



Overview

Elder abuse is an alarming issue in our society. It is estimated that between 4% and 10% of the population 65 years and older are victims of some form of abuse.¹ These figures are disturbing when one considers that 13% of Canadians, or nearly 4 million people are aged 65 and over, which represents approximately 400 000 elderly, victims of abuse. As the population increasingly ages, projections indicate that by 2031, seniors will comprise between 23% and 25% of Canadians,² or nearly 10 million seniors.

It is also known that violence and abuse against seniors leads to major consequences on the physical, psychological, economic and social levels. In this regard, a study by Lachs et al.³ concluded that abuse, in its various forms, had an impact on senior mortality and morbidity. At the end of a study spanning 13 years, only 9% of seniors who experienced some form of abuse were still alive compared to 40% among seniors in the control group who had never been victims of abuse.

Now, more than 20 years after the publication of the "Vieillir en liberté" report, Quebec society, seniors' organizations, social workers and the media are mobilizing to protest, initiate action, develop programs and tools to counter this trend and assist victims. During the regional consultations preparatory to the *SOS Abuse Kit*, it was found that there was a lack of coordination and communication between the different actors involved in community organizations and public services and private professionals from various sectors. Moreover, a clear need for information on the various existing resources in the field of elder abuse has been observed during recent public consultations⁴ on issues related to seniors. These problems are therefore important issues with regards to prevention, detection and intervention in situations of abuse.

Indeed, professionals working with abused seniors, like seniors themselves, complain that they do not know about the social resources adapted to the various situations arising from violence. When they are existent, they generally do not know how to access them.

It is also noted that inequalities exist between different administrative regions regarding the awareness of organizations, resource allocation and professional networking. Some regions have

¹ Podnieks, E., & Pillmer, K. et al. (1989). *A national survey on abuse of the elderly in Canada*. Toronto, Ontario: Ryerson Polytechnical Institute.

² Bélanger, A., Martel, L., & Caron-Malenfant, É. (2005). *Population Projections for Canada, Provinces and Territories*. Ottawa: Statistics Canada.

³ Lachs, M.S., Williams, C.S., O'Brien, S., Pillemer, K.A., & Charlson, M.E. (1998). The mortality of elder mistreatment. *JAMA*, 280 (5), 428-32.

⁴ Consultation publique sur les conditions de vie des aînés 2007-2008; Rapport du conseil national des aînés sur les mauvais traitements envers les aînés, 2007; and *The Canadian Conference on Elder Law*, 2007.

resources, intervention protocols, tools for effective prevention,⁵ which may sometimes be unknown to workers in the area⁶ and in the neighboring regions. The Commission des droits de la personne et de la jeunesse also notes this fact, commenting that there is a lack of awareness of services and programs aimed at informing seniors and their entourage and a need for cooperation among workers in each region.⁷ The Conseil national des aînés sur les mauvais traitements envers les aînés reached the same conclusion at regional consultations, and adds that, while the field workers inform each other about practices, research and intervention strategies, these communications need to be improved, in order to facilitate access to information.⁸

Those in charge of the *SOS Abuse Kit* project came to similar findings in November 2007, at the conference of the Canadian Network for the Prevention of Elder Abuse in Vancouver with various federal, provincial and territorial actors. The lack of information and training in connection with the problem of elder abuse was widespread. All workers involved, from medical and social workers to lawyers, police, community workers, and many others, clearly voiced that there is an urgent need for training adapted to their field of practice and as to the available resources. In Quebec, several frontline workers point out that the challenge of intervention in situations of abuse is confronted with various items including:

- An insufficient knowledge of the validated or accepted tools
- An unsystematic use of tools because protocols are poorly defined
- A lack of support for service workers within their organization
- The absence of referral to models of better practices

In addition to these, there are other factors specifically related to target clients :

- Reluctance of victims to benefit from social intervention
- Multidimensional problems: family relationships, health, cognitive impairment, addiction, etc..
- Lack of resources: poverty, few support networks, isolation⁹

⁵ Let's mention, for instance, the various roundtables such as the Table de concertation abus envers les aînés from the Mauricie region or to organizations defending the rights of abused seniors, such as DIRA-Laval.

⁶ When touring in the 17 administrative regions for the *Trousse concernant les abus chez les personnes aînées pour les administrations locales et les intervenants* drafting project, directed by AQDR and RQCAA, we discovered Saguenay's Table de concertation sur les violences envers les aînés, although it existed for fifteen years. Interestingly, although both AQDR and RQCAA are directly involved in senior abuse prevention and intervention, they did not know about this resource, as was also the case for most actors of the surrounding regions.

⁷ Bernard, C., Ledoyen, A., & Rochon, M. (2005). *The Exploitation Of The Elderly: Towards a Tightened Safety Net. Report Of The Consultation and Recommendations.* Commission des droits de la personne et des droits de la jeunesse. Online:

<http://www.cdpcj.qc.ca/en/publications/>

⁸ National Seniors Council (2007). *Report of the National Seniors Council on Elder Abuse.* Government of Canada, p. 11. Online:

http://www.seniorscouncil.qc.ca/eng/research_publications/elder_abuse/2007/hs4_38/page00.shtml

⁹ Major, C. (2008). *Lettre ouverte à l'ensemble des partenaires qui se préoccupent des abus faits aux personnes aînées*, Montréal, 5 p.

It is in part to remedy this situation that the AQDR and the RQCAA signed, in 2008, a three-year partnership protocol with the Ministère de la Famille et des Aînés to develop, with workers and other members of the community, a prevention, screening, intervention and training kit to address the problem of elder abuse,¹⁰ designed for local retirees organizations and all the categories of service workers, across the province.

Objectives of the kit

The project of creating a toolkit has two main objectives: we want all service workers who are confronted with elder abuse, regardless of geographic location, to have access to appropriate tools so that, and this is our second aim, each victim of elder abuse can receive appropriate intervention.

This is why our toolkit, available in French and English, is aimed at practitioners and service workers from different fields of intervention and includes tools that assist in prevention, detection and intervention. It also presents training opportunities in connection with the problem of elder abuse.

But we believe that, before presenting the *SOS Abuse Kit*, it is necessary to present the framework of the concepts used by the project's Committee and to describe the different forms that this social problem can take. Understanding these concepts is, in our view, the basis of mutual understanding and of a promising collective work.

Definitions

The project's strategic committee¹¹ agreed on synthetic definitions of the different types of abuse suffered by seniors and tried to describe them in simple and practical terms. These concepts were selected from research based on the usual bibliography in the field. "Simplicity, universality, and the realistic and practical character of their content have guided these choices".¹²

First, we define elder abuse as "a single or repeated act, or lack of appropriate action, occurring within any relationship of trust, which causes harm or distress to the elderly".¹³ Senior abuse takes different forms; it may be physical, psychological, financial, social, etc.

Physical Abuse

Physical abuse is physical pain or injury inflicted upon the elderly, resulting or not in bodily lesions. Physical abuse is an action performed with the intent or premeditated idea of hurting someone. Examples of physical abuse:

¹⁰ The term "abuse" is used predominantly in the text, without discrimination on other terms designating the same phenomenon, such as "mistreatment", "violence", etc.

¹¹ See page 3 of the binder.

¹² Maurais et al. (2008). Document d'accompagnement, Montréal, AQDR Nationale, 17 p.

¹³ World Health Organization. (2002). Elder abuse - chapter 5, in World Report on Violence and Health, Geneva, WHO editions.

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| ▪ | Shoving | ▪ | Holding forcefully |
| ▪ | Hitting | ▪ | Burning |
| ▪ | Beating | ▪ | Killing |

Sexual Abuse

Abuse of a sexual nature consists of touching, fondling or soliciting of sexual activity from a senior without his or her consent, or when he or she is psychologically or physically forced to engage in sexual activities. Examples of sexual abuse:

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| • Unwanted touching by assistant during the bath | • Language or attitudes of a sexual nature |
| • Privacy deprivation | • Unwanted intercourse |

Psychological - emotional - verbal abuse

Psychological abuse includes all actions intended to cause emotional pain or distress to others. The main aim of psychological abuse is to control the person by causing fear, insecurity and guilt. Examples of psychological abuse:

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| ▪ Deprivation of power | ▪ Emotional blackmail |
| ▪ Humiliation | ▪ Intimidation |
| ▪ Excessive surveillance | ▪ Denigration |
| ▪ Threats | ▪ Infantilization |
| ▪ Isolation | ▪ Harassment |
| ▪ Verbal abuse | |

Financial and material abuse (financial exploitation)

Material and financial abuse are the appropriation of the financial resources of a senior without consent or by forcing consent (fraud, theft). It also includes the misuse of material resources for purposes that are contrary to the elderly's needs and interests. Examples of material and financial abuse:

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| • Forcing a senior to change his/her will | • Using a credit or debit card without consent |
| • Asking an inflated price for services | |

Negligence

Negligence occurs in two ways: negligence (active or passive) and self-negligence.

Negligence is defined as the (deliberate or not) failure of a caregiver to meet the needs of a non-autonomous senior, thus compromising his or her health and safety. It is considered active when the person willfully fails to respond to the physical or psychological needs of the senior. This may

also be to renege on one's commitments by not providing to the senior the resources that are available. In contrast, passive neglect occurs when the caregiver or relative unwillingly fails to meet the physical or psychological needs of a senior. This neglect may be due to a lack of training, knowledge or understanding with regards to the senior and his or her specific needs.

Self-neglect, for some, occurs when the person fails to care for themselves, thereby threatening their own health and well-being. It should be noted that the seniors who neglect themselves usually have little interest in everyday activities or those that ensure their well-being.

However, for others, self-neglect cannot be defined as a form of abuse against seniors. It is seen rather as a consequence of reduced physical or mental abilities. Because of these impairments, the person becomes unable to conduct their life properly and thus endangers their health and safety.

Acts of negligence against seniors may take various forms:

- The refusal or failure to provide adequate clothing
- The refusal or failure to provide the required medication, care or treatments
- The refusal or failure to provide food or to feed the elderly

Social or collective abuse

Social or collective abuse encompasses all social prejudices and behaviors which denies seniors dignity or integrity. Ageism, a form of social abuse, involves all the attitudes and beliefs suggesting that seniors are useless or are a social burden. The phenomenon of **ageism**, which was conceptualized by gerontologist Robert Butler, is "a process by which people are stereotyped and discriminated against because of their age, a process that is similar to that of racism and sexism, which discriminate because of skin color and sex".¹⁴ Examples of social or collective abuse:

- Imposing restrictions or social norms because of age
- Reducing access to hospitals or specialized healthcare services
- Spiritual abuse, which occurs when someone uses religious or spiritual issues to dominate, manipulate or exploit a senior
- Failure to respect religious food practices
- Failure to comply with the schedule of prayers and celebrations or to respect one's religious dress code

Violation of the right to freedom or human rights violations

¹⁴ Butler R.N. (1975). *Why Survive: Being old in America*. New York: Harper & Row.

The violation of the right to freedom (human rights violation), is the act of preventing a person from exercising normal control over his or her life and role as a citizen. Examples of violations of rights may be to prevent a senior from exercising:

- One's right to vote
- One's right to receive telephone calls or visits
- One's right to emotional or sexual intimacy
- One's right to move freely or to choose one's schedule of activities or sleep

Organizational or institutional abuse

Organizational or institutional abuse is the imposition of living conditions that result in unfortunate, humiliating or dehumanizing situations for residents. This abuse is referred to as systemic. We are dealing here with a form of violence that is almost normalized and is generally integrated in standardized care or services. It may present itself in residential facilities as veiled attempts to reproduce hospital or, even worse, prison conditions. This type of violence is enforced by the powers within the institution itself or through intervention practices where arbitrary can be found throughout the hierarchy, down to the level of the service attendant who gives orders or intimidates residents.

Three categories are inventoried:¹⁵

1. Staff-related abuse (includes heads of staff)
2. Facilities-related abuse
3. Organizational abuse related to organizations providing care and services

Examples of situations that were inventoried:

Types of abuse	Examples
Physical Abuse	<ul style="list-style-type: none"> ▪ Blows, rudeness, shoving, bullying ▪ Force-feeding or feeding too quickly
Psychological Abuse	<ul style="list-style-type: none"> ▪ Infantilization, unwanted familiarity
Economic or Financial Abuse	<ul style="list-style-type: none"> ▪ Unjustified billing of services ▪ Theft of personal property
Negligence	<ul style="list-style-type: none"> ▪ Lack of listening and attention ▪ Disrespect for the senior's own rhythms and privacy
Related to the daily lives of residents	<ul style="list-style-type: none"> ▪ No diversified or adapted recreational activities ▪ No private place to receive visitors

¹⁵ <http://www.rifvel.org/references.php>

Related to the living conditions of residents	<ul style="list-style-type: none"> ▪ Insufficient access to the bathroom ▪ Spaces not adapted to people with disabilities
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It is important to note that different forms of abuse are not mutually exclusive: a person may be subjected to several forms of abuse simultaneously. Moreover, it should be noted that this kind of abuse occurs regardless of the ethnocultural community, the socioeconomic class or the gender of the person.¹⁶

Consequences of the different forms of abuse

The consequences of these different forms of abuse are many and varied. They can be social (isolation, poverty, reduced quality of life, devalued social role, etc.), psychological (humiliation, depression, post-traumatic stress disorder, distress, decreased self-esteem, helplessness, loss of dignity, etc.) or physical (injuries, suicide, death, etc.).

Therefore, we believe that the *SOS Abuse Kit* we are proposing will help to develop prevention measures and to guide interventions. To serve this purpose, a series of tools adapted to the problems encountered by clients or within communities has been incorporated.

The SOS Abuse project

Tools

The *SOS Abuse Kit* is a collection of tools that have been selected by the executive committee of the project. Most of these tools have been identified in all 17 administrative regions of Quebec by visiting the regions in 2009 and sending questionnaires to the various organizations concerned with the problem of elder abuse.¹⁷ These tools have been provided on a voluntary basis and represent a large part of the fieldwork conducted in Quebec in connection with this problem. However, we must mention that we had to deal with certain limitations. We worked only with the tools that were given and, for practical reasons, the period of collection ended in August 2009. Among all the tools that were identified, we obviously had to make a selection and kept close to 80.

Tool exclusion criteria

The documents which did not directly address the issue of senior abuse and those that were presented in a more or less formal fashion were excluded. Obsolete tools and those that exist in a more recent and equivalent version were also set aside. In addition, tools from organizations that are for profit, offer professional or financial services or are not recognized in their field were also excluded.

¹⁶ Plamondon L. (2007). Violence en contexte d'intimité familiale des personnes âgées, *Gérontologie et Société* - n° 122, p. 171.

¹⁷ Other tools have been found by the network of service workers whom we consulted and by the *SOS Abuse Kit* committee of the kit to ensure coverage of essential topics such as sexual abuse, intervention in ethnocultural contexts and in Aboriginal communities.

Tool inclusion criteria

The tools that were selected and are thus included in the *SOS Abuse Kit* were chosen, above all, because they are outstanding or promising. They are likely to be adopted by the community and transferred to different contexts, even though, at first glance, some of them may seem to be of a local character. Moreover, their content had to be substantial and true. Finally, to be selected, the tools had to stand out because of their accessibility and reproducibility. In other words, it was necessary for an electronic version to be available or for the agency to authorize the reproduction or provide copies if requested.

Through the selection of the tools, we essentially tried to make available to service workers and affected seniors the greatest variety of means to cope with the different situations that may arise. The tools provided in the kit can be used as presented, in paper or electronic format. However, we invite service workers and local administrations to draw inspiration from these tools or to adapt them to respond adequately to the needs and requirements of each region, evidently while respecting the intellectual property of authors by citing sources.

The SOS Abuse Kit

Published in 300 copies, the *SOS Abuse Kit* is a briefcase in which one can find a binder containing the tools selected and their descriptions. A USB stick containing a copy of these documents is also included. One can also find copies on DVD and some selected tools. However we could not produce copies in large quantities. The documents, as well as the index, indicate the format in which the tools are available.

The kit's 4GB USB stick contains all the files and tools in PDF format as well as a resource directory which offers services¹⁸ that may be useful to professionals dealing with cases of abuse. The kit also includes useful instruments for presenting the package to different audiences and a bibliography designed to guide those who want to learn more about the tools or certain aspects of the problem of senior abuse.

The kit is available to those facilitators who will present it throughout the province. It will be accessible to all for consultation in various organizations, such as AQDR sections, regional roundtables, such as the Tables régionales de concertation des aînés and multisectorial or intersectorial roundtables and committees concerned with the problem of senior abuse. It will also be found in the Agences de la santé et services sociaux of each region.

The binder is the main document of the kit. It was published in 1300 copies for its first edition in January 2010. It consists of the introduction, five sections comprising the factsheets and the tools, sorted by subject, an index of the contents of the USB stick, a map of the *SOS Abuse Kit* website and the list of places where the package can be found, sorted by region.

¹⁸ This section covers various services or programs that are, in most cases, available throughout Quebec. It does not list, however, all the resources that are fighting senior abuse.

The tools are divided into five sections. The first four correspond respectively to the following themes: *prevention*, *detection*, *intervention* and *training*. The fifth section contains nearly a dozen tools which stand out for their originality. For each section we have assigned a color. Green, which represents, in marketing, hope, peace and tranquility, is the color for *prevention*. Yellow, which signifies science and consciousness, is used to represent *detection*. For the *intervention* section, red was chosen as a call to action and to potential danger. Blue symbolizes *training* because it is associated with wisdom, confidence and security. The purple section gathers our most outstanding findings. This color serves as a reminder of June 15, Elder Abuse Awareness Day.

In each fact sheet, you will find a brief description of the tool as well as general information such as: type of abuse, category of workers or persons who are likely to benefit from the tool, name and contact information of the organization, creation date of the tool, the number of people reached (if available), distinctive features of the tool and how to acquire it (if not found in the kit or the USB stick). When available, we included an Internet link or hyperlink so that service workers can access the resource as easily as possible and add it to the kit.

With the hopes of reaching as many service workers as possible, the *SOS Abuse Kit* will be fully available online on the AQDR website (www.aqdr.org).

DEFINITIONS OF THE TYPES OF PREVENTIVE MEASURES AGAINST SENIOR ABUSE

Primary prevention

Primary prevention (generally referred to, more simply, as "prevention") aims to eliminate or at least bring about significant changes in terms of attitudes, behaviors and negative stereotypes concerning the elderly.

Prevention approaches can be:

- **political:** the abolition, modification, or adoption of laws, regulations and policies as well as the proper follow-up necessary to ensure that we are actually fostering more respect for the elderly through political action;
- **legal:** knowing and applying laws and regulations that are adequate to protect the elderly, through the involvement of judges, lawyers, notaries, police and other law experts, while minimizing the impact on individuals' fundamental rights such as freedom and autonomy;
- **through services:** providing all services required by seniors to maintain their autonomy;
- **educational:** reaching out to the general public and professionals to inform and raise awareness about the issue; training small groups and trying to educate seniors and those who provide them with care and services (in formal or informal contexts).

In this section you will find twelve prevention tools. Some are brochures explaining what abuse is and what resources are available for people who believe they are victims of abuse. Others are scenarios, theatre, plays or DVDs featuring situations of potential abuse. You will also find innovative tools such as preventive programs, guides and projects that can be replicated in your community.

Secondary prevention (detection)

Detection aims to help service workers to better identify, firstly, vulnerable individuals or groups (seniors who are in trouble or in danger) and, secondly, the environments that cause or promote the occurrence of the problem.

Indeed, it is said that detection or screening should identify risk factors and facilitate the identification of potential victims who might otherwise go undetected.

In this section you will find five tools for screening senior abuse. The first, EASI, is exclusively for doctors, while the other three, AID, CASE and IOA, can be used by all service workers (both in CLSC's and in the community). The fourth tool is ODIVA 360 - *Outil de dépistage et d'intervention auprès des victimes âgées* . It is for service workers, friends and family members. The fifth, created in partnership by RIFVEL, the Police of the city of Montreal (where it is a pilot project), and the Police of Repentigny (in 2009-2010) is called ODIVA-Police and is a *screening and identification tool which allows for abuse risk assessment among seniors*. It is adapted to assist police officers during interventions involving seniors. It differs from ODIVA 360 in that it includes police indicators which were updated during an exploratory process through the analysis of 90 police investigations involving elderly victims.

Tertiary prevention (intervention)

Intervention is based on a risk assessment procedure which allows for the diagnosis of abuse or negligence. The intervention phase helps to determine the options necessary to correct the situation and perform a follow up, both with the victim and the aggressor. For example, a service provider can work with a senior, victim of a bank fraud committed by a caregiver.

In this section you will find seventeen intervention tools for cases of senior abuse. A range of guides and intervention protocols are proposed, both for inter-organization contexts and CLSCs. For example, one of the guides relates to intervention with older women who are victims of domestic violence. There is also a directory of the relevant legislation and resources, a guide offering advice to care providers to tailor their services to the hearing impaired, a policy to prevent abuse in CHSLDs, etc.

Training

In this section, we present different training opportunities that can help various types of service workers and seniors themselves. Some of these training programs are designed to help

participants acquire or develop knowledge in order to mitigate the negative effects that may arise from senior abuse. Others rather aim to empower seniors so they can respond appropriately to potentially abusive situations.

You will find in this section six tools or training programs addressing the problem of senior abuse. Some of these programs are more general while others focus on specific themes such as screening, intervention with seniors who are victims of domestic violence, or abuse in CHSLDs. Other courses in this section are targeted toward specific groups of workers: CLSC service workers, financial institution professionals or hairdressers who receive confidences from potential abuse victims in the context of their work.