



# BREAKING THE SILENCE

A Newsletter of Family Service Association of Toronto's  
Elder Abuse Consultation Team

Issue 2

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## Elder Abuse Consultation Team Process

Are you working with a case involving elder abuse and feel you need assistance? Regardless of where you are in the intervention process, Family Service Association of Toronto's Elder Abuse Consultation Team (EACT) can help. This multidisciplinary team of professionals offers options that can help improve the situation of older adults and allow them the right to live in a safe environment.

If you would like to present your case to the EACT, please contact our Team Leader Lisa Manuel by phone: 416 977 0559 ext. 333 or email: [lisama@fsatoronto.com](mailto:lisama@fsatoronto.com). Following a discussion with our Team Leader, you will be sent a form to fill in that will provide the team with a synopsis of your case, what interventions have been attempted, if any, and what you would like to know from the team.

At the team meeting, the EACT will ask clarifying questions and you can provide further details and information regarding your case. A list of options will be generated from feedback from the team, and sent to you in a tracking form. Three and six months after the date you present to the team, we will ask you to return the completed form outlining which of the suggested options were successful and not successful and why. Your feedback will help the EACT know which options are most successful in various situations.

It should be noted it is not mandatory to try all of the options suggested. Presenters are most familiar with the situation and will be the best person(s) to judge which suggestions should be considered for implementation.

The EACT is urgently in need of stable funding for this important work to continue. If you would like to make a personal donation or you can provide corporate support please contact Bruce Maddox, Director of Development, at 416 595 9230 ext. 289 or [brucema@fsatoronto.com](mailto:brucema@fsatoronto.com).

## Comments from Past Presenters

*"The EACT has been a valuable and informative resource for brainstorming creative ways to approach situations of elder abuse. The range of perspectives and the knowledge of various systems available have benefited me and consequently the clients with whom I work."*

*"Most beneficial perhaps, was the opportunity to hear from a variety of perspectives from the disciplines represented on the Team....the Team suggested different starting points and potential interventions."*

### Inside this edition:

- Toronto Declaration on Elder Abuse .....p2
- Elder Abuse Training .....p2
- Neglect and Self-Neglect .....p3
- Intervention Strategies .....p4
- Criminal Code Offenses .....p4
- Upcoming Meeting Dates .....p6

## Statistics

The EACT has consulted on seventeen cases to date. The following statistics demonstrate the types and prevalence of abuse the team has seen:

Psychological	76% (13)
Financial	71% (12)
Physical	47% (8)
Passive Neglect	47% (8)
Deprivation of Liberty	29% (5)
Active Neglect	24% (4)
Over/Under Drugged	12% (2)
Sexual	6% (1)

## Toronto Declaration on the Global Perspective of Elder Abuse

In November 2002, the World Health Organization, the University of Toronto, Ryerson University, and the International Network for the Prevention of Elder Abuse, released the Toronto Declaration on the Global Prevention of Elder Abuse. This declaration proposes several actions needed to prevent elder abuse including:

- the need for further research
- involvement of multiple sectors of society
- increased awareness of elder abuse issues by primary health care workers

Similar to the suggestions offered in the Toronto Declaration, Family Service Association of Toronto's Elder Abuse Consultation Team is developing a best practice manual. The manual will incorporate the feedback gained from the tracking of suggested options.

The team is also comprised of multiple sectors of society including a Crown Attorney, nurse, geriatrician, social workers, domestic violence worker, a member of the faith community, addictions and mental health worker, a Community Care Access Centre representative, senior volunteers,

housing and financial sector representatives and more. Through the work of the Elder Abuse Consultation Team, numerous primary health care workers are receiving training and education on how to identify and intervene in elder abuse cases.

A full copy of the declaration can be found at <http://www.who.int/hpr/ageing/toronto.pdf>

## Elder Abuse Training

- Does your organization need training on elder abuse?
- Are you interested in learning how to work with seniors who find themselves in abusive situations and their alleged abusers?
- Do you know how to access the justice system, shelters and other resources?
- Do you have policies in place to deal with abuse of older adults?

If you have answered "yes" to any of the above, the Elder Abuse Consultation Team is available to provide in-house training to organizations, teams, seniors groups and other interested parties on elder abuse. Due to our precarious funding, we would appreciate an honorarium for our work. This can be negotiated.

Examples of trainings recently completed include:

- Identification of elder abuse
- Intervention options
- Documentation
- Ethical issues

All trainings involve case reviews, joint problem solving and lots of questions and answers.

If you are interested in a training session, contact Lisa Manuel at 416 977 0559 ext. 333 or [lisma@fsatoronto.com](mailto:lisma@fsatoronto.com)

## What is Elder Abuse?

Elder abuse is any action or inaction by self or others that jeopardizes the health or well-being of an older adult. This includes physical, emotional, psychological, financial, sexual, or medication abuse as well as passive or active neglect and denial of civil or human rights.

## Neglect

Neglect is the failure of any person having care or custody of an older adult to meet his/her needs when the older adult is unable to meet those needs him/herself. Neglect can be intentional (active) or unintentional (passive). (Pittaway and Gallagher, 1995)

Neglect may be manifested in many forms, including, but not limited to:

- Withholding or inadequate provision of physical requirements such as food, housing, medicine, clothing, physical aids
- Denial of an older adult's basic rights
- Inadequate hygiene
- Denying access to services (i.e. homemaking, nursing, medical services, social work) when needed
- Inadequate supervision and/or safety precautions
- Overmedicating or under medicating an older adult

An individual in a neglectful situation may appear:

- Emaciated
- Malnourished
- Dehydrated
- Confused
- Wearing inappropriate or ill-kempt clothing
- Under/over medicated
- Have an unkempt appearance (i.e. soiled clothes/linens)

Other possible indicators that an individual is being neglected include, but are not limited to:

- Their home is dirty, smells of feces and/or urine, or is in a state of disrepair
- Open skin sores on the older adult
- Left alone without supervision and/ or assistance when needed
- Lack of required safety features in the home
- Older adult does not go to necessary medical appointments and/or they are cancelled on a repetitive basis

## Self-neglect

Self-neglect is the failure to provide the necessities of life for oneself by choice or through inattention.

Self-neglect may be manifested in many forms, including, but not limited to:

- Hoarding of money, food and/or possessions
- Squandering money
- Giving money away
- Failure to pay bills

Possible indicators that an individual is being self-neglectful include, but are not limited to:

- Inability to manage activities of daily living (i.e. personal care, shopping, meal preparation) without adequate assistance
- Suicidal thoughts and/or acts
- Inability to manage one's finances and/or experiencing difficulties with finances
- Refusal of medical attention when needed
- Isolation of self from others
- Abuse of alcohol, prescription or non-prescription drugs and/or street drugs
- Rashes, sores, fecal/urine smell, inadequate clothing, malnourishment, dehydration.

- Change in intellectual functioning (e.g. confusion, inappropriate or no response, memory failure, lack of coherence, etc.)

### **Criminal code offenses**

Did you know that some forms of neglect are Criminal Code offenses? Possible charges include:

- Failure to provide the necessities of life (s. 215)
- Negligence causing bodily harm or death (s. 219, 220, 221)

### **Thinking Through Working with Abused Older Adults:**

Are you working with an individual in a neglectful situation, or a concerned friend or family member of someone you suspect is being neglected by someone else or is self-neglectful? Are you unsure what you can do to try and help the individual(s)? The following are some suggestions for helping someone in these situations.

It is important to talk with the individual, friends, and family if possible, to try to obtain a good history of the person's life. This is important whether you suspect it is passive (unintentional) neglect, active (intentional) neglect, or self-neglect. This can help you to better understand if the individual's behaviors are "normal" for them.

For example, if you suspect self-neglect because the individual's home is dirty and they will not accept community support, it is important to know if they have always lived like this. Although it may not be an acceptable situation in your opinion, if an individual is competent, they have the right to choose how they live their lives.

As a concerned person, continue to visit or call to see if they are all right and to let them know you care about them. This can help build a relationship of trust.

### **Case Examples**

Do any of the following true accounts of neglect or self-neglect sound familiar?

Mr. A is locked in his bedroom when the family goes shopping because they are concerned he will wander and hurt himself, due to his dementia.

Mrs. C's home is filthy, and smells of urine. She is cognitively well, but her personal hygiene is very poor. When offered community support such as home care or meals on wheels, she refuses stating she can take care of herself.

Mrs. Z was left sitting on a toilet for four hours while her husband went out with friends, because he knew due to her physical disability, she could not get to the toilet on her own. He thought he was helping her so she would not have an incident of incontinence while he was out.

Mr. S moved in with his son and daughter-in-law after his wife passed away. His son gives Mr. S his medications, but doubles the dosage each time because he noticed Mr. S becomes less anxious with an increased dose.

### **Intervention Strategies**

The following are a few suggestions about ways you might try to help a person who is in a neglect or self-neglectful situation:

- Suspend judgment. Work to develop an understanding of the context (i.e. socioeconomic status, culture) in which the behaviours are occurring.
- Obtain a good history of the individual's life style choices.
- Use a strengths-based approach in dealing with the person and his/her family. (i.e. this must be difficult; these are things you're doing well, etc.)
- Go on garbage day to see if you can get a better understanding of nutrition

level, alcohol intake and so on. Recycling boxes tell us a lot about the owner's lifestyle!

- Continue visiting/ building a relationship of trust.
- Work with the client to set up direct deposit for cheques if acceptable to the client.
- Check the color of the person's eyes. If they appear yellow, he/she could be having liver problems connected to alcohol use.
- Suggest a visiting home doctor or nurse authorized by a Community Care Access Centre if medical assistance is needed but the person will not go to a medical facility.
- Refer to community support programs such as day programs, Community Care Access Centres if the person is willing.

### **Important Points to Consider:**

- Competent adults have the right to live at risk or in ways we may not agree with.
- Look for changes in functioning (i.e. capable to not capable).
- Identification of self-neglect depends on an assessment of the older person's ability to choose a life-style versus a recent change in his or her ability to manage.
- It is extremely important to work at the same pace as a person who is neglected or self-neglecting. This may mean many conversations through locked doors, chats on the front lawn etc. before you are allowed entry to the person's home.

### **Services at Family Service Association of Toronto**

#### **Seniors and Caregivers Support Services**

We provide counselling to abused older adults, family members or others who are

concerned about the well being of an older adult in their lives. We also do group work.

In our group for older women who have experienced abuse in their lives or who are currently living in an abusive relationship, we will help you **Take Control of Your Life** by:

- Providing the opportunity to discuss ageist attitudes and how they can lead to abuse.
- Learning how to manage anger and conflict.
- Developing strategies to deal with guilt.
- Enhancing communication skills.
- Raising self-esteem.
- Practicing assertiveness techniques.

We also provide training sessions to health and social service professionals, seniors groups, volunteer groups, educational groups and corporations.

To find out more about Seniors and Caregivers Support Services, please call 416 595 9618 or email [sau@fsatoronto.com](mailto:sau@fsatoronto.com).

Our counselling and group programs are free. There may be a fee for training sessions. They are available to older adults (60+), those with disabilities (50+), or caregivers of any age who live or work in Toronto, regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, age, disability, level of literacy, marital or family status, income or political affiliation.

Home and office visits can be arranged.

#### **Violence Against Women Program**

This program is designed to help women under the age of 60 who are in an abusive situation. Through this program clients will learn:

- they are not alone and there are options available to them
- what abuse is and why it happens
- to build on their strengths and increase their self-esteem
- to plan for the future and learn new coping skills
- to be safe
- to restore a sense of control and hope in their lives

To find out more about the Violence Against Women program please call 416 595 9618 or email [sau@fsatoronto.com](mailto:sau@fsatoronto.com). Our services are available in a variety of languages, to women of diverse backgrounds, or with special needs, living or working in Toronto. Fees are geared to an individual's income and no one is ever turned away due to an inability to pay.

### **Upcoming meetings of the Elder Abuse Consultation Team**

#### 2003

Friday, March 21  
 Friday, April 25  
 Friday, May 25  
 Friday, June 20  
 Friday, July 18  
 Friday, August 22  
 Friday, September 19  
 Friday, October 17  
 Friday, November 14  
 Friday, December 12

### **Related Website Links:**

Family Service Association of Toronto - [www.fsatoronto.com](http://www.fsatoronto.com)

National Clearinghouse on Family Violence - [www.hc-gc.ca/hppb/familyviolence/html/self-neglect/english/](http://www.hc-gc.ca/hppb/familyviolence/html/self-neglect/english/)

Wordbridges – [www.wordbridges.net/](http://www.wordbridges.net/)  
 A great new resource on abuse.

### **Other Related Materials:**

Journal of Elder Abuse and Neglect

Bonnie, R.J. (2003). Elder mistreatment: abuse, neglect, and exploitation in an aging America. R.J. Bonnie & R.B. Wallace, Eds. Washington: National Academic Press.

Quinn, M.J. (1997). Elder abuse and neglect: causes, diagnosis, and intervention strategies. 2<sup>nd</sup> ed. New York : Springer.

Wiehe, V.R. (1998). Understanding family violence: treating and preventing partner, child, sibling, and elder abuse. Thousand Oaks, Ca: Sage Publications

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Thank you for your interest in elder abuse and helping to “Break the Silence”.

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