

“Let’s Talk About It”

World Elder
Abuse
Awareness
Day

June 15



Tool Kit to Hosting an Awareness Café

Prepared by
The Action Group on Elder Abuse
April 2007

Table of Contents

1. Introduction
2. Backgrounder
3. Key Messages
4. Discussion Questions
 - Potential Café Discussion Points
 - Myths and Facts

Appendix

- Personal Safety Plan

1. Introduction

Elder Abuse is a topic that needs serious consideration in our community.

We encourage individuals and groups on June 15, World Elder Abuse Awareness Day, to have a cup of coffee or tea and take the time to talk about the issue of elder abuse with your friends/ community. Several 'Awareness Cafés' will be occurring simultaneously at various sites across the city and our hope is the day will ultimately create more awareness and dialogue within the community.

The *Tool Kit to Hosting an Awareness Café* includes a backgrounder, key messages and discussion questions that will help you in engaging your community in the discussion of elder abuse.

Please see the tool kit as a resource to use. Whether you use the tool kit or other resources, the most important piece is that we begin as a community to break down barriers and to talk about elder abuse.

2. Backgrounder

What is Elder Abuse?

There are no consistent, consensual definitions of Elder Abuse, but it usually constitutes abuse of power and trust.

Elder Abuse encompasses the following categories of abuse:

- **Physical Abuse** – Physical abuse includes the bodily harm or pain caused by hitting, slapping, scratching, cutting, burning, rough handling, or inappropriate physical restraints or confinement, and intentional injury with a weapon or object.
 - *Indicators* – unexplained loss of hair, abrasions, bruises, burns, bumps, contusions, falls, fractures, dislocations, bites, immobility, infections, skin ulcers, shivering, flushing, bruises on both arms.
- **Psychological (Emotional) Abuse** – Psychological or emotional abuse is any act that diminishes the older person's sense of identity, dignity, and self-worth, and includes the use of threats, humiliation, intimidation, forced social isolation, treating the older person like a child [infantilizing], or inappropriate removal of decision-making power.
 - *Indicators* – appears shamed, excessive passivity, shows fear and inappropriate guilt, is treated like a child, withdrawn, apathetic, unresponsive, feeling helpless about making decisions.
- **Financial (Material) Abuse** – Financial or material abuse includes the withholding of finances through deceit or theft, the misappropriation or misuse of funds or property, forced sale of home possessions, forced change of will, or abuse of trusteeship or power of attorney.
 - *Indicators* – illegal use of possessions, property, investments for profit, overdrawn/depleted bank account, forced to sign over control/power of attorney, forced to sell house, change will.
- **Sexual Abuse** – Any sexual behaviour directed toward an older person without that person's full knowledge and consent, such as sexual assault, sexual harassment, or use of pornography.
 - *Indicators* – pain, bruising and bleeding in the genital areas, existence of sexually transmitted infections, stained, torn or bloody underclothes, pain, itching in the genital area or throat.

- **Neglect** – There are three types of neglect:
 - Active neglect* is the intentional withholding of clothing, food, personal or health care, and leaving the older person in an unsafe place or in isolation. This includes misuse of medications and prescriptions including withholding medication and over medicating.
 - Passive neglect* occurs when the caregiver unintentionally does not provide an older adult with necessities because of lack of information, skill or interest.
 - Self neglect* includes behaviour that threatens an older adult's own health and safety by refusal or failure to provide life necessities (e.g., eating food; McDonald & Collins, 2000).
 - o *Indicators* – malnourished, excessive weight loss, impaired skin integrity, unattended or tied to bed, padlocks on doors, wandering alone without supervision, dehydration, emaciation.
- **Religious (Spiritual) Abuse** – Religious or spiritual abuse involves control, manipulation, guilt and/or deception to enforce a doctrinal position, and/or to refuse one the right to their own religious beliefs or practices. This abuse of power may occur in the self-serving use of position by a person in authority; it can be perpetrated by a particular organization or can operate throughout a religious system.
 - o *Indicators* – loss of trust in self and others, depression, anxiety, anger, shame, feelings of worthlessness, diminishment of emotional, social and vocational functioning.
- **Chemical (Medication) Abuse** – Any misuse of medications and prescriptions, including the withholding of medication and overmedication.
 - o *Indicators* – reduced physical or mental activity, grogginess, confusion, pills scattered about.

What are the Effects of Elder Abuse?

Victims of elder abuse frequently feel ashamed and embarrassed about being abused. They often are protective of the offender, fearful of not being believed, afraid of retaliation by the abuser, fearful of abandonment or institutionalization, or feel resigned to a situation they perceive as hopeless.

Older adult victims of abuse often experience negative psychological effects such as a profound sense of disempowerment and dejection, loss of dignity and self-esteem, or depression (Helpguide, 2006).

In terms of gender effects, older women tend to be more concerned about how the abuse reflects on her role as a mother or grandmother, and older men tend to feel hesitant about telling anyone if he feels it will reflect badly on him (Elder Abuse Prevention Series, 2005).

What are Risk Factors for Elder Abuse?

Social Isolation is the single largest factor contributing to abuse of older persons (World Health Organization, 2002). However, it is unclear if social isolation causes abuse or if victims and abusers believe social isolation is necessary to hide the abuse.

Personality Traits of the Abuser. Abusers are more likely to have substance abuse or psychological problems than people who do not abuse (Pittaway & Gallagher, 1995).

Intergenerational Family Violence is the pattern of family violence that is learned by abusers after witnessing it (Pittaway & Gallagher, 1995).

Ageism involves holding negative stereotypes and attitudes of older adults, including the expectation that older adults lose power and control over their own lives. These attitudes may perpetuate abuse by viewing the victim as deserving, unavoidable, or not significant enough to require help (Kinnon, 2002).

Spousal Abuse has been largely ignored as a risk factor for abuse of older adults until recently. Research indicates that older adults are often abused by their spouse and the level of violence is as serious as abuse at the hands of adult children. One study reported 11.3% of perpetrators of abuse were spouses or intimate partners (National Center on Elder Abuse, 2006).

How Prevalent is Elder Abuse?

- **Calgary** - Of 130 clients that were victims of abuse at the hands of family members, spouses committed 42 per cent of abuse and adult children committed 32 per cent (Boyack, McKenzie, & Hansell, 1995).

Kerby Rotary shelter receives approximately 60 – 90 calls per month from older adults that have experienced abuse (ACAV campaign document). 18 per cent of 400 Calgarians surveyed in 2006 reported they knew a senior who had experienced abuse (Omnibus Survey 2006).

- **Alberta** - 18 per cent of 800 Albertans surveyed by telephone in 2003 reported they knew a senior who had experienced abuse (Alberta Elder Abuse Awareness Network Omnibus Survey, 2003).

Since 1998, 4,000+ allegations of abuse and neglect were reported under Alberta Protection for Persons in Care Act (ACAV campaign document).

- **Canada** - The most recent statistics indicate that the estimated national prevalence of elder abuse to be between 4-6 per cent (Podnieks, et al., 1990). Other estimates of elder abuse are as high as 10 per cent (Family Services Association of Toronto, 2004).

A National Survey on Abuse of the Elderly found that 4 per cent of respondents reported experiencing abuse (Podnieks, et.al., 1990). As many as 19 per cent of victims experienced more than one form of abuse; men were as likely as women to be victims of physical abuse; however, the severity of the abuse was greater for women.

- ***Around the World*** – Current statistics indicate that rates of elder abuse in the United States range from 2 to 10 per cent (Lachs & Pillemer, 2004). It has been estimated that 450,000 adults aged 60 or over experienced abuse or neglect within domestic settings (National Elder Abuse Incidence Study, 1998).

Other reported rates of abuse of older adults in developed countries indicated that the rates of abuse are between 4 and 10 per cent (World Health Organization, 2006).

Why is Elder Abuse Underreported or Under Identified?

Elder abuse is often underreported to police or under identified by healthcare workers, professionals and family members for different reasons, which are listed below:

Reluctance to Report – Victims may not want to report abuse for several reasons: desire to protect the abuser (often a caregiver), shame, dependency on the abuser for care, fear of the consequences of reporting, lack of awareness of abuse (AGEA protocol manual).

Research – There are few accurate statistics available on the prevalence of the abuse of older adults because research methods vary, researchers utilize different definitions of abuse.

Police Reports – Statistics are often unreliable because surveys only capture what victims want to report and police data only reveal what comes to their attention.

Community Response – Abuse of older adults is difficult to detect because it is unnoticed within the community due to a lack of coordinated efforts to screen for abuse, identify abuse and intervene in these (abuse) cases.

Knowledge/Education/Training – Professionals and service providers who suspect abuse often feel helpless to intervene because they don't know what constitutes abuse or worry that appropriate community services may not be available or accessible.

Care Facilities – There are currently no Canadian regulations covering abuse of older adults in retirement homes (CTV.ca, 2004). It is difficult to track statistics in long-term care facilities because there is no differentiation between forms of domestic abuse, including abuse of older adults.

Cultural Factors – When assessing and working with culturally-diverse older adults, it is important to recognize language and communication as potential barriers to identifying signs of abuse (Family Services Association of Toronto, 2004).

Who are most likely to be victims of abuse?

Research indicates that older women (2 out of 3 victims) are more likely to experience abuse than older men (Elder Abuse Prevention Studies, 2005; National Center on Elder Abuse, 2006). Older women are more likely to experience abuse and neglect by their spouse or adult children, whereas older men tend to be abused by adult children or friends (Elder Abuse Prevention Studies, 2005).

Women are more likely to be victims of neglect, while men are more likely to be victims of physical abuse (Boyack, 1997).

Most of the older adult victims were over age 80 (43%); they are 2 to 3 times more likely to experience abuse than other older adults over 65 years old (National Center on Elder Abuse, 1998).

Characteristics of older adult victims also include being frail, depressed or confused older (National Center on Elder Abuse, 1998).

What are the Legal and Legislative Issues around Elder Abuse?

There is a need for stronger social infrastructure to support the existing legislative action in response to elder abuse.

In regards to mandatory reporting legislation in Alberta, there are no defined investigation guidelines outlined (Spencer, 2006) or punitive damages and consequences for abusers.

A major limitation of adult protection legislation such as the *Protection for Persons in Care Act* is that it only addresses incidents of abuse in publicly funded care facilities and does not extend to abuse of older adults in the community or non-government funded facilities. Also does not address issues of abuse by third parties or family members.

Cases of abuse of older adults only come to the attention of the public when criminal charges are laid and it is a police matter. Unfortunately, there is limited knowledge by police about how to deal with the situations due to the lack of guidelines from legislation.

What can you do?

Education

- Recognize signs and symptoms of abuse.
- Be aware of myths and facts about abuse of older adults.
- AGEA Elder Abuse Resource Manual, Provides an overview of resources, discussions and further readings on elder abuse. Available online at <http://www.acav.org>

Knowledge of services and agencies that deal with abuse of older adults

Kerby Rotary Shelter:

1133-7 avenue, SW

Calgary, AB

(403) 705-3250

shelter@kerbycentre.com

http://www.kerbycentre.com/shelter_abused_seniors.php#

Senior Connect:

1020 – 1202 Centre Street, South

Calgary, AB

(403) 266-6200

<http://www.calgaryseniors.org/seniorconnect.php>

Information for Caregivers

- Seek counseling for depression.
- Find a support group for spouses, partners, or grown children caring for older adults.
- Stay healthy and get medical care when necessary.

Family Caregiver Centre:

1509 Centre Street, South

(403) 303-6027

family.caregivercentre@calgaryhealthregion.ca

Information for Friends, Family or Non-Caregivers

- Be aware of signs of abuse.
- Call and visit the older adults as frequently as possible; keep communication open.
- Gain trust and build relationships with the older adult so they feel comfortable talking about incidents of abuse.

Information for Older Adults

- Financially plan for the future with a trusted person.
- Remain socially active to prevent isolation.
- Speak up if you are not happy with the care you are receiving from family, friends or staff in a care facility.
- Contact service professionals to explore your choices (e.g. Kerby Rotary Shelter and Senior Connect.)

References

- Alberta Elder Abuse Awareness Network Omnibus Survey. (2003).
- Boyack, V. (1997). *Golden years – Elder abuse: A handbook for front-line helpers working with seniors*. Calgary, AB: Kerby Centre.
- Boyack, V., J., McKenzie, L. M., Hansell, E. K. (1995). *Synergy II: A demonstration project to address the issues of violence in older families*. Calgary, AB: Kerby Centre.
- CTV.ca (2004, January 22). Cases shine light on issue of elder abuse. Retrieved January 18, 2006, from http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20040122/seniorsabuse_20040121/20040122
- Elder Abuse Prevention Series. (2005, March). *Abuse and neglect of older adults: Understanding gender differences*. B.C. Health Files #93c. British Columbia Ministry of Health. Retrieved April 25, 2006, from <http://www.bchealthguide.org/healthfiles/hfile93c.stm>
- Family Services Association of Toronto. (2004). *Breaking the silence: Best practices for responding to the abuse of older adults*. Toronto, ON: author.
- Helpguide. (2006). *Elder abuse: Types, signs, symptoms, causes, and help*. Retrieved April 5, 2006, from http://www.helpguide.org/mental/elder_abuse_physical_emotional_sexual_neglect.htm
- Lachs, M. S., & Pillemer, K. (2004, October 2). Elder abuse. *The Lancet*, 364, 1263-1272.
- McDonald, L., & Collins, A. (2000). *Abuse and neglect of older adults: A discussion paper*. Ottawa, ON: Health Canada.
- National Center on Elder Abuse. (2006).
- National Center on Elder Abuse. (1998). *National Elder Abuse Incidence Study final report*. Prepared for The Administration for Children and Families and the Administration on Aging.
- Pittaway, E., & Gallagher, E. (1995). *A guide to enhancing services for abused older Canadians*. Family Violence Prevention Division, Health Canada.
- Podnieks, E., Pillemer, K. N., Phillip, J., Shillington, T., & Frizzel, A. (1990). National survey on abuse of the elderly in Canada: The Ryerson study. Toronto, ON: Ryerson Polytechnical Institute.
- Spencer, (2006). World Health Organization. (2002). *The Toronto declaration on the global prevention of elder abuse*. Retrieved January 18, 2006, from http://www.who.int/ageing/projects/elder_abuse/alc_toronto_declaration_en.pdf
- World Health Organization. (2006). Prevention of elder abuse. Retrieved January 18, 2006, from http://www.who.int/ageing/projects/elder_abuse/en
- World Health Organization. (2002). *Missing voices: Views of older persons on elder abuse*. Geneva: author.

3. Key Messages

- “The abuse of older persons is hidden—we, as a community, are unaware of the nature and extent of the problem.”
- “Every older person has the right to participate fully in our society and the right to live free of fear of abuse.”
- “Individuals, families, organizations, our communities and governments need to work together to prevent abuse of older persons.”

4. Discussion Questions

Potential Café Discussion Points

- Q – When you think about abuse, what type of person comes to mind?**
- Abuse knows no boundaries. It crosses cultural, economic, social boundaries etc.
- Q – Why do people abuse?**
- There is no one single reason and there is never any excuse.
 - Perhaps a person has been abused and they do not know any different.
 - Perhaps the person has a substance abuse problem (i.e. alcohol)
 - Perhaps the person has a mental health problem.
 - Perhaps the person is overwhelmed in their role as caregiver and needs support.
 - Our negative attitudes toward aging and older persons can dehumanize an older person and make it easier to victimize an older person
- Q – Definition – What is abuse?**
- There no right or wrong definition and the definitions differ depending on who you talk to about the issue.
 - Many different forms of abuse, not just physical. Also can be emotional (name calling, threatening, degrading), financial (cheating or misleading, withholding of finances, selling without permission), neglect (depriving of basic necessities), medication abuse (withholding or overmedicating), and sexual (unwanted sexual contact)
- Q – What might be reasons people do not talk about abuse?**
- Fear: being punished, being institutionalized, losing caregiver, rejection by family or friends, that disclosing will reflect badly on the family or themselves
 - Love for abuser
 - Lack of or impaired understanding
 - Language barriers
 - Shame or guilt
 - Unaware of resources
 - Acceptance of abuse as normal
- Q – Where can people go for assistance?**
- If you or someone you know is in immediate danger, call 911
 - Family and friends- these are the people that will realize it first and can talk with the person about getting assistance
 - Call Kerby Elder Abuse Line – 705-3250
 - Seniors Help Line (Senior Connect) – 264-7700
 - Outreach workers around the City (211 or Senior Connect can help direct you)

Myths and Facts¹

Many myths and stereotypes exist regarding the abuse of older persons. To ensure recognition of and appropriate responses to abuse, it is important to dispel myths and stereotypes. Following are several of the more common ones. Remember your own personal perspectives on ageism and abuse can affect your perceptions.

Myth:
The abuse of older persons is rare.

Fact: Older persons are victims of all forms of abuse. Accurate estimates of the numbers who are victimized are difficult to obtain and thought to be under-reported due to a number of factors such as: not being out in public; wishing to protect the abuser; shame; dependency on the abuser for care; fear of consequences such as loss of support, institutionalization or reprisal; and lack of professional awareness and knowledge regarding the phenomenon.

Myth:
Certain cultural communities are immune to abuse.

Fact: People of all cultural heritages, races, religions, and social and economic groups encounter the problem of abuse.

¹ Adapted from Government of New Brunswick, *Adult Victims of Abuse Protocols*, September 2005. Retrieved March 19, 2006 from <<http://www.gnb.ca/0017/Protection/Adult/AdultProtocol-e.pdf>>

Myth:
Most abuse is perpetrated by strangers.

Fact: The abuser is often an individual known to the abused older person who is in a position of trust (e.g. family or professional).

Myth:
Men do not experience abuse.

Fact: Men become more vulnerable to abuse as they age. They may find it more difficult to disclose family violence because of a prevalent societal belief that men are not abused and their own belief that being victimized is shameful and inconsistent with the masculine role.

Myth:
Older persons are not sexually abused.

Fact: Sexual abuse is difficult to acknowledge but case studies show that older persons are victims of all forms of sexual abuse. Older persons experience increased vulnerability when they are dependent on their caregivers for personal care. Additionally they are less able to avoid these situations.

Myth:
Spousal abuse stops at age 60.

Fact: Until recently there has been little recognition of the continuation of spousal abuse as couples age. Services have been developed to accommodate the needs of younger men, women and children resulting in the mistaken impression that older men and women do not require such services.

Myth:
Victims are somehow responsible for the abuse done to them.

Fact: No one deserves to be abused. Responsibility for abuse rests solely with the abuser. Prior relationships between the victim and the abuser cannot excuse current forms of abuse.

Myth:
Most abuse is the result of caregivers being overly stressed.

Fact: Placing too much emphasis on "caregiver stress" as a contributing factor tends to "forgive the abuser and promote victim-blaming" (Tomita, 1990). While reducing caregiver stress may have a preventive effect, no amount of stress excuses abuse.

Appendix

Personal Safety Plan

If you, or someone you know is being abused, contact the Kerby Elder Abuse Line: (403) 705-3250.

Personal safety plans for you and your children:

- Keep emergency numbers with you
- Be ready to leave quickly (e.g. cash, document, keys)
- Make a plan for your children’s safety
- Change travel routes and routines
- Let people know you are not feeling safe
- Call a shelter for more safety advice

24 Hour Help for Everyone - Calgary and Area

Emergency: Police/Fire/Ambulance	911
Requests for Police Service	266-1234
Kerby Rotary House (Seniors)	705-3250
Distress Centre (Main Crisis Line)	266-1605
Men’s Line (Telephone Information and Support)	266-4357
Seniors Line (Support for seniors and their caregivers, and the SeniorConnect program)	264-7700
Community Resource Team (Mobile Team)	299-9699

Shelters for Women (To talk with on the phone or a safe place to stay)

Calgary Women’s Emergency Shelter	234-SAFE (7233)
Discovery House	277-0718
YWCA Family Violence Prevention Centre and Sheriff King Home	266-0707
Awo Taan Native Women’s Shelter	531-1972
Calgary Communities against Sexual Abuse (Includes sexual assault)	237-5888

The Action Group on Elder Abuse
Alliance to End Violence
#306, 301 - 14 Street N.W.
Calgary, Alberta, Canada
T2N 2A1
(403) 283-3013
www.acav.org