## Abuse and neglect of older persons in care facilities

Abuse and neglect involves any intentional or negligent act by a caregiver or any other person that causes harm, risk of harm, or jeopardizes the well-being or safety of an older person.

For older persons receiving care supports within facilities or community centres, abuse may relate to the often intimate processes in which staff assist them, including feeding, bathing, dressing, moving, or providing medication and other treatments. An abuser in a care facility may be a staff member, family member or friend. Also, abuse by family and friends does not necessarily stop when an older person moves into a care facility.

These are examples of abuse and neglect:

- **Physical abuse** misuse of medication, use of inappropriate physical restraints, shaking, rough handling, pinching, force-feeding;
- **Emotional abuse** name-calling, "silent treatment," threats, treating an older person like an infant, isolation from family or friends;
- **Sexual abuse** inappropriate touching during bathing, sexual comments, coerced nudity;
- Financial abuse theft of personal property, cashing an older person's cheque, concealment of funds, property or assets;
- **Neglect** failing to provide adequate food, water, clothing, shelter, medicine, adequate hygiene, comfort or safety. Neglect also includes abandonment; and
- **Violation of rights** withholding information, invasion of privacy, exclusion from social activities, restriction of activities.

Abuse can occur in many settings:

- Nursing or respite homes;
- Long-term care facilities;
- Assisted living complexes;
- Seniors lodges;
- Personal care homes;
- Community centres;
- Hospitals; or
- Day centres or community recreation programs.

If you are unhappy with the care you or your loved one is receiving, talk to someone you trust.



There are several things to look for in long-term care facilities to decrease the risk of abuse:

- Adequate staffing Does the facility or program have trained and qualified staff, are
  there set communication processes that support consistent care, is there a process and
  openness for feedback from clients and family regarding the care, what are the ratios of
  staff to clients/residents and how do they compare to national standards, do staff seem
  to enjoy their job and take pride in the work they do?
- Facility layout and physical structure Are there spaces for residents to have privacy and make choices in their care and environment, is the state of the facility in good working order, are there good working conditions for staff and supports for stress or burn-out, are residents supervised and in a safe environment at all times?
- Policies to support care Are there policies to help protect against harmful situations, does the facility or program have policies to deal with issues such as managing aggressive behavior in residents, is there a bill of rights for residents/clients that supports autonomy and choice?
- **Vulnerabilities** Does the facility or program have specific units or programs to ensure the proper placement of residents based on their needs (e.g., dementia care units), is there a process for staff to know and understand the specific needs and vulnerabilities of each resident?
- **Resources** Are there adequate resources for staffing, building up-keep, supplies and equipment to ensure the highest level of support/care possible?

Document your concerns and talk to the facility administrator. Look for facilities/care options that have specific no-tolerance policies for abuse and mechanisms for feedback from residents and family.

There is no excuse for abuse: Personal circumstances or problems of any caregiver or family member do not excuse the abuse of older persons. These problems may be factors in the abuse, but they never justify it.