



World Elder Abuse Awareness Day, June 16 – 17, 2008 Ottawa, Canada

Poster Abstracts

Re:Act Response Resource and Quick Assessment Guide

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This poster described three tools:

1. The Quick Assessment Guide was developed to provide an informational and educational guide for physicians and other allied health care staff affiliated with Vancouver Coastal Health. In 2000, British Columbia enacted legislation to respond to reports of abuse, neglect and self-neglect of "vulnerable adults". The 5 Health Authorities in BC were mandated as designated agencies to receive complaints and undertake investigations applicable under the Adult Guardianship Act, (Part 3). The Quick Assessment Guide was created to assist health care providers in assessing for incapability of decision-making in the context of abuse & neglect investigations.
2. The Re:Act Manual for Staff is a comprehensive toolkit for conducting investigations and creating support and assistance plans for vulnerable adults who are experience abuse or neglect. The toolkit includes an awareness poster and an algorithm for responding.
3. First Nations E-tool and Manual brings culturally sensitive, interactive on-line learning tools and curriculum to health and social service workers responding to concerns of Elder Abuse in BC's First Nations Reserve Communities. These materials were created in partnership with BC Association of Community Response Networks.

Elder Abuse in the Family: An Evaluation of Current Approaches and a Proposed Theory

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Several prominent theories, including the stressed caregiver, social learning, caregiver mental health, social isolation, and dependency/exchange theories, attempt to explain why elder abuse occurs. However, each of these theories focuses on only one part of the issue, and none of them can truly address elder abuse as a whole. As a result, elder abuse continues to take place because there is no acceptable explanation for the reasons it occurs, and without this, appropriate interventions to end the abuse cannot be developed and

implemented. Therefore, after the drawbacks of each of the current theories are outlined, a new contextual theory is proposed by the author that explains how elder abuse occurs as the result of the combination and interaction of several risk factors over time that set the stage for abuse to occur. This theory is called the Colling Contextual Theory of Elder Abuse (CCTEA). Community Care Durham is an organization that provides programs and services that address all risk factors that may lead to elder abuse and are indirectly proactive in the prevention of elder abuse by enabling elders in Durham Region to remain as independent as possible. These programs fit well with the proposed theory and show how important it is to consider many contexts, situations, and risk factors in the development of elder abuse.

Elder Abuse, Depression and Substance Misuse---What Are the Links?

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This poster will raise awareness and suggest supportive solutions for those working with and those at risk of elder abuse that may be related to substance use and/or depression.

Questions to be addressed include:

- Are older adults who are depressed at higher risk for abuse?
- Is caregiver depression a risk factor for Elder Abuse?
- Are prescription drugs, over the counter drugs, alcohol or illicit drugs being used to "control difficult behaviours" of elders?
- Are care providers misusing drugs or alcohol to cope with their own stress –putting those they care for at greater risk of abuse?
- Is depression going unrecognized in either the elder or the care provider and being "treated" by alcohol or other substances?
- How does the system support and provide knowledge about these issues for care providers, families, and friends? How can we make the system work better?

This poster will raise issues, outline strategies and suggest actions to address the links between substance misuse, depression and elder abuse. The poster will provide information on free resources, education and training available to professionals, care providers and older adults through the Older Persons' Mental Health and Addictions Network of Ontario and its partners.

Community Response To Elder Abuse

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The Elder Abuse Response Team (EART), an innovative partnership between the Waterloo Regional Police Service and the Waterloo Wellington Community Care Access Centre, was launched in November of 2004. Core funding was provided from each agency for one case manager and two detectives to respond to calls regarding the abuse of older adults by

someone in a position of trust. EART's practice is guided by restorative justice philosophy that considers root causes of abuse, how to repair harm and what needs to be put into place by families, communities and government to ensure the prevention and resolution of elder abuse. Dr. Rick Linden, University of Manitoba, in his evaluation, indicates that the restorative justice project has evolved into a "conflict management approach to elder abuse". Referrals are from multiple sources. EART responds, whether or not a crime is committed, with consultation, joint investigation, and case management with appropriate linkages to community resources. Multiple dispositions are made including court, restorative justice, community support, spiritual care and counseling. In January 2006, the EART collocated with the Family Violence Project of Waterloo Region (www.fvpwaterloo.ca). Through co-location of a diverse group of agencies, services to older adults have been further enhanced. This holistic response to elder abuse empowers the abused older adult to choose the support services required to begin their journey of healing and change. EART has garnered provincial, national and international attention.

The Elder Abuse Consultation Center of Quebec: A Health and Social Services Initiative of CSSS Cavendish

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The CSSS Cavendish (formerly CLSC René-Cassin) is a university affiliated Health and Social Service Center which developed a specialized Elder Abuse Program to better prevent, detect and intervene in situations of elder abuse. This program is a Consultation Center on Elder Abuse for the Province of Quebec. Its program includes: a systematic screening for elder abuse; intervention by practitioners who have an expertise in elder abuse; a province wide toll-free elder abuse support and information telephone line for victims of abuse and/or their friends and family; research on elder abuse; community outreach and education programs; professional training programs on elder abuse; and a multidisciplinary/multisectoral consultation team. The poster will define the programs, as well as provide some statistics on the outcomes from the services and research that has been complete.

Innovative Partnerships Students & Service Providers Working Together

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Health and Social Service agencies can benefit significantly by drawing on the expertise of the business sector. This poster provides visual examples of the elder abuse marketing campaigns designed by the graduating students, School of Marketing & Design, Conestoga College, Kitchener Ontario. Display will include both posters and written material created by the students. College students were asked to develop integrated marketing communications plans for the elder abuse response programs of Waterloo Region and Wellington County. Unlike traditional marketing campaigns, students were asked to work within a social marketing context and to emphasize media advocacy. Campaigns were to be designed within a budget of \$50,000 and were to include the most cost effective means by which to implement the plan. In both Waterloo and Wellington communities, elder abuse response networks are well established and have focused on community collaboration to address the issue of elder abuse. This project brought service providers, seniors and students together in a learning environment as students met with Wellington and Waterloo Elder Abuse Coordinators, interacted with senior performers of the Waterloo Interage Theatre Troupe and presented their campaigns to a panel which included senior volunteers

from both the theatre troupe and the senior peer telephone support line, SOS Seniors Offering Support.

Ambiguous Loss: Clinical Issues for Elder Abuse Clients

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This poster highlights concrete tools that can be used to support seniors who have experienced elder abuse along with other cumulative losses. One of the barriers for seniors to move through their healing is our discomfort with ambiguity of many of the losses they face. We have few role models in co-creating meaning and ritual around losses that extend beyond the most recognized; death. This presentation will give those who work in the field of Elder Abuse more confidence, skill and clarity to address these issues.

I will present the Loss Inventory© and the Stepping Stones© Exercise both developed by the presenter and have been used with seniors and their caregivers for the past four years. These two exercises' will highlight the value of using an experiential model that attendees can use for themselves or with the seniors they work with. This poster could be valuable for anyone who works with seniors or their caregivers.

Awareness and Treatment of 'Aphasia-related' Elder Abuse

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This poster describes successful interventions developed at the Aphasia Centre of Ottawa, to both raise awareness and provide treatment for 'aphasia-related' elder abuse. Other interventions developed for the elderly population in general are not effective or even accessible due to the very nature of the disability of aphasia.

Aphasia is the loss of the ability to use language, usually the result of a stroke or other brain injury. Typically, people with aphasia know what they want to say but they cannot say it, they cannot get the words out. Reading, writing and numbers may also be affected. They are often mistaken for being incompetent or intoxicated; left out of decision-making; have low self-esteem and become socially isolated. Of greatest concern is aphasia-related abuse within close family relationships. Caregivers, often providing heavy physical care, are additionally challenged by the communication loss. They struggle to cope with this extremely frustrating and hidden disability on a daily basis.

The Aphasia Centre of Ottawa, a charitable organization providing long-term support to families living with aphasia, has developed an approach using a co-therapy model of intervention. This approach combines the expertise of a speech-language therapist and a social worker/family therapist to deliver an accessible family centered approach to awareness and treatment.

A Fragile Future: Protecting China's Rural Elderly

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In China there are over 153 million people above the age of 60 – equalling about 12% of the population. Among them, over 65% live in rural areas. Compared to elderly in urban areas, the rural elderly face much greater pressures, due partly to labour migration of younger people to cities. China’s national plan for building a harmonious and prosperous society is making gradual improvements and providing some support to rural elderly, however much remains to be done to meet the urgent challenges of China’s quickly ageing rural society.

This research covers selected villages representing elderly communities of various economic, cultural and ethnic backgrounds. The study conducted over 200 in-depth interviews utilizing a detailed questionnaire to explore six key areas; Economic Status, Land Endowment, Family Support, Aid to Impoverished Elderly, Health Conditions & New Cooperative Medical Care and Living Conditions of Left-Behind Elderly.

The elderly in rural China face unprecedented challenges and an increasingly fragile future. To secure their future will require the reduction of land encroachment by development, restoration of filial piety and family values, the expansion of the scope and coverage of government aid, in addition to the alleviation of psychological stress of elderly left-behind in rural areas.

A Means to Improve Physician Identification of Elder Abuse: The Elder Abuse Suspicion Index (EASI)

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Detection of elder abuse has been problematic in all sectors of society. While older adults in North America visit doctors on average five times per year, it is noteworthy that reporting of elder mistreatment by physicians ranks last amongst all health and social service providers. This poster presentation describes the content and some psychometric properties of the Elder Abuse Suspicion Index (EASI) ©, a six question tool validated in Canada in English and French for use with cognitively intact ambulatory seniors, and designed to increase a physician’s level of suspicion of elder abuse to encourage a consultation from social services or adult protective services. The EASI shows sensitivity and specificity comparable to short domestic violence screening tools, while the prevalence values for elder abuse that it generates are as good as those found using a lengthy social work inventory “gold standard”. The EASI has undergone content validity studies in 7 countries under the auspices of a W.H.O. project, and exploratory work with the EASI has additionally been entertained in 3 other countries. The Canadian researchers conclude this presentation with a justification for the creation of a self-administered version of the EASI.

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Analysis of the Canadian General Social Survey on the Relationship between Disability and Place of Residence on Elder Abuse

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Past research has identified disability as an important risk factor to understand and examine elder abuse. The purpose of the study was to investigate the relationship between disability status and place of residence on elder abuse. This study hypothesized that the prevalence of abuse was mediated by the place of residence of older adults living in rural and urban communities. Based on the Canadian General Social Survey cycle 13 this study utilized a total sample of 1,981 older respondents to examine the prevalence of emotional abuse by spouse. The results from bivariate and logistic regressions have indicated that disability, older age groups, and lower income earners were significantly associated with becoming victims of emotional abuse. The place of residence was not significantly associated with abuse. Furthermore, there was no interaction effect between disability status and place of residence.