



**A  
Pocket Guide**

The complete guideline  
is available at  
[RNAO.ca/elder-abuse](https://rnao.ca/elder-abuse)

# Preventing and Addressing Abuse and Neglect of Older Adults:

Tips from the RNAO Best Practice Guideline  
and eLearning course



Registered Nurses' Association of Ontario  
L'Association des infirmières et infirmiers  
autorisés de l'Ontario

ADDRESSING ABUSE  
OF OLDER ADULTS

AN RNAO INITIATIVE

## Introduction to the Pocket Guide

This pocket guide was designed to support uptake of the RNAO Clinical Best Practice Guideline *Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches*, available for free download at [RNAO.ca/elder-abuse](http://RNAO.ca/elder-abuse).\*

**THE PROBLEM:** Abuse and neglect of older adults is a health and social problem with profound consequences that affects people from all walks of life. Nurses and other health-care providers are in a pivotal position to help identify and address cases of abuse and neglect.

**PURPOSE:** This resource will allow nurses and others who provide care to keep key information about abuse and neglect of older adults close-at-hand. Users of the pocket guide are encouraged to refer to the guideline and RNAO's eLearning course for more complete and detailed information on best practices related to preventing and addressing abuse and neglect of older adults.

\*Full references for this pocket guide can be found in the Best Practice Guideline and in the eLearning course at [RNAO.ca/elder-abuse](http://RNAO.ca/elder-abuse).

## Guiding Principles

The following guiding principles inform the concepts contained in the Best Practice Guideline (see the guideline for references).

- Older adults are entitled to protection of their human rights and fundamental freedoms including full respect for their dignity, beliefs, needs and privacy.
- Older adults are presumed to be mentally capable of making decisions about their own lives, unless demonstrated otherwise.
- Older adults should, to the full extent that they are able, direct their plan of care and provide consent for decisions made about their care.
- All approaches to helping an older adult who has been abused or neglected should honour the person's uniqueness, preferences, values and beliefs, and be founded in a person-centred approach.
- Mentally capable older adults have the right to live their lives as they wish, provided they do not infringe upon the rights and safety of others.
- Abuse and neglect are complex, multifaceted issues that often take time, sensitivity and collaborative effort to prevent and address effectively.
- Older adults should be active participants in the development of programs meant to serve them.

## Preventing and Addressing Abuse and Neglect — Practice Recommendations

### Assessment

1. Establish and maintain a therapeutic relationship with older adults, and families as appropriate, when discussing issues of abuse and neglect.
2. Ensure privacy and confidentiality when discussing issues of abuse and neglect unless legal obligations require disclosure of information.
3. Be alert for risk factors and signs of abuse and neglect during assessments and encounters with the older adult.
4. Carry out a detailed assessment in collaboration with the older adult, interprofessional team, and family, as appropriate, when abuse or neglect is alleged or suspected.
5. Identify the rights, priorities, needs and preferences of the older adult with regard to lifestyle and care decisions before determining interventions and supports.

### Planning

6. Collect information and resources needed to respond appropriately to alleged or suspected abuse and neglect in ways that are compatible with the law, organizational policies and procedures, and professional practice standards.
7. Collaborate with the older adult, family and interprofessional team, as appropriate, to develop an individualized plan of care to prevent or address harm.

### Implementation

8. Respond to alleged or suspected abuse and neglect according to legal requirements and organizational policies or procedures.
9. Implement an individualized plan of care that incorporates multiple strategies to prevent or address harm, including:
  - education and support for older adults and family members
  - interventions and supports for those who abuse or neglect
  - providing resources/referrals
  - development of a safety plan

### Evaluation

10. Collaborate with the older adult, family and interprofessional team, as appropriate, to evaluate and revise the plan of care, recognizing that some instances of abuse and neglect will not resolve easily.

**FIND IT IN THE GUIDELINE:** For education, policy, organization and system recommendations please see the complete guideline at [RNAO.ca/elder-abuse](https://rnao.ca/elder-abuse).

## Definitions of Abuse and Neglect

Several definitions of abuse and neglect of older adults have been developed over time; these two definitions are referenced in the guideline.

**“A single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.”<sup>1</sup>**

**“Mistreatment of older adults refers to actions and/or behaviours, or lack of actions and/or behaviours that cause harm or risk of harm within a trusting relationship. Mistreatment includes abuse and neglect of older adults.”<sup>2</sup>**

### Physical Abuse

**“Actions or behaviours that result in bodily injury, pain, impairment or psychological distress.”<sup>2</sup>**

*Examples:<sup>3</sup>*

- pushing, shoving
- hitting, slapping, poking
- pulling hair, biting, pinching
- spitting at someone
- confining or restraining a person inappropriately

### Emotional (Psychological) Abuse

**“Severe or persistent verbal or non-verbal behaviour that results in emotional or psychological harm.”<sup>2</sup> Psychological, emotional and verbal abuse is also defined as “any action, verbal or non-verbal, that lessens a person’s sense of identity, dignity and self-worth.”<sup>3</sup>**

*Examples:<sup>3</sup>*

- words or actions that belittle an older adult, are hurtful, make the person feel unworthy
- not considering an older adult’s wishes
- not respecting an older adult’s belongings or pets
- inappropriate control of activities (e.g., denying access to grandchildren or friends)
- threatening an older adult
- treating an older adult like a child

### Financial (Material) Abuse

**“An action or lack of action with respect to material possessions, funds, assets, property, or legal documents, that is unauthorized, or coerced, or a misuse of legal authority.”<sup>2</sup>**

Financial abuse is also defined as “any improper conduct, done with or without the informed consent of the older adult, which results in a monetary or personal gain for the abuser and/or a monetary or personal loss for the older adult. The misuse of another individual’s funds or property through fraud, trickery or force is financial abuse.”<sup>3</sup>

### Sexual Abuse

**“Direct or indirect involvement in sexual activity without consent.”<sup>2</sup>**

Sexual abuse “includes coercing an older person through force, trickery, threats or other means into unwanted sexual activity. Sexual abuse also encompasses sexual contact with older adults who are unable to grant consent.” Finally sexual abuse also includes “inappropriate sexual contact between service providers and their older adult clients.”<sup>3</sup>

### Systemic Abuse

**Systemic abuse has multiple meanings. These may include:<sup>4</sup>**

- rules in a facility or at the government level that inadvertently cause harm
- repeated patterns of substandard care
- situations where staff and supervisors are unaware that their behaviour is wrong and therefore there is no

corrective action

- failure of administration to effectively address incidents of abusive conduct
- system wide problems, such as inadequate resources or an institutional culture where staff fear consequences for reporting abuse

### Neglect

**“Repeated deprivation of assistance needed by the older person for activities of daily living.”<sup>2</sup>**

Neglect is also defined as the “intentional or unintentional failure to provide for the needs of the older adult. Neglect can be divided into two categories:<sup>3</sup>

1. Active neglect – “the deliberate or intentional withholding of care or the basic necessities of life.”
2. Passive neglect – “the failure to provide proper care due to lack of knowledge, information, experience or ability.”

**Examples:**

- inadequate provision of food, liquids, clothing or shelter
- failure to attend to other health and personal care needs, such as washing, dressing and bodily functions
- failure to provide social companionship, both within the family and with peers
- leaving a person in an unsafe place
- abandonment

## Risk Factors For Abuse and Neglect

Some factors or conditions increase the chances of older people being abused or neglected. Here is a list of some things to be aware of:

- isolation
- lack of support
- cognitive impairments (e.g., dementia)
- responsive behaviours (e.g., verbal or physical aggression)
- living with a person who has a mental illness
- living with people engaging in excessive consumption of alcohol or illegal drugs
- dependency on others to complete activities of daily living (including banking)
- recent worsening of health
- arguing frequently with relatives

**Caution:** The presence of risk factors or signs does not mean that abuse or neglect is occurring. Be alert but don't jump to conclusions.

## Possible Signs of Abuse and Neglect

### Signs of physical/sexual/emotional abuse include:

- injuries to the upper extremity, trunk, head, neck, anus, genitals
- unexplained burns and bruises or fractures
- evidence of sexual abuse
- depression, anxiety
- change of behaviour/mood in presence of the person suspected of abusing or neglecting
- inadequate explanation and/or documentation of any injury (from employees)
- evasive or defensive responses (from employees)

### For financial abuse, look for:

- irregularities in bank accounts and bills
- living conditions that do not match income
- missing money and personal belongings
- payments to strangers or new "best friends"
- inappropriate use of power of attorney authority
- deception or coercion with regard to payments, gifts or change in wills

### Possible Signs of Neglect

- dehydration
- malnutrition
- low blood albumin level (medical test that may indicate malnutrition)
- pressure ulcers/sores
- poor overall hygiene/grooming
- depression
- despair
- unclean living conditions

**REMEMBER:** Stay alert, however avoid jumping to conclusions. The presence of risk factors or signs does not mean that abuse or neglect is occurring.

Below are factors and conditions that contribute to abuse and neglect in institutional settings.

\*These are based primarily on research conducted in long-term care settings.

### ORGANIZATIONAL FACTORS

- inadequate number of staff/inappropriate staff mix to meet the needs of older persons
- staff who have not been adequately trained (e.g., no training in dementia care, transient staff)
- rationing of supplies
- culture or regime of institution (e.g., set bed times, assembly line caregiving)
- lack of supervision
- overcrowding/congestion

### STAFF FACTORS

- burnout/emotional/physical exhaustion
- disempowered staff
- personal stress such as performing “double duty” (i.e., providing care at work and at home)
- alcohol or substance abuse
- personal history of abuse
- attitudes: ageism, condoning abuse and neglect

### PATIENT FACTORS

- dependency based on physical limitations
- communication difficulties
- cognitive impairment
- physical or social isolation (e.g., few visitors, no family involvement)

**FIND IT IN THE GUIDELINE:** Recommendations for organizations to uphold best practices are available in the guideline, available at [RNAO.ca/elder-abuse](https://rnao.ca/elder-abuse).

Nurses and other health-care providers can be sensitive to the barriers to identifying and disclosing abuse and neglect (below) when interacting with older adults and families. Here are some of the barriers listed in the guideline:

- isolation of the older adult
- not wanting to turn against the person abusing or neglecting
- reluctance to talk about “private family matters”
- feeling of shame or embarrassment
- relationship with person who is abusing or neglecting
- dependence on person who is abusing or neglecting for care/housing
- concern about retribution from staff (including withdrawal of assistance) if abuse occurs in an institution
- concern about reprisal from family
- acceptance of abuse due to lifetime exposure to abuse
- fear or mistrust of “authorities”
- gender related issues (e.g., less economic or social power, older men not taken seriously or ashamed to admit abuse)



## Tips for Conducting Caring Communications

The document *Looking Beyond the Hurt: A Service Provider's Guide to Elder Abuse*<sup>5</sup> outlines tips for caring communications that help make it easier to talk about abuse and neglect. Caring communication includes the following:

- ✓ “I” messages (e.g., I am concerned about you...)
- ✓ is specific (e.g., because you missed your last appointment and today I see a bruise on your arm)
- ✓ is sensitive to others’ feelings (e.g., I understand that it’s hard to talk about personal concerns)
- ✓ is non-judgmental and non-threatening (e.g., would you like to talk to me about it?)
- ✓ empowers rather than “rescues” (e.g., do you want to talk about some of the resources you might want to use?)
- ✓ helps to remove any perceived stigma about being abused (e.g., I have often seen people who are not receiving the care that they deserve)
- ✓ is respectful of an older person’s right to make his/her own decision in his/her own time
- ✓ is prepared to assist the older person to find the supports and services he/she needs

*The Elder Abuse Modules* from Employment and Social Development Canada<sup>3</sup> outline communication tips to assist with having a preliminary conversation with an older adult regarding abuse and neglect. These tips include the following:

- ✓ choose an environment where the older adult is comfortable and at ease
- ✓ do everything possible to ensure that the conversation will not be overheard or interrupted
- ✓ be mindful of hearing difficulties, language barriers, cultural and religious values
- ✓ maintain a relaxed, non-judgmental, supportive demeanor
- ✓ talk less and listen more; allow them to talk at their own pace
- ✓ notice inconsistencies and discrepancies
- ✓ take time to allow them to respond
- ✓ avoid comments that may seem like putting down the alleged or suspected abuser
- ✓ offer support, discuss options but do not give advice

### Privacy and Confidentiality

Issues of abuse and neglect are highly sensitive. Consider the following points from the guideline with regards to privacy and confidentiality:

1. Nurses and other health-care providers must know and adhere to applicable laws and professional practice standards regarding privacy and confidentiality in the jurisdiction in which they work.
2. It is important to obtain consent from the older adult or if they are not capable, from the substitute decision maker before sharing information with others. This may include consent for collaborations with family members and the interprofessional team.
3. Sharing private and confidential information may be allowable in specific situations (e.g., emergency situations). For clarification, consult your local legislation and professional practice standards.
4. Sharing personal information with other health-care providers may be necessary for the continuity of care but should be guided by local legislation and professional practice standards.

### Understanding Mental Capacity

Mental capacity generally refers to one's ability to make decisions, but definitions of mental capacity vary between jurisdictions. In Ontario, the legal definition of mental capacity involves the ability to understand information relevant to making a decision and appreciate the consequences of a decision or lack of a decision.

**Competent older adults have the right to make choices that others may consider unwise or unsafe and just because they make such a decision does not mean that they lack capacity.**

#### Review the key points below about mental capacity:<sup>6,7</sup>

1. Advanced age does not equate to lack of mental capacity.  
**For example:** A health-care provider assumes that an older person who looks frail is not able to make decisions.
2. Mental capacity can fluctuate and may be situation dependent.  
**For example:** An older adult seems confused in the evenings but able to make decisions in the morning.
3. Depression and delirium can sometimes be confused with lack of mental capacity. →

**For example:** An older adult is confused due to delirium brought on by an infection. A week later with the infection cleared, the older adult is back to former cognitive abilities.

4. Mental incapacity is not determined by any particular test.

**For example:** After conducting a Mini-Mental Exam with an older adult on admission, a health-care provider draws a premature conclusion and writes “mentally incapable” in the chart.

5. A diagnosis or clinical condition does not automatically mean a person lacks mental capacity.

**For example:** An older adult with aphasia following a stroke is misinterpreted as being mentally incapable.

**Know the law with regards to decision-making authority (e.g., if there is a hierarchy of substitute decision makers in your jurisdiction for those who lack mental capacity)**

Nurses and other health-care providers need to respond appropriately to alleged or suspected abuse and neglect in ways that are compatible with the law, their organization’s policies and procedures, and professional practice standards.

**Reporting abuse and neglect may be required but it’s not the only response.**

If reporting is required, it is important to determine:<sup>7</sup>

- what must be reported
- who has the duty to report
- to whom the report must be made
- what other actions may be required

There may be legal protections for those who report (e.g., whistleblower protection) and penalties for not reporting.

### Referring or Consulting:

When abuse or neglect is alleged or suspected, nurses and other health-care providers may need to carry out a detailed assessment to facilitate treatment, arrange supports for the older adult, or to assist with an investigation.

A detailed assessment may require consultations with other members of the interprofessional team.

**If referring to, or consulting others:**

1. Clarify the goal or the purpose of the consult or referral.
2. Get consent from the older adult before proceeding.

The best plans of care are tailored to the situation and the unique needs, preferences and goals for that older adult. Nurses and other health-care providers need to recognize that older adults have the right to self determination. Older adults should be directing any decisions about their life or care.

### **Types of questions to ask:<sup>8</sup>**

- What is most important to you?
- What are your goals?
- What would you like to know about?
- Who in your family or friends would help you?
- What do you hope happens?
- What are your concerns?
- What do you need/expect from your health care team?

### **To explore decisions about the plan of care, you may ask the following questions:<sup>8</sup>**

- Who do you want to involve in your care?
- Who else should be involved in this discussion?
- What is important to you?
- What do you think your options are?
- How do you see that happening?
- Can you picture that?

Know the resources in your area so you can discuss them with the older adult (and family, as appropriate), to determine suitability for their situation.

### **Here are some suggestions from the guideline:**

- For older adults, education may include providing information about services and legal rights, explaining what abuse is, and discussing healthy aging.
- For caregivers of older adults with dementia, education could include understanding dementia, how to manage memory problems and factors that contribute to abuse and neglect.
- For family members (including those who may be at risk for abusing or neglecting the older adult) education should address caregiver needs, such as respite care or home care, and/or anger management programs, because family caregivers are often isolated, frustrated, and in need of support.

### Assessing Safety

Determine if there is immediate danger from a family member (e.g., spouse, son/daughter, grandchild); health-care provider; other staff member; or, if he or she is in an institution, another resident or patient. You may need to call 911 or your community's emergency number if it is a life-threatening emergency situation. If it safe to do so, stay with the person for support until help arrives.

### Safety Planning

Some older adults may be living in situations where their safety is at risk. For example, they may decide to remain living with someone who physically abuses them. While these decisions may be perceived as unwise or unsafe, the older adult has the right to make such decisions (so long they are competent). A plan of care for such a situation might include helping them to develop a safety plan.

#### Components of a safety plan may include:<sup>5,9</sup>

- Having access to information and resources such as crisis line contact telephone numbers, legal and medical services, emergency shelters, and mental health services
- Talking to someone trustworthy about concerns

- Reviewing the living situation (e.g., how to leave, where to go, temporary living arrangements)
- Having (and hiding) a bag with documents, supplies and contact information ready to take if leaving home suddenly (e.g., money, important papers, and extra clothes and medicine)
- Making arrangements for the care of pets, and maintaining the home, finances, and medical appointments

Appropriate management of responsive behaviours may help to promote better quality care and safety for older adults and those around them. Learn more about the meaning behind the responsive behaviour. Consider these questions<sup>10</sup> to uncover what happened before, during and after the behaviour occurred. (See reference for a complete list of questions.)

- **Physical** – Are her basic needs met? Is she in discomfort or pain?
- **Intellectual** – Has he experienced recent changes in his memory? Is he struggling with speech or sequenced tasks (e.g., getting dressed)?
- **Emotional** – Have you noticed increased tearfulness or anxiety? Does he seem lonely?
- **Capabilities** – Can she do more than you realize? Does he understand that he may need help?
- **Environment** – Is there too much noise or too large of a crowd around him? Is there enough stimulation?
- **Social** – Do her childhood, early adulthood or employment experiences offer insight? What do you know about his religion or culture?
- **Actions of others** – What are you doing or not doing that may contribute to her behaviour?

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10. Alzheimer's Society of Canada. (2012). *Helping with communication*.

## LEARN MORE

The complete Best Practice Guideline is available [RNAO.ca/elder-abuse](https://rnao.ca/elder-abuse). Access more information and an array of additional free helpful tools—including a comprehensive eLearning course and a Best Practice Guideline implementation toolkit.

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Produced with funding from the Government of Canada's New Horizons for Seniors Program. The opinions and interpretations in this publication are those of the authors and do not necessarily reflect those of the Government of Canada.