

What is Elder Abuse?

Emotional or Psychological Abuse

Any behavior that produces fear, mental anguish, debilitating emotional stress, thus diminishing the vulnerable persons sense of dignity and self worth including but not limited to, intimidation, harassment, threats, coercion, humiliation, social isolation, infantilization, insults.

Failure to provide social and emotional support necessary to maintain reasonable mental health.

Denying access to visitors such as family, friends or advocates.

Financial or Material Abuse

Failure to use the elder's monies and assets to ameliorate his/her needs or for welfare, care and comfort.

Theft, unlawful taking of the belongings of the person in care. Fraudulent activity involving money or assets, including OAS cheques, "conning", extortion, forced changes of wills, titles, misuse of Power of Attorney.

Physical Abuse

An act of physical mistreatment or injury which harms or threatens a person through the action or inaction by another individual which may cause physical pain, discomfort or injury. Includes but not limited to chemical restraints, physical restraints, rough handling, and/or sexual assault.

Neglect (passive and active)

A pattern of conduct resulting in deprivation of care necessary to maintain minimum physical health. Failure or refusal to fulfill a caregiver's responsibility to provide ethical nursing care, physiotherapy, necessities of life, a clean living environment, adequate heat, clothing, appropriate, adequate food, exercise and medications.

Violation of Personal Rights

Deprivation of a person's right to choose, to privacy, to make decisions. Lack of freedom to safely keep personal items, the absence of a lockable closet or drawer.

Understaffing

“Many nursing homes have become dangerous places largely because they are understaffed and underregulated.”

-Time Magazine, “Fatal Neglect” October 27, 1997 Vol.150 No. 17

Abuse or Neglect Is

Understaffing which results in warehousing elders rather than ethical care. Bedsores, weight loss, malnutrition. In the U.S., fines of over \$1,000.00 a day may be imposed for such abuse and neglect. Failure to feed or hydrate elder when elder unable to feed his/her self; resulting in starvation, dehydration and death.

Failure to give fluids to reduce trips to bathroom resulting in bladder infections, dehydration, confusion & even death. Chemical restraint by administering medication to keep elder quiet, compliant, manageable, cheaper to house which may result in confusion or even falls and injuries.

Diapering though not incontinent. Refusal to assist elder to bathroom, scolding when elder soils him/herself. Elder diapered, then administered laxatives & instructed to soil him/her self resulting in mental destabilization.

Restraints, failure to get elder up out of bed Gerry chair used as restraint or to discipline elder. Assault such as hitting, pinching, kicking, slapping shoving. Verbal abuse such as scolding, cursing and shouting.

Theft of elder's belongings, frequently referred to as missing or lost items. Elderly at risk of injury by placing in same room or close proximity to physically aggressive or demented persons.

Safety Issues; not following fire regulations.

Discipline; isolating elder, denying food, medication.

Eviction because of elder's or family's expressed concerns about facility or food or quality of care.

Threats such as, “We will send you to Alberta Hospital” or “Maybe you should find somewhere else for momma/papa”.

Failure to provide privacy, silence (overcrowding).

Failure to provide mental/social stimulation.

Failure to provide safe ethical nursing care; harmful care by untrained persons; causing pain when transferring elder.

Failure to provide palliative care.

Failure to spend elder's monies/assets for his/her care, comfort.

Inedible or inadequate food, inappropriate diet.

Competent seniors declared incompetent, detained in institution, family, trustee take control of money, estate.

Why the Silence?

The victim guards the silence out of fear of retaliation in the form of further abuse or even eviction. A 92 year old pioneer in NE Alberta, who was in a community elder care facility, was told by the caregiver who had slapped her: "If you complain, we'll make it worse for you."

Family and friends may guard the silence because they too have been intimidated.

To keep the silence is to cling to the hope...the hope that it can all change.

To break the silence increases the fear...to face the eyes of incredulity of the one you have told and those of the abuser.

The conscientious care giver guards the silence for fear of loss of his/her job. Caregivers have been dismissed for exposing abuse. Some have been unjustly sued for defamation or silenced by threatened court actions. Some have suffered professional ostracism.

The abuser needs the silence to provide feelings of power which compensate for low self-esteem and feelings of inadequacy.

Society too, has kept silent. Too often professionals, family members and friends have been blind to the signs of abuse because they refused to look or refused to recognize what they saw and heard.

Society has kept silent when legislators have failed to provide appropriate, enforceable, protective legislation. There has been deafening silence in the face of a system which allows the neglect and mistreatment of its' vulnerable charges.

It is Time We All Break the Silence!

The Issue

A publication of the National Advisory Council on Aging, titled: "*Elder Abuse: Major issues From a National Perspective*", states:

"Nationally, about 10% of seniors reside in institutional settings. Because there is as yet no well-controlled research on abuse in these settings, most of the available evidence is anecdotal. There are nevertheless enough complaints and investigations of death and injuries in nursing homes, homes for the aged and even in acute care hospitals to know that the problem is real".

There is also in our own province, a massive problem in the care of our frail, dependent elderly. We are aware that elder abuse and neglect is rampant, for which there is very little accountability, seldom is anyone disciplined, and where indicated criminal charges are seldom laid.

In Alberta, we now have the Protection For Persons in Care Act. Nevertheless, serious complaints of gross injustices and neglect continue to be disregarded.

Despite the mandatory reporting requirement of this legislation, professional doctors, psychologists, nurses, social workers, denturists, physiotherapists and others fail to report neglect and abuse. Others, such as funeral home personnel or Officers of the Public Examiner's Office do not report obvious elder abuse such as bedsores and neglect.

We believe that the elderly have made an invaluable contribution to our country, we owe them a debt which can never be repaid. The aged are the ones who endured hardships, the great depression, fought two world wars, faithfully paid their taxes and never asked for handouts. They worked from dawn to sunset, theirs was a difficult and arduous life.

Today they deserve our honor and respect.

What Are the Signs?

- Understaffing
- Call bells not answered
- Call bells removed or placed out of reach of elder
- Bedsores
- Unexplained dressings which may conceal bedsores
- Complaints by elder citing rudeness and disrespect
- Elder is diapered though not incontinent, instructed to soil his/her self. Staff does not assist to bathroom
- Malnourished, emaciated, mouth sores
- Poor skin hygiene, soiled linen, urine burns, unkempt appearance
- Poor dental hygiene
- Disoriented, drooling, confusion, unable to speak clearly, reduced physical/mental activity, inability to swallow or eat, unexplained falls, injuries due to medication or over medication.
- Unexplained bruises, bumps, burns, falls, unexplained hair loss, abrasions, contusions, fractures, grip marks, hematomas, infections, internal injuries, lacerations, pain, restricted movement, swelling, tenderness, ulcers, scald marks, welts. Broken ribs caused by improper lifting, pulling on arms.
- Pain, bruising, bleeding in genital area
- Shivering, cyanosis, lowered body temperature
- No dentures, glasses, hearing aid
- Elder placed in close proximity or in same room with aggressive or demented persons
- No fire safety
- Tied to bed/chair/toilet
- Medical underdiagnosis/undertreatment. Doctor not notified, when ill or injured
- Muscle contractures, positional deformities, immobility, bowel problems, weakness
- Never taken out of bed
- Custodialism, paternalism, rudeness, poor caregiver attitudes
- Missing clothing/personal items
- Threats, intimidations, discipline
- Feelings of despair, hopelessness or resignation, passiveness, fearfulness

One should not jump to conclusion but all indicators should be taken seriously and monitored closely.

<http://elderadvocates.ca/what-is-elder-abuse/>