



Hidden harm: the abuse of seniors

Like many social problems once considered taboo, abuse of older adults is sustained by secrecy and complacency.

Not until drunk driving, spousal violence and child abuse were pushed 'out of the closet' did Canadians start to make significant strides in curbing these harmful behaviours. Talking about them openly was often the first step toward individual and community action to make them socially unacceptable. Now it's time to do the same for abuse of older persons.

Abuse can happen to any senior. Abused older persons come from all social and ethnic backgrounds, all educational levels and all regions of the country. The impact can be devastating: declining physical and mental health, depression and even suicide, creating ripple effects throughout the community.



There's much to learn about the abuse and neglect of seniors: how often it happens, why it's not reported, and the role of factors like gender, dependency and disability. As we'll see in this issue of *Expression*, awareness is the first step: knowledge helps seniors retain control over their lives, reducing the risk of

abuse. Seniors need to know their rights. Seniors and caregivers in both home and institutional settings need to know about prevention and intervention strategies. And community resources need to be in place to support these strategies.

Gérald Poulin
NACA Member



NACA

The National Advisory Council on Aging consists of up to 18 members from all parts of Canada and all walks of life. The members bring to Council a variety of experience and expertise to advise the federal Minister of Health, also Minister Responsible for Seniors, his colleagues and the public on the situation of seniors and the measures needed to respond to the aging of the Canadian population. Current NACA members are:

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■ Recognizing the problem

Abuse of the elderly, says the World Health Organization, *is 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.*

What is abuse?

Physical – inflicting discomfort, pain or injury by slapping, punching, rough handling, sexual assault; may include overmedicating or undermedicating or excessive use of physical restraints.

Psychological – diminishing dignity and self-worth by name-calling, insulting, threatening, ignoring, isolating, excluding from meaningful events.

Financial – misuse of money or property, stealing money or possessions, forging signatures on pension cheques or legal documents, forcing or tricking an older person into selling or giving away property.

Neglect – failing to meet the needs of an older adult unable to meet those needs alone. Denial of food, water, medication, treatment, health aids, nursing services, clothing, visitors.

National Clearinghouse on Family Violence¹

Abuse and neglect are thought to be seriously under-reported, so statistics are unreliable: surveys capture only what victims want to disclose, while police data reveal only the abuse that comes to their attention. As abuse of older persons is a new research field, methods and definitions are still being developed; low public awareness and the fact that many service providers aren't trained to spot this form of abuse compound the problem.

¹ Health Canada. National Clearinghouse on Family Violence. *Abuse and Neglect of Older Adults* prepared by Susan M. Swanson, 1999; *Abuse of Older Adults in Institutions* prepared by Irene Ens, 1999.



■ Who?

Most abuse is perpetrated by someone the senior knows – a family member, friend, caregiver, landlord or staff in a facility. In cases of family violence against seniors, adult children and spouses account for almost three-quarters (71%) of abusers. Older women are as likely to be abused by a spouse (36%) as by an adult child (37%), while men are more likely to be victimized by an adult child (43%).²

Abuse in institutions has received less research attention, perhaps because just 7% of older Canadians live there. But anecdotal evidence reveals material abuse (theft, fraudulent pharmaceutical charges), physical abuse (inappropriate chemical or physical restraints, rough handling), and psychological abuse.

Some seniors are more at risk than others

- Older seniors
- Women more than men
- Socially isolated seniors
- Seniors with reduced cognitive capacity
- Seniors with disabilities who are dependent
- Seniors cared for by people with an alcohol or drug problem

Neglect is also a form of abuse. A recent investigation found that a number of accidental deaths in long-term care facilities resulted from falls that could be attributed to

malnutrition, over-medication, lack of physical activity and/or inadequate supervision.³

Apart from the general factors that increase risk, other circumstances may make certain seniors more vulnerable than others. For example, seniors living in rural or northern areas may have trouble finding help to stop abuse because of social isolation and distance from services. Isolation and risk can also be a result of poverty, illiteracy, not speaking French or English or coming from a culture with different notions of abuse and neglect.

■ Why?

Some advocates offer broad explanations for violence against seniors, pointing to shifts in policies or social values that diminish the dignity and status of older adults and open the door to ageism and mistreatment.⁴ Indeed, policies such as the shift from institutional to home care without a transfer of adequate resources, arguably increase the risk of abuse. Recent social changes such as two-earner families and children living at home longer can also contribute to making caregiving a factor of intense family stress, often identified as a factor in abuse.

Recent research indicates that the complex dynamics of the relationship between a senior and a caregiver can also be at play. In some cases, violence can be the result of generations-long patterns of abuse that show up as adult children trying to ‘get back’ at

² Canadian Centre for Justice Statistics, Statistics Canada, *Family violence in Canada: a statistical profile*, 2002. (Cat. no. 85-224-XIE.)

³ “CHSLD: des conditions de vie scandaleuses”, *La Presse*, 20 October 2003, p. A3.

⁴ Namiash, D. “Do our society’s values, systems and policies contribute to the abuse and neglect of older adults?” in *Vital-Aging Bulletin*, Vol 6., No. 3, October 2000. CLSC René-Cassin/Institut de gérontologie sociale du Québec and the Foundation for Vital-Aging.



their parents; yet not all abused children become abusers. Abuse may be more common when there is a web of inter-dependency – physical, emotional and financial – between the victim and the abuser⁵, or where the abuser has financial, gambling, alcohol or other substance abuse problems.

Nothing can ever justify abuse and neglect !

■ A sad cover-up

Being a victim of abuse can create a profound sense of “disempowerment” and dejection. Recognizing and divulging ill treatment is therefore a painful process. Some seniors may blame themselves for the abuse or for allowing the abuse. If the abuser is the victim’s child or caregiver, non-disclosure may result from fear of retaliation, abandonment or institutionalization. If the abuser is dependent on the victim, the senior may want to protect his/her child or prevent family breakup. Embarrassment and shame also play a role. Victims themselves or family members who are aware of the abuse may resist divulging information that they consider private. Some seniors have also told researchers that reporting abuse would reduce their quality of life – they don’t want to devote what little time and energy are left to disputes, investigations or lawsuits.⁶

As for professionals and service providers who suspect abuse, they often feel helpless to intervene: some may not be sure what constitutes abuse, or worry that appropriate community services may not be available or accessible.

Awareness and support are the keys to preventing abuse. Knowing how to detect, react or help can go a long way toward ensuring a senior’s safety.

■ Prevention and help

Social contacts are the best prevention device for keeping abuse at bay. They benefit the senior as well as any potential abuser who may be experiencing stress and finding it difficult to cope.

If you’re a friend or family member:

- Keep close ties with older relatives or friends
- Learn to recognize the signs of abuse
- Find out about the resources in your area

If you suspect abuse:

- Don’t cover up; discuss any signs of abuse or neglect
- Suggest counselling, resources and support services
- Try to reduce the stress in the family
- Find ways to limit the senior’s isolation
- Get outside help and advice if needed (police, social, legal services, etc.)

⁵ McDonald, P.L., Hornick, J.P., Robertson, G.B. & Wallace, J.E. *Elder Abuse and Neglect in Canada*. Toronto, Butterworths: 1991.

⁶ Law Commission of Canada. A report by Donald Poirier and Nancy Poirier: *Why is it so difficult to combat elder abuse and, in particular, financial exploitation of the elderly?*, 1999. http://www.lcc.gc.ca/en/themes/pr/oa/poirier/poirier_main.asp



If you're a senior:

- Stay in contact with friends and keep making new ones; invite visitors
- Have a phone buddy - someone you call and who calls you every other day
- Participate in your seniors' group, service club, church or community activities

Detecting abuse

Physical abuse: Fear of caregivers; unexplained injuries; delay in seeking treatment; over-sedation; unusual patterns of bruises; history of changing doctors; scalp injuries.

Psychological abuse: Low self-esteem; appears nervous around caregiver; confused; suicidal; avoids eye contact with caregiver; fear of abandonment; lethargic/withdrawn.

Financial abuse: Unexplained missing items; failure to pay bills; inaccurate knowledge of finances; suddenly changing a will; going without affordable necessities; unusual withdrawals from bank account.

Neglect: Malnourishment; wandering without supervision; lack of heat/electricity; unkempt appearance; missing dentures, glasses, hearing aids; skin conditions or pressure sores; untreated medical problems; alcohol or medication abuse.⁷

- Open your own mail, deposit your own cheques or arrange for direct deposit
- Keep your money in a bank and your valuables in a safety deposit box
- Understand your rights

If you're experiencing abuse:

- Tell the abuser to stop; talk to family and friends
- Talk to your doctor, counsellor, minister or rabbi or call the elder abuse hotline (see box, p. 8)
- Find out about help and support services by calling your health, family or community services
- If you feel you're in immediate danger, call the police or leave.

Community solutions

Community outreach to seniors can do a lot to reduce isolation, but in cases of abuse, there can be no resolution if services are not in place to provide counsel and support. Many communities are finding the *inter-disciplinary team approach* (client, nurse, doctor, social worker, psychiatrist, etc.) effective in detecting and treating abuse. Others have established *multi-sectoral committees* – involving local and regional health, social services, justice and law enforcement sectors that ensure everyone knows what to do if abuse is suspected. *Mediation and restorative justice* are other solutions that could benefit victims who don't report abuse to avoid personal and family repercussions. Restorative justice aims to repair harms, restore relationships and prevent further abuse. Still other solutions issue from

⁷ Adapted from the Public Legal Education and Information Service of New Brunswick *Abuse and neglect of adults with disabilities and seniors.*
<http://legal-info-legale.nb.ca/pub-abuse-neglect-seniors.asp>



seniors' organizations that partner with a network of professionals.

■ Making inroads

British Columbia, Ontario, Manitoba and Quebec have anti-abuse networks promoting public education and collaboration among sectors. For example, sixty **B.C. Regional community response networks** are being developed to prevent abuse and support victims by involving the whole community.

Seniors Offering Support (SOS) is a Guelph, Ontario, partnership between a seniors association and the professional service network. Seniors are running a telephone support system to serve seniors in Guelph and surrounding rural areas and small towns.

Edmonton's Elder Abuse Intervention Team consists of a social worker, a police detective and a representative from the service community, whose task is to assess the situation and work out a safety and service plan for seniors who are at risk. An Elder Abuse Consultation Team is available to help with more complex situations. Call (780) 451-9243.

The **Elder Abuse Consultation Centre**, located at the René-Cassin CLSC (local health/social service centre), offers support and counselling to victims of abuse and their families and outreach and education in the community. Call (514) 489-2287 or 1-888-489-2287 (within Quebec).



Poster for the Théâtre Parminou play: *Blanche détresse*

Théâtre Parminou has been creating plays dealing with social problems for 30 years. "**Blanche Détresse**" is an interactive play illustrating concrete situations of abuse and proposing concerted action to counter violence and neglect of seniors. For information: 819-758-0577, ext. 28.

The **Surrey Delta Immigrant Services Society** has hired six part-time senior abuse prevention workers to overcome language and cultural barriers to detecting and treating elder abuse. They offer education, information and referral services in six immigrant communities in the lower mainland of British Columbia. Call (604) 597-0205.

The **Elder Abuse Resource Team** at the Community Care Access Centre in Kingston, Ontario, is sponsoring training to make sure all staff are aware of and respond appropriately when abuse is suspected or confirmed. The team has developed tools – questionnaires for recognizing abuse or assessing a senior's risk of abuse. Call (613) 544-7090, ext. 123.

■ Combatting institutional abuse

Countering abuse in institutions is partly a question of attacking systemic failings such as piecemeal and inconsistent policies, and inadequate funding and co-ordination among services. Restructuring of provincial long-term care systems has left many institutions



struggling with fewer staff and resources, leading to caregiver stress, declines in care and greater potential for neglect or abuse. Mechanisms to protect seniors from abuse in institutions vary across the country. Some provinces have separate legislation on abuse and quality of care, while others incorporate abuse issues in their nursing home law, and still others rely on their Human Rights Charter.

FAIRE, an elder care advocacy group, points to weak legislation, inadequate monitoring, lax enforcement of standards, and few sanctions for non-compliance; its recommendations include incorporating protection from abuse in the definition of quality care in legislation governing private nursing homes. The **Quebec Human Rights Commission** also recommends an accreditation process for private seniors residences.

■ Changing culture and attitudes

Abuse results from the actions of individuals, but these take place in a context of workplace norms, expectations and standards. When the approach to care favours the institution's needs over those of residents and when staff are overworked and under-supported, stress breeds insensitivity to residents and indiscriminate use of restraints, including anti-psychotic drugs. Promising solutions lie in changing management attitudes, remedying staff shortages and dealing with job stress and burnout.

The 'home' or 'residence' model for long-term care can help overcome some of the problems. A stellar example is the **Yvon-Brunet seniors residence** in Montréal, whose Charter of Rights and Freedoms includes five fundamental rights: information and freedom

of expression, privacy, dignity and respect, continuity, and responsibility and participation. These translate into a residents' council, flexible schedules, consultation about medications, menu choices, etc. – all signs of an institution that defines quality of care in terms of how well it meets residents' needs as residents define them.

Such facilities train staff and volunteers to recognize abuse and intervene appropriately. Training can dispel patronizing attitudes and stereotypes about aging, sensitizing staff and volunteers to the need to value the individual instead of focusing on the technical aspects of care.

■ Eradicating abuse

Abuse and neglect of older adults – at home or in institutions – is an issue that needs solutions involving all sectors of society.

Seniors need to be aware of their rights and know that they can get help. Families and friends need to be able to recognize signs of abuse and to reach out to those being mistreated or at risk of abuse. Institutions need to transcend paternalism and offer staff support and specialized training in aging and abuse issues. Laws and standards need to be in place and effectively applied and enforced. And services such as counselling, support, safe houses and mediation must be offered in communities.

Finally, each one of us must contribute to eliminating abuse of seniors by repudiating all forms of violence, talking openly about the issue and working to build safe communities for all.



Sources and Resources

Families Allied to Influence Responsible Eldercare (FAIRE), *The Shame of Canada's Nursing Homes: A Testimony of the Experiences of Older Persons in Care Facilities in Canada*, September 2001.

Available electronically at :

www.faireldercare.org/accomplishments/shame_report.pdf

Health Canada, National Clearinghouse on Family Violence: www.hc.sc.gc.ca/hppb/familyviolence. An excellent site providing research papers, statistics, fact sheets, tools, response guides, a directory of services, etc. dealing with older adult victims of violence.

Joanne Preston and Judith Wahl, *Abuse Education, Prevention and Response: A Community Training Manual for those who want to address the Issue of the Abuse of Older Adults in their Community*, 3rd ed. Advocacy Centre for the Elderly, Toronto: 2002. www.advocacycentreelderly.org

Justice Canada, *Abuse of older adults: a fact sheet* <http://canada.justice.gc.ca/en/ps/fm/adultsfs.html>

Lynn Parish, *Abuse of older adults: frequently asked questions*. University of Alberta, Legal Studies, 2003.

www.law-faqs.org/elder

Manitoba Seniors Directorate:

www.gov.mb.ca/sd

Résidence Yvon-Brunet, *Why a charter of rights and freedoms of the elderly?*

www.residence-ybrunet.qc.ca

Where to get help for seniors experiencing abuse

Newfoundland:	1-800-563-5599 (toll-free)
New Brunswick:	1-888-762-8600 (toll-free)
Nova Scotia:	1-800-225-7225 (toll-free)
Prince Edward Island:	1-800-240-9894 (toll-free)
Quebec:	1-888-489-2287 (toll-free), or your local CLSC
Ontario:	1-416-598-2656 (Elder Advocacy Centre, Toronto)
Manitoba:	1-888-896-7183 (toll-free)
Alberta:	Call police; for persons in provincially-funded care facilities, call: 1-888-357-9339 (toll-free)
Saskatchewan:	1-306-787-5424
British Columbia	1-866-437-1940
NWT:	1-867-598-2728 (general crisis line)
Yukon:	1-800-661-0408 ext. 3581 or 8500 (toll-free)
Nunavut:	Contact your Health and Community Services Office, public health nurse or the RCMP



Mr. Gérald Poulin has extensive experience in public relations and communications. He was President of the "Mouvement d'implication francophone d'Orléans," for four years and is currently working

toward the establishment of a meeting centre for francophone seniors in the Ottawa area. He is a keen defender of seniors' rights and was founding president of "Retraite en Action," an association for young retirees. Mr. Poulin was first appointed to NACA on August 26, 1998.