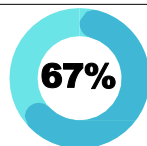


Disclaimer: This bulletin is responsive to the Long-Term Care Home Public Inquiry recommendation for the OCC to conduct ongoing research concerning the healthcare serial killer (HCSK) phenomenon. The OCC expanded beyond this recommendation to include broader vulnerabilities related to mortality in long-term care homes. As of July 2024, no recent research has emerged on the HCSK phenomenon.

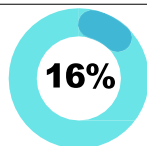
Based on the expanded scope of vulnerabilities in older adults, intimate partner violence (IPV) was identified as a critical area of focus for this sector.

FROM 2014-2022, THERE WAS AN INCREASE IN REPORTED IPV INCIDENTS AMONG SENIORS* (+42%) IN CANADA RECOGNIZED THROUGH IMPROVED DATA COLLECTION AND REPORTING (STATISTICS CANADA)

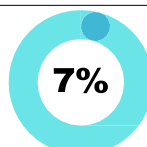
Provincial Definition (Ontario.ca): IPV among older adults is often defined as any act or lack of action within an intimate relationship where there is an expectation of trust that harms an older adults (65+) and causes them distress or risks their health or welfare.



of senior women who are victims of homicide are killed by an intimate partner in Canada (Statistics Canada).



of senior women have been victimized by an intimate partner (Statistics Canada).



of seniors reported experiencing emotional or financial abuse from an intimate partner (Statistics Canada).

**Note: Statistics Canada defines "senior" as individuals aged 65+.*

RYAN INQUEST

Case Summary

In 2017, 70-year-old William Thomas Ryan fatally shot his 76-year-old wife, Gladys Helen Ryan, while they were in Northumberland Hills Hospital in Cobourg, Ontario. The husband, who had a history of domestic violence and had previously threatened to kill his wife, was then shot and killed by Cobourg police. An inquest into the incident was held in September 2023.

Summary of Excerpts From Jury Recommendations

To enhance the response to IPV across Ontario, the government and related agencies should:

- ♦ Update protocols for documenting and sharing IPV information.
- ♦ Enhance training for healthcare professionals, paramedics, and police on IPV and abuse in older adults.
- ♦ Develop risk assessment tools and establish regional partnerships for coordinated responses.
- ♦ Form a provincial committee to oversee implementation and prioritize resources.

Impacts of IPV:

IPV falls under the broader category of abuse in older adults, which encompasses various forms of mistreatment and neglect. IPV can result in a range of harms, including emotional, psychological, financial, sexual, and physical abuse. These impacts can be profound and enduring, affecting individuals regardless of their age. Victims may experience immediate and long-lasting consequences, such as heightened anxiety, depression, fear, and a sense of entrapment imposed by their partner.

OLDER WOMEN (65+) ARE FIVE TIMES MORE LIKELY THAN OLDER MEN TO BE KILLED BY AN INTIMATE PARTNER

Risk Factors and Indicators of IPV and Abuse in Older Adults:

Given the unique vulnerabilities of older adults, they often face challenges such as declining health, cognitive impairments, and increased dependency, heightening their vulnerability to abuse. Perpetrator factors, such as mental illness or substance abuse, can further exacerbate the situation. Key risk factors and indicators to consider when assessing the potential for IPV in older adults include:

Poor Physical Health: Increased vulnerability due to health issues.

Cognitive Impairment/Dementia: Higher risk due to inability to report or defend oneself.

Low Income: Financial constraints can limit options for leaving abusive situations.

Functional Dependence or Disability: Relying on the abuser for care or mobility.

Individual Factors (Perpetrator):

- ♦ Mental Illness: Can contribute to abusive behavior.
- ♦ Substance Abuse: Associated with increased aggression and violence.
- ♦ Protective Dependency: Abuser's dependence on the victim can lead to violence.

Long-Term Care Homes (LTCHs): IPV among older adults in LTCHs is a complex issue that can involve interactions between partners who cohabit within the facility, or a community-dwelling partner who visits a resident.

The dynamics of IPV in LTCHs can be exacerbated by a lack of awareness of support resources, cognitive impairments that hinder abuse recognition, and fear of backlash for speaking out.

The OCC Domestic Violence Death Review Committee (DVDRC) established a one-time subcommittee to examine IPV-related deaths among older adults. They analyzed trends and risks to inform recommendations for prevention and intervention strategies for this vulnerable group. Their findings will inform development of targeted prevention and intervention strategies to enhance safety and well-being in LTCHs.

Overall, the complexity of IPV in LTCHs and the unique challenges faced by older adults underscore the need for comprehensive, targeted strategies to address this issue.

DVDRC Recommendations on Domestic Violence in Older Adults:

- *Address Ageism:* Ontario must recognize and dismantle ageism across service sectors to meet the needs of its aging population.
- *Policy Review:* Conduct a review and audit of policies in relevant provincial ministries to ensure they address domestic violence (DV) risk factors and responses specific to older couples.
- *Service Coordination:* Establish a provincial cross-sectoral steering committee to enhance communication, coordination, and support for elder abuse prevention.
- *Public and Professional Education:* Expand outreach and education efforts through existing campaigns, ensuring that all professionals who interact with seniors are trained to identify and respond to DV risks.
- *Enhanced Training:* Develop mandatory training programs across relevant sectors to improve recognition, risk assessment, and management of IPV among the older population.

Calls to Action for Partners

- ♦ *Enhance Training and Education:* Implement comprehensive IPV training for all relevant professionals.
- ♦ *Develop and Update Protocols:* Develop and implement comprehensive protocols for documentation, information sharing, and risk assessment.
- ♦ *Create and Strengthen Partnerships:* Form regional partnerships for oversight and accountability.
- ♦ *Public Awareness and Advocacy:* Advocate for government recognition of IPV among older adults.
- ♦ *Enhance Support Services:* Increase awareness of available mental health services and resources.
- ♦ *Ongoing Research and Monitoring:* Support ongoing research and evaluation of IPV in older adults to identify trends and adjust programs.