected
Referral & Resources:	<ul style="list-style-type: none"> ✓ RH should access services from a Ukrainian speaking translator to communicate with and support Edith. ✓ Develop a safety plan with Edith. Edith will more than likely want to continue her relationship with her son; however it may be safer for her

	<p>to visit with her son in a common room instead of her private room.</p> <ul style="list-style-type: none">✓ Provide Edith with the SSL number where she can speak to someone in her language.✓ Provide Edith with referral to Sexual Assault organization in her area for ongoing support.
Other:	

SUPPORTING EDITH

The example below illustrates how a service provider can use the decision tree to support Edith.

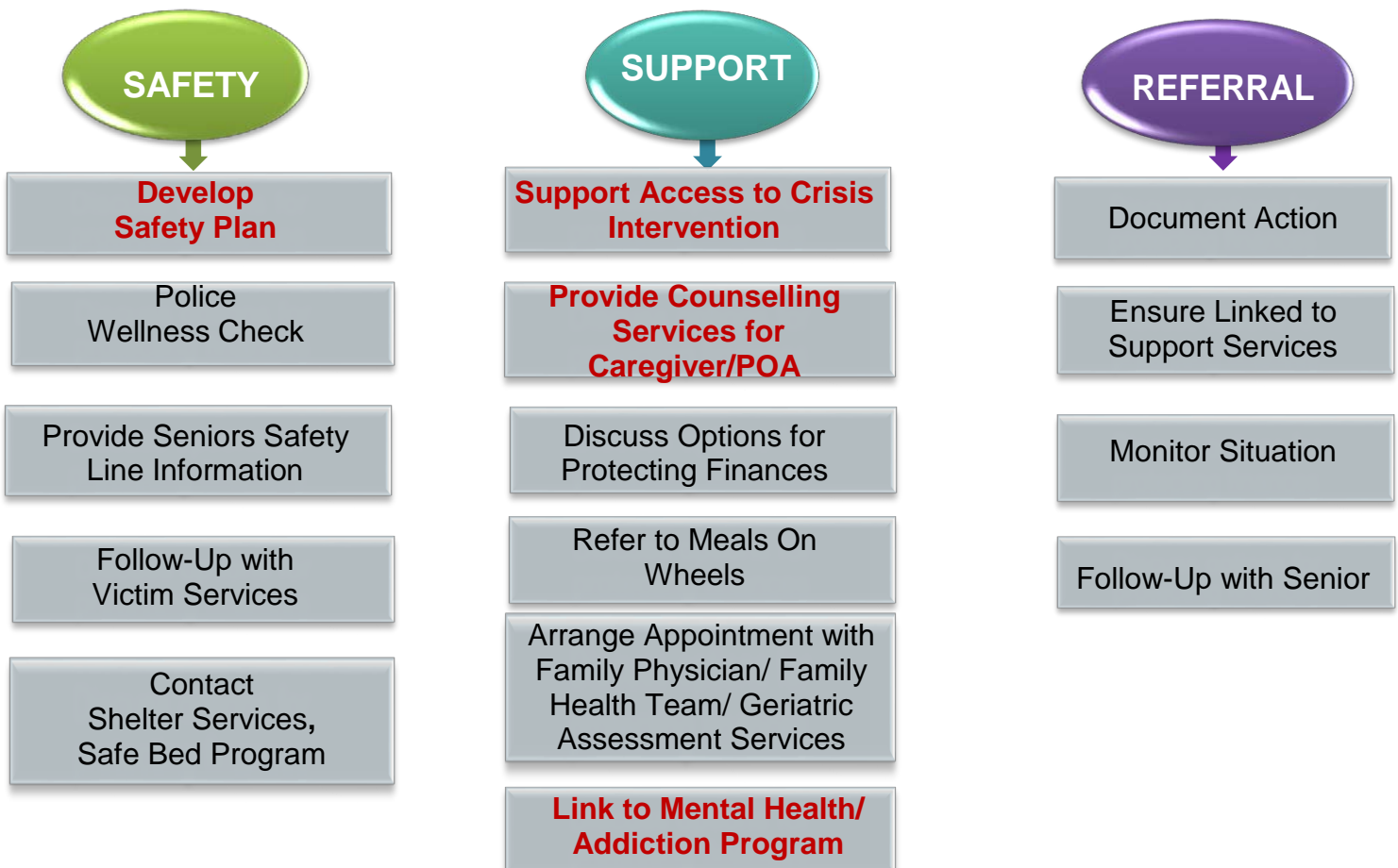


Resources and Community Support

Alzheimer Society of Ontario	1-800-879-4226	Ontario Human Rights Commission	1-800-387-9080
Assaulted Women's Helpline	1-866-863-9511	Rainbow Health Ontario	416-326-4100
Criminal Injuries Compensation Board (CICB)	1-800-372-7463	Ontario Network of Sexual Abuse and Domestic Seniors Safety Line	416-323-7327
Local Health Integration Networks	1-866-383-5446	Support Services for Male Sexual Assault Survivors	1-866-299-1011
Law Society Referral Service	1-855-947-5255	Talk4Healing	1 855 554 4325
Mental Health Helpline	1-866-531-2600	Retirement Homes Regulatory Authority	1-855-275-7472
Office of the Public Guardian and Trustee	1-800-366-0335	Victim Support Line	1-888-579-2888
Ontario Provincial Police	1-888-310-1122		

For more resources visit : www.elderabuseontario.com

Intervention Strategies



Having the Conversation

Sexual abuse can be a very difficult conversation to broach with a family member or older adult client. It is important to conduct a thorough assessment to detect, identify or intervene in support of the older adult survivor of sexual abuse. The following sample questions may assist care providers, to start the conversation with the older adult, about their concerns of suspected sexual abuse.

Assessment Questions (Older Adults Residing in Long-term Care or Retirement Homes)

- During personal care has a care provider ever touched you inappropriately?
- Has another resident ever spoken to you in a sexually inappropriate manner?
- Does your care provider force you to take any medications, which may impair your memory or judgment? (That is not appropriate to your clinical care plan)
- Has another resident attempted to touch you in a sexual nature?
- Has another resident attempted to force you into a sexual act?
- Has a care provider or another resident come into your room without your consent, while you were dressing or attending to your personal hygiene?
- Was there an inappropriate sexual relationship with a resident or staff member before being admitted into the Long-Term Care Home or Retirement Residence? Or before a staff member was hired at the Long-Term Care Home or Retirement Residence?

ASSESSMENT QUESTIONS

- Is there anyone close to you that makes you feel uncomfortable?
- Does anyone speak to you in a sexual nature that makes you feel uncomfortable?
- Has your partner ever made inappropriate or aggressive sexual remarks towards you?
- Is there anyone that you fear being left alone with?
- Have you ever been touched in any way you did not want?
- Has anyone forced you to watch pornographic material or pictures?
- Have you ever been forced to watch someone else take part in any sexual act without your consent?
- Have you ever felt pressured to take part in a sexual act with your partner because he/she has threatened you?
- Do you feel coerced to participate in sexual acts with your partner for fear of physical harm being done to you if you do not?
- Has anyone forced you to touch them?
- Have you experienced sexual abuse or any other type of abuse in the past?
- Has a family member tried to harm you while under the influence of alcohol or drugs?
- Does your partner force you to take any substances which may impair your memory or judgment?
- Have you been forced or tricked to take any substances that may impair your memory or judgment?

PHYSICAL

- Have you noticed that you are frequently urinating or feel any pain/discomfort while urinating?
- Do you have unexplained sexually transmitted diseases?
- Have you contracted any Sexually transmitted diseases and are unsure how you contracted them?
- Do you experience any pain in your genital or rectal area?
- Have you notice any changes in bodily discharge or fluid when you go to the bathroom?

If the older adult answered YES:

Did you receive any services or support to help you through the abuse?

I don't understand the Law. Do I need to REPORT?

- Sexual assault and harassment are a crime in Canada. Even when you are married, it is a crime to force any sexual conduct on another person.
- If a sexual act is committed while the victim is physically or mentally unable to consent, that is sexual assault.
- Reporting is mandatory only in Long-term care and retirement homes.
- The law requires reporting by anyone who knows or has reasonable grounds to suspect that a resident has been, or might be, harmed.
- Older adult victims living in the community have the right to disclose information without having to report the incident to the police or other authorities.
- If an older adult who has been sexually abused seeks help from a community agency, hospital or other support service, they will not report the incident to police unless the older adult requests it.

Who can I speak to about sexual abuse?

There are several agencies where older adults can report sexual abuse, including but not limited to:

- Police
- Victim service programs
- Community agencies
- Health clinics
- Hospitals
- Physician
- Staff within a care home
- Someone trusted (ex. Family members, friend, health care provider)

CASE STUDY

SEXUAL ABUSE

CASE STUDY 2

We have been partners for many years, I was shocked at his escalating behaviour towards me. I thought he loved me.



Dale is a 72-year-old male living in a long-term care facility. He has a sister who is supporting him, visiting often and a brother from whom Dale is estranged for over 15 years. Dale lives at the home with his partner, Esteban, but each has his own room. Dale was recently asked by one of the nurses why he was suddenly having difficulty walking. Dale responded, "Because of what happened." The nurse then asked him to describe the details of the evening. Dale explained that Esteban came into his room last night and struck him, giving him a bloody nose and threatening him with a knife, because Dale refused to have sexual intercourse.

Dale sought help from a PSW, to attend to the bloody nose, saying that Esteban had hit him but did not tell anyone about the knife incident. Dale explained later that Esteban learned of his reporting the incident to the PSW and became very angry. Dale later told the PSW that Esteban yelled at him, forcing him to have anal intercourse to punish him for telling staff about their 'misunderstanding'.

No action was taken by the LTC home as a result of Dale's statement. Neither the staff nor Dale's sister appeared to believe him, because they had been a couple for over 15 years. They assumed Dale's mild cognitive impairment was causing him to say things that were not true as he could not provide details about that night. Dale's physical and emotional health continue to deteriorate to the point that his sister is considering removing him from the LTC home to live with her instead.



What would you suggest the sister do to help her brother?

FACT BOX

Type of Abuse:	Sexual, Physical, and Psychological
Warning Signs:	Behavioural changes: <ul style="list-style-type: none"> ✓ Dale Is Withdrawal ✓ Relationship Problems with Partner ✓ Physical Mobility Issues and signs of physical discomfort ✓ Threatened with Weapon ✓ Yelled at by Esteban ✓ Mild Cognitive Impairment – Memory Recall Issues ✓ Physical Injuries ✓ Sexual Assault
Risk Factors:	<ul style="list-style-type: none"> ✓ Fluctuating cognitive impairment ✓ Not Being Listened to or believed by Staff ✓ Physical Frailty ✓ Dependence on LTC Staff for care ✓ LGBTQ Older Adult
Who is Abuser?	Esteban – long time partner
Risk Assessment:	<ul style="list-style-type: none"> ✓ No Imminent Risk ✓ dependence on care staff ✓ relationship difficulties between partners ✓ Access to knife/other weapons ✓ Open access to partner – no locked doors in facility ✓ Ability to understand /appreciate situation - risks ✓ Ability to provide consent ✓ Inability to defend himself ✓ Cognitive ability to consent to sexual relations with partner
Pertinent Assessment Questions:	<ul style="list-style-type: none"> ✓ Has your partner ever made inappropriate or aggressive sexual remarks towards you before? ✓ Have you ever felt pressured to take part in a sexual act with your partner because he has threatened you? ✓ Do you feel coerced to participate in sexual acts with your partner for fear of physical harm being done to you if you do not? ✓ Does your partner force you to take any substances which may impair your memory or judgment? ✓ Has your partner made you feel unsafe in the past? ✓ Have you been in other relationships where a partner has assaulted or threatened you? ✓ Would you feel comfortable talking to your sister about your relationship with Esteban? ✓ How would you like to address the situation that occurred between you and Esteban? ✓ Are there other LTC housing or care options that you would like to explore? ✓ Do you want to continue to see Esteban at the home?

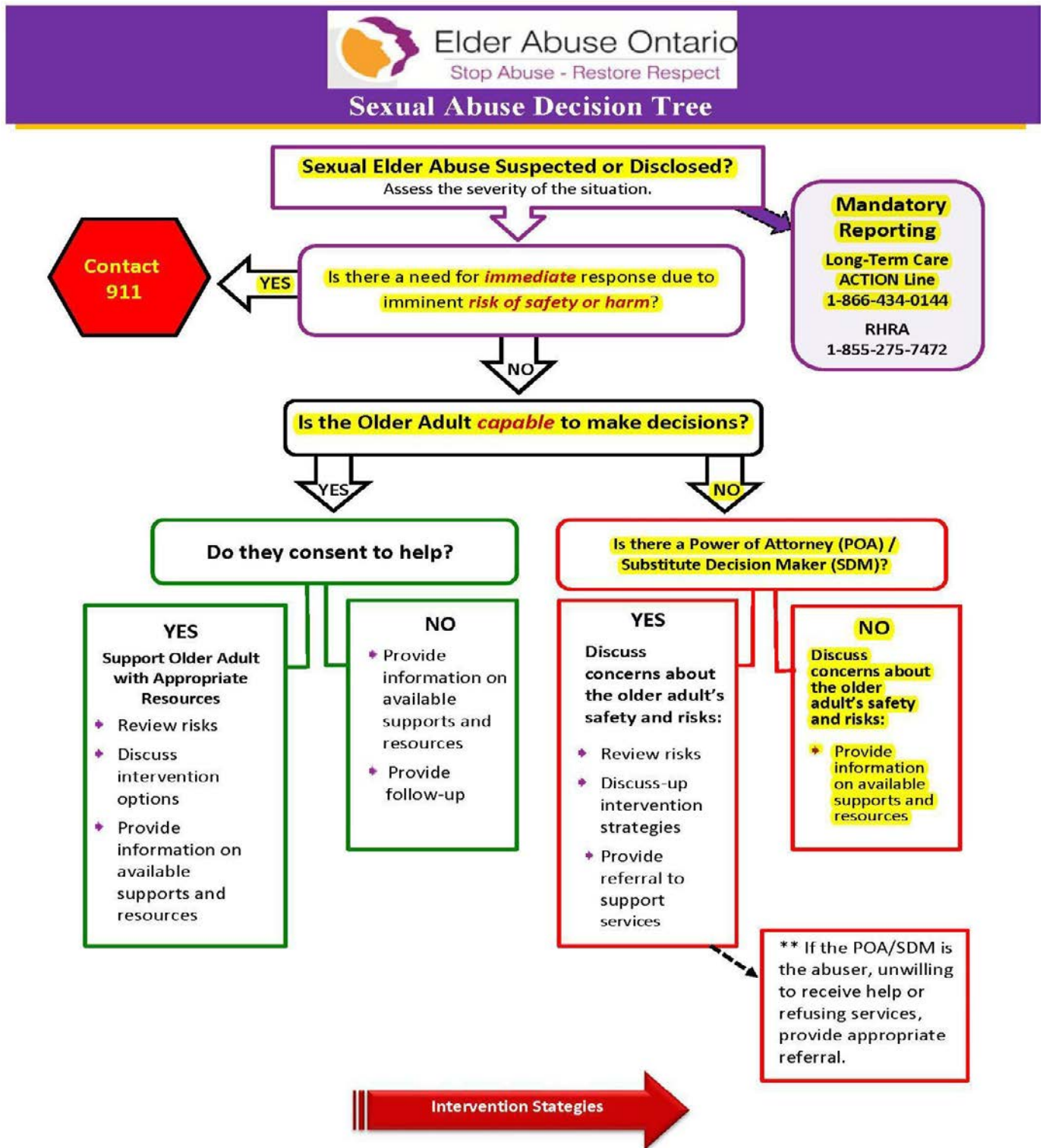
Capacity:	<ul style="list-style-type: none"> ✓ Capable. ✓ Could be fluctuating capacity, given his current change in emotional and physical health. ✓ Due to the trauma experienced from the incident, Dale could be experiencing a block in memory – so not recalling details of the traumatic event.
Consent:	
Response and intervention:	<p>Reporting - LTC Homes Act</p> <p>The PSW should report the incident to the LTC Home supervisor and document the facts around the occurrence. The Supervisor, in this case the nurse, has mandatory obligation to report to the MOHLTC and complete the required occurrence reports as well as reporting to the police.</p> <p>Dale was assaulted by Esteban:</p> <ul style="list-style-type: none"> ✓ Physical assault ✓ Assault with a weapon ✓ Threatening and committing bodily harm ✓ Sexual assault – non-consensual sex <p>Report to Ministry of Health LTC Compliance office - send incident form. Long-Term Care ACTION Line is open 7days a week, from 8:30 a.m. to 7:00 p.m. 1-866-434-0144</p> <p>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.</p> <p style="text-align: center;">Policy to Promote Zero Tolerance</p> <p>96. Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents.</p> <p style="text-align: center;">Police notification– Under LTC Home Act</p> <p>98. Every licensee of a long-term care home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence.</p> <p>Contact the sister – if she is Substitute Decision-Maker (SDM)</p> <p>97. (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident,</p> <p style="padding-left: 40px;">(a) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being; and</p>

	<p>(b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident.</p> <p>(2) The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 23 (1) of the Act, immediately upon the completion of the investigation.</p> <p>Intervention with Dale:</p> <p>Speak with Dale to inquire about what actions he would like to pursue and respect his rights and autonomy.</p> <ul style="list-style-type: none"> ✓ Client autonomy – right to self-determination ✓ Client safety – right to live safely free from abuse ✓ Client dignity and respect – right to have their privacy, dignity, interests, lifestyle, personal choices, cultural and religious beliefs respected and valued ✓ Client access to information – right to access information to make meaningful and informed choices ✓ Client confidentiality – client has the right to confidentiality and information about their situation should only be shared with other professionals as relevant, and if authorized by the client ✓ Least restrictive means – interventions and services should be least restrictive to the client's rights, abilities and freedoms; least disruptive to their lifestyle ✓ Non-judgmental and inclusive approach - awareness/ sensitivity to cultural, linguistic and systemic concerns
<p>Referral & Resources:</p>	<p>Work with LTC Home to:</p> <ul style="list-style-type: none"> ✓ Make current/revise LTC policies on elder abuse ✓ Provide training about elder abuse to all staff ✓ Provide cultural sensitivity training related to the needs of LGBTQ older adults ✓ Orientation for staff on reporting policies <p>Support to Dale:</p> <ul style="list-style-type: none"> ✓ Provide options to speak with Social worker or counsellor ✓ Discuss choices/circumstances for continuing the relationship with Esteban ✓ Family meeting with sister to explore housing options ✓ Dale has right to be with his partner of 15 years ✓ Allow Dale time to determine what he would like to do and what actions if any he wishes to take ✓ Provide safeguards for Dale and other residents protection from Esteban ✓ Take Dale to hospital to assess his health after the assault/injuries sustained ✓ Determine who is SDM for Dale? PoA completed?

	Dealing with Perpetrator: Assessment of behaviours Confiscation of weapons Criminal Charges for assault/sexual assault determined by police
Other:	

SUPPORTING DALE

The example below illustrates of how a service provider can use the decision tree to support Dale.

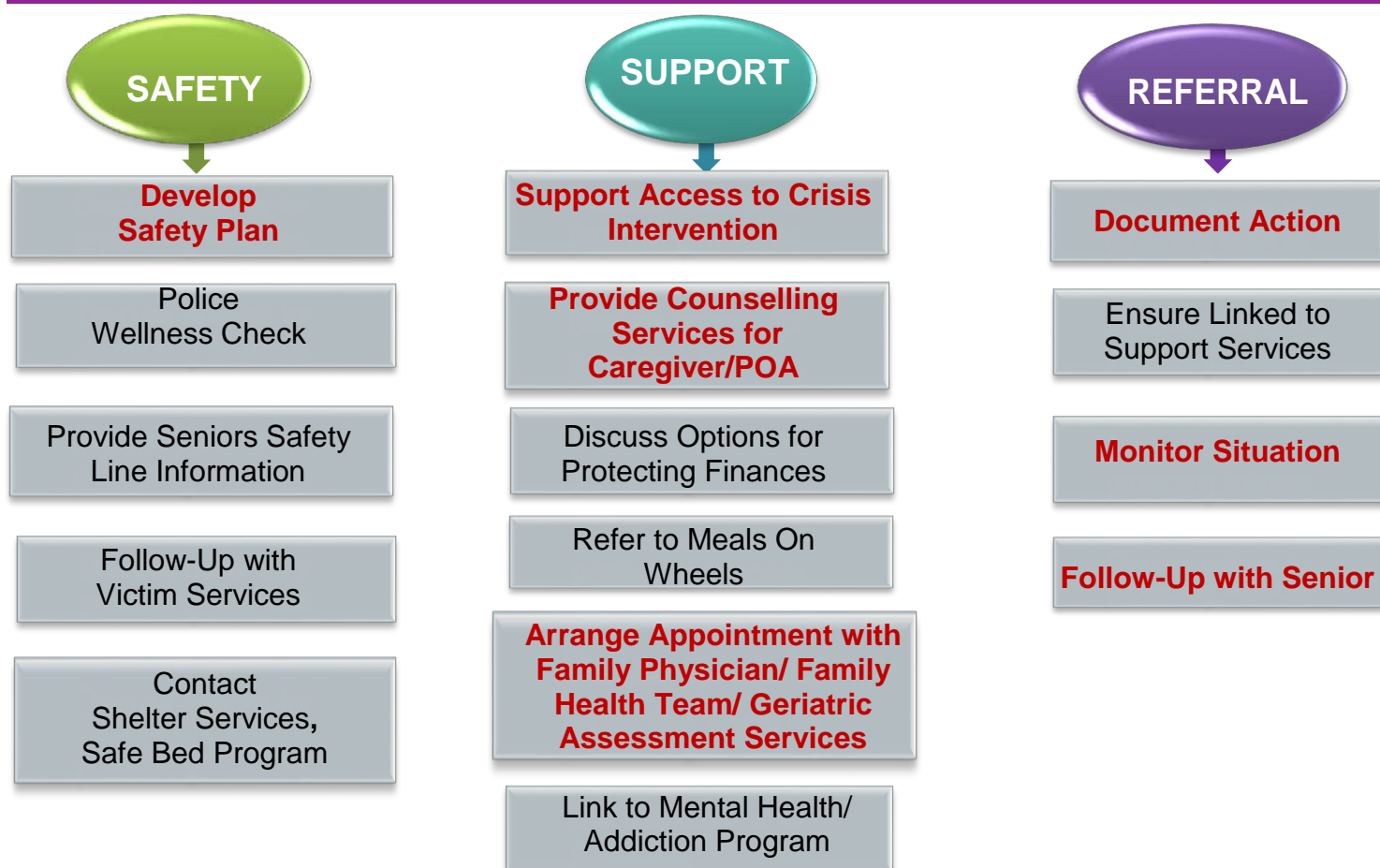


Resources and Community Support

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Mental Health Helpline	1-866-531-2600	Talk4Healing	1 855 554 4325
Office of the Public Guardian and Trustee	1-800-366-0335	Retirement Homes Regulatory Authority	1-855-275-7472
Ontario Provincial Police	1-888-310-1122	Victim Support Line	1-888-579-2888

For more resources visit : www.elderabuseontario.com

Intervention Strategies

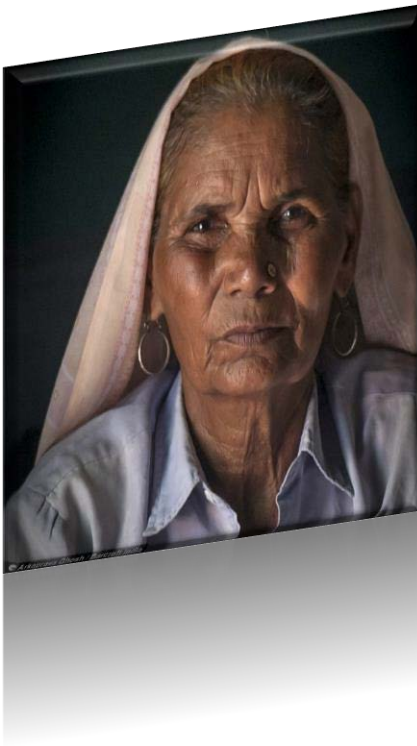


CASE STUDY

SEXUAL ABUSE

CASE STUDY 3

“No one ever believes me! My personal safety has been violated and no one will listen or do anything.”



Amal is 81 years old and is living in an unlicensed retirement residence where privacy is an issue. Amal has a history of physical abuse by her father, dating back to her childhood. Amal has aphasia, which had affected her ability to verbally communicate her needs.

A 75 year old male, newly moved into the home, regularly sits in front of Amal's room lounging around. During the summer when it is hot outside, he sits in his underwear in direct view of Amal's bed. Amal reported, in writing, the resident's behaviors to a staff person, who did not listen to her concerns.

Amal then made another written report and gave it to a PSW working at the retirement home. The letter indicated that two nights ago when Amal was coming back from dinner, this male resident was in the lounge and cornered her stating "I would like to pleasure you". She indicated she could not verbally speak out to protest, due to her aphasia and tried to stop him physically. The resident continued by moving her hands off her walker and forcing her to touch his genital area. He then pushed her onto the sofa and took off her top and forced her to perform oral sex.



What should the PSW do in response to the written report of abuse?

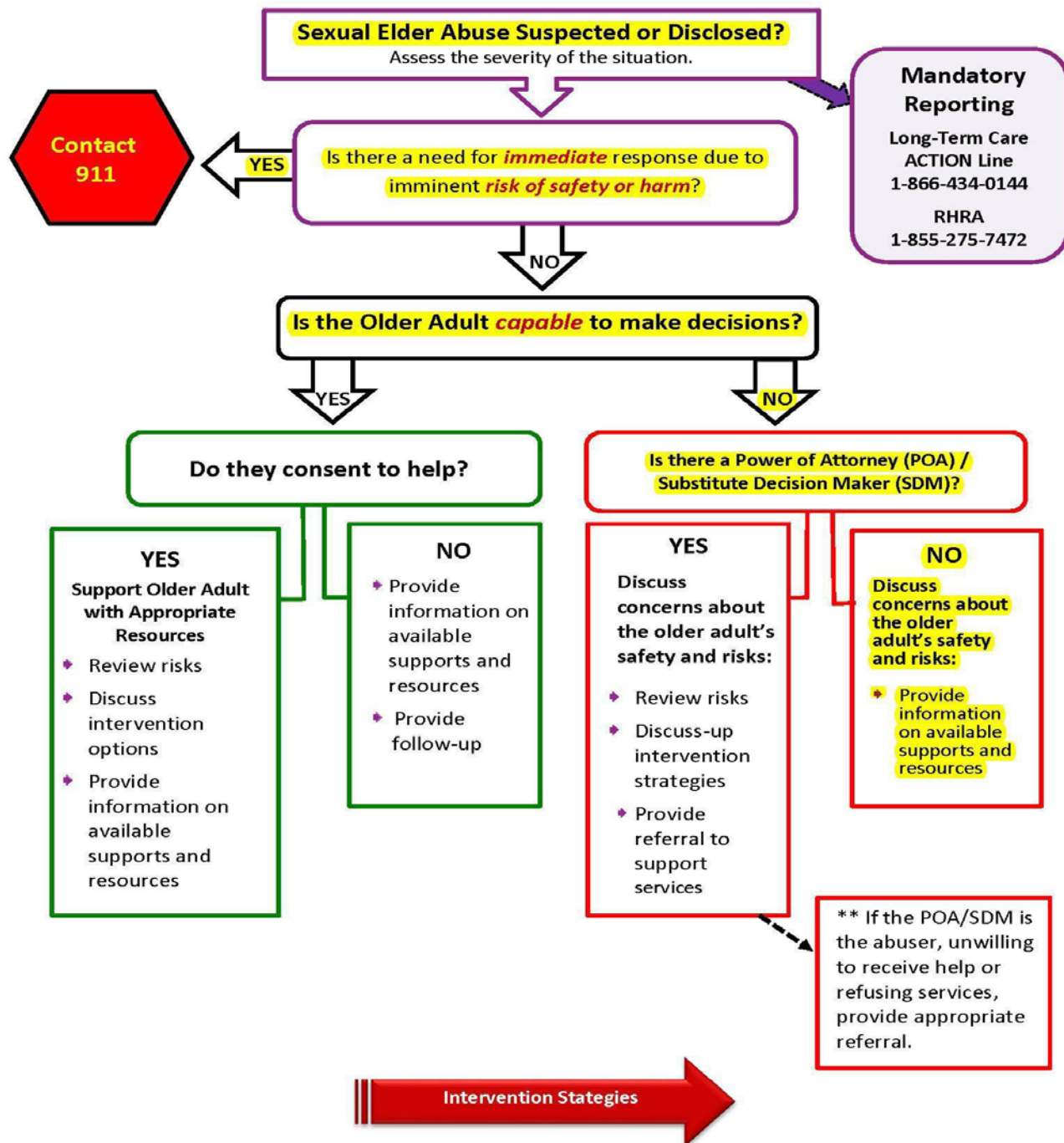
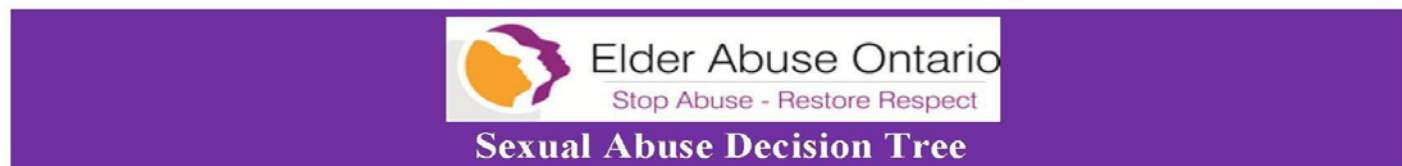
FACT BOX

Type of Abuse :	Sexual
Warning Signs :	<ul style="list-style-type: none"> ✓ Amal's vulnerability because of her inability to communicate due to aphasia. ✓ Unlicensed Retirement Home.
Risk Factors for Victim :	<ul style="list-style-type: none"> ✓ Amal has a history of physical abuse dating back to her childhood from her father. ✓ The Retirement home where Amal resides is not licensed and therefore not following the policies under the RH Act 2010. ✓ Amal's aphasia affects her ability to verbally communicate her needs. ✓ Staff do not listen to nor respond to Amal's complaints.
Who is Abuser ?	A fellow resident new to the retirement home.
Risk Assessment:	<ul style="list-style-type: none"> ✓ Very high risk of reoccurrence of sexual abuse. ✓ Sexual Assault is a crime!
Pertinent Assessment Questions:	<ul style="list-style-type: none"> ✓ Is there anyone close to you that makes you feel uncomfortable? ✓ Does anyone speak to you in a sexual nature that makes you feel uncomfortable? ✓ Has a resident ever made inappropriate or aggressive sexual remarks towards you? ✓ Is there anyone that you fear being left alone with? ✓ Have you ever been touched in any way you did not want? ✓ Have you ever felt pressured to take part in a sexual act because someone has threatened you? ✓ Has anyone forced you to touch them? <p style="margin-left: 40px;"><u>If the older adult answered YES:</u></p> <ul style="list-style-type: none"> ✓ Did you receive any services or support to help you through the abuse?
Capacity:	Capable
Consent:	Consents to support and referrals: Yes

Response and intervention:	<ul style="list-style-type: none"> ✓ Amal needs to be removed from an unsafe environment AND the perpetrator removed immediately. ✓ Amal needs to be examined by a physician and connected to Sexual Assault worker immediately. ✓ The police need to be contacted immediately as Sexual assault /abuse is a crime. ✓ The RH needs to be reported to RHRA as they may be running a home illegally. If more than 6 residents live in the retirement home then they are obligated to register and apply for a license under the RHRA. Is the home “occupied primarily by persons who are 65 years or older? Is the home occupied or intended to be occupied by at least six persons who are not related to the operator of the home?”
Referral & Resources:	<ul style="list-style-type: none"> ✓ Refer to the Police and the RHRA for further investigation ✓ Refer Amal to a Sexual Assault Organization. ✓ Develop a safety plan with Amal, once she is not in imminent danger. ✓ Find alternative methods of signaling an emergency. Amal may need special equipment, as she is not able to communicate verbally what her needs are, particularly in an emergency situation.
Other:	

SUPPORTING AMAL

The example below illustrates of how a service provider can use the decision tree to support AMAL

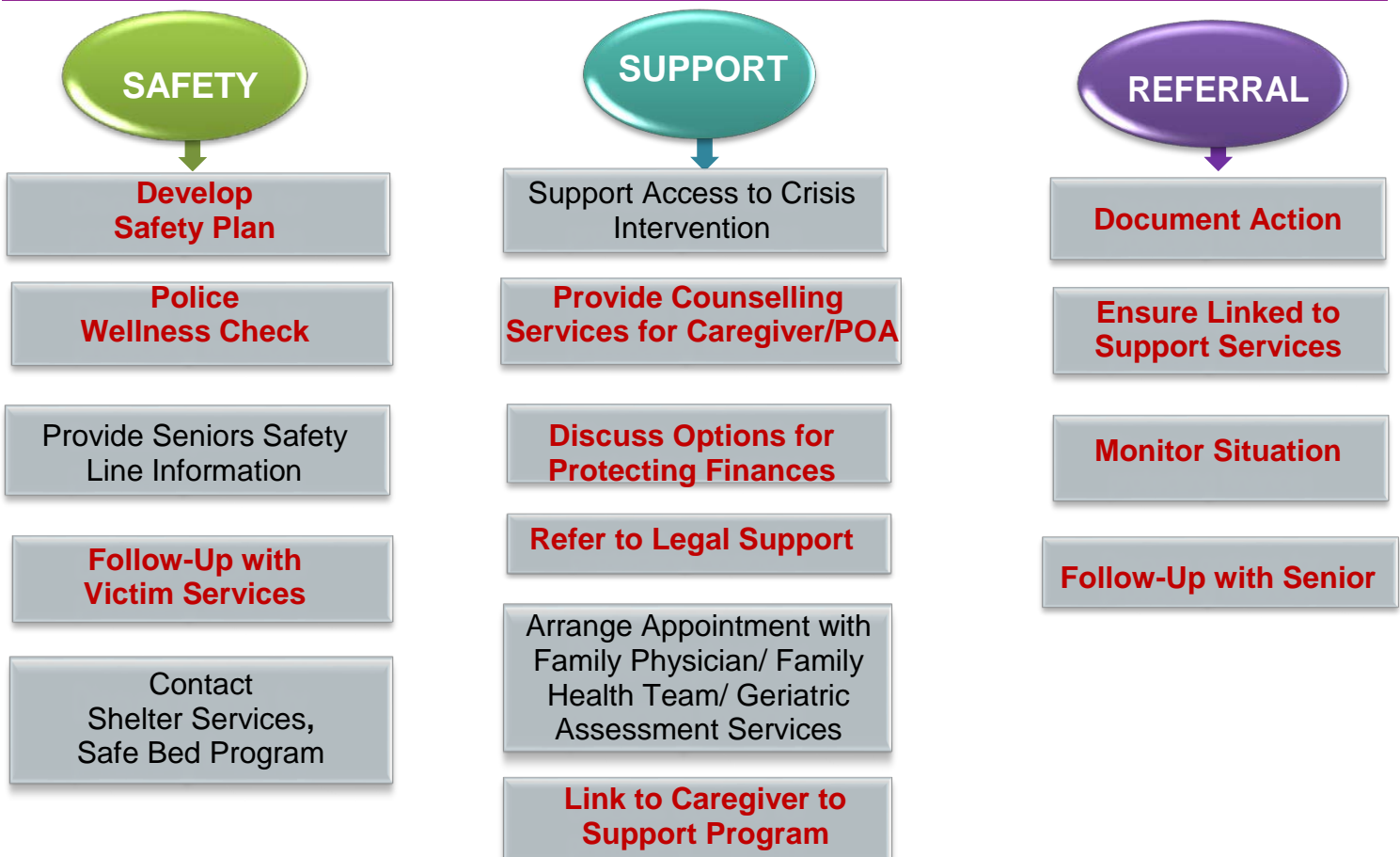


Resources and Community Support

Alzheimer Society of Ontario	1-800-879-4226	Ontario Human Rights Commission	1-800-387-9080
Assaulted Women's Helpline	1-866-863-9511	Rainbow Health Ontario	416-326-4100
Criminal Injuries Compensation Board (CICB)	1-800-372-7463	Ontario Network of Sexual Abuse and Domestic	416-323-7327
Local Health Integration Networks	1-866-383-5446	Seniors Safety Line	1-866-299-1011
Law Society Referral Service	1-855-947-5255	Support Services for Male Sexual Assault Survivors	1-866-887-0015
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Intervention Strategies



CASE STUDY

SEXUAL ABUSE

CASE STUDY 4

My friend had told me to explore dating again, but I am not sure I am ready.



Li Xiu Ying is a 72-year-old widow who is very active in her community. She often takes part in social dinners and activities at the local senior centre. Since her spouse died, Zhang Wei, a 69-year-old man at the centre, often asks her to travel to social events with him.

Li Xiu misses the companionship of a man and would like to start dating again, but feels Zhang is coming on too strong. At the last social dinner and dance, Zhang grabbed Li Xiu's bottom and said "I am going to sink my teeth into you tonight". Li Xiu was shocked and walked away, telling him to leave her alone.

Ming, a close friend of Li Xiu was standing right beside her when the incident occurred. Ming told Li Xiu that she was overreacting and that Zhang didn't mean any harm, he was just joking and having a good time. Li Xiu left the dance alone crying and upset. She is embarrassed and has withdrawn from activities at the centre. She appears to be depressed and becomes agitated when there are suggestions that she attend other social events.



What would you do to help Li Xiu Ying in this situation?

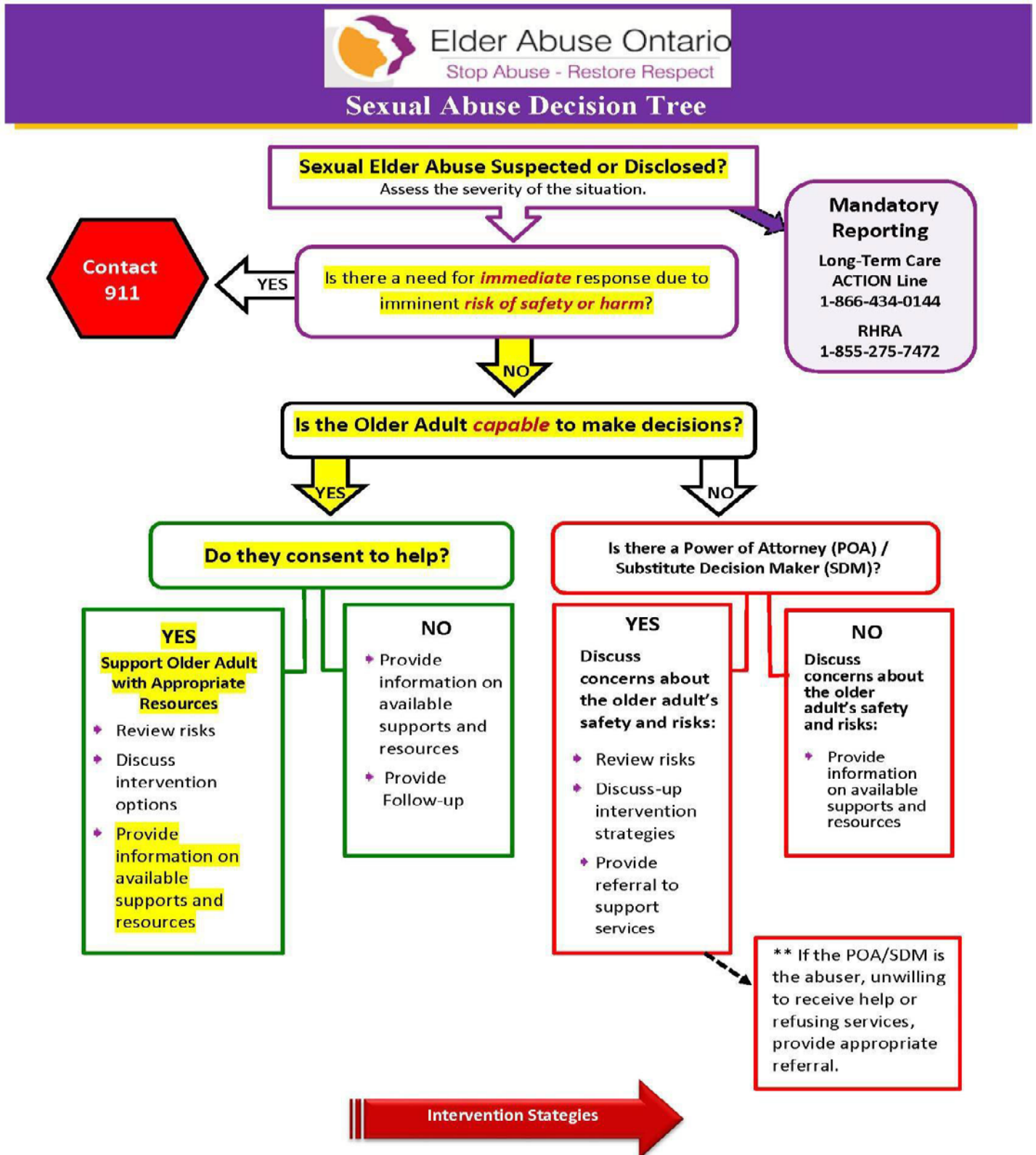
FACT BOX

Type of Abuse:	Sexual and Psychological
Warning Signs:	Behavioural changes: <ul style="list-style-type: none"> ✓ Withdrawn, depression – wanting to be left alone ✓ Fear ✓ Anger ✓ Widowed and spending more time alone ✓ Increasing/sudden isolation from community and regular activities ✓ Distrust in Zhang, indicated he comes on too strong ✓ Agitated
Risk Factors for Victim:	<ul style="list-style-type: none"> ✓ Loneliness and isolation ✓ Current relationship problems ✓ Lack of coping strategies to deal with stress ✓ Poor social well-being
Who is Abuser?	Zhang
Risk Assessment:	<ul style="list-style-type: none"> ✓ Possible-mental health issues ✓ Stress and depression ✓ Unwanted sexual touching occurred – fondling without consent ✓ Zhang being persistent and not recognizing boundaries, continuing offensive behaviour ✓ Lack of support from friend
Pertinent Assessment Questions:	<ul style="list-style-type: none"> ✓ Has your friend ever made inappropriate or aggressive sexual remarks towards you in the past? ✓ Has Zhang ever spoken to you in a sexual nature in the past, ways that made you feel uncomfortable? ✓ Have you ever felt pressured to take part in a sexual act with your friend because he threatened you? ✓ Is there anyone else close to you that also makes you feel uncomfortable? ✓ Have you experienced sexual abuse or any type of abuse in the past? ✓ Have you ever been previously touched without your consent ? ✓ Do you have other friends who you can attend social outings within the community or at the social centre? ✓ Have you ever felt afraid when along with Zhang? ✓ Would you feel comfortable or be willing to speak to someone who could provide you with additional support?
Capacity:	Capable <ul style="list-style-type: none"> ✓ Li Xiu is capable of making her own decisions ✓ She can determine if she want to proceed in reporting to the police. ✓ Is able to determine if she want to seek counselling or other support options
Consent:	

<p>Response and intervention:</p>	<p>Social Worker Intervention</p> <ul style="list-style-type: none"> • Explain to Liu Xia what her rights are and what options are available to her • Refer her to additional counselling, to deal with any future such encounters with Zhang. • Offer referral to counselling to help build self-esteem and empowerment • Support Liu in finding alternate Social Centres • Maintain confidentiality of the information disclosed • Offer to speak with her friend, to help explain the situation and why Liu Xia is so upset <p>Sexual Abuse is a criminal offence. Speak to Liu Xia about her options to report to police - sexual abuse is a criminal offence. She has the right to make a complaint and statement to the police and they would determine whether charges would be laid. Liu Xia can make a complaint to the local senior centre letting them know what happened. All participants in these programs have the right to be free from this behaviour – determine if there compliance with Centre’s policies, if not Director may take action to address situation.</p>
<p>Referral & Resources:</p>	<ul style="list-style-type: none"> ✓ Provide contact information for local counselling and support services that can help them cope with their situation. ✓ Provide contact information to Victim Services – who can arrange for safety planning and other supports, ✓ Inform about the justice process and protection orders for sexual assault/abuse ✓ Sexual Assault/Domestic Violence Treatment Centres (SADVTC) www.sadvtreatmentcentres.ca ✓ Assaulted Women’s Help Line 416-364-4144 www.awhl.org ✓ Seniors Safety Line 1-866-299-1011
<p>Other:</p>	

SUPPORTING LI XIU

The following example illustrates how a service provider can use the decision tree to support Li Xiu.

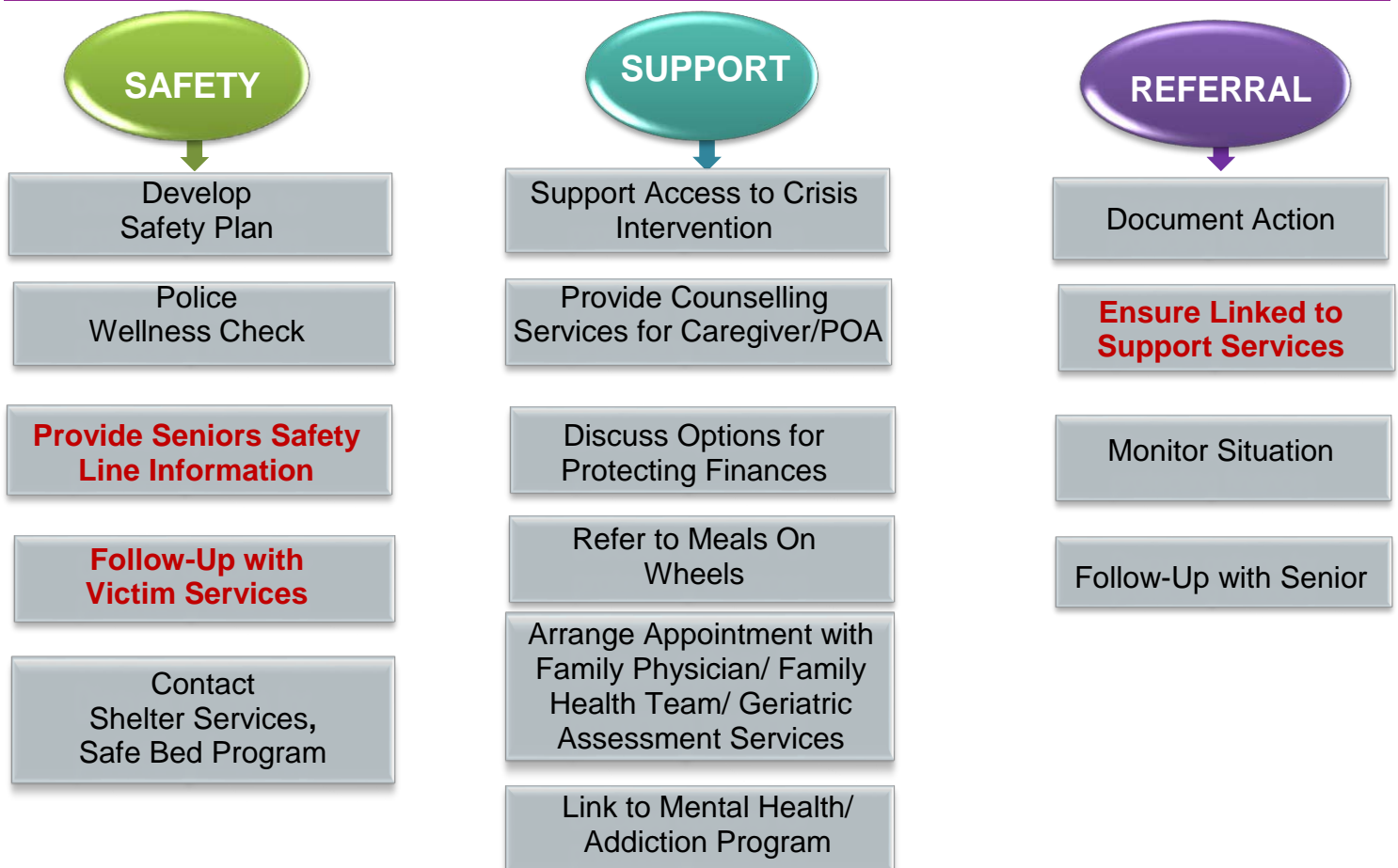


Resources and Community Support

Alzheimer Society of Ontario	1-800-879-4226	Ontario Human Rights Commission	1-800-387-9080
Assaulted Women's Helpline	1-866-863-9511	Rainbow Health Ontario	416-326-4100
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For more resources visit : www.elderabuseontario.com

Intervention Strategies



What Can I do to Support a Family Member from Becoming a Victim of Sexual Abuse?

- If a family member is being cared for at home by paid caregivers or in a care facility, remain involved and observant that there are no signs of sexual abuse.
- If care services are not satisfactory or make you feel uncomfortable, tell someone about your concerns.
- Seek alternative options for care, do not only rely on only one person/family members for care and a social life.
- Maintain contact with loved ones and connections with friends, family and support networks.
- Watch for changes in mood or appearance.
- Pay attention to signs of sexual abuse, if an older adult has a cognitive impairment.
- Leave the door open for discussion. Let them know they can express their concerns with you at any time.
- Inform the older adult about their rights.

If You or Someone You Know Becomes a Victim of Sexual Assault

Outreach for Help and Support Services

- *Call 911 in an Emergency*
- Seek medical attention - go to hospital and/or contact the Sexual Violence and Domestic Assault Treatment Centre
- Call a sexual assault crisis line or other crisis support line

Personal Support

- Talk to someone you trust in a private setting.
- Be an active listener, giving time for the older adult to recall the details of their experience.
- Believe what they say, do not pass judgment on the older adult victim.
- Reassure the victim that you are there to help whenever they need support.
- Maintain confidentiality of the information disclosed to you.
- Assist victim to access in-person and/or telephone support. Offer transportation to access services.

Referral

- Provide information about local counselling and support services that can help them cope with their situation.
- Provide information about victim services – who can arrange for safety planning, inform about justice process and protection orders.

Advocacy

- Become informed and know your rights.
- Ask for help when you need it.

Tips for Supporting Sexually Abused Older Adult Clients

- Older victims often suffer in silence, due to their reluctance to report. It is important to start the conversation with the older adult, if you suspect sexual abuse or assault.
- Learn about the warning signs, risk factors, and support services and resources so you can respond compassionately and appropriately if a situation comes to your attention.^[13,14,15]
- Avoid assumptions that older people cannot be victims of sexual abuse because their age. Validate what the older adult tells you, about their experience.^[15]
- Recognize disclosure may be difficult for older adults with cognitive or mental health impairments, as well as medical conditions (i.e., stroke) which can affect their ability to speak. This also increases the potential for sexual abuse.
- Screen for sexual abuse: Ask open ended question (Refer to Assessment Questions)
- If you are concerned about abusive relationships or sexual abuse, find appropriate ways to support healthy sexuality among your clients – as part of intake and assessment, inquire about prior or current history of abuse.^[15]
- Protect the privacy and safety of the older adult. Be aware of privacy in care homes that may limit a disclosure (i.e. shared room), arrange for a confidential space to talk with no disruptions.
- Know the legislation and laws pertaining to reporting sexual violence and abuse. Reporting is mandatory if abuse occurs in long-term care and/or retirement home. If reporting, explain to the older adult that you are reporting to protect their safety and your requirements by law.^[13,14,15]
- It is very important to develop a safety plan with the older victim.
- Given the victim may have a relationship with the perpetrator, they may not want to proceed to report it to the police but want to focus on getting the abuser services as opposed to themselves.^[13]
- Seek assistance from other support service agencies, to organize care and services for the older adult, working in collaboration and/or consultation with professionals from other sectors, to effectively respond to situations. ^[13,14,15]
- Offer older adults the opportunity to receive support and care from specialized trained medical examiners such as forensic nurses (i.e. Sexual Assault /Domestic Violence Treatment Centre) who can collect evidence and document injuries, bruising, etc. that can be used in police investigations, if requested.
- If an assault has taken place in a long-term care or retirement home – the preservation of the evidence such as bed linens, clothing should not be ‘cleaned up’(wash bedding, floors, etc.) and should be left for police.^[13]

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



Their mandate is to address the medical, emotional, social, forensic and legal needs of women, men and children who have been recently sexually assaulted or who are the victims or survivors of domestic abuse, in a prompt, professional and compassionate manner.

Nurses and physicians are trained to address victims' medical needs, such as the treatment of injuries and concerns about pregnancy and/or sexually transmitted infections. Part of the role of the centres' staff also includes addressing safety concerns and planning, with the victim, how to remain safe following their hospital visit. When a victim is at risk of violence, immediate referrals to shelters can be made.

Recognizing that the effects of sexual and domestic violence are complex and cannot be met by any one agency, the SADVTCs work with community agencies to provide a continuum of care for survivors.

Referring Professionals

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. That person is often in crisis.

By bringing the victim directly to your nearest [sexual assault/domestic violence treatment centre](#) you are ensuring they will get the highest level of care available.

Please use the link below to find and contact your local SADV Treatment Centre:

www.sadvtreatmentcentres.ca/

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**.”





If I have more questions or
want more information who
should I ask?

You can find lots of great tips about staying safe at...

www.elderabuseontario.com

Access the **Seniors Safety Line**

Available in 150 languages, 24 hours a
day, 7 days a week

1-866-299-1011

HELPFUL RESOURCES

Assaulted Women's Help Line

www.awhl.org
416-364-4144

Community Legal Education Ontario

www.cleo.on.ca
416-408-4420

Human Rights Legal Support Centre

www.hrlsc.on.ca
1-800-387-9080

Long-Term Care ACTION Line

www.health.gov.on.ca/en/public/contact/ccac/ltc_actionline.aspx
1-866-434-0144

Legal Aid Ontario

www.legalaid.on.ca
1-800-668-8258

Office of the Public Guardian and Trustee

www.attorneygeneral.jus.gov.on.ca/english/family/pgt/
1-800-366-0335

Ontario Women's Justice Network

www.owjn.org
416-392-3138

Retirement Homes Regulatory Authority

www.rhra.ca
1-855-275-7472

Senior Crime Stoppers

www.ontariocrimestoppers.ca
1-800-222-TIPS (8477)

Sexual Assault/Domestic Violence Treatment Centres

www.satcontario.com
416-323-7327

Support for Male Survivors

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

1-866-887-0015 Ontario Human Rights Commission

www.ohrc.on.ca
1-800-387-9080

Ontario Coalition of Rape Crisis Centres

www.sexualassaultsupport.ca

Talk 4 Healing

www.talk4healing.com
1-855-554-HEAL (4325)

The Men's Project

www.themensproject.ca
613-482-9363

Victim Support Line

services.findhelp.ca/ovss
1-888-579-2888

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Supporting References

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3. Public Health Agency of Canada, [National Clearing House on Family Violence](#)
4. [Ontario Human Rights Commission](#) (2013). Policy on preventing sexual and gender-based harassment.
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10. Burgess AW, Brown K, Bell K, Ledray LE, Poarch JC. (2005) Sexual abuse of older adults. *Am J Nurs*. Oct;105(10):66-71.
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12. [Kansas Coalition Against Sexual and Domestic Violence](#)
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14. Solomon, J., Lachs, M. & Breckman, R. (2011). [Exploring the Sexual Rights of Older Adults: Toward Healthy Sexuality and Freedom from Victimization in Later Life](#). Out of the Closet: Sexuality and Aging and Sexual Assault as a form of elder Abuse. Harry and Jeannette Weinberg Centre for the Elder Abuse Prevention, Intervention and Research at The Hebrew Home at Riverdale.
15. Ramsey-Klawnsnik, H. (2009). [Elder Sexual Abuse](#). National Association Social Work.

Other Sites of Interest:

[National Clearinghouse on Abuse in Later Life](#)

Resources are also listed on www.elderabuseontario.com/in-the-news/reports-research/

NOTES PAGE