



CAOT Position Statement Elder Abuse Prevention and Management and Occupational Therapy (2012)

The Canadian Association of Occupational Therapists (CAOT) believes all people have the right to be free from abuse, neglect, and mistreatment. As such, all occupational therapists should recognize potential situations of abuse and have the capacity to prevent and/or manage the mistreatment of older people.

Recommendations for occupational therapists

1. Occupational therapists assume the responsibility for recognizing and responding appropriately to situations of elder abuse.
2. Occupational therapists build confidence and capacity to identify and address situations of elder abuse/mistreatment.
3. Occupational therapists develop partnerships and networks with relevant service providers and organizations to collaboratively and effectively manage situations of abuse.
4. Occupational therapists promote the inclusion of education regarding elder abuse prevention and management in entry-level education for occupational therapy.

CAOT Initiatives

CAOT is committed to enabling occupational therapists in the management (including the prevention) of situations of elder abuse/mistreatment. To support this, CAOT will:

1. Educate occupational therapists and other professionals on the prevalence and warning signs of elder abuse and impress the importance for professionals to take action in cases of elder abuse.
2. Develop and disseminate information regarding strategies for managing situations of abuse.
3. Collaborate with other organizations in raising Canadians' awareness and understanding of the issues, resources, and implications of abuse of older persons.
4. Educate occupational therapists and other professionals on how to address the abuse of older persons.
5. Support the development of local, regional, national, and international networks in order to share ideas, promising approaches, and information to better address the many aspects of abuse and neglect in later life.

Background

Elder abuse can be defined as 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 (World Health Organization, 2002). Elder abuse can take various forms such as physical, psychological, emotional, sexual, financial abuse or denial of entitlements protected by law.

There are varying estimations on the prevalence of elder abuse in Canada. This is in part due to under-reporting (i.e. those who are abused are reluctant to report their situation), or uncertainty regarding whether one's experiences are classified as abuse. In 2008, a systematic review examined literature related to the prevalence of elder abuse and neglect and found that one in four (25%) of vulnerable elders are at risk of abuse; however, only a small proportion of this is currently detected (Cooper, Selwood and Livingston, 2008). This finding is consistent with research over the last two decades, which has estimated that 2-10% of older adults in Canada experienced some form of abuse in their own home (Podnieks, Pillemer, Nicholson, Shillington & Frizzel, 1990).

Statistics from the 2009 General Social Survey on Victimization indicate older Canadians have consistently reported some of the lowest victimization rates, based on all age groups (Brennan 2012). However, as the number of older adults in Canada is steadily on the rise, it is expected that the incidence of abuse may also rise (Sev'er 2009). Furthermore, the consequences of elder abuse are great. They include physical injury, malnutrition, financial strain (including poverty), depression, anxiety, and social isolation and may create obstacles to older adults' participation in activities that are important to their well-being and mental health. As such, all Canadians are challenged to reverse this trend by increasing their awareness and understanding of this issue.

Since 2008, the Government of Canada has encouraged organizations such as CAOT to build health human resource capacity in addressing and managing elder abuse. Occupational therapists are often in positions to detect and manage situations of abuse due to the sensitive and intimate nature of occupational therapy (e.g. addressing self care and finances) and the focus on enablement and empowerment. Many occupational therapists also provide services within the context of a client's home, seniors' residence or long-term care facility where abuse may be more easily detected.

Occupational therapists are important practitioners in supporting vulnerable adults, and their role in the community means, in some cases, they are the primary person available for disclosure and support. The absence of documents to support occupational therapist in this regard spurred the development of a resource tool: "Strategies for occupational therapists to address elder abuse/mistreatment"(CAOT, 2011). This document provides information on detection and management including legal information specific to each region of the country. While this resource was developed for occupational therapists to build health human resource capacity to address and manage elder abuse, this documents has applicability to a broader

audience of health professionals. It is important not only for occupational therapists, but all health care practitioners, to know indicators of abuse and routinely ask vulnerable older people and their family or formal caregivers about abuse.

CAOT encourages the interprofessional use of these strategies (www.caot.ca/elderabuse) and the open discussion and awareness of elder abuse.

June 15, 2006 was the debut of World Elder Abuse Awareness Day (WEAAD). Research indicates that public education campaigns like World Elder Abuse Awareness Day are vital for informing people in a growing number of countries about elder abuse. Active involvement of the media to promote the day and raise awareness across countries and cultures is central to its success. In Canada, growing awareness has come through the three-year Federal Elder Abuse Initiative, which aimed to increase societal awareness of elder abuse (EKOS, 2011).

It is also important to understand the pathology of abuse. Cooper, Selwood and Livingston (2008) discuss the vulnerability of older people who are at high risk of abuse and highlight the onset of abuse may be in response to caregiver stress or challenging care recipient behavior. In other words, “the act of abuse does not imply intent, and in many cases the carers may not have viewed their own actions in this light” (Cooper, Selwood and Livingston 2008). For this reason, it is equally important for occupational therapists, and other health care practitioners, to educate caregivers about elder abuse, and respond to the needs of caregivers who are unable to cope in their role.

Mandatory reporting laws are not sufficient to curb elder abuse. Rather, it is believed the best possible way to end abuse is to support vulnerable persons (Government of Canada, 2008). Abuse rarely stops without intervention and an important strategy is for vulnerable older adults to receive support from people around them to promote choice and well-being. The Canadian Centre for Elder Law (CCEL) developed the following guiding principles for responding to elder abuse: respect personal values; recognize the right to make decisions; seek consent or permission; avoid ageism; know that abuse and neglect can happen anywhere; involve the older adult in problem solving and decision making; place a high value on independence and autonomy and respond appropriately. CAOT supports these guiding principles and encourages occupational therapists to assume responsibility for recognizing and responding to situations of elder abuse.

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