



EMOTIONAL ABUSE OF OLDER ADULTS

AN INTERVENTION GUIDE FOR
SERVICE PROVIDERS AND
PARTNERS IN CARE

PRODUCED BY:



WWW.ELDERABUSEONTARIO.COM



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 Emotional 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 opportunities 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?
- What am I observing?

Interact with the Senior at-risk

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

Respond

- What resources are required?
- What are my responsibilities?
- What is my role on the team?

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 modules. This resource list can be very helpful for agencies, to connect older adults with 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 their audience. For example, an agency/organization may request 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, from participants during any training session on elder abuse. A discussion of a sensitive topic may trigger memories from, an experience with a client or a personal experience. Facilitators, might consider inviting a counsellor to 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 used 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 web site, 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

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

Guiding Principles

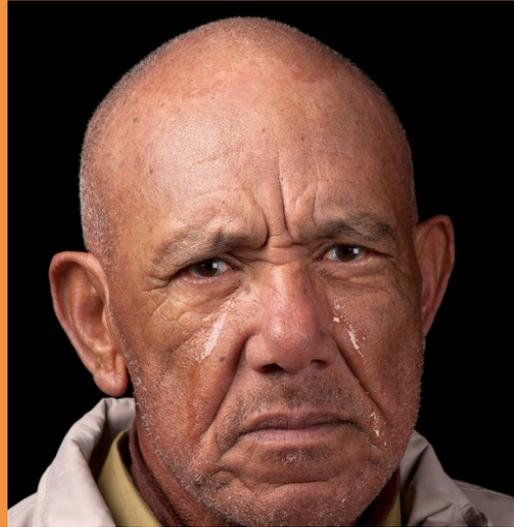
Responding To Elder Abuse

- 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?



“Since I told my son I was not going to give him money, he has not allowed me to see my grandchildren anymore.”



“People keep making rude comments about me because of my age, telling me I am I useless.”

ARE YOU CONCERNED ABOUT AN OLDER ADULT, FAMILY MEMBER OR CLIENT?



“I feel so lonely. My family never comes to visit me anymore. I don't know why they forget about me, I am their father”.



“I don't know where to go for help. My daughter keeps yelling at me, telling me what to do and making all my decisions.”

What is Emotional Abuse of Older Adults?

Emotional Abuse is any action, verbal or non-verbal, that lessens a person's sense of identity, dignity and self-worth. Emotional abuse includes any attempt to demoralize, dehumanize or intimidate older adults.¹

Perpetrators of psychological abuse against older adults often take advantage of older adult's vulnerability in ways that control or humiliate them.² Similar to other forms of abuse, the underlying motivation for emotional abuse is the desire of perpetrators to exert control over other individuals and destroy their sense of self-esteem.³

Emotional abuse is often interchanged with a variety of terms including **psychological abuse**, mental cruelty, verbal abuse and psychological aggression.³ For the purposes of this module, the term emotional abuse will be used.

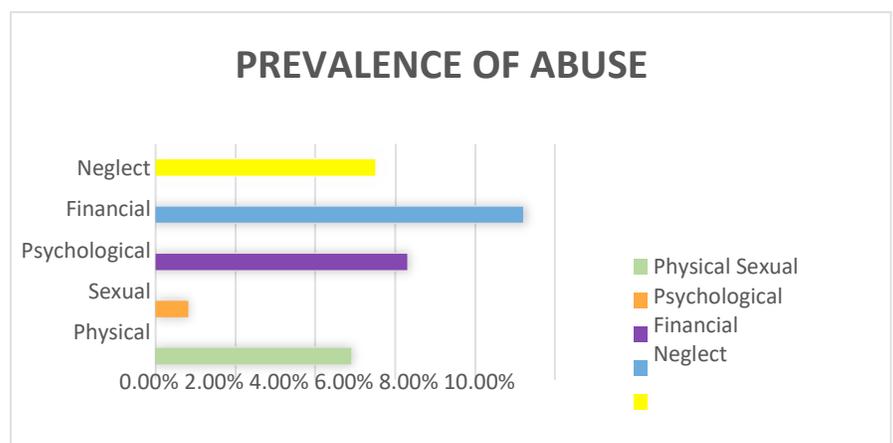
Elder abuse is an important public health problem. The World Health Organization (WHO) estimates 1 in 10 older adults experience abuse each month, indicating this is likely an underestimation, as only 1 in 24 cases of elder abuse is reported, in part because of the fear of reporting to family, friends, or to the authorities.⁴

According to the WHO, prevalence studies estimate that of the most common types of abuse in high-or-middle-income countries, financial abuse occurs most often (1.0-9.2%), followed by psychological abuse (0.7-6.3%), neglect (0.2-5.5%), physical abuse (0.2-4.9%) and sexual abuse (0.04-0.82%).⁴

By reviewing opinions by Canadians, about the awareness and perceptions of elder abuse, a public poll indicated that more than one-fifth of Canadians mentioned a specific case of a senior who they thought may be experiencing abuse. Older Canadian respondents in the study identified

psychological/emotional abuse

as the most prevalent form of elder abuse experienced by seniors and respondents who reside with seniors in the home were inclined to believe that emotional abuse is the most frequent form of abuse.⁵



Older adults residing in long-term care or retirement homes can be victims of emotional abuse and harassment. Although there is limited data on the extent of the problem in institutional settings, a survey of nursing-home staff in the United States of America, suggests rates may be high:⁴

- 36% witnessed at least 1 incident of physical abuse in the previous year;
- 10% committed at least 1 act of physical abuse towards an elderly patient;
- **40% admitted to psychologically abusing patients.**

Identification of Tactics Used and Communication Cues of Emotional Abuse Occurring

Emotional abuse can be identified as either a:

- Consequence of other forms of abuse particularly physical or sexual abuse and/or
- Separate and distinct form of abuse.

In a summary of the research on psychological abuse, the findings concluded that both forms result in trauma that can have short and long-term effects. In fact, victims experience greater trauma from ongoing, severe psychological abuse than trauma from experiencing infrequent physical assault.³

When identifying emotional abuse, we must consider cultural values, beliefs, family dynamics, intergenerational relationships, social norms and an individual's acceptance levels of harm and abuse. Our societal attitudes may contribute and even condone the abuse of older adults or the belief, that it is 'acceptable' allowing it to continue without detection or intervention. These attitudes include discrimination, the lack of respect for older adults and the belief that what goes on in the home is a private, 'family matter'.^{3,6} Perspectives of abuse also vary across diverse cultural, ethnic and religious communities, so it is important not to ignore signs of abuse by attributing the behaviors to cultural differences. For example, some cultures do not honor the basic rights of women, and older women in these cultures may not realize they are being abused.⁶

The influence of public awareness, changes in legislation and response to abuse have contributed to a shift of social norms and cultural values towards elder abuse. Our views on what were acceptable forms of controlling tactics and "harmful/abusive" behaviours have changed over time, once considered acceptable by some are now viewed as abusive.³

Many older seniors report psychological/ emotional abuse to be the most harmful. Many reported that physical scars could heal but psychological scars festered and were the most difficult to deal with.⁷

Perpetrators of emotional abuse utilize willful infliction of neglectful and deliberate tactics, consisting of verbal or nonverbal communication cues that cause mental anguish and emotional harm. Abusers may also adapt their tactics, depending on the victim's gender, age, health and ability status, ethnicity or place of residence (e.g., whether the abuse happens at home, in a residential facility or in an urban or rural setting).^{2,3,6} This is important to remember when identifying emotional abuse of older adults, particularly if their health and cognition changes, thereby increasing their vulnerability to abuse.

The following table provides an overview of research findings of both neglectful and deliberate tactics of emotional abuse, with examples of verbal and nonverbal communication cues.^{1,2,3,6}



Tactics/Cues of Emotional Abuse

Neglectful

- **Denying Emotional Responsiveness**

- Failing to provide care in a sensitive and responsive manner
- Interacting in a detached and uninvolved manner
- Interacting only when necessary
- Removal of decision-making powers
- Inappropriately infringing on their privacy
- Shunning, or lack of acknowledgement

- **Discounting**

- Not giving any credence to the person's point of view
- Not validating the person's feelings
- Claiming the behaviour was meant as a joke
- Manipulating the older adult into doing what the abuser wants

- **Ignoring**

- Purposefully not acknowledging the presence, value or contribution of the other
- Ignoring the person -acting as though the other person were not there
- Making fun of or preventing someone from practicing their faith or religion

- **Denying or Forgetting**

- Denying that any abuse has ever taken place
- Telling the person no one would believe the accusations because it is all in his/her head
- Forgetting promises or agreements
- Minimizing / trivializing
- Denying access to grandchildren or friends, family or regular activities
- Refusing to validate the other person's feelings of hurt
- Suggesting that nobody else would be upset by the same treatment

- **Rejecting**

- Refusing to acknowledge a person's presence, value or worth
- Communicating to a person that he/she is useless or inferior
- Devaluing his/her thoughts and feelings
- Not considering a person's wishes



Tactics/Cues of Emotional Abuse

• Accusing, Blaming and Jealous Control

- Telling a person repeatedly that he/she has caused the abuse
- Criticizing behaviour and ridiculing traits
- Continuously finding fault with the other person or making the person feel nothing he/she does is ever right
- Seeing unrealistic standards
- Belicling the person's thoughts, ideas and achievements
- Diminishing the identity, dignity and selfworth of the person
- Mimicking her/him

• Degrading

- Insulting, ridiculing, name calling, labelling the person as stupid
- Gossiping, making up rumours about the senior
- Criticism, put downs
- Bullying (including on the internet)
- Treating a senior like a child
- Yelling, shouting, swearing
- Harassing-repeatedly contacting, following or watching the other person

• Terrorizing

- Inducing terror or extreme fear in a person through coercion or intimidation
- Threatening to hurt or kill a pet or loved ones
- Threatening to destroy possessions
- Threats of violence or abandonment
- Threatening to have the person deported or placed in an institution
- Verbal intimidation, being forced into making decisions against the older adult's will
"Give me gas money or I won't take you to visit your grandchildren"

• Isolating

- Physically confining the person
- Controlling -- not allowing older adults to socialize, including limited access to telephone, friends, or ascending social gatherings;
- Limiting freedom and excluding an older adult from personal decisions
- Locking a person in a closet or room
- Refusing a person access to his/her own or jointly owned money
- Depriving a person of mobility aids or transportation
- Using others as pawns in relationships

Characteristics of Abusers and Risk Factors

Who Are the Likely Perpetrators of Emotional Abuse?

- Partner/Spouse
- Family member (grandchildren, adult offspring)
- Caregiver
- Paid caregiver
- Other residents residing in care home
- Facility Staff

Characteristics of Perpetrator

- Suffering from mental illness
- Misuse of Substances/alcoholism
- Caregiver depression Anxiety from level of care provision by self or others
- Financially dependent on victim Seeking power and control over older adult they perceive to be vulnerable

Risk Factors for Older Adult of Emotional Abuse

- Socially or Physically Isolated
- Lacks social or emotional support Requires physical/ mechanical assistance
- Lives alone
- Suffers emotional health issues
- Misuses substances/alcoholism Some dependence on activities for daily living
- Poor health
- Poor social well-being Lesbian, gay, bisexual or transgendered older adults
- Experiencing language and cultural barriers

Based a research report, psychological abuse is the most common form of abuse within lesbian relationships and the rate of emotional and/or financial abuse among visible minority men is 1.5 times higher than visible minority women.³

Though it leaves no outward scars, elder psychological abuse exploits older adults' vulnerabilities through cruel acts of omission or commission.²

Recognizing Behavioural Signs of Abuse

Signs that may indicate that an older adult is/has experienced emotional abuse include changes in their normal routines, behaviour, as well as their mental health. Unexplained or uncharacteristic changes in behavior may also be mistaken for memory loss or illness, when really, they are the effects of stress or worry resulting from emotional abuse the senior is experiencing. The chart below highlights key behavioral changes that an older adult may experience as well as changes in a caregivers behavior when they become abusive.^{1,3,6,8}

Older Adult

- Fear, discomfort or nervousness around family members, friends, caregiver or other persons.
- Unusual withdrawal from family and friends- lack of interest in social contacts
- Passivity, or increasing depression without any apparent reason
- Unexplained feelings of helplessness, hopelessness or anxiety, low self-esteem
- Heightened levels of upset or agitation
- Contradictory statements or other ambivalence not resulting from mental confusion.
- Reluctance to talk openly, may wait for caregiver to respond to questions asked of them.
- Uncommunicative and unresponsive
- Avoidance of physical, eye or verbal contact with caregiver and/or health care providers.
- Difficulty with normal life transitions (i.e., Retirement)
- Extreme passivity and (possible rocking, sucking, biting) commonly associated with dementia (and therefore may be misdiagnosed as dementia patients)
- Change in eating patterns - sudden loss of appetite unrelated to physical disease or aging
- Sleep problems (insomnia).
- Substance abuse (in particular, alcohol)
- Self-harming

Caregiving

- Seems excessively concerned or unconcerned.
- Blames the older person for acts such as incontinence.
- Behaves aggressively, caregiver treats the older person like a child or in a dehumanized way
- Has a history of substance abuse or abusing others.
- Does not want the older person to be interviewed alone.
- Responds defensively when questioned; may be hostile or evasive.
- Has been providing care to the older person for a long period of time.

Barriers to Reporting

It is important to consider the barriers older adults face, in reporting or disclosing abuse and why they may not seek help. Cases of emotional abuse are often not disclosed or the person is not 'believed' because it may be seen as a case of "he said: she said." There are numerous reasons why older victims may choose not to report their victimization to the police.^{2,11}



Having the Conversation

Emotional abuse can be very difficult to determine, but it is important to be aware of sudden changes in the older adult's behavior. Conducting a thorough assessment to detect and identify signs of tactics abusers may be using as well as behavioral changes will help guide an intervention to support the older adult. Asking the older adult "questions" to **start the conversation** and get a better understanding of their situation and feelings.

Persons working with older people in potentially abusive situations need to be sensitive to cultural differences and intervene accordingly. Formulating culturally sensitive prevention and intervention efforts requires an understanding of roles and responsibilities within the family and help-seeking behaviors.⁶ Certain cultural values, beliefs and traditions influence family dynamics, intergenerational relationships and ways in which families define their roles and responsibilities and respond to daily challenges. These differences make some situations difficult to distinguish from abuse or neglect.

ASSESSMENT QUESTIONS

(Older Adult Residing in a Long-term Care or Retirement Home)

- Does the resident have a limited social network?
- Is the resident isolated?
- Has anyone yelled, insulted or made the resident feel bad about themselves?
- Does the resident feel afraid of anyone in particular?
- Is the resident withdrawing from participating in activities or socializing?
- Does the resident have any serious illnesses/physical impairments?
- Does the resident have a cognitive impairment?

ASSESSMENT QUESTIONS

- Is there anyone close to you that makes you feel uncomfortable?
- Is there anyone that you fear being left alone with?
- Are you afraid of family members and/or caregivers?
- How do family members behave towards you? Are they verbally abusive?
- Do your caregiver and/or family member(s) always answer questions that are asked of you?
- Can you tell me about a time recently when someone talked to or yelled at you in a way that made you feel bad about yourself?
- Does anyone ever scold or threaten you? Can you give me an example?
- Does anyone ever tell you that you're sick when you know you aren't? Can you give me an example?
- When was the last time you got to see relatives or friends?
- Do you have any access to a telephone? If not, why not?
- Are you by yourself a lot?

If the older adult answered yes:

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

EMOTIONAL ABUSE

Formulating Questions for Suspected Abuser

- Are you and (senior's name) aware of the kinds of help community?
- How do you and (senior's name) handle disagreements?
- What expectations does (senior's name) have of you?
- Most caregivers find their role stressful. I sense caring for (senior's name) is stressful for you. Is this recent or has this been this way for some time? How do you react under stress?
- Do you tell people you care about when you are feeling stressed?
- When you are angry/resentful/frustrated with (senior's name) have you ever felt out of control? What did you do?
- Do you feel able to ask for help from others when you feel you need a break?
- Is caring for (senior's name) different than you thought it would be?
- How do you feel you are managing the present situation?
- How is (senior's name) involved in decisions and determining his/her care?
- What does (senior's name) need help with every day?

Adapted from¹⁰: Seniors Resource Centre Association of Newfoundland and Labrador, 2006

Note: *Working with a suspected abuser is a very delicate situation and should only be undertaken by a qualified professional possessing the appropriate skills and training.*

EMOTIONAL ABUSE

CASE STUDY

Case Study 1

I feel like people are avoiding me. One man asked me if I was happy to use an indoor toilet. I wonder what they are saying about me?



Anna, 84, has spent most of her life living in her remote fly-in First Nation community. Anna was a residential school survivor - taken away from her family at an early age and forced to attend a residential school. She learned how to speak English and only completed grade 8. Anna moved back to her community, got married and raised 5 children. Anna mostly spoke Cree at home. Anna vowed she would always stay at home and never leave her community again. Anna's husband passed away six months ago. She fell and had to have an operation on her hip. She has mobility issues. Her family was unable to care for her in the community. With no other options for care, Anna reluctantly agreed to move to the city to live in a long-term care home.

Anna was abused in the residential school. English is her second language. She needs to use a walker and therefore has some physical mobility issues. Anna is not adjusting to the long-term care home, the other residents are ignoring her and she often overhears them talking about her. The staff, don't seem to take the time to listen to her or respect any of her cultural traditions or foods. Anna does not have any family living in this city and her other family members rarely visit. When they do, they are always asking for money. Staff have seen her crying and withdrawn. Anna says she wants to move back home.



What would you recommend the staff in long-term home do to help Anna?

FACT BOX

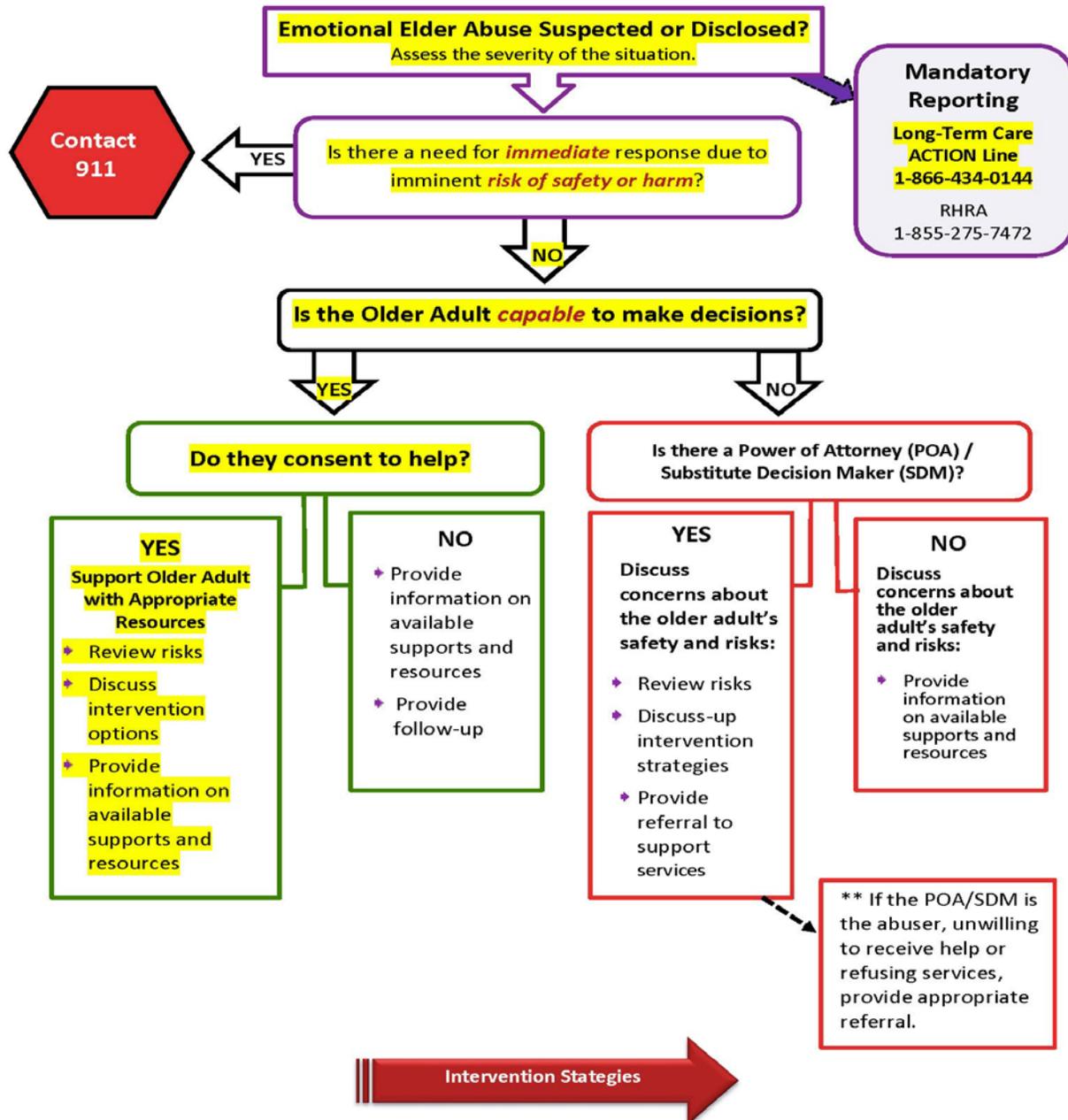
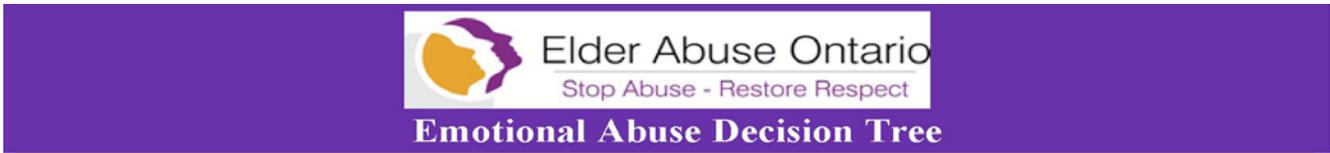
Type of Abuse :	Emotional/psychological, financial, systemic and violation of rights (i.e. respect and dignity, no abuse, citizen's rights, personal interests)
Warning Signs :	<ul style="list-style-type: none"> ✓ Signs of depression: Anna is sad, isolated and withdrawn ✓ Lacking a network of friends and family to support her ✓ Visiting family always asking for money -possible financial problems ✓ Staff not listening nor supporting her desire to practice own culture and traditions ✓ Possible language barriers ✓ Isolation, as other residents seem to purposefully exclude or ignore her. She might be discriminated against because of her ethnicity (lack of understanding or acceptance of other cultures)
Risk Factors for Victim :	<ul style="list-style-type: none"> ✓ Widower ✓ English is second language; it may not be spoken well ✓ Mobility issues – reliance on mobility aids ✓ Possible intersecting forms of discrimination (i.e. ageism, sexism, racism) ✓ History of abuse and personal trauma ✓ Isolation (friends, family, residents and staff)
Who is Abuser ?	Anna's family Other residents and staff of the LTC facility
Risk Assessment:	Non-imminent
Pertinent Assessment Questions:	<p>Assessment questions for LTC staff:</p> <ul style="list-style-type: none"> ✓ Does the older adult appear fearful of certain staff members, residents and and/or family? ✓ How can LTC staff support Anna in maintaining her culture? ✓ How do family members behave toward Anna when they visit? ✓ Is Anna concerned about her financial situation? ✓ Is the resident isolated? ✓ Does the resident have a limited social network? ✓ Has anyone yelled, insulted or made the resident feel bad about themselves? ✓ Does the resident feel afraid of anyone in particular? ✓ Is the resident withdrawing from participating in activities or socializing?

<p>Pertinent Assessment Questions:</p>	<p>Assessment questions for Anna:</p> <ul style="list-style-type: none"> ✓ I've noticed you've been crying and you seem to be withdrawn; is there something you would like to share with me? ✓ Has there been a recent incident causing you concern? With the staff, residents or members of your family? ✓ Do you feel comfortable living here? ✓ Have the staff or the residents at the home ever made you feel bad? Have they ever ignored or yelled at you? ✓ Do you manage your own money? ✓ Do you have any concerns about your finances? ✓ Have you ever felt taken advantage of? ✓ Does anyone use your money without your permission? ✓ Do you have anyone you can talk to about what is going on? ✓ Would you like some help with _____? (bullying, possible social integration issues) ✓ What do you want to do?
<p>Capacity:</p>	<p>Capable</p>
<p>Consent:</p>	<p>Consents to support and referrals: unknown</p>
<p>Response and intervention:</p>	<ul style="list-style-type: none"> ✓ Have a conversation with Anna: inquire whether she wants help or support, determine what she wants to do, obtain consent, explain your duties and responsibilities and document findings/observations ✓ Follow internal policies and procedures for reporting actual and suspected incidents of abuse – policies might include reporting to the Director of Care or Clinical Manager. Regulated health care professionals will need to report their observations/concerns to the Ministry of Health and Long-Term Care's ACTION line and to their College. Non-regulated workers will need to inform their superiors. It is the supervisor's responsibility to assess the resident and file a report with the Ministry of Health and Long-Term Care; however, it remains the non-regulated worker's duty to ensure that a report is made. Follow-up with their supervisor is therefore highly recommended. ✓ As indicated in service contracts, agreements, and workplace policies a third party might need to be contacted (Power of Attorney, Substitute Decision-Maker, family etc.) ✓ Obtain consent, explain your duties and responsibilities ✓ If she does want support, Anna will need to be referred to appropriate resources and staff might need to make appointments for her.

	<ul style="list-style-type: none"> ✓ Staff will need to look at ways to accommodate Anna’s cultural and spiritual needs and address bullying or RRA internally. ✓ Monitor the situation ✓ Follow-up with senior ✓
Referral & Resources:	<p>If Anna consents to receive help, she might benefit from the following:</p> <ul style="list-style-type: none"> ✓ Assertiveness training ✓ Financial literacy education (needs to discuss options for protecting finances) ✓ Family mediation ✓ Counselling <p>Provide number to Seniors Safety Line</p>
Other:	<p>If the responding staff member is a regulated health care professional, they will need to report the incident to their professional College.</p>

SUPPORTING ANNA

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

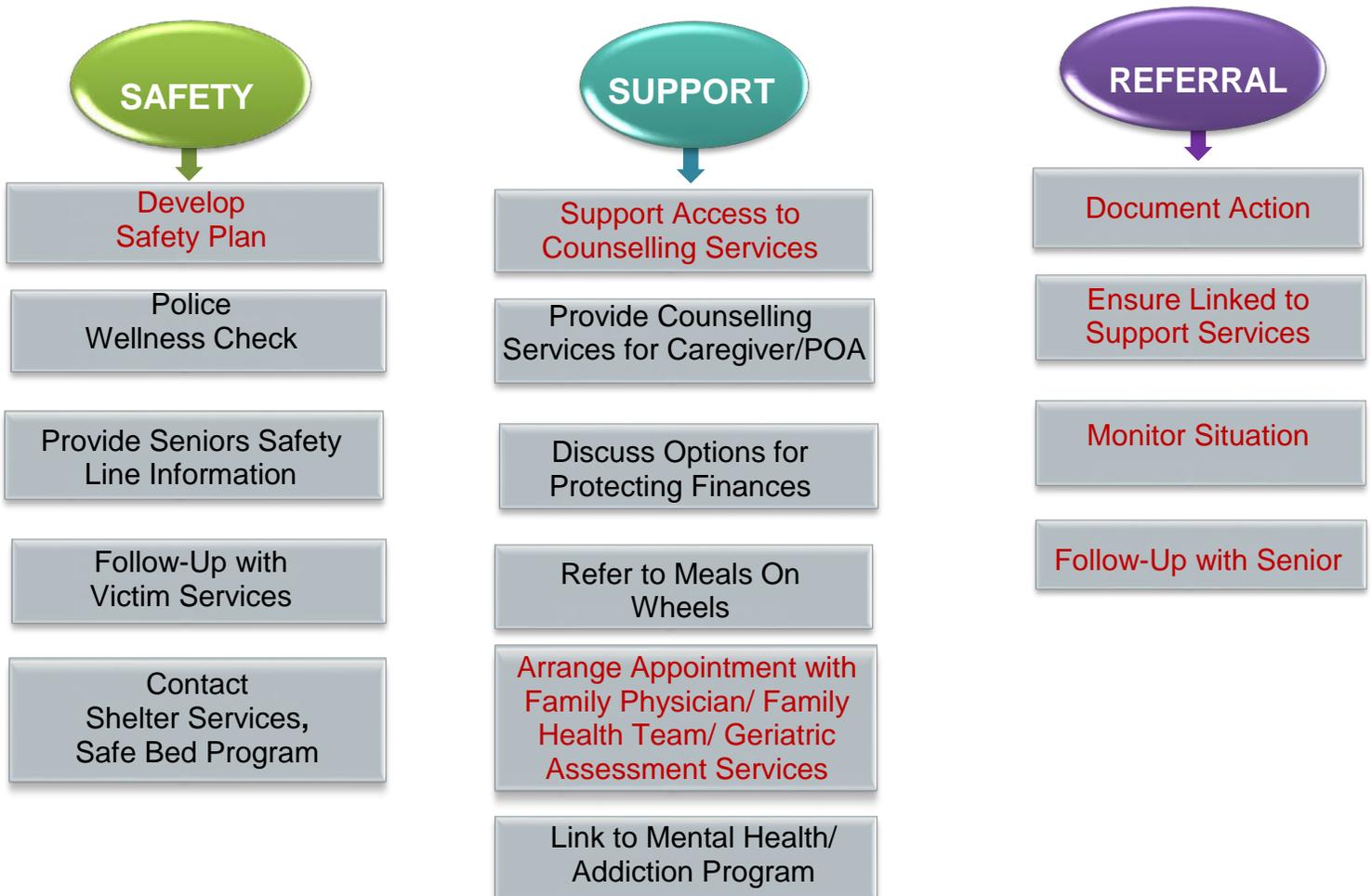


Resources and Community Support

Alzheimer Society of Ontario	1-800-879-4226	Ontario Provincial Police	1-888-310-1122
Assaulted Women's Helpline	1-866-863-9511	Ontario Human Rights Commission	1-800-387-9080
Local Health Integration Networks	1-866-383-5446	Seniors Safety Line	1-866-299-1011
Law Society Referral Service	1-855-947-5255	Retirement Homes Regulatory Authority	1-855-275-7472
Mental Health Helpline	1-866-531-2600	Victim Support Line	1-888-579-2888
Office of the Public Guardian and Trustee	1-800-366-0335	Welcome Centre Immigrant Services	1-877-761-1155

For more resources visit : www.elderabuseontario.com

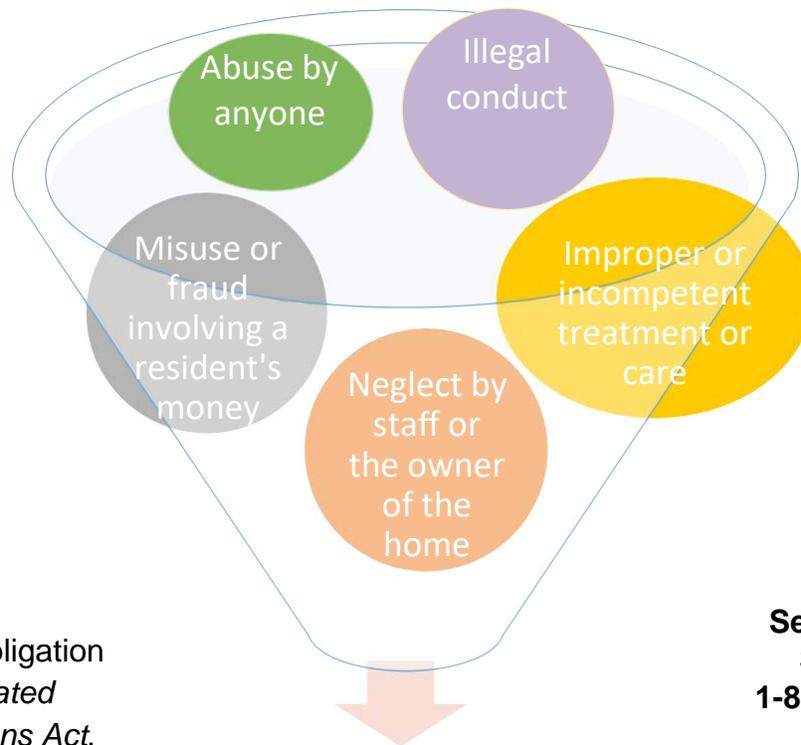
Intervention Strategies



Know the Law

In Ontario, the law states that the abuse of an older adult living in a Long-term Care or Retirement Home must be **reported immediately** by anyone who has reasonable grounds to suspect that a resident has been harmed or will be harmed.

Retirement Home Act s.75.(1) and Long-Term Care Homes Act, 2007 s.24(1)



This reporting obligation under the *Regulated Health Professions Act*, includes family members of residents, staff, owners of the homes, doctors, nurses and other health care professionals, drugless practitioners and social workers.

REPORT

It is against the law for anyone to punish someone for reporting abuse of a resident in a LTC or Retirement Home.

Senior Crime Stoppers
1-800-222-TIPS

Ontario has also a province-wide Seniors Crime Stoppers Program, to allow anyone, to anonymously report incidents of elder abuse. This information will be forwarded to the Police without fear of the caller being identified.

Is Emotional Abuse A Criminal Offence?

In Canada, certain forms of elder abuse are considered crimes under the [Canadian Criminal Code of Canada](#). Elder abuse is not a separate offence but some abusive actions are covered by the Code. Although all forms of abuse are wrong, not all actions or tactics used by perpetrators toward an older adult (such as insulting, isolating, and ignoring behaviours) are necessarily recognized as a crime. They can however be signs that the abuse might get worse in the future.

Under criminal law, abusers can be held accountable for certain emotional abusive tactics (stalking, verbal threats, harassing telephone calls, deliberate intimidation and counselling (advising) suicide) when the behaviour is considered an offence under the *Criminal Code of Canada*.^{3,10,11} Actions that are Criminal offences do not cease to be an offence because the person is a senior. Police can lay Criminal charges if they have reasonable grounds to believe a crime has been committed. **Some of the Criminal Code provisions that may apply in cases of emotional elder abuse include:**

Assault s. 265-268

Can be committed by attempting or threatening to apply force to another person if the other person believes that the abuser has the ability to carry out the act. Most people think of assault only as the intentional use of force against somebody without his or her consent.

However, attempting or threatening by an act or gesture to use force may also be assault. If the victim has reason to believe that the perpetrator

Uttering Threats (s. 64.1)

When someone knowingly utters or conveys a threat to cause death or bodily harm to another person. It is also an offence to threaten another's property (to burn, destroy, or damage) or threaten to kill, poison or injure his or her animal or bird. Since many abusers maintain control by threatening to kill their partners or destroy their pets or property, this provision in the Code may be able to deal with such threats.

Intimidation (s. 423)

Criminal Harassment (s. 264)

To be criminal, this behaviour must be overtly threatening or must happen repeatedly and must have made the victim fear for his or her personal safety. This offence includes stalking.

Given that the behaviour often happens repeatedly the psychological damage may be considerable.

Harassing telephone calls (s. 372.2 & .3)

Where do I Report Emotional Abuse?

Legal Resolutions

There is both a criminal and civil recourse, available to victims of emotional/psychological abuse. In addition to those noted above, the John Howard Society and the Elizabeth Fry Society provide information about the criminal process and explain what is involved for the victim or witnesses. They are able to explain the criminal justice system and what one might expect to occur during the process. Agencies such as Victim Services will assist victims throughout the court process or if the abused older adult is asked to testify, the **Victim/Witness Assistance Program** will provide support throughout the court proceedings. The police can be helpful in connecting the abused senior with these important supports¹¹.

There are several means by which an individual can report emotional abuse including but not limited to:

- Police
- Victim Services Programs
- Community agencies
- Health clinics
- Hospitals
- Someone trusted (i.e. family members, friend, health care provider)

If the abuser is charged: the victim may wish to request a **no contact order** as a condition of his/her release. If the offender is found guilty, conditions not to contact the victim may be part of a sentence imposed.

Civil law solutions may help victims, by having the courts grant **protection or restraining orders**, prohibiting the abuser from further harassing the victim. The court can make specific orders for the abuser - to get counselling, the removal and/or no access to firearms, or to order the abuser to compensate the victim for monetary losses¹¹.

A peace bond can also be obtained for older adults experiencing intimidation and harassment. A **peace bond** is an agreement that a person makes with the Court, promising to “keep the peace and be of good behaviour”.¹¹

Many police departments have officers who specialize in seniors issues, sometimes referred to as **Seniors Support Officers**, who are well informed about abuse. Seniors and the general public are encouraged to call these officers, to talk about their concerns and be provided with valuable information, like connecting the older adult to various **community resources** and/or making **referrals** to other agencies as needed.

EMOTIONAL ABUSE

CASE STUDY

CASE STUDY 2

I don't like when my niece hurts my feelings and makes me feel bad all of the time. She says I am lucky that she cares for me because no one else wanted to.



Martha is a 78 year old woman with mobility issues and some hearing impairment. Her niece Bethany is her caregiver. Together they live in Martha's home so that Bethany can help out. Bethany has been seen changing the TV channels and berating Martha, saying that the program she is watching is stupid and only a bored, dumb person would watch a show like that.

When Martha doesn't understand something on TV, she asks for clarification. Bethany just responds by calling Martha names and telling her she is just too stupid to understand and should listen properly. The PSW has overheard this on several occasions when visiting.



What should the PSW do next?

FACT BOX

Type of Abuse :	Psychological/emotional
Warning Signs:	<ul style="list-style-type: none"> ✓ Niece does not want the caregiving role demonstrating impatience and anger ✓ Language is abusive towards senior ✓ Frustration at being ignored, berated, disrespected
Risk Factors for Victim :	<ul style="list-style-type: none"> ✓ Mobility issues ✓ Hearing impairment ✓ Living with her verbally abusive caregiver
Who is Abuser?	Martha's niece Bethany
Risk Assessment:	<ul style="list-style-type: none"> ✓ Non-imminent ✓ Situation needs to be monitored in case of escalation <p style="text-align: center;">No mandatory reporting.</p>
Pertinent Assessment Questions:	<p><i>Assessment Questions for the PSW:</i></p> <ul style="list-style-type: none"> ✓ Have you noticed sudden changes in the older adult's behavior (e.g. depressed rather than content?) ✓ How do family members behave toward the older adult? Are they verbally abusive? <p><i>Ask the older adult:</i></p> <ul style="list-style-type: none"> ✓ Can you tell me about a time recently when someone talked to or yelled at you in a way that made you feel bad about yourself? ✓ Does anyone ever scold or threaten you? Can you give me an example? ✓ Do you have access to a telephone? If not, why not?
Capacity:	Capable
Consent:	PSW must initiate the conversation regarding consent
Response and intervention:	<ul style="list-style-type: none"> ✓ Speak with Martha to see if she is willing to discuss the incidents of verbal abuse ✓ Find out what she wants to do about the situation and assist her with finding appropriate resources. ✓ Prepare a safety plan in case the abuse escalates ✓ Provide information about the Seniors Safety Line ✓ Provide referrals to support the caregiver

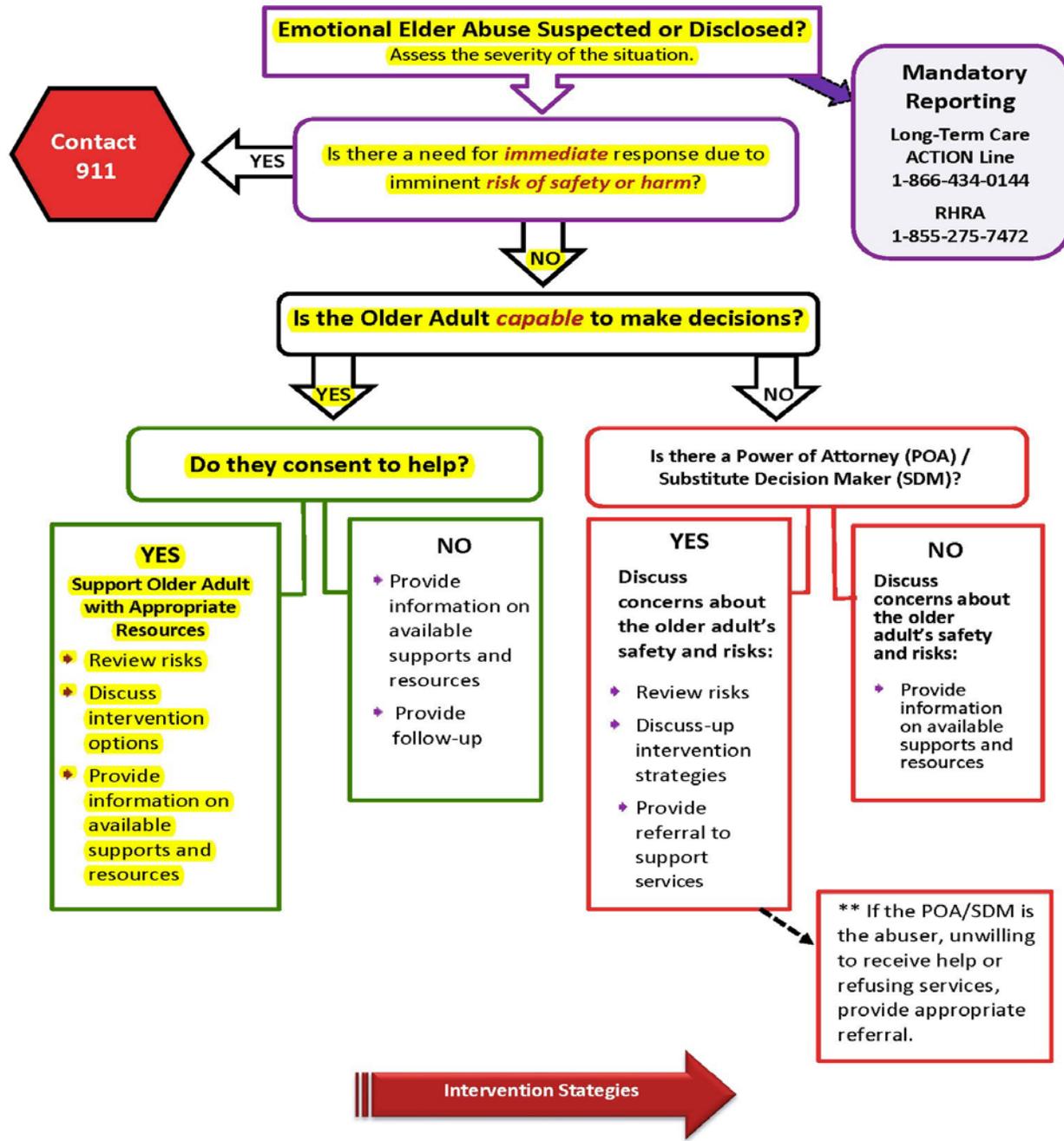
Referral & Resources:	<ul style="list-style-type: none">✓ Referrals to community support services to help engage Martha in social activities such as Senior Centre Activities or Adult Day Programs to allow her to interact with others✓ Refer to transportation services if required✓ Refer to caregiver support and possible counselling for Bethany
Other:	PSW should document incidents and continue monitor situation

SUPPORTING MARTHA

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



Emotional Abuse Decision Tree

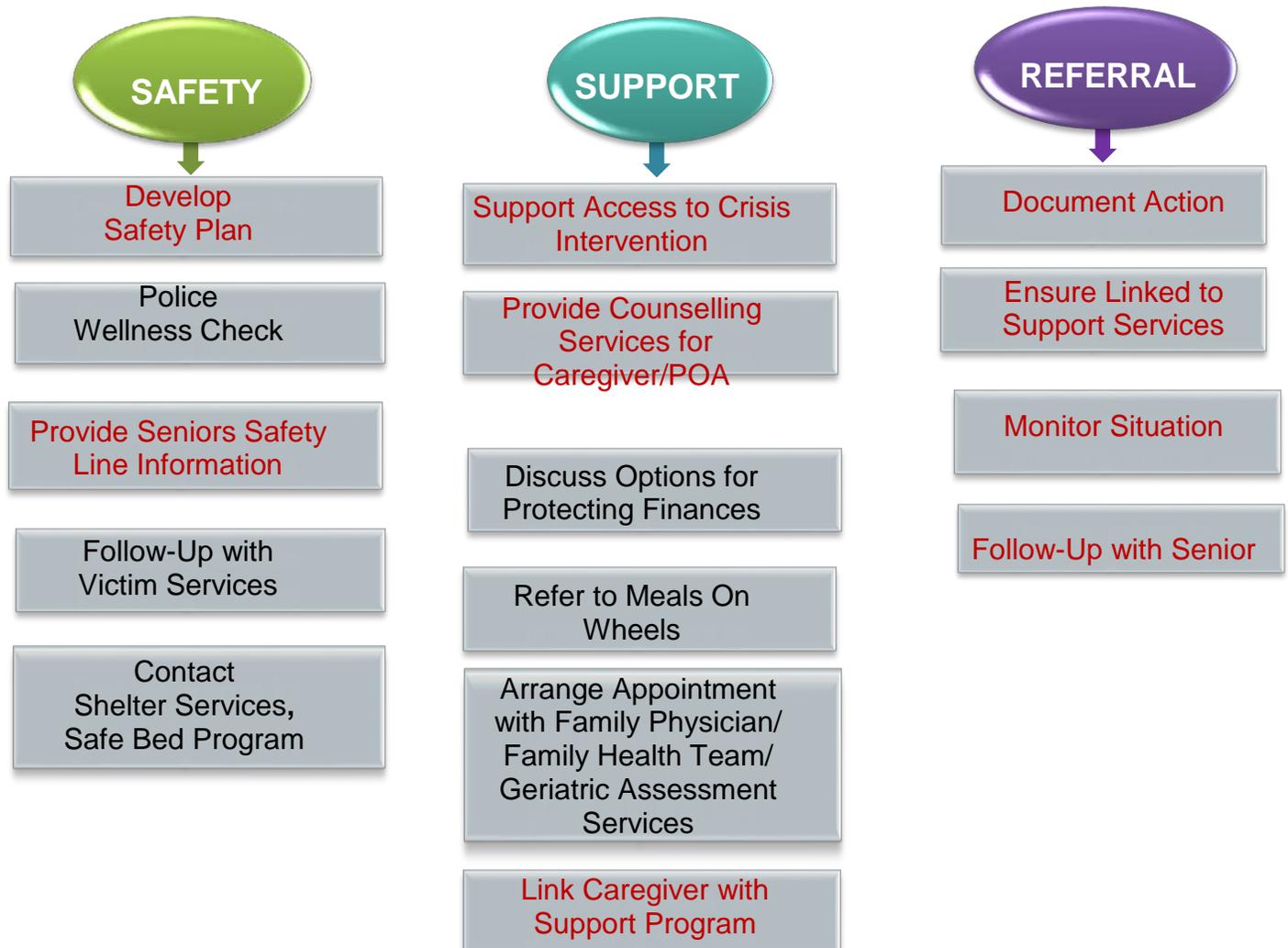


Resources and Community Support

Alzheimer Society of Ontario	1-800-879-4226	Ontario Provincial Police	1-888-310-1122
Assaulted Women's Helpline	1-866-863-9511	Ontario Human Rights Commission	1-800-387-9080
Local Health Integration Networks	1-866-383-5446	Seniors Safety Line	1-866-299-1011
Law Society Referral Service	1-855-947-5255	Retirement Homes Regulatory Authority	1-855-275-7472
Mental Health Helpline	1-866-531-2600	Victim Support Line	1-888-579-2888
Office of the Public Guardian and Trustee	1-800-366-0335	Welcome Centre Immigrant Services	1-877-761-1155

For more resources visit : www.elderabuseontario.com

Intervention Strategies



EMOTIONAL ABUSE

CASE STUDY

CASE STUDY 3

I feel so helpless and don't know who can help me. I don't feel safe in my own home and I feel like everyone is stealing from me.



Emma is 81 and lives alone in her home in a rural area, with a small close-knit community. Someone in Emma's family has been stealing her pain medication while she suffers in constant pain. She feels very stressed, angry, frustrated and helpless that someone is stealing from her. She has tried everything to hide her medication, yet it still gets stolen.

She doesn't know who to trust and this is the third time Emma has had to report her medication stolen. Emma has had addiction issues in the past, but has been clean for over 10 years.

There are rumours circulating in the small community that Emma is selling her own medication. This hurts Emma very much. She begins withdrawing from attending community functions and no longer visiting with friends.



What should you do?

FACT BOX

Type of Abuse :	Emotional
Warning Signs :	<ul style="list-style-type: none"> ✓ Emma is isolating herself from other people and suffering alone ✓ Feelings of frustration ✓ Experiencing pain
Risk Factors for Victim :	<ul style="list-style-type: none"> ✓ Past history with addiction and substance abuse ✓ Lives alone in her home in a rural area ✓ Experiencing constant pain and physical discomfort ✓ Feeling very stressed, angry, frustrated and helpless to deal with situation
Who is Abuser ?	<ul style="list-style-type: none"> ✓ Unknown (theft of medication) ✓ People spreading rumours that Emma is selling her medication.
Risk Assessment:	High risk of rapid health decline due to isolation
Pertinent Assessment Questions:	<p>Ask the older adult:</p> <ul style="list-style-type: none"> ✓ Is there anyone that you fear being left alone with? ✓ Are you afraid of family members and/or caregivers? ✓ How do family members behave towards you? Are they verbally abusive? ✓ Can you tell me about a time recently when someone talked to or yelled at you in a way that made you feel bad about yourself? ✓ Are you able to see you family doctor to get medications filled? ✓ Are you able to go to the pharmacy to pick up your medications or do you rely on someone else to get them for you? ✓ How often do you see your doctor? ✓ Is there anything else that could be causing your pain? Did you fall recently? ✓ How often do you go out to social gatherings/events? ✓ Are you by yourself a lot?
Capacity:	Capable We presume that Emma is capable but signs indicate that there is a possibility that she is experiencing memory loss or confusion.
Consent:	unknown unknown

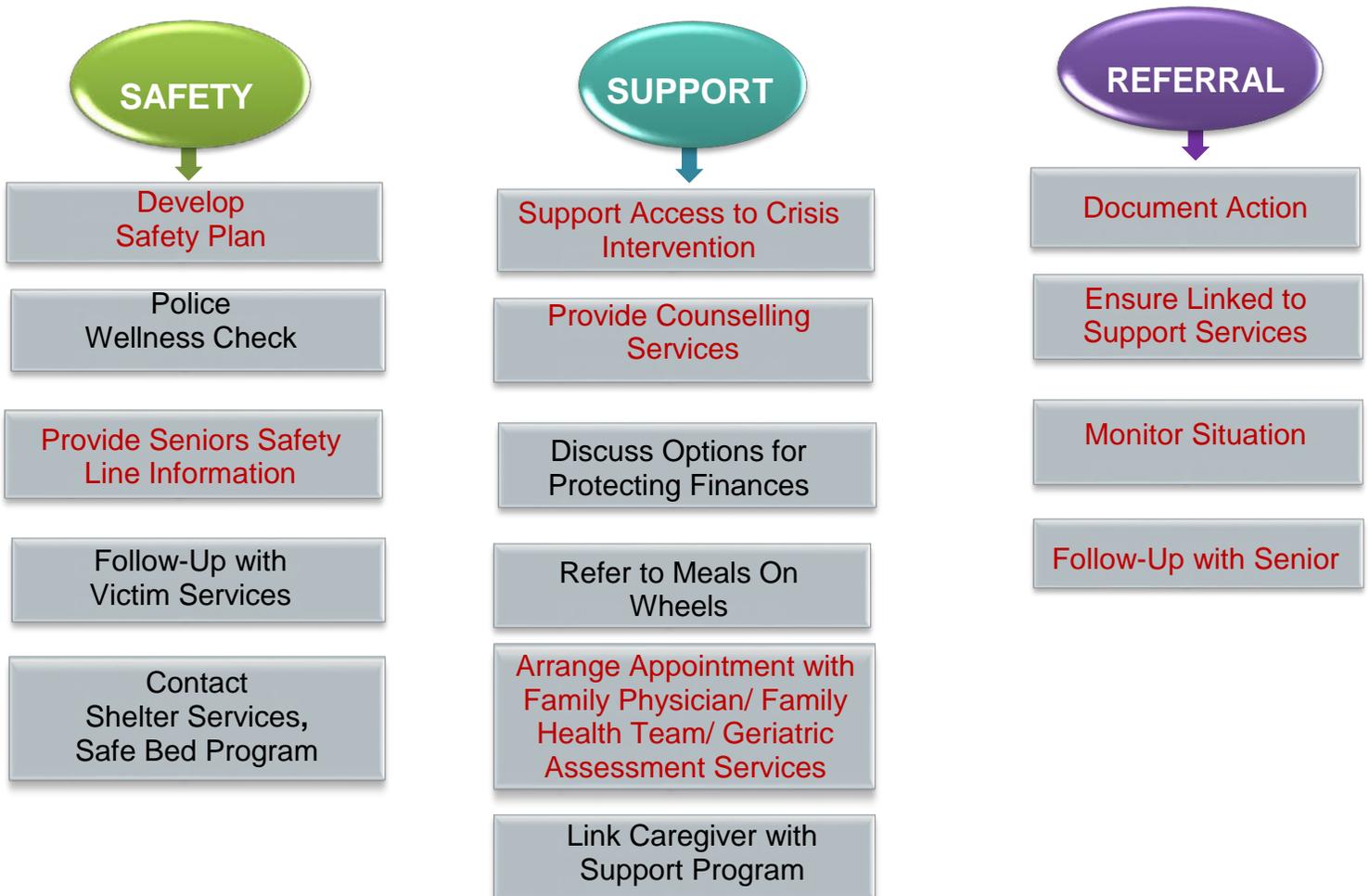
Response and intervention:	<ul style="list-style-type: none"> ✓ It is unclear if Emma’s medication is being stolen or not. Regardless, Emma needs to be heard and supported. ✓ If her medication is stolen it should be reported to police for further investigation. ✓ Assist Emma with developing a safety plan, going over where her medication is kept, when she takes it etc. ✓ Speak with Emma and ask if she would be open to setting up home visits with a home care provider.
Referral & Resources:	<ul style="list-style-type: none"> ✓ Referrals for full geriatric assessment by a geriatrician to explore all possibilities of health decline ✓ Provide Emma with number to SSL so she has someone to speak to about her concerns ✓ Referrals to LHIN Home and Community Care to explore if she needs assistance with ADL ✓ Referral to the local pharmacist to set up “bubble packets” for distribution of meds. ✓ Referral to Seniors’ Mental Health program so that Emma receives ongoing support. ✓ Encourage Emma to returning to social activities, possibly setting her up with available programming in her community that would be of interest to her.
Other:	

Resources and Community Support

Alzheimer Society of Ontario	1-800-879-4226	Ontario Provincial Police	1-888-310-1122
Assaulted Women's Helpline	1-866-863-9511	Ontario Human Rights Commission	1-800-387-9080
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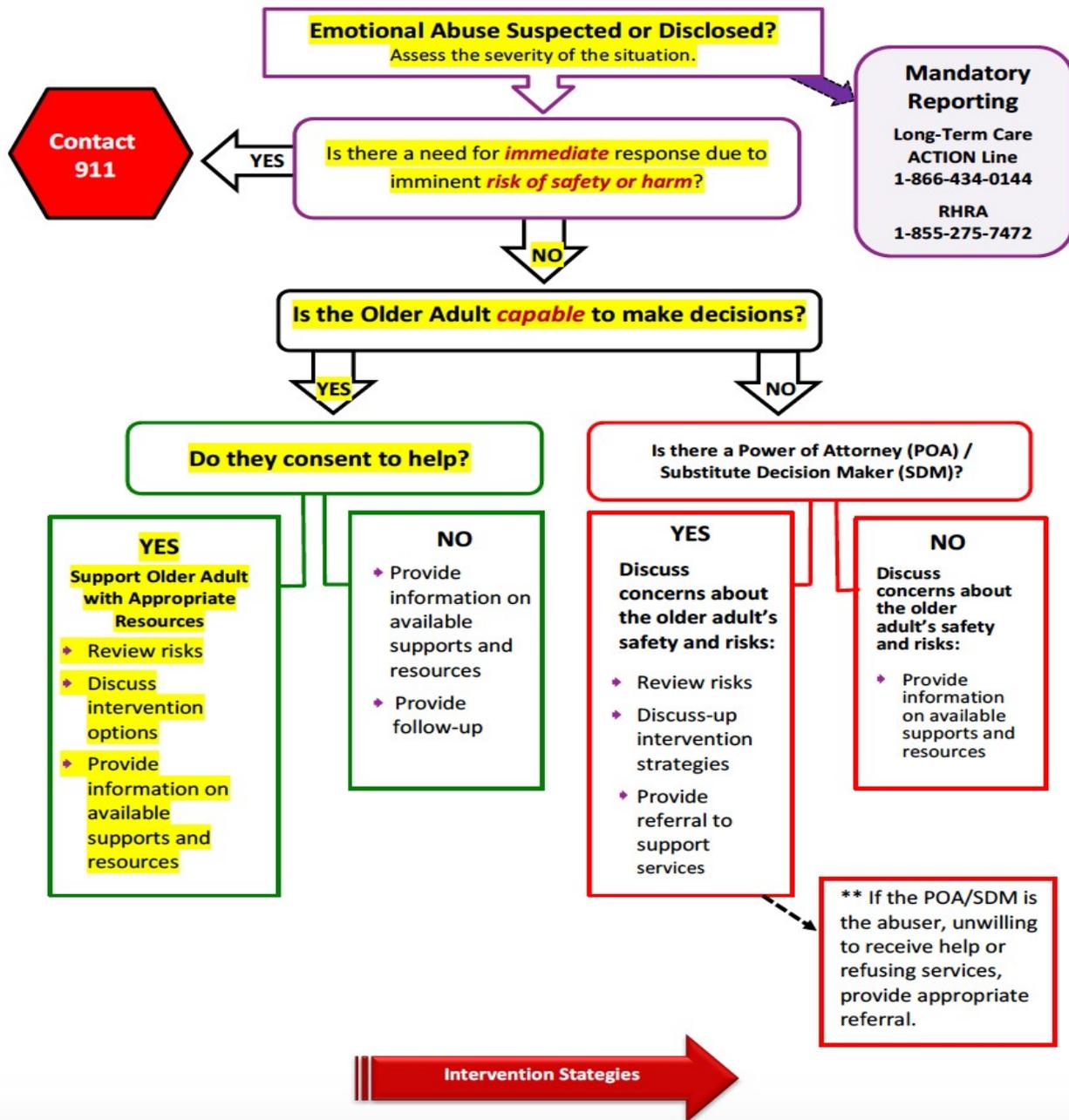
For more resources visit : www.elderabuseontario.com

Intervention Strategies



SUPPORTING EMMA

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



EMOTIONAL ABUSE

CASE STUDY

CASE STUDY 4

“I’m starting to think that I am being a burden to my boys. They have no patience for me anymore”



For 35 years Ned enjoyed teaching high school students. His students loved and appreciated him for his caring about and understanding them. Ned raised his three boys with the same love and understanding. Ned, since his retirement, found that two of his adult sons were increasingly treating him like a child.

They scolded him if he forgot to shave or had not dressed himself properly, to their satisfaction. The boys yell at him and constantly tell him what to do. His sons never listen to what Ned is saying.

Ned could not understand what he had done to make them treat him like this. He did not know what to do or how to deal with his on-going problem and verbal abuse by his children.



What should the worker do?

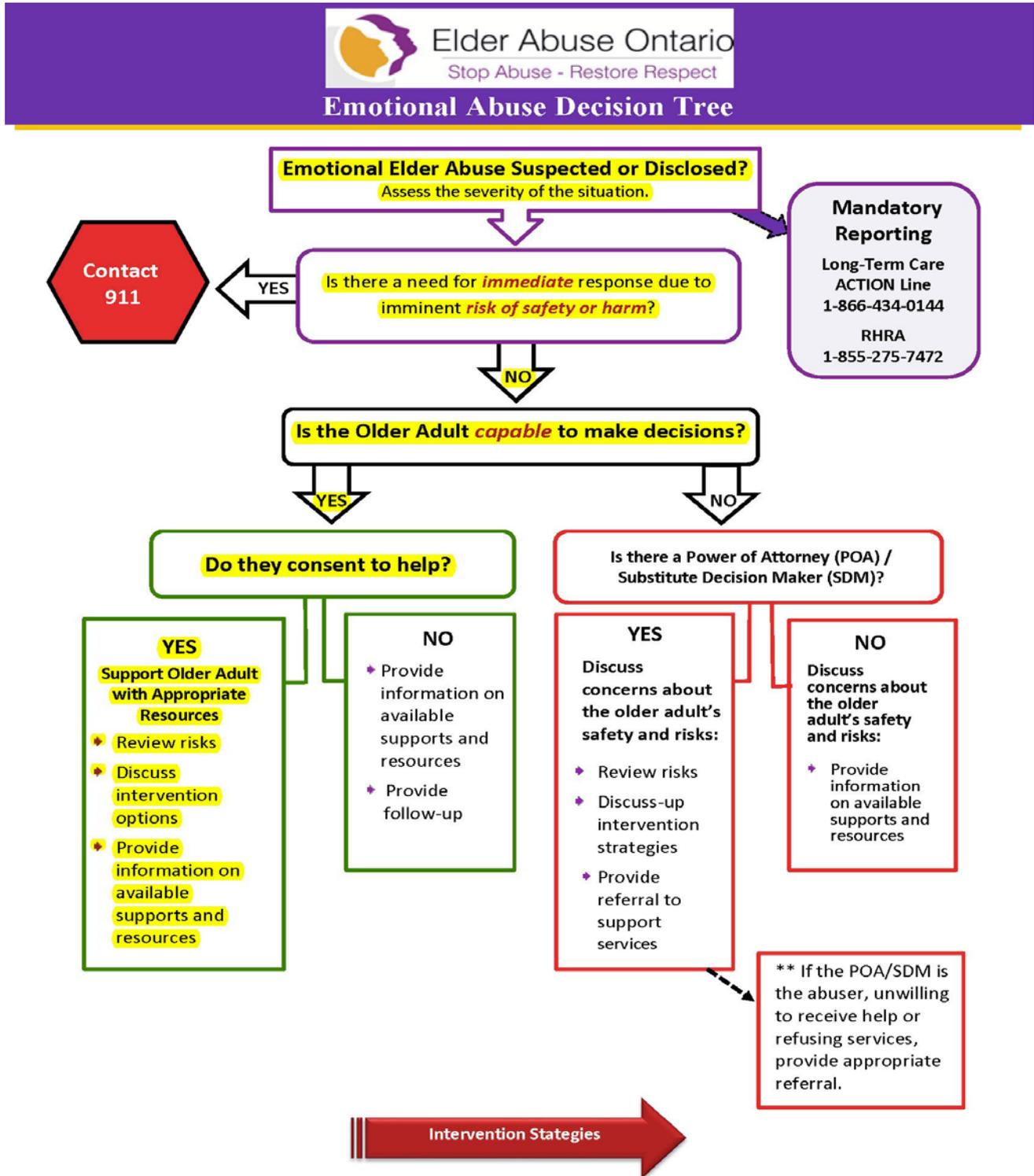
FACT BOX

Type of Abuse :	Emotional
Warning Signs :	<ul style="list-style-type: none"> ✓ Treated like a child ✓ Sons yelling constantly ✓ Sons do not listen
Risk Factors for Victim :	<ul style="list-style-type: none"> ✓ Ned lives alone ✓ Risk is moderate but could escalate to more abuse ✓ Ned's lack of emotional support
Who is Abuser ?	Two of Ned's three sons are abusive
Risk Assessment:	Risk of emotional abuse escalating to more
Pertinent Assessment Questions:	Questions to Ask the Sons: <ul style="list-style-type: none"> ✓ Are you afraid of his sons? ✓ Can you tell me about a time recently when someone talked to or yelled at you in a way that made you feel bad about yourself? ✓ Is there anyone close to you that makes you feel uncomfortable? ✓ Is there anyone that you fear being left alone with? ✓ Are you afraid of family members? ✓ How often do your sons visit? ✓ How do other family members behave towards you? Are they verbally abusive? ✓ Does anyone ever scold or threaten you? Can you give me an example? ✓ When was the last time you got to see relatives or friends? ✓ Are you by yourself a lot? Questions to Ask the Sons: <ul style="list-style-type: none"> ✓ What expectations does Ned have of you? ✓ Do you tell people you care about when you are feeling stressed? ✓ When you are angry or frustrated with Ned have you ever felt out of control? What did you do? ✓ Do you feel able to ask for help from others when you feel you need a break? ✓ Is caring for Ned different than you thought it would be? ✓ How do you feel you are managing the present situation? ✓ How is Ned involved in decisions and determining his/her care? ✓ What does Ned need help with every day?
Capacity:	Ned is capable
Consent:	Consents to support and referrals: Yes

<p>Response and intervention:</p>	<ul style="list-style-type: none"> ✓ Ned would benefit from attending a session on Elder Abuse to help understand what is happening to him and learning how to respond and/or seek assistance. ✓ Offer support/counselling services ✓ Family counselling may be helpful. Education for sons on discriminatory ageism behaviours and elder abuse, may be helpful. ✓ Has Ned shared with his sons how it makes him feel when they treat him this way? Often communication is key to resolving family disputes. His sons may not be aware of the fact that Ned feels hurt by the way they treat him. ✓ Emotional and psychological abuse is unacceptable and Ned needs to communicate with his son's that he will not accept being treated this way. ✓ Provide Ned with information about PoAs. If his sons are abusive, he may not want them making decisions about his care, should he become incapable in the future. ✓ Are there other family members or friends that could support Ned through these difficult situations Perhaps the third son who is not abusive could be a support for his father? ✓ Seniors Safety Line
<p>Referral & Resources:</p>	<ul style="list-style-type: none"> ✓ SSL for support ✓ EAO website contains resources, including contact information about local resources/agencies that may be helpful to Ned ✓ Ned needs to decide for himself how he wants to handle this situation. Offer Ned support/techniques to communicate with his sons. ✓ If abuse escalates, Ned may want to report the abuse to police. ✓ Offer to assist Ned in putting in place a safety plan, should the abuse escalate in the future.
<p>Other:</p>	

SUPPORTING NED

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

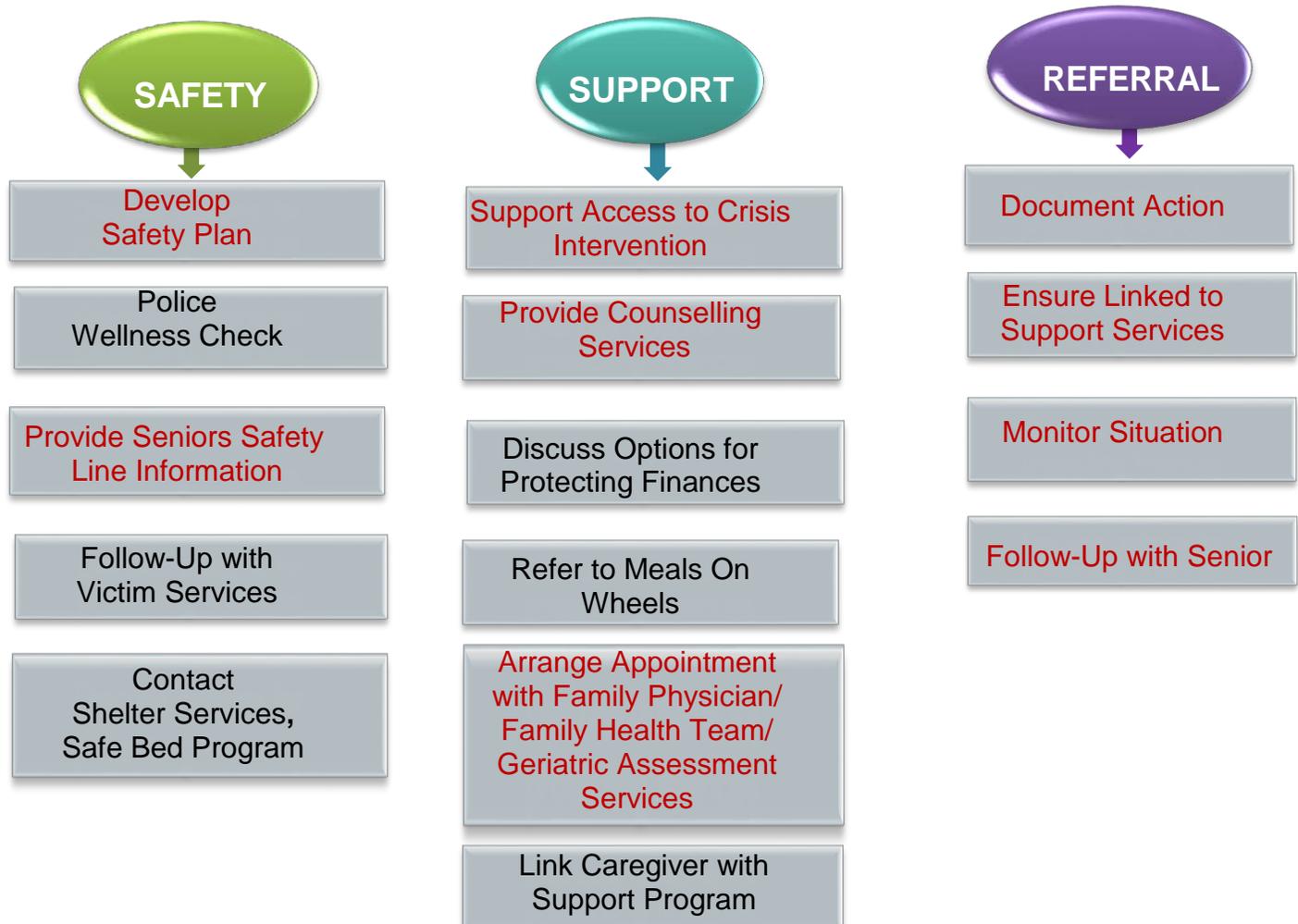


Resources and Community Support

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Assaulted Women's Helpline	1-866-863-9511	Ontario Human Rights Commission	1-800-387-9080
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Intervention Strategies



How to Support Older Adults

- “ If a family member is being cared for at home by paid caregivers or in a facility, remain involved and observant to be assured he/ she is receiving quality care and that there are no signs of abuse.
- “ Watch for changes in the older adult’s mood or appearance.
- “ Be especially vigilant for signs of abuse if the older adult has a cognitive impairment.
- “ Offer or inform older adult about counselling and support services that can help them cope with their situation.
- “ Promote increased social contact and supports. Older adults who have the opportunity to talk to others is an important part of relieving stress and tensions.
- “ If you suspect an older adult may be a victim of emotional elder abuse, discuss your concerns with the person and encourage him/ her to open up with you if he/ she has concerns now or at any time in the future. Reassure the older adult that you are there to listen and assist in whatever way possible.
- “ Believe them. Never blame them for causing the abuse. Suggest community organizations or faith communities and other practical sources of help and provide needed assistance if their disability prevents them from helping themselves.

If a family member is dealing with stress and conflict:

- “ Encourage the person who is using abusive strategies to seek counselling or group support to help deal with and alleviate family stress.
- “ Inquire about the availability of respite care to arrange a health care worker to provide family member/older adult for a few hours a week hours can help reduce caregiver stress.
- “ Contact the [Community Care Access Centre](#) to inquire about access to respite care, health care services within the home to assist with care such as bathing, dressing or cooking.
- “ Engage in social activities and communication with family members/friends. Families can work together to share solutions and provide informal respite for each other.

“Counseling for behavioral or personal problems in the family or for the individual with mental health and/or substance abuse problems can play a significant role in helping people change lifelong patterns of behavior or find solutions to problems emerging from current stresses. If there is a substance abuse problem in the family, treatment is the first step in preventing violence against the older family member.”⁶

Adapted from: Facts on psychological and emotional abuse of seniors. Government of Canada
American Psychological Association (2012). Elder Abuse & Neglect In Search of Solutions. Washington, DC

Actions Older Adults Can Take to Manage Emotional Abuse

- ⌘ Seniors are entitled to being treated with respect.
- ⌘ Seniors have a right to live free from psychological and emotional abuse.
- ⌘ Seniors have every right to live in safety and security.

Actions:^{2,3,4,6}:

- ⌘ Talk to someone you trust about the abuse such as a friend, doctor or other health care provider, or spiritual leader.
- ⌘ Talk to a social worker, a counsellor or someone you trust. They can help you understand more about emotional abuse.
- ⌘ Tell the abusive person that you don't like his/her behaviour and that it is not acceptable.
- ⌘ Call your local distress centre for supportive telephone or in-person support.
- ⌘ Change locations if necessary. Contact a shelter for a safe place to stay. Staff can also help with safety planning and refer you to programs and services to help you overcome barriers such as poverty or accessible housing.
- ⌘ Maintain contact with loved ones and connections with friends, family and support networks.
- ⌘ Ask for help when you need it.
- ⌘ Try not to let the abuse silence you.
- ⌘ Stay informed and know your rights.
- ⌘ Write down what is happening to you. Keep your notes in a safe place.
- ⌘ If you are afraid, call the police.
- ⌘ Call 911 in an emergency.

Abusers can't always change, but sometimes there are ways to restore and improve intimate and family relationships. You do not have to face this alone.

There are many different kinds of abuse, and it's a good idea to know what they 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 ABUSE**.”



“Financial Abuse is any improper conduct, done with or without the informed consent of the older adult that results in monetary and/or personal gain to the abuser and/or monetary/personal loss to the older adult. “When my son stole my bank card and took \$500 to pay his bills without my consent, that was financial 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**.”



Often times other forms of abuse are present with emotional abuse.

There are many signs and symptoms of abuse, and you can learn more about these on our website at www.elderabuseontario.com

If I have more questions or would like general information about staying safe, what should I do?



You can learn lots of great tips for staying safe at

www.elderabuseontario.com

Access the **Seniors Safety Line**

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

1-866-299-1011

Helpful Resources

Elder Abuse Ontario

www.elderabuseontario.com

416-916-6728

Advocacy Centre for the Elderly

www.advocacycentreelderly.org

1-855-598-2656

Alzheimer Society of Ontario

www.alzheimer.ca/en/on

1-800-879-4226

Assaulted Women's Help Line

www.awhl.org

416-364-4144

Community Care Access Centre

www.healthcareathome.ca

310-2222 (CCAC)

Legal Aid Ontario

www.legalaid.on.ca

1-800-668-8258

You can find a legal clinic by phone or online.

Long-Term Care ACTION Line

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

1-866-434-0144

Ontario Human Rights Commission

Human Rights Legal Support Centre

www.hrlsc.on.ca

1-800-387-9080

Office of the Public Guardian and Trustee

www.attorneygeneral.jus.gov.on.ca/english/family/pgt/

1-800-366-0335

Ontario Provincial Police

<http://www.opp.ca>

1-800-310-1122

*Various local/municipal contact information depending on location

Retirement Homes Regulatory Authority

www.rhra.ca

1-855-275-7472

Senior Crime Stoppers

www.ontariocrimestoppers.ca

1-800-222-TIPS (8477)

Seniors Safety Line

1-866-299-1011

Talk 4 Healing

A helpline for Aboriginal women

www.talk4healing.com/

1-855-554-HEAL (4325)

Victim Support Line

www.attorneygeneral.jus.gov.on.ca/english/ovss/programs.php

1-888-579-2888

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