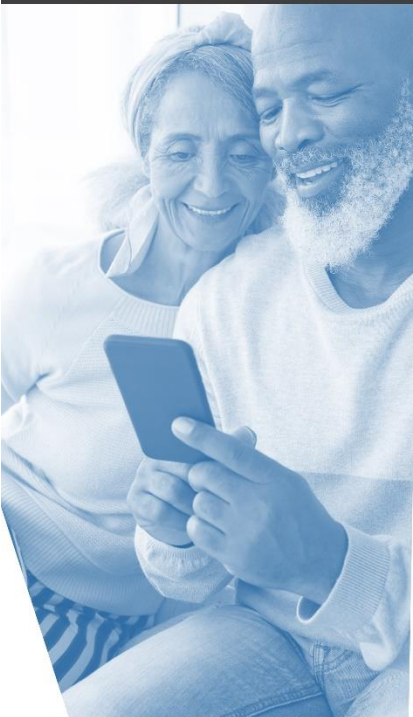




Elder Abuse and Neglect: Ethno-Cultural Communities Facilitator's Resource Guide



Awareness



Training



Intervention



Prevention

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INTRODUCTION:

The Social Planning Council of Ottawa [SPCO] takes a holistic approach to community development by integrating research and planning. This agency identifies community needs and partners with relevant community agencies, residents and city institutions to plan for a fitting solution.

MISSION, VALUES AND VISION

The mission of the Social Planning Council is to provide Ottawa residents with informed leadership on issues that affect their social and economic wellbeing.

WE VALUE:

- The pursuit of social justice and the reduction of inequality
- Volunteerism
- Active involvement of those most directly affected by issues
- The coming together of individuals and diverse groups in the community
- Leadership, professionalism and excellence in the quality of our work
- Collaboration and partnerships

OUR VISION IS TO ACHIEVE OUR MANDATE THROUGH:

- Identifying and analyzing the social needs in the community
- Providing leadership in planning and establish priorities for meeting the identified needs
- Monitoring and evaluating changes in the policy and resource environment
- Encouraging informed involvement by our members and the wider public in critical social issues
- Encouraging and enabling social service organizations to respond to change
- Taking an active advocacy role on social and economic policy
- Influencing decision-makers by making them aware of the need for and consequences of social and economic policies

GOAL OF THE RESOURCE GUIDE:

This Resource Guide was developed as part of the “Collectively We Care – Collectively We Help” Forum held on October 16, 2019. The Forum was hosted to educate ethno-cultural seniors in Ottawa about what constitutes elder abuse. More importantly, it was geared to service providers to enhance their understanding of the needs of ethno-cultural seniors in order to develop services and resources to meet the growing needs of this population. As a community we appreciated the importance of service providers and seniors coming together to address the often hidden issue related to elder abuse and to develop ethno-cultural sensitive solutions.

The Resource guide provides information to both deliver talks and to facilitate discussions in the community as a tool for raising awareness about ageism and elder abuse. It includes notes on facilitating open discussion with groups based on culturally appropriate narratives and videos. The Resource Guide has been designed to support bilingual community volunteers to deliver community education.

OBJECTIVES FOR THIS TOOL GUIDE:

- To prepare the facilitator to lead training sessions on creating awareness about elder abuse
- To provide resources and tools to guide the training sessions
- To increase awareness amongst ethno-cultural seniors and their family members as to what constitutes elder abuse and possible interventions and strategies to prevent elder abuse.

FACILITATOR TASKS FOR LEADING SESSIONS:

- Welcome everyone who has joined and introduce yourself
- Asks the participants to introduce themselves.
- Present a brief outline of the session as well as the main objectives.
- Define elder abuse and the different types of abuse.
- Explain why elder abuse occurs.
- Explain what elder abuse might look like in ethno-cultural communities
- Review barriers to reporting elder abuse.
- Allow participants to ask questions; to share their own experiences and to ensure they understand the terms and objectives.
- Provide 2-4 case studies, and allow group discussion and questions for the case studies
- Show the videos of elder abuse followed by a discussion period.
- Provide strategies for intervention in elder abuse cases as well as elder abuse prevention.
- Discuss tools to use in addressing elder abuse.
- Discuss strategies and programs used by agencies in other cities (Vancouver and Toronto)
- Refer to the appendix to prompt helpful questions when engaging with seniors
- Encourage the participant to complete the online evaluation form when the link is sent to them.
- Emphasize the contact numbers which will assist seniors in distress or at risk of elder abuse.
- In concluding remarks for the session ask participants if they have any questions and suggestions to contribute to the improvement of this project.

GUIDELINE FOR FACILITATOR:

It is important to cover all of the information and to develop your own style in delivering the material. Feel free to alter the format, taking into consideration the size of the group and participants' understanding of the issue (Ethnic Communities' Council of Victoria, n.d., p.4).

STRATEGIES ON HOW TO DISCLOSURES OF ELDER ABUSE

Before beginning the presentation, remind the participants to respect confidentiality. Experiences regarding abuse of a senior should not be discussed. Even after this caution some participants may

- A) ask questions during the presentation of an experience of abuse they are concerned with or,
- B) speak with the presenter about a specific experience of abuse after the presentation.

As the facilitator, be prepared to address some disclosures and refer participants to agencies to assist them (Ethnic Communities' Council of Victoria, n.d., p.4).

DEFINITION OF ELDER ABUSE AND NEGLECT AND THE DIFFERENT FORMS OF ELDER ABUSE:

SPCO considers elder abuse to be all hurtful behaviours which are unreasonable and unacceptable, whether intentional or not, and which lead to physical, mental, and emotional distress..

According to the World Health Organization "Elder abuse can be defined as "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person"(World Health Organization, 2018).

Elder Abuse can happen in many ways, some of the most common are:

FINANCIAL OR MATERIAL:

- Taking money or valuables without permission
- Not paying bills on behalf of the senior
- Selling property or other possessions without permission
- Preventing communication with a lawyer for legal advice and Power of Attorney

EMOTIONAL OR PSYCHOLOGICAL:

- Saying hurtful and degrading words
- Bullying and verbal abuse which make an individual stressed or unhappy
- Ignoring or neglecting an individual during his/her time of need
- Preventing visitation from family and friends
- Not respecting the dignity of seniors in our care.

PHYSICAL:

- Pushing, shouting or hitting, pinching.
- Pulling roughly when 'helping' them to transfer to chairs, toilet, bed, etc.
- Forcing an individual to stay in his/her room

SOCIAL ISOLATION:

- Not allowing the individual to meet their friends. or certain family members
- Leaving an individual at home frequently
- Not including the individual in family and community events
- Isolating the senior from relatives and networks who speak their language

SPIRITUAL:

- Preventing attendance at religious services
- Not being allowed to practice their religion or provides with a place to pray at home

NEGLECT:

- Lack of communication or not spending enough time in meaningful conversation with them.
- Not providing well balanced meals, appropriate clothing and mental stimulation in the home environment.
- Not taking an individual to medical appointments, or not seeking and following medical advice
- Not assisting the individual with daily routine activities which are required for their quality of life, such as meal preparation, laundry, regular bathing, grooming and when required, assistance with toileting or incontinence management

SEXUAL:

- Causing shame or embarrassment by sexualized comments or inappropriate touching
- Lack of privacy
- Coercing an individual to conduct uncomfortable sexual acts (The Uniting Church, United Care Aging & NSW Department of Premier and Cabinet (n.d.), p. 13-14)

HEALTH AND SAFETY

- Not providing necessities such as a medication or food for special diets
- Not providing a clean and safe environment for the seniors
- Not ensuring prescribed medication and pain medications are given at the proper time
- Not providing appropriate seasonal clothing for weather.
- Not installing safety equipment and secure home conditions to prevent accidents in the home. E.g., rails on stairs, non-slip carets, smoke detector, adequate in-home lighting.
- Health care professionals must be respectful towards seniors both in acknowledging their right to autonomous decision making and in being sensitive to gender differences when care is being provided.

WHY DOES ELDER ABUSE OCCUR?

- Responsibility overload of family caregivers which might include feeding, bathing monitoring safety, etc. of the senior combined with other household and career responsibilities could result to unintentional abuse due to burn out.
- Unemployment and other economic stressors increase the burden on caregivers. Economic recessions can also mean fewer resources available to assist relatives caring for the senior, placing more stress on the already strained family caregiver system.
- Cultural changes that lower the status of dependent seniors which can lead to less respect from younger family members.
- Personal problems or mental health issues experienced by the caregivers can lead to neglect and abuse of seniors.
- Family members may feel forced to cohabit with seniors due to lack of adequate housing and may not share space fairly or share cost of housing utilities or refuse to pay bills.
- Unintentional abuse can occur in a family with a history of negative behaviours where violence can be seen as a normal or acceptable way to respond.
- Institutional abuse of the elderly also occurs in care facilities. This may occur due to lack of staff supervision when interacting with vulnerable seniors or the staff may be overworked or underpaid, as has become apparent during the COVID-19 pandemic (Lumacare, 2019, p.10).

WHAT ELDER ABUSE MAY LOOK LIKE IN ETHNO-CULTURAL COMMUNITIES?

On October 16, 2019 The Social Planning Council of Ottawa (SPCO) held our forum “Collectively We Care- Collectively We Help”. This event was part of a broader project developed by SPCO that seeks to educate ethno-cultural seniors on what comprises elder abuse as well as their legal options when neglect and abuse occurs as well as to empower seniors to access available support services.

In our report of this forum we summarized the presentation by the keynote speaker, Shalini Konaur. She emphasized that elder abuse and neglect are issues not discussed outside of the family. Elder abuse is stigmatized within ethno-cultural communities and can present barriers accessing legal and social services. The term “abuse” itself may be misunderstanding in ethno-cultural communities. Shalini said frequently there is no exact translation of the concept of elder abuse and neglect. It is important for experts to use the term cautiously while considering that the intervention within ethno-cultural minorities may put up barriers to trust and communication. Using non-judgmental terms for ‘abuse’ when working with ethno-cultural seniors and their families will ensure the best interest of the senior is the primary focus of the counselling and/or mediation sessions. Social isolation, belittling and constant yelling within their communities may not be considered abuse. It is important to recognize that women in ethno-cultural communities are more at risk as they have limited access to resources; they may have been widowed and have been in Canada for less than 10 years and they may will likely have limited language skills. As these vulnerable seniors age increasing health problems may be an unanticipated financial burden on the family which will increase the risk of caregiver burn out. (Prince Owusu, & The Social Planning Council of Ottawa, n.d., p.14).

BARRIERS TO REPORTING:

- Seniors may have physical disabilities, hearing difficulties, mental or cognitive impairments or have language problems that make communication difficult. Those different factors may limit their ability to understand that abuse is taking place or to report the crime
- When the senior is depending on the abuser as a caregiver, a friend or family member they may worry that reporting will result in retaliation.
- Seniors are afraid that if they say something, the abuser will discover the truth and abuse can get worse. They are at greater risk if it is brought out into the open.
- When the abuser is a family member the senior may be ashamed to report abuse if the caregiver will lose status in the community when the crime is reported
- Isolation and dependence on others create limited options for seniors to seek help.
- Seniors may not know where to get help and not be aware of the agencies and individuals that can assist them.
- Seniors may feel humiliated as they mistakenly believe that they could have stopped or controlled the abuse.
- Interfering in the personal lives of other people's families is discouraged in many cultures. Preserving the privacy of family and friends rather than reporting suspected abuse or asking community leaders to investigate abuse will avoid conflict amongst members of the ethno-cultural community if everyone turns a blind eye. (Lumacare, 2019, p.13).

Within the context of the 2019 forum SPCO and many stakeholders were able start a conversation about elder abuse and neglect in ethno-cultural communities in Ottawa. (Prince Owusu, & The Social Planning Council of Ottawa, n.d., p.11-12). The Forum report reviewed reasons why ethno-cultural seniors are silent about elder abuse. Ethno-cultural seniors are often enmeshed in familial relationships. Reporting abuse can disrupt and family relationships and be considered disrespected of cultural norms. They are concerned that outside intervention it will create division and tension within their home. Family conflict is something that should be resolved internally. Seniors do not trust that specialized service providers would be able to resolve their problems. They fear that police involvement will lead to arrest and prosecution of their own family members which will create more problems within the family. The family members or their children are often the ones who have sponsored the Senior to come to Canada and now as they require care, it is their duty to suffer in silence and isolation. Leaders in the Community must be aware that silence can increase the conditions in which abuse and neglect occurs. Silence can be taken to mean that elder abuse will not be condemned by the community.

It is useful to include the following issues and terms in the discussion of challenges faced by seniors:

AGEISM:

This is discrimination against individuals or groups based on their age. Within our society youth and seniors are subjected to ageism as they may be seen as a burden, unproductive and helpless. Due to this, it can reduce their access to participation in communities, services and to use their knowledge.

LANGUAGE BARRIERS:

Often Ethno-cultural seniors face language barriers when they are not able speak English or French. Lack of skills in either official language limits their ability to access support and services.

SOCIO-ECONOMIC DISADVANTAGE:

Seniors from various ethno-cultural backgrounds may have weaker economic status due to

- Ineligibility for Old Age Security (OAS) if they are not a Canadian Citizen or legally a resident of Canada and have lived in Canada for less than 10 years
- Ineligibility for Canada Pension Plan if they did not work in Canada
- Ineligibility for Guaranteed Income Supplement (GIS) if they don't get OAS and their income is higher than the qualifying income threshold
- May not have any income from their country of origin, or exchange rates are prohibitive.

DEMENTIA:

This disease of the brain is often undiagnosed until it is in later stages due to cultural stigma attached to cognitive decline. Ethno-cultural seniors may not want to seek medical diagnosis and services outside of their family members due to cultural expectations for care of the elderly.

NOTES FOR FACILITATOR:

Ask the participants what other issues ethno-cultural seniors in their specific communities might experience regarding elder abuse.

WHY SENIORS THEMSELVES MAY KEEP THE ABUSE A SECRET?

- Seniors may not recognize abuse as it has been a regular occurrence in the family. Elder abuse may be a continuance of adult abuse patterns that always existed.
- Seniors in certain circumstances take the blame for the abuse, as they may feel they deserve this treatment or they may feel guilty about being an inadequate parent or having chosen 'the wrong spouse'.
- Some seniors may no longer have siblings, relatives or spouses that are alive or they have lost connection with extended family. The abuser may be the only one they can connect with or who can be their conduit to the outside world.

- The abuser may threaten the victims that they will end contact with them and leave them completely alone.
- Seniors believe that they should be able to solve their own problems.
- Seniors who are abused may have previously tried to disclose their incident of abuse and it resulted in poor outcomes. This is especially the case if there is an unresolved history of adult/spousal abuse.
- Seniors believe that with lack of evidence they not might be taken seriously or that it would be a waste of time (CANADIAN ASSOCIATION OF OCCUPATIONAL THERAPISTS, 2013, p.15-16).

QUESTION PERIOD:

Have participants ask questions, share their own experiences and ensure participants have understood the terms as well as the objectives of the seminar.

GUIDELINES FOR FACILITATOR:

Explain to participants that community education uses formal presentations and an open discussion format which explores case studies to stimulate discussion around senior's issues. (Ethnic Communities' Council of Victoria, n.d., p.4). The use of scenarios facilitates practical understanding of beliefs, attitudes, values which can underpin experience of elder abuse. The case studies are used to engage participants in the topic and to explore attitudes that may allow elder abuse to happen in our communities. The discussion will help community leaders address the abusive behaviours when they are recognized. (Ethnic Communities' Council of Victoria, n.d., p.5).

CASE STUDIES- DISCUSSION AND QUESTIONS:

Case study #1 - Intergenerational conflict due to unrealistic expectations:

Mr. J. was a refugee when he came to Canada at the age of 38 with his small daughter. At age 70 he was becoming more disabled due to Parkinson's disease. He decided to sell his home in Carlingwood and move to Orleans to live with his widowed, daughter, M. and her children ages 9, 14, and 18. J. could no longer drive and his Parkinson's made it difficult to climb stairs so he was given a small "quiet" room on the ground floor with shared access to the children's upstairs bathroom and toilet. He was often impatient with the grandchildren he considered noisy and ill disciplined. When J moved in M. requested that money from sale of Dad's house be used to pay off her mortgage as a contribution to his care. Now, J's small pension pays for medicine, trips to the doctor and products related to his Parkinson's as well as his 'share' of groceries. M. expected her children to help with Grandfather's meals and general care while she worked as nurse, often taking evening and night shifts and sleeping during the day.

Relationships are starting to break down. The grandchildren do not speak his language and he has limited command of English. They are often disrespectful and belligerent and they resent the space grandfather is taking in their home. J. is not eating well and is depressed. His clothes are not clean and his room is dark and crowded.

Usually M. takes the side of her children as J. has become much more care than they bargained for. As a friend of the family J. and M. come to you to ask for help.

DISCUSSION IN NOTES FOR THE FACILITATOR:

What are the 'red flags for neglect and abuse in this family situation?

(Financial, social isolation and lack of transportation to his previous networks, substantial personal care beyond skills and the time available to M. and her children, lack of privacy and inadequate set up of the house to accommodate disability and multi-generational needs.

What in J's medical condition could be contributing to the stress in this family?

(Research symptoms of Parkinson's e.g., impatience and poor insight and slowed decision making, tremors, decrease independence in dressing, eating, toileting etc., difficulty swallowing some foods combined with other aging issues such as decreased hearing, sight, taste, need for predictable environment and feeling that he still has control in his life. Depression can be contributing to his dependence and irritability.)

What in the family's situation, could be contributing to the stress on M. in caring for her father?

(Children are mourning the loss of their father and are at a time in life when they want to be like their peers. School stressors as well as finances may be a problem and M. is working full time and is tired and worried when she needs to solve family conflicts. M. is annoyed that she is caught as the caregiver of her father who was supposed to move in to help her. Finances are easier since J. paid off the mortgage but the children demand more money to pay for their sports and

entertainment).

What resources can you recommend to help this family?

(Homecare assessment to provide in home care and do a recommend equipment to adapt the house.

M. should be on hand for these assessments as well as attend medical appointments with her father to understand his disease, mental health and other medical issues. Meals on wheels and other services to take pressure off the kids to provide care for J. Financial counselling for M. and J. to ensure J. has enough discretionary income to meet his social as well as medical needs.

What could your ethno-cultural community do to support this family?

Each Participant would know the resources available in their own community.

Case study #2 - Mistreatment:

L. had always been a dutiful son but his relationship with his F, mother was distant. She had been demanding and strict; as a child she had strapped him when he did not meet her expectations. L's wife T. had never liked her mother-in-law F. but now, at the age of 80, F. was showing signs of advancing dementia. F.'s husband had recently died and it was apparent that F. could not live alone. As L. was an only child, the couple knew it was their obligation to take F. into their home to provide care.

With her dementia F. had become more demanding, and needy. T. worked from home and F.s behaviour was an embarrassment to T. when she had colleagues and friends over. F. needed constant monitoring e.g., to stop her from trying to use the gas stove or from roaming the house at night. L. was concerned his mother would leave the house and try to visit her old neighborhood. . . Family from out of town asked L. if they could visit but were told it would upset F., and besides his wife was already providing so much care he did not want to add to her stress by hosting visitors.

Finally, T. and L. decided they would lock F in her room all day to keep her safe. T. was angry at the disruption F was causing in their lives and was often rough with her when she helped her to shower or get ready for bed. She was disruptive during meal time so they decided to feed her in her bedroom as well. Despite F.s request they refused to take her to religious services as they were embarrassed by her dementia. They have never taken her to see a doctor since she moved in with them despite growing problems with cataracts which is impairing her vision.

When F. fell and broke her ankle the ER nurse noticed she was emaciated and there was a lot of bruising on her arms and back. With F.'s permission they contacted another relative and expressed concerns about the care she was getting in L's home.

As a relative what would you do?

DISCUSSION QUESTIONS FOR CASE STUDIES:

Questions for case study #2:

1. What are the issues and concerns in this story? Do you think it ever happens in the community?
2. If you were a relative of this family what approach might you take with this couple?
3. What legal safeguards could relatives put in place to ensure T. is protected as dementia gets worse?
4. How do you feel about L.'s attitude towards the care of his mother?
5. What is the role of the wider community, health care, home care, and social networks in this situation?
4. How could this family's relationship be improved for the future?

VIDEOS OF ELDER ABUSE AND A DISCUSSION/QUESTION (QUESTIONS ARE ON THE POWERPOINT):

https://youtu.be/z4u_c-Q8_X0

<https://youtu.be/tT43g5KxdtE>

<https://youtu.be/lupUc7J34tQ>

IMPORTANT MESSAGE (STATE THIS BEFORE DISCUSSING THE STRATEGIES)

As we get older we all have a right to respect and dignity. There is help available outside of family to support those who experience abuse (Ethnic Communities' Council of Victoria, n.d., p.3)

POSSIBLE STRATEGIES FOR AGENCIES PREVENTING ELDER ABUSE AND WHAT CAN BE DONE:

In the forum, Shalini urged us to use collaborative approaches to bring service providers supporting ethno-cultural seniors. To curtail elder abuse, agencies who provide non-legal support such as food support, friendship circles, counselling and other social supports can work collaboratively. Agencies can provide culturally and linguistically sensitive services, create a safe space to decrease isolation, flag legal issues and connect vulnerable seniors to appropriate resources. Educate service providers to recognize neglect abuse in all of its forms as well as the impact of abuse in ethno-cultural communities (Prince Owusu, & The Social Planning Council of Ottawa, n.d., p.17)

In summarizing the next steps after this forum Dianne Urquhart, the Executive Director SPCO, urged us to empower seniors who experience abuse and neglect, and to continue conversations which break the silence around elder abuse and neglect. She emphasized the importance of service providers to work together with ethno-cultural seniors and to understand the complexities and intersections of culture, behavior, language, poverty and other structural issues in elder abuse and neglect (Prince Owusu, & The Social Planning Council of Ottawa, n.d., p.27)

WHAT CAN WE DO ABOUT ELDER ABUSE?

As people age, building self-respect is positive protection against abuse and disrespect from people. As seniors, it is important to listen to our own feelings and needs. Maintain respectful relationships enforces the importance of the rights and wellbeing of all individuals in your community

PUBLIC EDUCATION: It is important for seniors and the public to understand what elder abuse is, why it happens and what can be done.

ENCOURAGE SENIORS TO RETAIN CONTROL OVER THEIR OWN LIVES AS LONG AS POSSIBLE: It is important for seniors to know their rights. Knowledge is empowering. It is important that seniors have the power to make their own life choices and to prepare for a time when they might be reliant on others for care in order to reduce the prevalence of abuse.

EDUCATE SENIORS TO CONTROL THEIR OWN FINANCES: Provide seniors information to maintain control over their income and property and to safeguard their own cash, bank cards, credit cards and other assets. Encourage seniors to obtain a Power of Attorney and a Will.

ADDRESS SYSTEMIC ATTITUDES WHICH ALLOW ABUSE TO OCCUR: Ageism is a social blind spot which can allow elder abuse to occur. Abusers hold a stereotyped view of seniors as being “senile”

and frail and having less worth than younger people which allows abusers to rationalize their behaviours.

PROACTIVE INVESTIGATION: Proactive investigation and successful prosecution may lead to a significant reduction in elder abuse. Even when elder abuse cases are discovered, they are notoriously difficult to prosecute and often result in what many see as insufficient deterrence.

INCREASED RESOURCES: Establish a national hotline to report abuse and compel service providers to report cases of suspected abuse similar to legislation in place for child abuse.
Increase financial assistance for supportive living for vulnerable seniors

ADVOCATE FOR FUNDING FOR ELDER ABUSE PREVENTION:

There are some good initiatives to address and prevent elder abuse but agencies may suffer from underfunding and lack of public awareness (Luma Care, 2019, p.11).

If communities and members discuss the issue of elder abuse, it allows seniors to speak up if they are experiencing abuse (Ethnic Communities' Council of Victoria, n.d., p.18).

TOOLS TO ADDRESS ELDER ABUSE:

There are services and resources to help seniors facing abuse, the help is available other than family members. Seniors do not need to accept the abuse

- Lumacare (Caregiver PDF): Elder Abuse tool, risk assessment tool and elder abuse decision diagram (pg.14-20): <https://lumacare.ca/about/elder-abuse/resources/>
- (To open click on the Untitled title): Contains assessment and screening tools for abuse https://tctoolkit.rnao.ca/sites/default/files/resources/Appendix%20G_0.pdf.
- Prevention of elder abuse: <http://www.eapon.ca/what-is-elder-abuse/prevention/>
- Prevention and addressing elder abuse, including resources (table of contents section C and D) <http://threecornershealth.org/cms/wp-content/uploads/2017/11/Guide-elder-abuse.pdf>
- Addressing elder abuse (section 3, pages 31-33) https://www.caot.ca/document/5856/ENG_ElderAbuseGuidelines.pdf.
- How to raise awareness of elder abuse, steps on running the programs (Part 2 on the table of contents) http://www.eapon.ca/wp-content/uploads/2015/01/EAO-tool-Raising_Awareness_of_Elder_Abuse_in_Ethnic_Communities.pdf.
- Legislation and reporting elder abuse information (how to report elder abuse): <http://www.eapon.ca/what-is-elder-abuse/legislation-reporting/>
- Tool kits regarding elder abuse: <https://rnao.ca/bpg/initiatives/abuse-and-neglect-older-adults-pan-canadian-best-practice-guideline-initiative>

CONTACT NUMBERS ASSISTING SENIORS IN DISTRESS OR RISK IN ELDER ABUSE:

Nepean Rideau and Osgoode Community Resource Centre, Elder Abuse Response and Referral Service 613-596-5626 ext.230

Ottawa Police Resources:

- Elder Abuse Information Line: 613-236-1222 ext.2400 or Victim Crisis Unit: 613-236-1222 ext. 2223 For Emergencies ONLY 911
- Seniors' Safety Line: 1-866-299-1011
- Distress Centre Ottawa: 613-238-3311
- Ottawa Public Health: 613-580-6744

FACILITATORS NOTES:

At the end state the concluding remarks, ask participants if they have any questions and any suggestions they would like to include in this project.

APPENDIX “A”- LEGISLATION

LEGISLATION PROTECTING SENIORS:

Elder abuse isn't an offence of itself but is covered under the current code. Certain forms of abuse such as physical assault, assault, uttering threats, criminal harassment and sexual assault are crimes under the Canadian Criminal Code.

*Please refer to the Canadian Criminal Code:

<https://laws-lois.justice.gc.ca/eng/acts/C-46/>

Criminal Code provisions that may apply in cases of elder abuse:

Financial Abuse:

- Theft (s. 322, 328-332, 334)
- Theft by holding power of attorney (s. 331)
- Stopping mail with intent (s. 345)
- Criminal breach of trust (s. 336)
- Extortion (s. 346)
- Forgery (s. 366)
- Fraud (s. 380)

Physical Abuse:

- Murder (s. 229-231, 235)
- Manslaughter (s. 234, 236)
- Assault (s. 265-268)
- Assault with a weapon or causing bodily harm (s. 267)
- Unlawfully causing bodily harm (s. 269)

Sexual Abuse

- Sexual assault (s. 271-273)
- Sexual assault with a weapon, threats to a third party or causing bodily harm (s. 272)
- Forcible confinement (s. 279.2)

Psychological Abuse

- Intimidation (s. 423)
- Uttering threats (s. 264.1)
- Harassing telephone calls (s. 372.2 and 372.3)
- Criminal harassment (s. 264)

Active Neglect

- Criminal negligence causing bodily harm or death (s. 220-221)
- Breach of duty to provide necessities (s. 215)

The Criminal Code also includes a provision (s. 718.2) that requires the court, to consider factor such as evidence that the offence was motivated by age or disability bias, hate or prejudice (Lumacare, 2019, p.14)

Long-Term Care Homes Act, 2007

In this act there are provisions to protect residents from elder abuse, such as promoting zero tolerance of abuse, duty to protect and more details of this legislation can be accessed in Section 19 Prevention of Abuse and Neglect.

Reporting

Reporting is mandatory to the Ministry of Health and Long-Term Care by any person except the resident of the following which caused or risked harm of resident:

Improper treatment of a resident that caused or risked harm of the resident:

Abuse or neglect of a resident by the licensee or staff that resulted or risk of harm

- Unlawful conduct that caused or risked harm of a resident.
- Misuse of a resident's money.
- Misuse of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).

Reporting is applicable even if the report is based on information which is confidential, members of the Ontario College of Social Workers and Social Service Workers. If anyone fails to make a report, they are guilty of an offence.

Retirement Homes Act, 2010 (Act)

This act states, if one observes elder abuse is occurring it is mandatory to report under section 75 to the Registrar of the Retirement Homes Regulatory Authority (RHRA)

WHO MUST REPORT?

Individuals and corporations are required to report. This includes staff members, volunteers, directors and officers of the retirement home, licensee of the retirement home as well as care and service providers. The Act doesn't require the residents to report.

Reporting

Retirement Home Act (s.75. (1), under that section any person that may have reasonable grounds to suspect any of the following to occur or occurred they must report immediately to the Registrar:

- Improper treatment of a resident that caused or risked harm of a resident
- Abuse or neglect of a resident by staff or licensee results or risks harm of a resident
- Unlawful conduct that causes or risks harm to residents
- Misappropriation of a resident's finance

If the Retirement Home Authority receives a report suspecting abuse, an inspector will visit that retirement home. If the person fails to report abuse, they are then guilty of offence (Elder Abuse Prevention (ON), n.d.).

APPENDIX "B"

CREATING POSITIVE CONVERSATION WITH SENIORS WHEN ADDRESSING POSSIBLE ABUSE

- How is your day today?
- How do you feel these days? (one who lives alone)
- What have you been doing lately?
- How are you and your family doing? (one who lives with their family)
- What delicious foods have you cooked lately?
- What are you watching on TV these days?
- What do you enjoy doing during the day?
- Do you like talking on the phone to friends and family?
- Do you go out shopping often?
- Do you like going for walks in the parks or around the neighbourhood?
- What would make you happy?
- What is your favourite holiday to celebrate?
- How do you keep so busy living alone?
- Do you have a hobby or something special you like doing?
- Since you live alone without any family member around, do you have a close friend to rely on for help?

APPENDIX "C" -

ONLINE PROGRAM EVALUATION FORM

Online evaluation form link:

<https://form.jotform.com/202865431658259>

APPENDIX “D”

- PROGRAMS ON ELDER ABUSE IN VANCOUVER, BC AND TORONTO, ONTARIO

Vancouver

Council of Reduce Elder Abuse BC (S.U.C.C.E.S.S.)

- <https://reduceelderabusebc.ca/elder-abuse-capacity-building-projects/success-outreach-chinese-immigrant-communities-metro-vancouver/>

Council of Reduce Elder Abuse worked in collaboration with SUCCESS on the “Outreach to Chinese Immigrant Communities in Metro Vancouver”. SUCCESS has also worked with key partners to engage broader segment of Chinese immigrants communities of Metro Vancouver on the topic of being informed of elder abuse. Some of the key partners were Seniors First BC, Richmond RCMP, S.U.C.C.E.S.S., Chinese Christian Mission and etc. Some of their activities include identifying existing Chinese print and videos relating to elder abuse to with group dialogues, forums and media, 16 workshops, engaging with media such as television and radio interviews and hosted community forums. The outcomes were the seniors, service providers, youth and family members were provided with information about elder abuse and promotion of intergenerational communications in the workshops. Some of the key lessons learned were being mindful of the terminology when discussing elder abuse, make it culturally appropriate rather than literal translation, use descriptive words and case studies to contextualize. Including Mandarin and Chinese materials and presenters, consult with seniors for resource development, have panel discussions with various experts to help audiences to see topics from different angles, collect and review feedback from participants continuously and etc. Lastly the challenges were that elder abuse is a taboo topic in their communities and they prefer to discuss with people they are comfortable with, a majority of the seniors had a difficult time understanding English and etc. (Council of Reduce Elder Abuse BC, n.d.)

Toronto:

- <https://carefirstontario.ca/services/elder-abuse/>

In Toronto, an agency called Carefirst plays an important leadership role in implementing and developing elder abuse prevention strategies and programs in order to combat elder abuse throughout the organization and within the communities it is mandated to service. Including, they are committed to advocating for the protection of seniors. This program is for Chinese seniors’ newcomers residing in the Toronto, Peel and York region to distribute coping skills and resources, deliver direct interventions, information, support and counselling and support that prevents elder abuse, neglect and increases their safety. This program enhances the seniors social and emotional wellbeing, increasing community awareness and addressing elder abuse and neglect including overall quality of life. Some of their services include Chinese Elder Abuse Ambassador (individuals

are trained to answer elder abuse helplines, support community education and drama presentations), Information and Referrals (health care related services, referral to sources of financial assistance, housing support and community support services). In addition, Chinese Elder Abuse Helpline, 416-502-2321 (Callers identity is confidential and will be protected) and Counselling Support and Service Navigation (counselling, coping skills learning and linkages related to community support) (Carefirst, n.d.)

APPENDIX “E”

EXAMPLE FORMAT OF THE SESSION APPENDIX “E” - EXAMPLE FORMAT OF THE SESSION

SMALL GROUPS (12 PEOPLE OR LESS):

The following is for a shortened presentation based on a smaller group size. The recommended format is a short presentation followed by group discussion based on the case studies. The session ends with a summary, group feedback and a short time for individual consultation with the facilitator.

Presentation (10 mins):

Introduce session and topic in presentation format.

- Introduce facilitator and theme of session
- Give basic information about elder abuse, its prevalence and different types
- Introduce discussion

Discussion (20—30 mins):

Use scenarios and questions to facilitate discussion around different situations of elder abuse and how these can be addressed. This is an open discussion format.

- Empowerment approach helps group discover risks/triggers/prevention strategies to elder abuse
- Encourage participants to discuss, understand and challenge relevant attitudes and values.
- Deliver summary of key messages

Summary (5 mins):

- Reinforce key messages, allow time for final questions and end session
- Offer a follow up session and one/one confidential time with facilitator in a private place.

Evaluation (5 mins):

- Development of community education
- Give participants the opportunity to raise any concern

1-1 time (10 mins):

- Provide basic information and referral to anyone who maybe experiencing abuse or is concerned about anyone who may be experiencing abuse
- Allow for any questions that a person doesn't want to raise in front of others (provide paper for written anonymous questions).

Provide resources:

- Provide handout regarding elder abuse and services to contact

LARGE GROUPS: THERE ARE A NUMBER OF OPTIONS FOR GROUPS THAT ARE LARGER (13 PEOPLE OR MORE).

1. Give an interactive presentation

- Adapt the material into a 40-minute presentation. Use the scenarios and questions to get people to think. **Drawbacks:** participants' role is more passive, maybe difficult to keep them engaged and interested.

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2. Create a small group of 'interested' people

- Deliver the introduction and then ask if interested people would like to join a breakaway group to discuss the topic further. **Drawbacks:** people may not want to publicly acknowledge interest due to stigma or privacy issues.

3. Conduct multiple visits to each group

- For example, see the women from the group one week and the men from the group the following week. This may enable the group to explore issues more relevant to them. **Drawbacks:** high demand on staff resources.

4. Break into small groups for self-directed discussion

- The facilitator still leads and feeds in questions for each group to discuss independently. The groups could then feedback at the end of each story. **Drawbacks:** time consuming, less able to guide discussion or feed in key messages.

5. Increase number of facilitators

- Give the introduction to the whole group and then break into smaller groups each with their own facilitator. **Drawbacks:** high demand on staff resources. (Reference from: Ethnic Communities' Council of Victoria, n.d., p.7-8).

APPENDIX “F”-

ELDER ABUSE RESOURCES

Local Resources:

- Elder Abuse Team, Ottawa Police Services
- Safety and Crime Prevention - Seniors
- Elder Abuse Response and Referral Service (EARRS), Nepean, Rideau, Osgoode Community Resource Centre
- Crime Prevention Ottawa, Home Takeovers
- Collectively We Care – Collectively We Help – Elder Abuse and Neglect in Ethno-Cultural Communities, Social Planning Council of Ottawa

Provincial Resources

- Elder Abuse Prevention Ontario (EAPO)
- Aging without Violence
- Information About Elder Abuse (Government of Ontario)
- Ontario Human Rights Commission
- Ontario Consumer Protection Branch

Residential Care Resources:

- Information about Long-Term Care Homes in Ontario
- Retirement Homes Regulatory Authority

Legal Resources:

- Advocacy Center for the Elderly (ACE)
- Community Legal Education of Ontario (CLEO)

Consent and Capacity:

- Consent and Capacity Board
- Office of the Public Guardian and Trustee

National Resources:

- Canadian Network for the Prevention of Elder Abuse
- National Seniors Council
- Elder Abuse Awareness (Employment and Social Development Canada)
- Canadian Anti-Fraud Centre

International Resources:

- Elder Abuse, World Health Organization

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