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Centre intégré
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du Centre-Ouest-
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Québec 

Integrated Health
and Social Services
University Network
for West-Central Montreal

POLICY TEMPLATE TO COUNTER THE MISTREATMENT OF RESIDENTS IN LONG-TERM CARE FACILITIES

August 2017

The ministère de la Santé et des Services sociaux and the ministère de la Famille supported the Leading Practice to Counter the Mistreatment of Older Adults and the Health Intervention and Technology Assessment Unit of the CIUSSS West-Central Montreal in the development and approval of this policy template.

Policy Template to Counter the Mistreatment of Residents in Long-Term Care Facilities

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PUBLISHED BY

Integrated Health and Social Services University Network
(CIUSSS) for West-Central Montreal
5800 Cavendish Boulevard, Suite 600
Côte-Saint-Luc, Quebec, H4W 2T5

LEGAL DEPOSIT

Bibliothèque nationale du Québec, 2016
National Library of Canada, 2016
ISBN: 978-2-922582-64-2

This document may be downloaded, free of charge, from the website of the Centre for Research and Expertise in Social Gerontology at www.creges.ca

PREFACE

In January 2017, the Leading Practice to Counter the Mistreatment of Older Adults team received funding from the CIUSSS-Centre-Sud-de-l'Île-de-Montréal for the translation of the *Politique-type pour contrer la maltraitance envers les résidents en milieu d'hébergement et de soins de longue durée* (2016) in order to facilitate its communication within Quebec's English-speaking communities. This document is the translated version of the policy template published in 2016.

One should keep in mind that this policy template was originally written and published before Bill 115, *An Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*, was passed by the National Assembly of Québec in May 2017. It therefore does not reflect the latest developments regarding the legal obligations of long-term care facilities in the management of resident mistreatment. The policy template was also written prior to the publication of the second edition of the *Governmental Action Plan to Counter Elder Abuse* (2017). We encourage you to consult both of those documents, in addition to reading this policy template.

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ACKNOWLEDGEMENTS

The team of the Leading Practice to Counter the Mistreatment of Older Adults at the CIUSSS West-Central Montreal would like to thank the Ministère de la Santé et des services sociaux and the Ministère de la Famille for their trust and support in the development of this policy. We would particularly like to thank:

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We extend a special thank you to the more than one hundred individuals who helped to validate this policy. This document reflects the comments, suggestions, concerns and perspectives they so generously shared.

LIST OF ACRONYMS AND ABBREVIATIONS

| | |
|-------------------|--|
| AC. | Accreditation Canada: Standards for Long-Term Care Services |
| AP | All persons involved in implementing CISSS/CIUSSS activities related to long-term care facilities |
| AP+ | All residents, their friends and family, and any person who has contact with a resident in a long-term care facility |
| CAAP | Centre d'assistance et d'accompagnement aux plaintes |
| CAU | University-Affiliated Centre |
| CAVAC | Crime Victims Assistance Centre |
| CDPDJ | Commission des droits de la personne et des droits de la jeunesse |
| CII | Conseil des infirmières et infirmiers |
| CISSS | Integrated Health and Social Services Network |
| CIUSSS | Integrated University Health and Social Services Network |
| CPDP | Council of Physicians, Dentists and Pharmacists |
| CPM | Conseil pour la protection des malades |
| CREGÉS | Centre for Research and Expertise in Social Gerontology |
| G. R. | <i>Guide de référence pour contrer la maltraitance envers les personnes âgées</i> |
| LAAA | Ligne Aide Abus Aînés/Elder Mistreatment Helpline |
| MC | Multidisciplinary Council |
| MF | Ministère de la Famille |
| MSSS | Ministère de la Santé et des Services sociaux |
| PAM | <i>Governmental Action Plan to Counter Elder Abuse 2010-2015 (extended to 2017)</i> |
| POL./MECH. | Related policies or mechanisms |
| RPCU | Regroupement provincial des comités des usagers |
| SAPA | Support Program for the Autonomy of Seniors |
| UETMISSS | Health Intervention and Technology Assessment Unit |
| WHO | World Health Organization |

NOTE TO FACILITATE THE READING OF THIS DOCUMENT

- > **The expression “all persons plus” (AP+) refers to the following individuals:**

residents, families and friends, loved ones, visitors to long-term care facilities, and anyone involved in implementing CISSS/CIUSSS activities related to long-term care facilities.

- > **The expression “all persons” (AP) refers to the following individuals:**

employees, managers, members of the board of directors, doctors, trainees, professors, volunteers, researchers, union representatives, contract employees, employees referred by an agency or any other professional, human resources who have a contractual arrangement with the institution, individuals in charge of intermediate or family-type resources and their employees, etc.

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ABOUT THIS DOCUMENT

Long-term care facilities are staffed by competent, dedicated individuals. Despite frequent negative media reports, cases of ill-intentioned employees who commit serious offenses and are subject to disciplinary measures are in fact quite rare. This policy document seeks to prevent such situations and improve practices and the quality of care and services provided to residents.

WHAT IS THIS POLICY DOCUMENT?

To ensure the safety and well-being of residents in long-term care facilities, and the quality of care and services provided, the Ministère de la Santé et des Services sociaux (MSSS) and the Ministère de la Famille (MF) have supported the Leading Practice to Counter the Mistreatment of Older Adults team (CAU in Social Gerontology) of the CIUSSS West-Central Montreal in the development of a policy template aimed at countering the mistreatment of residents in long-term care facilities. This document is a management, working and reference tool that provides guidelines (not instructions) on how to counter the mistreatment of residents in long-term care facilities. The policy template has undergone a rigorous validation process.¹

WHOM DOES IT CONCERN?

This policy template is designed to be adapted to the realities of different facilities. It will allow long-term care facility managers within Quebec's health care and social services network to develop and implement policies suitable for their institutions.

¹ Couture, M., Sasseville, M., & Israël, S. (2016). *Validation d'une politique-type pour contrer la maltraitance envers les résidents en milieu d'hébergement et de soins de longue durée – rapport final*. Montreal, Quebec: CIUSSS West-Central Montreal. 23 p. Available at : www.creges.ca

WHY HAVE A SPECIFIC POLICY FOR LONG-TERM CARE FACILITIES?

This policy template is based on clinical expertise and evidence-based knowledge that has emerged from the work of national and international researchers and that of the Leading Practice to Counter the Mistreatment of Older Adults team (CAU in Social Gerontology) of the CIUSSS West-Central Montreal.

Research shows that:

- > Mistreatment in long-term care facilities not only exists, but is part of the daily experience of many residents.²

- > The environment and reality of long-term care facilities make the fight against mistreatment all the more complex:³
 - Group living and care environments (impact on confidentiality, privacy, etc.);
 - Residents' increased vulnerability (major loss of autonomy, advanced age, precarious financial situation, cognitive decline and disruptive behaviours, etc.);
 - Caring for residents with limited resources (inflexible schedules, etc.)
 - Power dynamics among practitioners, as well as between practitioners and residents (stressful, tense work environment, etc.);
 - etc.

- > Mistreatment manifests in different forms and there are various ways of categorizing the problem as well. To better counter this phenomenon, it is important to understand mistreatment in its broadest sense,⁴ by including neglect (absence of appropriate action) and unintentional mistreatment (the person who mistreated a resident is not ill-intentioned, but lacks knowledge or time). Many situations of mistreatment in long-term care facilities are not intentional, but must be taken just as seriously as those that are.

- > All of these observations show that the problem of mistreatment in long-term care facilities is complex. In this context, standard “zero tolerance” policies regarding violence are not always sufficient to provide a solid point of reference for work teams. More specific guidelines are required.

² Castle, 2012; Schiamberg et al., 2012; Goergen, 2004; Goergen, 2001; Pillemer & Moore, 1989; Rosen, Pillemer & Lachs, 2007; Lachs et al., 2007; Rosen et al., 2008; and Zhang et al. 2012

³ Schiamberg et al., 2012; Ben Natan, Lowenstein & Eisikovits, 2010; Zhang et al., 2010; Buzgova & Ivanova, 2009; Goergen, 2004; Daloz et al., 2005; Post et al., 2010; Mass, 2008; Lagacé, 2012; Charpentier & Soulières, 2007, Pillemer et al., 2011; Rosen, Pillemer & Lachs, 2007; and Rosen et al., 2008

⁴ Payne & Strasser, 2012; and Goergen, 2001

WHAT ARE THE FOUNDATIONS OF THIS POLICY?

Legal and political foundations

This document is based on the *Quebec Charter of Human Rights and Freedoms*, the *Act Respecting Health Services and Social Services*, the ministerial guidelines for quality living environments for persons in long-term care facilities,⁵ and the *Governmental Action Plan to Counter Elder Abuse 2010-2015* (renewed until 2017).⁶

Additional material

- > ***Guide de réflexion, d'autoévaluation et de révision des politiques / procédures pour contrer la maltraitance envers les personnes âgées en CHSLD***⁷ (in French)

This tool allows managers to review existing measures in their long-term facility and to harmonize practices regarding the mistreatment of older adults. The policy template contains references taken from this guide, as well as related policies and mechanisms that your CIUSSS/CIUSSS has probably already adopted (abbreviated as Pol./Méch. in green in the text).

- > ***Guide de référence pour contrer la maltraitance envers les personnes âgées***⁸ (in French)

This guide is a useful tool for practitioners and provides specific information on the roles of various actors in the continuum of care and services, with respect to older adult mistreatment. The policy template contains direct references to certain sections of this guide, as well as specific vignettes. (The guide is abbreviated as G.R. in blue in the right-hand margin.)

- > ***Accreditation Canada's Standards for Long-Term Care Services***⁹

Long-term care facilities are required to comply with this accreditation program, which seeks to improve the quality of care and services provided to residents. To support CIUSSS/CIUSSS long-term care facilities in this process, this policy template refers to, and expands on, certain standards related to mistreatment (the reference is abbreviated as Ac. in red in the left-hand margin).

⁵ MSSS (2003). *Pour un milieu de vie de qualité pour les personnes hébergées en CHSLD – Orientations ministérielles* (in French) <http://publications.msss.gouv.qc.ca/msss/fichiers/2003/03-830-01.pdf>

⁶ MF (2010). *Governmental Action Plan to Counter Elder Abuse 2010-2015* (extended to 2017). https://www.mfa.gouv.qc.ca/fr/publication/Documents/Plan_action_maltraitance_en.pdf

⁷ Israël, S., Soulières, M., Starnino, C., Fournier A. & Cortez, N. (2016). *Guide de réflexion, d'autoévaluation et de révision des politiques / procédures pour contrer la maltraitance envers les personnes âgées en CHSLD*. Leading Practice to Counter the Mistreatment of Older adults, University-Affiliated Centre in Social Gerontology, CIUSSS West-Central Montreal, Ligne Aide Abus Aînés. Montreal. 69 p. http://www.creges.ca/wp-content/uploads/2016/02/GuideRAR_MaltraitanceCHSLD_2016.pdf

⁸ Government of Québec (2016). *Guide de référence pour contrer la maltraitance envers les personnes âgées* (in French). www.maltraitanceaines.gouv.qc.ca

⁹ Accreditation Canada (2015). *Standards – Long-Term Care Services*. Qmentum Program. (For visits occurring after January 1, 2016). Version 10, p. 1.

WHAT ARE ITS LIMITATIONS?

Good treatment

A translation of the French term “bienveillance,” good treatment refers to an institutional culture that fosters individual actions as well as interpersonal relations that contribute to the well-being of residents and encourage employees to keep an eye out for potential situations of mistreatment.¹⁰ Although good treatment and mistreatment are etymologically linked, it has not yet been proven that good treatment stops or prevents mistreatment. It is therefore recommended that institutions adopt a policy that directly addresses issues related to mistreatment, especially in long-term care facilities. This policy template is designed to serve as a blueprint, allowing long-term care facilities within the CISSS/CIUSSS network to develop their own policies according to their needs. The promotion of good treatment could be the focus of a different policy or procedural guidelines.

Bullying

We do not yet have sufficient data on the connection between bullying and mistreatment to cover this topic in this policy template. The Research Chair on Mistreatment of Older Adults started to work on this issue in 2014. Please refer to Annex 1 for more information. It is important to note that a climate of fear and rudeness can make individuals reluctant to report mistreatment. It is therefore essential that long-term care facilities create respectful living, working and care environments. Some of the policies, mechanisms and strategies already in place in CISSS/CIUSSS facilities may be helpful (code of ethics, policy to counter violence and harassment in the workplace, etc.).

Mistreatment of employees by residents

Just as the mistreatment of older adults is unacceptable, it is equally unacceptable for residents to mistreat employees or visitors. In certain circumstances, both problems could be related. Nonetheless, this specific problem should be guided by other policies, mechanisms and strategies (management of disruptive behaviours, appropriate safety procedures and restraint measures, risk management, users’ rights and responsibilities, etc.).

Other residential settings

This policy document is designed to address situations occurring in the most complex residential and care settings, namely long-term care facilities. It may be adapted and implemented, at the discretion of any residential setting that has an operating contract with the MSSS, such as private long-term care facilities under agreement and facilities governed by a public-private partnership, non-institutional resources, and private long-term care facilities not under agreement.

¹⁰ Lesuisse & Besnier, 2012

IT'S YOUR TURN NOW!

This document is a template that can, and should, be adapted to the realities of your long-term care facility. It consists of two main sections: policy and procedures. Each of these sections may be shortened, lengthened or repositioned. The specific procedures adopted by your organization must be developed further.

We recommend that you review the measures in place in your long-term care facility before adapting this policy document. To conduct this review, use the *Guide de réflexion, d'autoévaluation et de révision des politiques / procédures pour contrer la maltraitance envers les personnes âgées en CHSLD*.¹¹

We suggest you do this work as a team, using a participatory approach. It is a good idea to create bridges between the different internal structures in your CISSS/CIUSSS (service quality and complaints commissioner, manager responsible for communicating information regarding mistreatment within the CISSS/CIUSSS, users'/residents' committees, unions, etc.) as well with the various external stakeholders targeted by this policy (Ministère de la Famille coordinators specialized in issues related to the mistreatment of older adults, the CAAP, etc.). The creation and implementation, in your CISSS/CIUSSS, of a policy reflecting the particular aspects of mistreatment management in long-term care facilities is a major challenge, even when guided by this policy template. Given the different areas of expertise that need to be marshalled to counter mistreatment, it is always best to work in collaboration with others.

Good luck to you and your team!

¹¹ Israël, S., Soulières, M., Starnino, C., Fournier A. & Cortez, N. (2016). *Guide de réflexion, d'autoévaluation et de révision des politiques / procédures pour contrer la maltraitance envers les personnes âgées en CHSLD*. Leading Practice to Counter the Mistreatment of Older Adults, University-Affiliated Centre in Social Gerontology, CIUSSS West-Central Montreal, Ligne Aide Abus Aînés. Montréal. 69 p. http://www.creges.ca/wp-content/uploads/2016/02/GuideRAR_MaltraitanceCHSLD_2016.pdf

A word cloud of various terms related to social and healthcare services. The words are arranged in a roughly circular shape, with some larger and more prominent than others. The colors are shades of purple and blue. The words include: Investigation, Support, Empowerment, Accessibility, Respect, Reporting, Follow-up, Safety, Quality, Training, Resident setting, Environment, Self-determination, Fairness, Well-being, Life, Intervention, Prevention, Dignity, Accountability, Collaboration, Residential, and Transparency.

Policy

1

This policy template includes the objectives, values, definitions and statements that reflect the orientations of a CISSS/CIUSSS and constitute the basis for procedures. The contents of this document are based on scientific evidence from research and on practices that have been proven effective in preventing, identifying and managing situations of mistreatment of residents.

1.1 Objectives

The objectives describe the policy's goals. They reflect the legal and ethical obligations of the CISSS/CIUSSS regarding issues related to the mistreatment of residents.

- A. Ensure residents' safety, well-being and quality of life.
- B. Create living, care and work environments that are respectful, safe and welcoming, that encourage the continued improvement of practices and services, and that contribute to the fight against mistreatment using a preventive approach.
- C. Inform and equip AP/AP+ so they are able to quickly and effectively identify and manage situations of mistreatment in order to reduce the risk of repeated incidents and harmful consequences.
- D. Comply with the *Act Respecting Health Services, and Social Services*, and Accreditation Canada's Standards for Long-Term Care Services.

1.2 Values

The following values are the principles underlying this policy. They are ideals to be promoted, defended and achieved. This non-exhaustive, non-hierarchical list may be adapted to reflect the core values of your CISSS/CIUSSS. The descriptions below are not official definitions; the objective here is to illustrate the role of each value in relation to this policy.

- > **Respect**
Esteem we show to others, because we recognize their inherent value and therefore treat them with special regard, namely with courtesy.¹²
- > **Dignity**
The respect that each person deserves.¹³
- > **Self-determination** -----
The act of making decisions by and for oneself.¹⁴
- > **Empowerment**
Measures, actions or interventions that draw on individuals' strengths and enable them to demonstrate self-determination and accountability.
- > **Equity**
A notion of natural justice—that is, unrelated to rules of law—that respects the right of all individuals to receive fair treatment.¹¹ People should receive the quality of care that is appropriate to their needs regardless of whom they are and where they live.¹⁵
- > **Quality**
The degree of excellence based on the extent to which an organization meets clients' needs and exceeds their expectations. In order to meet patients' implicit and explicit needs, high-quality care must be provided in a timely and appropriate manner, at the right time, and with the right resources.¹⁶

G. R. | Vignette 4.2

¹² Adapted from *Nouveau Petit Robert*, 2010. [Translation]

¹³ Ibid.

¹⁴ Adapted from Larousse.fr [Translation]

¹⁵ AFMC. *Primer on Population Health. A Virtual Textbook on Public Health Concepts for Clinicians.*

<http://phprimer.afmc.ca/Part3-PracticeImprovingHealth/Chapter13AssessingAndImprovingHealthCareQuality/Qualityinhealthcare>

¹⁶ CSSS des Basques. *Une approche de la qualité des soins et des services.* <http://www.csssbasques.qc.ca/etablissement/qualite/index.php>

- > **Safety**
The state of being free from danger.¹⁷
- > **Accessibility**
The right of clients to receive the right care and services in a timely manner in the right setting, and from the right provider.¹⁸
- > **Collaboration**
Working with others and/or helping them in their role. Participating with one or several individuals on a joint project.¹⁹ The favoured approach for making decisions and attaining optimal results.²⁰
- > **Transparency**
Simple, straightforward and easy access to information.²¹ The quality of allowing the whole truth to be seen, of expressing the truth without altering it.²²
- > **Accountability**
The notion of having to answer for oneself in a professional setting when one is entrusted with a specific assignment or task.

¹⁷ Adapted from *Nouveau Petit Robert*, 2010. [Translation]

¹⁸ AFMC. *Primer on Population Health. A Virtual Textbook on Public Health Concepts for Clinicians*. <http://phprimer.afmc.ca/Part3-PracticeImprovingHealth/Chapter13AssessingAndImprovingHealthCareQuality/Qualityinhealthcare>

¹⁹ Adapted from Larousse.fr [Translation]

²⁰ Adapted from Government of Québec, 2016. *Guide de référence pour contrer la maltraitance envers les personnes âgées*. www.maltraitanceaines.gouv.qc.ca

²¹ Adapted from Larousse.fr. [Translation]

²² Adapted from *Nouveau Petit Robert*, 2010. [Translation]

1.3 Definitions

The following definitions aim to establish a common understanding of mistreatment. The terms are drawn from current research and practices in this area, and from the *Terminology on Older Adult Mistreatment* (see Annex 2). **This new, standardized terminology, resulting from collaborative work among the main stakeholders involved in the Governmental Action Plan to Counter Elder Abuse 2010-2015, is not specific to a given setting.** It may be used in the context of private or public care, at home, in hospitals and, of course, in long-term care facilities. In this policy template, the expression “older adult” has been replaced by “resident” to include all residents, regardless of age.

- > **Mistreatment**²³
Mistreatment is 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 adult.”
- > **Mistreated resident**
Term used to designate a person who has suffered harm.
- > **Person who has mistreated a resident**
Term used to designate a person who has caused harm or distress to a resident.

! A situation of suspected mistreatment must always be assessed and substantiated before implying that a person is being mistreated or that a person has mistreated a resident. One should not be too quick to jump to conclusions or apply labels. When talking about mistreatment, one should avoid using the terms “victim” and “abuser” as much as possible.

- > **Intention of the person who has mistreated a resident**²⁴
Mistreatment can be intentional (the person who has mistreated a resident wanted to cause harm) or unintentional (the person who has mistreated a resident did not want to cause harm, or does not understand the harm being caused).
- > **Forms of mistreatment**²⁵
The ways in which mistreatment is manifested. All types of mistreatment manifest in two basic forms: violence and neglect.

²³ World Health Organization (2002)

²⁴ See the *Terminology on Older Adult Mistreatment* in Annex 2 for more details.

> **Types of mistreatment**²⁵

Mistreatment may be categorized into seven types: psychological mistreatment, physical mistreatment, sexual mistreatment, material or financial mistreatment, violation of rights, organizational mistreatment, and ageism.

> **Risk factor**²⁶

A risk factor is a characteristic or element that increases the likelihood that of a resident being mistreated. Risk factors, whether they are associated directly with the person or his or her environment, are present before the situation of mistreatment occurs.

> **Sign**

An observable fact that requires further assessment to confirm whether it is a result of mistreatment or related to something else. It is important to carefully evaluate the signs and situation to avoid jumping to conclusions or applying labels.

> **Indicator**

An observable, evaluated fact indicating that mistreatment is occurring.

> **Identification**

The identification of potential situations of mistreatment of residents is everyone's responsibility. **Identification can include vigilance, detection and/or systematic screening.**

- **Vigilance**

Paying particular attention to signs of mistreatment in order to identify them. Anyone can be alert to these signs.

- **Detection**

A process carried out by a professional, with or without the use of tools, to identify risk factors and/or signs of mistreatment.

- **Systematic screening**

A systematic identification process applied to a population (for example, all of the residents in a long-term care facility). This process is carried out by a professional who uses a designated tool to help identify risk factors and/or signs of mistreatment.

> **Reporting**

The action of transmitting (verbally or in writing) information concerning a situation of suspected or substantiated mistreatment of a resident to internal administrative authorities and/or external resources.

²⁵ See the *Terminology on Older Adult Mistreatment* in Annex 2 for more details.

²⁶ Adapted from Kazdin, A. E., Kraemer, H. C., Kessler, R. C., Kupfer, D. J., & Offord, D. R. (1997). Contributions of risk-factor research to developmental psychopathology. *Clinical Psychology Review*, 17(4), 375-406.

I.4 Policy statements

The following statements constitute the core of this policy. They are guiding principles to be applied and respected. Based on the values described above, these statements will allow the policy objectives to be achieved.

- Ac. | 7.13 **A.** AP/AP+ have the right to live and/or work in an environment in which their dignity is preserved and their physical and psychological integrity is respected.

Pol./Mech. | Code of Ethics

- Ac. | 2.5
| 16.0
| 16.1 **B.** The institution has an obligation to protect residents and ensure their safety, as well as the safety of visitors.

Pol./Mech. | Users' Rights and Responsibilities

- Ac. | 16.0 **C.** The institution has an obligation to provide personnel with a safe working environment in which there is a culture of respect and transparency.

*Pol./Mech. | Counteracting Violence and Harassment in the Workplace
| Occupational Health and Safety*

- D.** No form of mistreatment is tolerated in the institution.

Pol./Mech. | Counteracting Violence and Harassment in the Workplace

- Ac. | 7.12 **E.** The institution must adopt a proactive attitude in order to counter the mistreatment of residents, and must address the issue openly, with the utmost honesty and transparency.

- Ac. | 5.6
| 15.0 **F.** A set of mechanisms and procedures must be put in place to counter mistreatment. These will ensure:

- Ac. | 7.14 - **recognition** of the problem;
Ac. | 7.13 - **awareness** among AP/AP+;
Ac. | 7.16 - **identification** of potential situations of mistreatment;
- **intervention** and follow-up in situations of mistreatment;
Ac. | 5.7 - **support** for all individuals involved in a situation of mistreatment;
| 3.9 - **training** of AP;
Ac. | 7.15 - **diffusion, dissemination** and **application** of the policy;
- **evaluation** and revision of the policy; and
- **harmonization** of existing and future policies and mechanisms.

- Ac. | 2.4
| 10.1 **G.** Residents have the right to a safe, comfortable, welcoming, caring and flexible living environment that is adapted to their needs and preferences.

Pol./Mech. | Living Environment

Ac. | 6
6.1
16.2

H. Residents have access to quality services and care. Their participation and that of their families is encouraged.

Pol./Mech. | Monitoring Quality

Ac. | 7.1 to
7.10

I. Residents must consent to receiving any form of service or care. If an incapacitated resident is unable or refuses to consent to care, a person authorized by law or by a homologated power of attorney may provide consent on his or her behalf. In the case of a categorical refusal to consent to care, the treating team can follow the procedures for requesting a court order, if it is deemed necessary to enforce the treatment. In such cases, all the necessary information must be conveyed in a precise manner.

Pol./Mech. | Consent to Care

Ac. | 7.4 to
7.7

J. The institution respects the cultural background, religious beliefs and specific needs of residents, families, visitors and personnel. Appropriate training is provided to personnel.

Pol./Mech. | Managing Cultural Diversity

Ac. | 7.12
7.16
7.18

K. All reports of suspected or substantiated situations of mistreatment are received, assessed and managed in a timely, respectful and confidential manner.

L. Appropriate measures are taken to ensure the safety and well-being of the mistreated resident, witnesses, friends and family, other residents and all other individuals involved (e.g., staff members, volunteers, etc.).

M. The institution must maintain open, transparent communication with the parties involved (the mistreated resident, the person who has mistreated a resident, the person who has reported the situation, etc.), or the parties affected by the reporting of a situation of mistreatment (friends and family of the mistreated resident, other residents, etc.), provided this communication does not affect the safety of those involved or pose a threat to confidentiality.

N. Individuals who are recognized as responsible for causing harm to a resident will be subject to administrative or disciplinary measures. These measures will take the intention of the person who mistreated a resident into account and they will be proportional to the seriousness of the situation. In the case of a criminal offense,²⁷ the institution will contact the police or legal authorities (refer to a socio-legal agreement,²⁸ if applicable).

²⁷ For more information, refer to the document *Elder abuse: Identifying, preventing and responding* (CAVAC). http://www.cavac.qc.ca/english/network/laval/pdf/Guide_violence_aines_en.pdf

²⁸ The socio-legal agreement to counter the mistreatment of older adults was implemented, with the support of the MF, as a pilot project in the Mauricie-Centre-du-Québec region (Secrétariat aux aînés, 2015). It is aimed at better protecting and supporting mistreated older adults by reinforcing the partnership between the police and various stakeholders. Preliminary results from the pilot project are conclusive, and a number of regions could soon develop their own socio-legal agreements. This agreement will be made publicly available before the end of 2017.

- O. Appropriate and reasonable measures are taken to protect a resident from injury or harm caused by another resident.
- P. Documentation and follow-up procedures for all potential or substantiated situations of mistreatment must be put in place. These procedures must respect risk management protocols, union agreements, the confidentiality of all parties involved, as well as all administrative directives that take precedence. The procedures must include clear and precise instructions regarding the documentation of reports, investigations, interventions and follow-up, as well as support provided.

! There are no specific documentation procedures for the mistreatment of residents. Several documentation methods can or should be employed, depending on the situation. These methods are often complementary and are not mutually exclusive.

Examples:

- centralized registry of reports/investigations/interventions/follow-up measures for situations of mistreatment;
- incident and accident report (form AH-223);
- note in the file of the mistreated resident;
- note in the file of the employee who mistreated a resident;
- note in the file of the resident who mistreated another resident;
- report from the service quality and complaints commissioner;
- etc.

- Q. To ensure the application of, compliance with, and sustainability of this policy, collaboration among disciplines, sectors, users'/residents' committees and unions is essential.

Procedures

2

Procedures are the steps taken to carry out the policy statements and meet the objectives described in the previous section. Each long-term care facility is invited to develop and adapt these procedures according to its structure and needs.

2.1 Raising awareness

Raising awareness involves informing AP/AP+ about the issue of mistreatment, encouraging them to adopt prevention strategies, and identifying available recourse mechanisms and support services.

ACTION → The long-term care facility must have an ongoing awareness program including regular refresher sessions that take into account participants' natural capacity to retain information and share the latest evidence on how to prevent the mistreatment of residents. The program aims to:

- Ac. 3.3 A. Raise awareness among AP/AP+ about each person's rights and responsibilities, signs
3.18 of mistreatment, reporting procedures, and available recourse mechanisms and
7.13 support services (see "Resources" section, p. 42).
7.14
7.15
7.17

EXAMPLES OF AWARENESS STRATEGIES

For residents and their family, friends and visitors:

- Provide information at intake or admission;
- Include information about mistreatment, rights and recourse mechanisms in the welcome kit (LAAA Helpline brochure and contact information for the following: service quality and complaints commissioner, the CAAP, the users'/residents' committee, etc.);
- Hold periodic awareness sessions (links can be established with various partners such as the RPCU, the CAAP, Ministère de la Famille coordinators specialized in issues related to the mistreatment of older adults, etc.);
- Carry out themed activities (Users' Rights Week, World Elder Abuse Awareness Day (June 15), etc.);
- Maintain regular, frequent, transparent and respectful communication;
- Hold annual information sessions for residents and their family and friends in order to clarify the roles of key resource persons in the long-term care facility and to remind them of the administration's position on mistreatment, etc.;
- Etc.

EXAMPLES OF AWARENESS STRATEGIES

For persons involved in implementing activities at the CISSS/CIUSSS.

! Any individual who is in contact with a resident in a long-term care facility and/or has a responsibility in terms of preventing, identifying, reporting, investigating, intervening in or following up on situations of mistreatment involving a resident, must also receive the appropriate training (see Section 2.2).

- When hiring or recruiting employees, ask questions about mistreatment and conduct a background check.
- During orientation, give employees a copy of this policy as well as any other related policy or relevant complementary information (LAAA Helpline brochure, contact information for the service quality and complaints commissioner and the local CAAP, link to the *Guide de référence pour contrer la maltraitance envers les personnes âgées* (2016), etc.), and go over the details of these documents with them.
- Hold periodic awareness sessions (links can be established with various partners such as the police, the Curateur public du Québec, the CAAPs, Ministère de la Famille coordinators specialized in issues related to the mistreatment of older adults, the RPCU, etc.).
- Maintain regular, frequent, transparent and respectful communication.
- Etc.

Ac. | 3.3
7.13
7.15

2.2 Training

Ac. | 3.3
3.9
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5.7

Training allows AP with a specific responsibility in this area to develop the knowledge and skills required to identify and manage situations of mistreatment.

ACTION → The long-term care facility must have a training plan, which:

- A. Ensures that all parties understand, apply and respect the policy;
- B. Includes basic mandatory training, to be offered at regular intervals (taking into account employee turnover), that covers definitions and issues related to mistreatment of residents in long-term care facilities.
- C. Includes periodic refresher sessions on topics covered during the basic training.
- D. Includes ongoing training (adapted to participants' roles and responsibilities) to provide more in-depth information on various aspects of mistreatment.
- E. Specifies the minimum number of training hours on mistreatment required for managers, different employees (orderlies, nurses, social workers, occupational therapists, doctors, etc.), trainees and volunteers.

EXAMPLES OF MISTREATMENT TRAINING PROGRAMS

- Different training levels (basic training, specific modules dedicated to intervention, etc.) could be offered by an internal trainer or an LAAA trainer (i.e. someone who has followed the mistreatment training program provided by the LAAA Helpline).
- Long-term care facilities can ask Ministère de la Famille coordinators specialized in issues related to the mistreatment of older adults to organize training sessions provided by regional resources and/or LAAA trainers, or to hold workshops on the *Guide de référence pour contrer la maltraitance envers les personnes âgées* (available for managers, practitioners and multisectoral partners).²⁹
- Etc.

²⁹ A CISSS/CIUSSS interested in these training sessions should contact its regional mistreatment coordinator. See http://www.aideabusaines.ca/?page_id=130 (in French).

EXAMPLES OF PERIODIC REFRESHER SESSIONS ON SPECIFIC TOPICS

- Videos posted on the intranet;
- Lunchtime learning sessions;
- Information in the internal newsletter;
- Training activities on World Elder Abuse Awareness Day (June 15);
- Etc.

EXAMPLES OF COMPLEMENTARY TRAINING ON PREVENTION AND INTERVENTION IN SITUATIONS OF MISTREATMENT

! Certain ongoing training topics already identified by the institution and/or set out in Accreditation Canada's Standards for Long-Term Care Services could be incorporated into your ongoing training program on the prevention of mistreatment.

Ac. | 3.11

- Safe and appropriate use of restraint measures;

Ac. | 3.6

- Management of ethical issues;

Ac. | 3.9
5.6
5.7

- Assessment of at-risk individuals;

Ac. | 3.5

- Care delivery model;

Ac. | 3.4

- Cultural diversity;

Ac. | 3.10

- Prevention and management of behaviour problems in residents;

Ac. | 5.6
16.1 to
16.8

- Risk management;
- Development of interpersonal skills;
- Pain relief;
- Stress management;
- Attitudes towards aging and persons experiencing a loss of autonomy;
- Etc.

2.3 Identification

The identification of potential situations of mistreatment involving residents is everyone's responsibility, at all times. Identification can include vigilance, detection and/or systematic screening.

ACTION → The long-term care facility must provide the necessary information, tools and support to facilitate vigilance, detection and/or systematic screening:

- Ac. | 3.9 **A.** Any individual who has been made aware of this issue can be vigilant regarding signs of mistreatment. G. R. | Section 3.0
- Ac. | 7.16 **B.** Professionals who have received training can identify risk factors and/or signs of mistreatment during medical/physical/psychological/social assessments of residents (and during subsequent interventions and reassessments). G. R. | Section 3.0
- C.** Professionals can record all information related to the detection and/or screening process, according to standard procedures.

EXAMPLES OF DETECTION/SCREENING TOOLS AND DOCUMENTATION PROCEDURES (NOT MUTUALLY EXCLUSIVE)

- Specific screening form, completed for all new residents during the admission process, in which all information related to a previous situation of mistreatment is recorded;
- Checklist for identifying risk factors associated with the mistreatment of residents in long-term care facilities;
- Note in the resident's file regarding identified risk factors or signs of possible mistreatment;
- Etc.

2.4 Reporting

Reporting is the act of transmitting (verbally or in writing) information concerning the (suspected or substantiated) mistreatment of a resident to an employee, a designated person, internal administrative authorities, or external resources. Reporting can be formal or informal.

Ac. | 7.16 **ACTION** → In Quebec, there is no mandatory reporting legislation. However, the CISSS/CIUSSS must have a safe and confidential procedure in place to encourage and facilitate the reporting of potential or substantiated situations of mistreatment in long-term care facilities. This procedure should include clear instructions:

- A. Reminder to all employees that they have an ethical and professional responsibility³⁰ to report any situation of mistreatment towards a resident (see the “Resources” section, p. 42).
- B. Information for AP/AP+ on whom to contact to report a situation of mistreatment.

EXAMPLES OF WHOM TO CONTACT TO REPORT A SITUATION OF MISTREATMENT

(NOT MUTUALLY EXCLUSIVE)

- Employees, volunteers and trainees can contact their immediate supervisor, a supervisor they trust, a care unit manager, a manager responsible for communicating information regarding mistreatment within the CISSS/CIUSSS, etc.
- Residents and their family, friends and visitors can contact the person in charge of the resident’s care, an employee they trust, the users’/residents’ committee, the service quality and complaints commissioner, etc.
- AP/AP+ can contact the service quality and complaints commissioner for the territory covered by their CISSS/CIUSSS, the CAAP, the police, etc.
- Etc.

- C. All employees, supervisors or managers alerted to a situation of mistreatment must receive the information without judgement.
- D. Measures must be put in place to record the information while protecting the confidentiality of the person reporting the situation and all other individuals involved.

³⁰ This responsibility is paramount for individuals belonging to a professional order.

**EXAMPLES OF PROCEDURES TO DOCUMENT REPORTS OF MISTREATMENT
(NOT MUTUALLY EXCLUSIVE)**

- Designation of a person in charge of keeping a centralized registry protected by secure access where reports of mistreatment are documented, as well as all actions and follow-up measures taken;
- Reports issued by the service quality and complaints commissioner;
- Etc.

- E.** Measures must be put in place to minimize the risk of retaliation against the person who reported the situation of mistreatment.

EXAMPLES OF MEASURES TO MINIMIZE THE RISK OF RETALIATION

- Notice to employees indicating that sanctions will be applied in cases of direct or indirect retaliation against an individual who reports a situation of mistreatment;
- Protect the anonymity of the person reporting the situation (e.g., by meeting outside the workplace, outside regular working hours, or in a non-identifiable office with a door that closes, etc.);
- If the resident is not in any immediate danger, increase monitoring in order to gather evidence and corroborate the account of the alleged mistreatment in order to prevent others from identifying the person who reported through deductive reasoning (since the latter may be the only witness).
- Etc.

- F. Measures must be put in place to coordinate actions to be taken when a situation of mistreatment is reported.

EXAMPLES OF ACTIONS TO BE TAKEN WHEN A SITUATION IS REPORTED

- Ensure the physical and psychological well-being of the mistreated resident, other residents and any witnesses involved (collaboration with the attending medical team and internal psychosocial resources, etc.);
- Inform the person(s) in charge of investigating the reported situation;
- Determine the priority of intervention according to the level of risk for the resident and other person(s) involved; identify other parties to take part in the intervention (representatives of different disciplines and/or sectors involved);
- Depending on the seriousness of the situation, limit the suspected person's access to the mistreated resident (contact the police, immediately suspend the employee suspected of mistreatment, ensure increased supervision of a resident suspected of mistreatment, move the resident to another unit, etc.);
- Start the investigative procedure;
- Etc.

2.5 Investigation

The investigation seeks to assess the reported mistreatment and plan interventions and follow-up measures. It may be carried out by an individual or a committee. In both cases, all parties concerned must have a clear understanding of issues related to mistreatment in long-term care facilities, and must be able to act in an impartial manner.

Ac. | 7.16
| 7.18

ACTION →

The long-term care facility must have an investigative procedure³¹ in place, which includes clear and specific instructions, to enable the individual or committee responsible for the investigation to carry out the following actions:

G. R. | Vignette
3.3

- A. From the time the situation is reported and throughout the investigative process, measures must be taken to ensure the safety of the resident and any other person(s) involved, and to reduce the risk of retaliation (see examples on p. 20).
- B. Determine whether harm (an action or lack of action) was caused to a resident by verifying allegations and documenting the information provided by the allegedly mistreated resident, the person suspected of mistreatment and witnesses. To do so, the investigators may call on certain individuals, groups or institutions with a specific expertise related to the situation at hand (doctor, person specialized in care protocols, etc.).
- C. Measures must be taken to ensure that the allegedly mistreated resident and his or her family, friends and/or legal representative are informed of the suspected mistreatment.
- D. If the situation of mistreatment violates the *Criminal Code*,³² the police or legal authorities must be notified (refer to a socio-legal agreement, if applicable).
- E. Throughout the investigation, open and transparent communication must be maintained with all parties involved (the allegedly mistreated resident, the person suspected of mistreatment, witnesses, family and friends, other employees or residents, unions, the users'/residents' committee), insofar as this communication does not impede the investigative process, or compromise confidentiality or the safety of those involved.

G. R. | Section 7.0

Ac. | 5.4

- F. Ensure that all parties involved are familiar with available recourse mechanisms and support services (see the “Resources” section, p. 42).
- G. Document the stages and conclusions of the investigation (determine whether the allegations of mistreatment are substantiated or not) as well as all additional information that will help to plan the interventions and follow-up measures to be taken.

³¹ For example, see the form *Investigation of Mistreatment* (Annex 3), used at the Donald Berman Maimonides Geriatric Centre of the CIUSSS West-Central Montreal.

³² For more information, refer to the document *Elder abuse: Identifying, preventing and responding* (CAVAC).
http://www.cavac.qc.ca/english/network/laval/pdf/Guide_violence_aines_en.pdf

EXAMPLES OF DOCUMENTATION PROCEDURES FOR AN INVESTIGATION
(NOT MUTUALLY EXCLUSIVE)

- Note added to the centralized registry of reports/investigations/interventions/follow-up measures for situations of mistreatment;
- Note (temporary or permanent), in the file of the **employee suspected of having mistreated a resident**, detailing the actions taken to investigate the situation;
- Note in the file of the **resident suspected of having mistreated a fellow resident**, detailing the actions taken to investigate the situation;
- Note in the file of the **resident suspected of being mistreated**, detailing the actions taken to investigate the situation;
- Reports issued by the service quality and complaints commissioner;
- Etc.

2.6 Intervention

An intervention in situations of substantiated mistreatment includes all of the various actions taken to manage and/or resolve the situation. It is important to note that adequate support and follow-up are an integral part of the intervention. They help to reduce the risk of recurrence and to ensure the safety and well-being of all parties involved.

ACTION → The long-term care facility must have an intervention procedure that includes clear and precise instructions regarding the following elements:

G. R. | Section 4.0

- A. During an intervention, the safety and well-being of residents and employees must remain a priority.
- Ac. | 7.1 to 7.10 B. The resident's consent must be obtained prior to any intervention. A person who is capable of giving consent cannot be forced to receive care, even if his or her life is in danger.

! If a person full of age is incapacitated and therefore unable to give consent to care required by his or her state of health, consent will be given by his or her mandatary (homologated protection mandate), tutor or curator. If the person is not so represented, consent is given by his or her married, civil union or *de facto* spouse. If the person has no spouse, or if his or her spouse is prevented from giving consent, it is given by a close relative or a person who shows a special interest in the person. (*Civil Code*, Section 15. 1991, c. 64, a. 15; 2002, c. 6, s. 1).

* If a an incapacitated resident categorically refuses to receive care, even if the person's legal representative consents to this care, the attending medical team must obtain the authorization of the court to provide care.

- C. For the optimal management of situations of mistreatment, it is important to intervene with all persons and parties involved (mistreated resident, person who has mistreated a resident, person who has reported the mistreatment, witnesses, family and friends, etc.).
- D. The intervention in situations of mistreatment must take into account the form and type of mistreatment, the intention of the person who has mistreated a resident, and the relationship between the mistreated resident and the person who has mistreated him or her.
- E. Since the intervention in situations of mistreatment is based on a concerted approach, formal and informal structures must be put in place to promote coordination and collaboration among all parties involved.

G. R. | Vignette
4.24

G. R. | Vignette
4.25

EXAMPLES OF STRUCTURES TO PROMOTE COORDINATION AND COLLABORATION

- Meeting/intervention with the interdisciplinary team;
- Meeting/consultation/intervention in collaboration with other intervention sectors (police, the Curateur public du Québec, the CDPDJ, etc.);
- Meeting with an internal advisory team or the ethics committee;
- Consultation with external resources specialized in mistreatment (see “Resources” section, p. 42);
- Etc.

2.6.1 – Intervention with mistreated residents

Ac. | 7.1 to 7.10 | **A.** Put an end to the situation of mistreatment while respecting the resident’s interests and wishes.

B. Ensure that a medical/physical/psychological/social assessment of the mistreated resident is carried out by experienced professionals in order to propose an appropriate intervention plan that will put an end to the mistreatment and limit negative consequences resulting from the situation. The intervention plan must be developed according to a concerted and collaborative approach, with the involvement of the mistreated resident and his or her family and friends, as well as any other internal or external resources who can make a useful contribution.

G. R. | Vignette 4.1
G. R. | Vignette 4.10
G. R. | Vignette 4.11
G. R. | Vignette 4.40

C. Throughout the intervention plan, maintain open and transparent communication with the resident and his or her family and friends, provided consent is obtained and confidentiality is protected.

D. Ensure follow-up measures and support according to a concerted and collaborative approach, with the involvement of any internal or external resources who can make a useful contribution.

E. Document the intervention.

EXAMPLES OF PROCEDURES TO DOCUMENT AN INTERVENTION WITH MISTREATED RESIDENTS (NOT MUTUALLY EXCLUSIVE)

- Assessment or reassessment form, intervention plan and/or note in the resident's file, according to internal procedures for resident files;
- Copy of the assessment or reassessment form, copy of the intervention plan and/or note added to the centralized registry of reports/investigations/interventions/follow-up measures for situations of mistreatment;
- Etc.

2.6.2 – Intervention with persons who have mistreated residents

Ac. | 3.10 > 2.6.2.1 RESIDENT-TO-RESIDENT MISTREATMENT

- A.** Ensure that the resident who has mistreated a fellow resident receives a medical/physical/psychological/social assessment conducted by experienced professionals.
- B.** Plan a meeting with representatives from various disciplines in order to propose an appropriate intervention plan adapted to the cognitive ability of the resident who has mistreated a fellow resident. Take into account the form and type of mistreatment, the intention and cognitive ability of the resident who has mistreated a fellow resident, as well as the relationship between those two residents.
- C.** Inform the resident who has mistreated a fellow resident (and/or his or her family and friends and/or legal representative if the resident has been declared incapable) of the harm caused.
- Ac. | 16.8 D.** With the collaboration of the resident who has mistreated a fellow resident, as well as his or her family and friends, and the team comprising representatives from several disciplines, establish and put in place conditions to correct the situation.
- E.** Apply the necessary corrective measures, or adapt the living and care environment, in order to stop the mistreatment as soon as possible. Ensure both the safety of the mistreated resident and respect for the integrity and cognitive ability of the resident who has mistreated a fellow resident.
- F.** Ensure the protection of residents not involved in the situation of mistreatment.
- Ac. | 16.6 G.** Document the intervention.

G. R. | Vignette
4.32
G. R. | Vignette
4.39

EXAMPLES OF PROCEDURES TO DOCUMENT AN INTERVENTION WITH A RESIDENT WHO HAS MISTREATED A FELLOW RESIDENT
(NOT MUTUALLY EXCLUSIVE)

- Complete an incident and accident report according to the instructions in the AH-223 form;
- Complete an assessment or reassessment form, develop an intervention plan, and/or make a note in the resident's file according to internal documenting procedures for resident files;
- Add a copy of the assessment or reassessment form, a copy of the intervention plan, and/or a note to the centralized registry for reports/investigations/interventions/follow-up measures concerning situations of mistreatment;
- Etc.

> **2.6.2.2 EMPLOYEE-TO-RESIDENT MISTREATMENT**

- A. Inform the manager in charge, the directors of SAPA/SAPA-Long-term Care, the human resources department, and any other department or committee which the employee reports to (e.g., nursing departments, the CPDP, etc.) and/or any other appropriate authority (union, placement agency, etc.), according to applicable procedures.
- B. Take the necessary corrective and/or disciplinary measures as soon as possible, depending on the results of the investigation and applicable procedures.

EXAMPLES OF DISCIPLINARY AND/OR CORRECTIVE MEASURES IN THE CASE OF AN EMPLOYEE WHO HAS MISTREATED A RESIDENT

- Situation of unintentional mistreatment: corrective measures are focused on training, coaching, mentorship, improved practices, additional supervision, etc.;
- Situation of intentional mistreatment: disciplinary measures are taken according to the seriousness of the situation (suspension, dismissal, removal from the call-back list, etc.);
- Etc.

C. Document the intervention.

EXAMPLES OF PROCEDURES TO DOCUMENT AN INTERVENTION WITH AN EMPLOYEE WHO HAS MISTREATED A RESIDENT (NOT MUTUALLY EXCLUSIVE)

- Note (temporary or permanent) in the employee's file, according to instructions from the human resources department and/or unions;
- Note added to the centralized registry of reports/investigations/interventions/follow-up measures for situations of mistreatment;
- Etc.

> **2.6.2.3 VOLUNTEER/TRAINEE-TO-RESIDENT MISTREATMENT**

A. Inform the person in charge.

EXAMPLES OF PERSONS IN CHARGE OF VOLUNTEERS/TRAINEES

- In the case of a volunteer who has mistreated a resident, inform his or her supervisor and/or the internal person in charge of volunteers;
- In the case of a trainee who has mistreated a resident, inform his or her supervisor, and/or the internal person in charge of student placements, the student's educational institution, etc.
- Etc.

B. Take the necessary corrective and/or disciplinary measures as soon as possible, depending on the results of the investigation and the standard applicable procedures (irrespective of measures taken by the student's educational institution or the organization responsible for the volunteer, if applicable).

EXAMPLES OF DISCIPLINARY AND/OR CORRECTIVE MEASURES IN THE CASE OF A VOLUNTEER/TRAINEE WHO HAS MISTREATED A RESIDENT

- Situation of unintentional mistreatment: corrective measures are focused on training, coaching, mentorship, improved practices, additional supervision, etc.;
- Situation of intentional mistreatment: disciplinary measures are taken according to the seriousness of the situation (additional conditions in the volunteer/trainee's contract, termination of the volunteer/trainee's contract, etc.);
- Etc.

- C. Document the intervention.

EXAMPLES OF PROCEDURES TO DOCUMENT AN INTERVENTION WITH A VOLUNTEER/TRAINEE WHO HAS MISTREATED A RESIDENT (NOT MUTUALLY EXCLUSIVE)

- Note in the file of the volunteer/trainee who has mistreated a resident;
- Note added to the centralized registry of reports/investigations/interventions/follow-up measures for situations of mistreatment;
- Etc.

> 2.6.2.2 FAMILY MEMBER/FRIEND/VISITOR-TO-RESIDENT MISTREATMENT

- A. Inform the person who has mistreated a resident of the harm caused.
- B. With the collaboration of the person who has mistreated a resident, establish conditions to correct the situation. Reach an agreement with this person.
- C. Inform the person who has mistreated a resident of the consequences if these conditions are not respected.
- D. Limit, supervise or prohibit visits.
- E. Document the intervention.

G. R. | Vignette
4.24

EXAMPLES OF PROCEDURES TO DOCUMENT AN INTERVENTION WITH A FAMILY MEMBER, FRIEND OR VISITOR WHO HAS MISTREATED A RESIDENT (NOT MUTUALLY EXCLUSIVE)

- Note in the resident's file, according to the internal procedure for resident files, describing the mistreatment by a family member, friend or visitor;
- Internal notification regarding all persons who have been forbidden from visiting the resident (either by the institution or by legal order), or whose visits must be supervised, in order to inform employees of the measures to be taken and instructions to follow;
- Etc.

2.7 Follow-up and support

Appropriate follow-up and support help to reduce the risks of recurrence and to ensure the safety and well-being of all parties involved. They also help to develop best practices.

ACTION → The long-term care facility must have follow-up and support procedures in place, which include clear, specific instructions regarding the following elements:

- Ac. | 5.4 A. Offer support to all parties involved (mistreated resident, person who has mistreated a resident, person who has reported the mistreatment, witnesses, family and friends, etc.) throughout the process: at the initial report of mistreatment, during the investigation, at all stages of the intervention, and after the intervention has been carried out (see the “Resources” section, p. 42). Support should be provided by a person who is perceived as helpful and has no conflict of interest with regard to the situation.
- Ac. | 5.4
7.17 B. All parties involved in a situation of mistreatment (mistreated resident, person who has mistreated a resident, person who has reported the mistreatment, witnesses, family members and friends, etc.) must be informed of available recourse mechanisms (see the “Resources” section, p. 42).
- Ac. | 5.4
7.17 C. At all times, the mistreated resident, his or her family members and friends, and/or legal representative in the case of incapacity, may contact the users’/residents’ committee or the service quality and complaints commissioner.
- Ac. | 5.4 D. Anyone who is dissatisfied with the investigation and/or the resulting intervention (corrective and/or disciplinary measures taken) may file a complaint or grievance, provided for by law and by the institution.
- E. Following a situation of mistreatment, the institution’s administration must assess whether it is necessary to apply corrective measures in order to improve the organization and quality of care and services, so that it can prevent a similar situation of mistreatment from occurring in the future. The long-term care facility must apply these measures (if applicable), inform the service quality and complaints commissioner (if appropriate), and record the information.
- F. If measures are put in place to prevent the accident or incident from recurring, the administration of the long-term care facility must inform the mistreated resident of these measures (and/or his or family and friends, and/or legal representative), as well as the person who reported the mistreatment, so that all parties concerned are aware that the situation has been addressed.

Responsibilities

3

These responsibilities may vary depending on the structure of the CISSS/CIUSSS. Given that we want to offer users the best care trajectories possible, it is crucial that this policy be shared across the CISSS/CIUSSS in order to harmonize practices.

BOARD OF DIRECTORS

- > By adopting this policy, the CISSS/CIUSSS board of directors recognizes that long-term care facilities require particular guidelines in the area of mistreatment and consequently reiterates its commitment to zero tolerance regarding any form of mistreatment towards residents living in the territory covered by the CISSS/CIUSSS.

EXECUTIVE DIRECTORS

- > The President and Chief Executive Officer, or his or her representative, agrees to ensure that CISSS/CIUSSS employees read this policy and follow its guidelines, particularly as they apply to the individuals listed below:
 - Users of CISSS/CIUSSS services;
 - Users'/residents' committees;
 - The CPDP, the CII, and the MC;
 - Personnel, including managers, doctors and the manager responsible for communicating information regarding mistreatment within the CISSS/CIUSSS;
 - Local service networks and their partners, including the Director of Public Health;
 - The service quality and complaints commissioner;
 - Unions;
 - New employees, trainees and volunteers;
 - External resources (partners) who have a contractual arrangement with the institution, based on a service agreement.

ASSISTANT EXECUTIVE DIRECTORS

- > In collaboration with the Department of Human Resources, Communications and Legal Affairs, assistant executive directors are responsible for ensuring that the Long-Term Care division of SAPA applies and follows this policy. They must ensure that:
 - mechanisms are put in place to educate, inform and train employees, trainees, and volunteers in order to prevent situations of mistreatment;
 - mechanisms are put in place to detect at-risk situations early on, as well as to investigate mistreatment (suspected or substantiated), and intervene in all substantiated situations of mistreatment;
 - measures are taken to intervene rapidly when a person fails to comply with this policy.

DEPARTMENT OF QUALITY ASSURANCE, EVALUATION, PERFORMANCE, ETHICS AND ARCHIVES

- > This department oversees the development and implementation of new approaches and exemplary practices with regard to quality assurance and risk management, in order to attain the highest quality and safety standards, in a coherent and rigorous manner across the organization.
- > This department must create a procedure for investigating situations of mistreatment, in collaboration with the service quality and complaints commissioner, the departments of human resources, communications and legal affairs, and the clinical departments. The procedure involves designating a person to lead the investigation (for example, the manager responsible for communicating information regarding mistreatment within the CISSS/CIUSSS or another designated person) and/or setting up an investigation committee, etc.
- > This department issues recommendations to improve the organization of care and services to ensure optimal management of risks related to the mistreatment of residents.
- > This department works with the nursing departments, professional services and multidisciplinary services to ensure the application of the institution's code of ethics, the development of clinical practices, compliance with accreditation standards, the optimization of patient experiences, and collaboration among disciplines in order to prevent the mistreatment of residents.

WATCHDOG AND QUALITY COMMITTEE

- > This committee reports to the board of directors and ensures the follow-up of recommendations issued by the service quality and complaints commissioner, or the health and social services ombudsman, regarding complaints or interventions carried out in accordance with the provisions of the *Act Respecting Health Services and Social Services* or the *Act Respecting the Health and Social Services Ombudsman* (Chapter P-31.1).
- > This committee also reports to the board of directors on the coordination of all of the institution's activities aimed at ensuring service quality and safety, as well as respect for users' rights.

DEPARTMENT OF HUMAN RESOURCES, COMMUNICATIONS AND LEGAL AFFAIRS

- > This department diligently supports the institution's managers in implementing this policy.
- > This department must create a procedure for investigating situations of mistreatment, in collaboration with the service quality and complaints commissioner and clinical departments. The procedure involves designating a person to lead the investigation (for example, the manager responsible for communicating information regarding mistreatment within the CISSS/CIUSSS or another designated person) and/or setting up an investigation committee, etc.
- > This department must be informed by the person in charge or the investigation committee, designated by the CISSS/CIUSSS or the long-term care facility, of any possible mistreatment of a resident by an employee.
- > If the investigation confirms that an employee has caused harm to a resident, this department ensures that the situation is addressed immediately and offers the employee support for each stage of the process. Employees suspected of mistreatment are entitled to receive support from a union representative, if they so wish.
- > This department applies the appropriate disciplinary and/or corrective measures for the situation and ensures follow-up. Information that might improve the care and services provided by the institution is sent to the Department of Quality Assurance, Evaluation, Performance, Ethics and Archives, and/or the service quality and complaints commissioner, and/or the person in charge of or affected by the situation.
- > This department can offer mistreatment prevention training as part of its professional development programs.

UNION REPRESENTATIVES

- > Union representatives are expected to make sure their members apply and follow this policy.
- > From the moment one of their members is suspected of having caused harm to a resident, union representatives will be able to offer the employee the support required for each stage of the process.
- > Union representatives can recommend that training on mistreatment be included in employees' professional development programs.

SAPA PROGRAM MANAGERS

- > These managers ensure that the policy is applied and followed, notably by making sure that it is widely communicated, understood, implemented, and adopted by all employees.
- > These managers ensure the development of tools and procedures to facilitate mistreatment prevention, as well as identification and intervention in mistreatment situations involving residents in long-term care facilities.

NURSING DEPARTMENT (+ CII) / MULTIDISCIPLINARY SERVICES (+ MC) / PROFESSIONAL SERVICES (+ CPDP)

- > These departments, councils and committees ensure that their employees follow the best practices recommended by their respective professional orders.
- > When warranted, these departments, councils and committees must notify the professional order that one of its members has allegedly mistreated a resident.
- > These departments, councils and committees can advocate for the inclusion of mistreatment prevention training in employees' professional development programs.

MEDICAL AND UNIVERSITY EDUCATION DIRECTORATE

- > This department ensures that all educational establishments and all trainee supervisors, whether they are CISSS/CIUSSS employees or not, are familiar with this policy, and make sure that it is applied and followed by the trainees under their supervision.

MANAGERS

- > All managers must make sure this policy is applied and followed in the activity sectors under their responsibility.
- > Managers must ensure continued vigilance in order to identify any situation likely to violate this policy, to intervene if necessary, to provide the proper support to those who require it, to report the incident as soon as possible to their immediate supervisor, and to diligently follow up on the situation in an appropriate manner.
- > This responsibility to intervene also applies when situations that are likely to violate this policy are reported by a users'/residents' committee.
- > Managers may suggest that mistreatment prevention training be included in employees' professional development programs.

SUPERVISORS / HEAD NURSES / UNIT COORDINATOR

- > These individuals must provide clinical support to the professionals they supervise in order to prevent, identify and address situations of mistreatment towards a resident.
- > They encourage interdisciplinary coordination in order to manage and better handle situations of mistreatment towards a resident.
- > They must be vigilant in order to identify situations of potential mistreatment of residents by employees, and to ensure the necessary follow-up to prevent mistreatment from taking place.

EXAMPLES OF SITUATIONS TO WATCH FOR:

- The employee has insufficient knowledge regarding requested tasks.
- The employee shows signs of burnout (increased occurrence of lateness or sick leave, mood changes, changes in professional performance, etc.).
- Etc.

STAFF MEMBERS

Including employees, contract employees, agency employees, doctors, professors, researchers, trainees, volunteers and anyone working in a long-term care facility

These individuals must:

- > apply and respect this policy;
- > have a caring attitude towards residents;
- > be vigilant for signs of mistreatment;
- > report all situations of mistreatment according to the appropriate procedure;
- > provide support to any mistreated residents and refer them to the appropriate resources.

! Personnel belonging to a professional order must comply with their professional code.

SERVICE QUALITY AND COMPLAINTS COMMISSIONER

- > The service quality and complaints commissioner receives and processes complaints from users,³³ residents or their representatives, based on the complaint examination procedure described in section 33 of the *Act Respecting Health Services and Social Services*.³⁴
- > The service quality and complaints commissioner has the power to intervene and issue recommendations to the department concerned. The watchdog and quality committee will then follow up on the recommendations.

USERS' COMMITTEE

The users' committee must:

- > inform users/residents of their rights and responsibilities;
- > encourage the improvement of users'/residents' quality of living conditions and assess users'/residents' satisfaction with the institution's services;
- > defend users'/residents' collective rights and interests or, upon request, defend a user's/resident's rights and interests before the institution or the appropriate authority;³⁵
- > Accompany and assist users/residents in whatever process they wish to undertake, including making a complaint.

RESIDENTS' COMMITTEE

The residents' committee must:

- > inform residents of their rights and responsibilities;
- > encourage the improvement of residents' quality of living conditions and assess residents' satisfaction with the services provided by the institution;
- > defend residents' collective rights and interests or, at the request of a user/resident, defend his or her rights and interests before the institution or the appropriate authority.³⁶

³³ Paragraph 4 of section 33 of the *Act Respecting Health Services and Social Services* stipulates that “on receiving a complaint from a user, [the commissioner examines] it with diligence.”

³⁴ See paragraph 5 of section 33 of the *Act Respecting Health Services and Social Services*.

³⁵ Government of Québec, 2006. *Guidelines for establishing users committees and residents committees in health and social service institutions*. <http://www.rpcu.qc.ca/pdf/documents/GuidelinesMSSS-cuandcr.pdf>, p.9.

³⁶ Ibid

MANAGER RESPONSIBLE FOR COMMUNICATING INFORMATION REGARDING MISTREATMENT WITHIN THE CISSS/CIUSSS

- > The manager responsible for communicating information regarding mistreatment within the CISSS/CIUSSS works with the Ministère de la Famille coordinator specialized in issues related to the mistreatment of older adults in his or her region (see Annex 5) to ensure the internal sharing of information and knowledge.

SERVICE PROVIDERS WORKING IN PARTNERSHIP WITH THE CISSS/CIUSSS

Placement agencies must:

- > make sure their employees are familiar with this policy.

Employees from placement agencies and independent contractual partners (e.g., hairstylists, foot care specialists, recreation facilitators, etc.) must:

- > apply and respect the policy;
- > be vigilant for signs of mistreatment;
- > report all situations of mistreatment according to the appropriate procedure.

Communication Strategies

4

In order to be effective and have a positive impact the incidence of resident mistreatment, the policy template and its related procedures must be known and understood by those in charge of implementing them. This policy, as well as information on recourse mechanisms and support services, must be widely communicated. A variety of related communication tools may be created to reach different audiences (checklists, brochures, etc.).

ACTION → Long-term care facilities must create a communication plan that includes clear, detailed instructions for developing the elements described below.

G. R | Vignette 5.6

- A. Strategies for communicating the policy to AP, for encouraging them to apply it, and for clarifying the roles of various stakeholders.

EXAMPLES OF COMMUNICATION STRATEGIES TO ENSURE BROAD ACCESS

- Give all new employees a copy of the policy and highlight the main points.
- Provide time for each employee to read the policy.
- Have all employees sign a register to confirm that they have read the policy and agree to follow it.
- Give a copy of the policy to the users'/residents' committees.
- Post the policy on the intranet.
- Make a paper copy of the policy available on every floor so employees can refer to it.

EXAMPLES OF COMMUNICATION STRATEGIES (CONT.)

- Regularly remind employees about the policy during team meetings.
- Regularly remind employees about the policy on the intranet and/or in internal newsletters.
- Provide employees with in-person training on the policy and explain the procedures in detail.
- Etc.

- B.** Strategies for implementing the policy among AP and for specifying the roles of various stakeholders.

EXAMPLES OF POLICY IMPLEMENTATION STRATEGIES TO ENSURE COMPLIANCE

- Appoint a designated person in charge of implementing the policy.
- Send the policy to managers with a briefing note to make sure it is understood, applied and respected by their team.
- Provide employees with ongoing online training to reinforce key aspects of the policy.
- Provide specific training on mistreatment in long-term care facilities to AP who have responsibilities in this area.
- Hold debriefing meetings when situations of mistreatment have been identified.
- Etc.

Evaluation and revision

5

The goal of the evaluation process is to identify difficulties encountered in communicating and implementing this policy. The revision process is intended to amend and continuously improve the policy, procedures and practices and, consequently, the care and services provided to residents.

ACTION → The long-term care facility must have an evaluation process in place that includes clear, detailed instructions regarding:

A. Evaluation of communication and implementation strategies

EXAMPLES OF ELEMENTS TO EVALUATE WITH RESPECT TO IMPLEMENTATION

- Verify whether the individuals targeted by the organization's communication strategies have received the policy;
- Verify whether the individuals required to use and refer to the policy find it acceptable and useful;
- Etc.

B. Evaluation of policy outcomes

EXAMPLES OF OUTCOMES TO EVALUATE

- Document the occurrence of situations of mistreatment towards residents (increased reporting is to be expected following the implementation of this policy);
- Evaluate the quality of care and services (client surveys, etc.);
- Evaluate the impact of the policy on the organizational climate (employee questionnaires and interviews, etc.);
- Etc.

C. The revision of this policy

EXAMPLES OF REVISION PLANS

- Sign an agreement stipulating how often the department responsible for approving the present policy will revise it.
- Modify the policy, taking into account:
 - the results of the above-mentioned evaluations;
 - the accreditation process;
 - reports on quality of life assessments conducted by the Ministère de la Santé et des Services sociaux;
 - documented reports of mistreatment situations;
 - reports and recommendations issued by the service quality and complaints commissioner, the watchdog and quality committee, the users'/residents' committees, the manager responsible for communicating information regarding mistreatment within the CISSS/CIUSSS, etc.
 - new legislation addressing the mistreatment of older adults, recent research data and new developments in terms of best practices in Quebec.
- Etc.

Resources

6

This section should be developed and adapted according to available resources within your CISSS/CIUSSS and in your region.

SOME PROVINCIAL SUPPORT SERVICES AND RECOURSE MECHANISMS:

- > **Elder Mistreatment Helpline (LAAA) Helpline | 1-888-489-ABUS (2287)**
Provincial helpline for issues related to older adult mistreatment. Staff provide referrals and support services to the general public and professionals (see information sheet in Annex 4).
- > **Provincial multisectoral consultation team to counter older adult mistreatment, CIUSSS West-Central Montreal**
Consultation team dedicated to professionals faced with complex and difficult situations involving older adult mistreatment (see information sheet in Annex 4).
- > **Regroupement provincial des comités des usagers (RPCU)**
The RPCU advocates on behalf of users of the health and social services network by supporting users'/residents' committees. It offers awareness sessions (training and talks) to counter the mistreatment of older adults.
- > **Info-Social | 8-1-1**
Provincial helpline for psychosocial support and referrals, which provides a rapid response in emergency situations and intervention services, if needed.
- > **L'Appui | 1-855-8-LAPPUI (852-7784)**
Organization providing psychosocial support to caregivers. In addition to its helpline service, L'Appui provides information and training, as well as respite services to caregivers.

- > **Conseil pour la protection des malades (CPM)**
The CPM advocates on behalf of users of the health and social services network, to whom it provides counselling services by phone. It represents users of the health and social service network within teams evaluating the quality of living environments in long-term care facilities. It also advises users'/residents' committees.
- > **Crime Victims Assistance Centre (CAVAC)**
Free, confidential professional support service for victims of criminal acts.
- > **CALACS – Sexual assault centres**
Non-profit feminist organization that advocates against sexual assault and offers support to women and teenage girls who are victims of sexual assault. This organization adopts an inclusive approach that takes into consideration the distinct experiences and needs of marginalized women, such as those with a physical or intellectual disability, Indigenous women, immigrant or refugee women, older women, and sexual minority women.
- > **Curateur public du Québec**
Intervenes when mistreated residents are declared incapacitated (under protective supervision) or are in the process of becoming declared incapacitated.
- > **Commission des droits de la personne et des droits de la jeunesse (CDPDJ)**
The CDPDJ is responsible for the application of the *Charter of Human Rights and Freedoms*. Refer to the charter in cases of exploitation, violation of rights or discrimination.
- > **Coroner's office**
It is possible to request a coroner's investigation for unexplained deaths, or deaths resulting from violence or negligence.
- > **Professional orders**
Members of professional orders are subject to a code of ethics and regulations. One can contact a specific professional order to obtain information on the profession's code of ethics and regulation, to request ongoing training, or to file a complaint.
- > **Police force**
The police can be contacted to report any act of a criminal nature, to develop and implement prevention activities, and to develop official partnerships, such as socio-legal agreements.
- > **Autorité des marchés financiers**
Contact the Autorité des marchés financiers in cases of fraud committed by a company or a representative offering financial products or services.

EXAMPLES OF LOCAL RESOURCES TO ADD TO YOUR POLICY:

Name and/or contact information for:

- > Manager responsible for communicating information regarding mistreatment within the CIUSSS/CIUSSS (SAPA);
- > Service quality and complaints commissioner;
- > Medical examiner;
- > Users'/residents' committee;
- > Person responsible for ensuring a home-like environment;
- > Internal psychosocial resources;
- > Ministère de la Famille coordinator specialized in issues related to the mistreatment of older adults (see Annex 5 for details);
- > LAAA trainers;
- > The Centre d'assistance et d'accompagnement aux plaintes (CAAP);
- > Intersectoral consultative groups;
- > etc.

SOME RESOURCE REFERENCES:

- > ***Guide de référence pour contrer la maltraitance envers les personnes âgées*** (2016) (available in French only)
This reference guide to prevent older adult mistreatment provides tools to practitioners and specific information on the roles of different actors in the continuum of care and services. It promotes a synergy among different disciplines and sectors of intervention. www.maltraitanceaines.gouv.qc.ca.
- > ***Guide de réflexion, d'autoévaluation et de révision des politiques / procédures pour contrer la maltraitance envers les personnes âgées en CHSLD*** (2016) (available in French only)
This tool, designed for managers, allows them to reflect on existing policies, procedures and mechanisms in long-term care facilities, and aims to develop best practices. The guide's proposed approach will facilitate the adaptation and implementation of this policy template.
http://www.creges.ca/wp-content/uploads/2016/02/GuideRAR_MaltraitanceCHSLD_2016.pdf
- > **Research Chair on Mistreatment of Older Adults**
To find out more about the Chair's projects aimed at increasing knowledge and preventing the mistreatment of older adults, visit <http://maltraitancedesaines.com/en/>

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OVERVIEW OF THE WORK CARRIED OUT BY THE RESEARCH CHAIR ON MISTREATMENT OF OLDER ADULTS (IN FRENCH ONLY)

AND

SUMMARY TABLE REGARDING COMMON AND DISTINCTIVE ELEMENTS OF BULLYING AND MISTREATMENT OF OLDER ADULTS

The Research Chair on Mistreatment of Older Adults began its studies on the bullying of older adults in 2014. Since the publication, in November 2015, of the *Concerted Action Plan to Prevent and Counter Bullying 2015-2018*, the Chair has become one of the main partners in implementing two measures recommended in the plan. Since January 2016, the Chair has been supervising four research projects on bullying.

BREF SURVOL DES TRAVAUX DE LA CHAIRE DE RECHERCHE SUR LA MALTRAITANCE ENVERS LES PERSONNES ÂNÉES À L'ÉGARD DE L'INTIMIDATION ENVERS LES PERSONNES ÂNÉES

Les travaux de la Chaire portant sur l'intimidation envers les personnes âgées furent amorcés en 2014 alors que le Parti libéral du Québec a déterminé l'intimidation comme une priorité de lutte lors de son entrée au pouvoir en avril 2014. En septembre de la même année, la Chaire était invitée à participer à une rencontre des partenaires non gouvernementaux de la ministre responsable des Aînés, puis elle fût invitée à siéger à la table ronde présidée par le premier ministre Philippe Couillard dans le cadre du *Forum sur la lutte contre l'intimidation* qui s'est tenu le 2 octobre 2014. En vue de se préparer à ces deux rencontres, la Chaire a d'abord analysé le cahier du participant remis aux invités au *Forum* puis elle a réalisé une recension des écrits scientifiques internationaux sur cinq ans (2009 à 2014). Par la suite, la Chaire a produit un mémoire: *L'intimidation envers les personnes âgées* qui fût remis au gouvernement. Elle a également rédigé un article intitulé *L'intimidation envers les personnes âgées : un problème social connexe à la maltraitance?* qui a été publié dans la revue *Service social de l'Université Laval* en 2016. Avec la parution du *Plan d'action pour prévenir et contrer l'intimidation 2015-2018* en novembre 2015, la Chaire devenait l'un des principaux partenaires pour la réalisation de deux mesures du *Plan*. Depuis janvier 2016, la Chaire dirige quatre projets de recherche en lien avec l'intimidation.

Le premier projet nommé *L'intimidation envers les personnes âgées* est financé à même les fonds de la Chaire qui est financée par le ministère de la Famille dans le cadre du PAM. Il s'est amorcé avec les travaux entourant la participation de la Chaire au *Forum* et il s'est poursuivi avec la publication du mémoire et de l'article dans la revue *Service social*. Il s'inscrit maintenant dans l'atteinte de la mesure 5.2 du *Plan d'action pour prévenir et contrer l'intimidation 2015-2018*. Cette mesure a pour objectif de

« Documenter le phénomène de l'intimidation, y compris de l'intimidation en ligne, spécifiquement chez les personnes âgées, en tenant compte des connaissances acquises au sujet de la maltraitance envers celles-ci et des données disponibles selon le sexe».

Le projet sur *L'intimidation envers les personnes âgées* vise donc à documenter le phénomène de l'intimidation envers les personnes âgées et plus spécifiquement à faire la clarification conceptuelle entre l'intimidation et la maltraitance. Pour plus d'information concernant ce projet, consultez la fiche en ligne sur le site de la Chaire à l'adresse suivante :

<http://maltraitancedesaines.com/fr/projets-de-recherche-en-cours/l-intimidation-envers-les-personnes-ainees>

Le second projet s'inscrit également dans l'atteinte de la mesure 5.2 du *Plan d'action pour prévenir et contrer l'intimidation 2015-2018*. Il est dirigé par Marika Lussier-Therrien, une étudiante à la maîtrise en travail social de l'Université de Sherbrooke. Elle a choisi de rédiger son essai de maîtrise sur le thème de la cyberintimidation chez les personnes âgées. Son essai intitulé *La cyberintimidation chez les personnes âgées : réflexion sur les axes d'intervention, les stratégies, les moyens d'action pour contrer le phénomène et le rôle du travailleur social* vise plus spécifiquement à décrire, comprendre et expliquer le phénomène de la cyberintimidation chez les personnes âgées. Cela permettra de cibler les stratégies d'éducation et de sensibilisation à préconiser auprès des personnes âgées et d'orienter les formations auprès des différents acteurs impliqués dans la lutte contre l'intimidation. Pour plus d'information concernant ce projet, consultez la fiche en ligne sur le site de la Chaire à l'adresse suivante : <http://maltraitancedesaines.com/fr/projets-de-recherche-en-cours/marika-lussier-therrien>

Le troisième projet intitulé *La maltraitance et l'intimidation envers les personnes âgées : Bonifier la pratique de sensibilisation des organismes communautaires favorisant le passage de la prise de conscience au signalement* est financé par une subvention de 3 ans (2015-2018) du programme Québec ami des aînés (QADA) du ministère de la Famille. Il vise à identifier les freins et les leviers au signalement des situations de maltraitance et d'intimidation. Cela permettra de poser un regard critique sur les pratiques de sensibilisations actuelles des organismes communautaires dans le but de les bonifier au moyen d'un guide de pratique à l'usage des bénévoles et des intervenants des organismes communautaires. Ce projet permet de répondre à la mesure 3.16 du *Plan d'action concerté pour prévenir et contrer l'intimidation* qui a pour objectif d'« [é]laborer et de diffuser des outils de sensibilisation et d'information, et de la formation, sur l'intimidation envers les personnes âgées en tenant compte des connaissances acquises au sujet de la maltraitance envers ces mêmes personnes». Pour plus d'information concernant ce projet, consultez la fiche en ligne sur le site de la Chaire à l'adresse suivante : <http://maltraitancedesaines.com/fr/projets-de-recherche-en-cours/la-maltraitance-et-l-intimidation-envers-les-personnes-aines-bonifier-la-pratique-de-sensibilisation-des-organismes-communautaires-favorisant-le-passage-de-la-prise-de-conscience-au-signalement-fr>

Ce troisième projet est coordonné par Caroline Pelletier une étudiante au doctorat en gérontologie de l'Université de Sherbrooke. Avec l'amorce de ce projet en janvier 2016, elle a choisi d'y ancrer sa thèse de doctorat. Sa thèse, qui s'intitule *Comment les personnes âgées maltraitées ou intimidées vivent leur expérience relationnelle avec les services disponibles (des proches, du réseau de la santé et des services sociaux et des organismes communautaires) ?* est donc le 4^e projet en lien avec l'intimidation envers les personnes âgées à être conduit au sein de la Chaire. Ce projet de doctorat vise à cerner la signification de l'expérience des personnes âgées maltraitées ou intimidées dans leur relation ou non relation avec les différents services offerts. Pour plus d'information concernant ce projet, consultez la fiche en ligne sur le site de la Chaire à l'adresse suivante : <http://maltraitancedesaines.com/fr/projets-de-recherche-en-cours/caroline-pelletier>

Pour en savoir plus, consultez le site Internet de la Chaire de recherche sur la maltraitance envers les personnes âgées : <http://maltraitancedesaines.com/fr/>

Summary Table Regarding Common and Distinctive Elements of Bullying and Mistreatment of Older Adults

| Concepts | Elements specific to mistreatment of older adults | Elements specific to bullying of older adults |
|--|--|---|
| Direct or indirect acts | The concept of direct or indirect acts is not addressed in the current literature on mistreatment. | Bullying can be directly perpetrated (<i>without having an intermediary to reach the person</i>) or indirectly perpetrated (<i>through an intermediary to reach the person [e.g. using social networks to perpetrate cyberbullying]</i>) toward the targeted older adult. |
| Intent | Mistreatment may be perpetrated either intentionally or unintentionally. | Bullying stems from violence (<i>or neglect</i>), perpetrated with the intent to cause harm or to hurt. <i>The concept of intent is fundamental in bullying of older adults, except in cases where the bullying is perpetrated by persons with a cognitive impairment.</i> |
| Balance of power | The concept of balance of power is not addressed in the current knowledge of mistreatment. | Bullying occurs when there is an unequal balance of power between the person who bullies and the person who experiences bullying. <i>There is not necessarily an inequality in this balance of power. We rather suggest to consider this balance as one of force, power or control, as a means of perpetrating bullying.</i> |
| Relationship between the protagonists | The concept of trust, in the relationship between the mistreated person and the person who mistreats, is pivotal. | Bullying may be seen as part of a relationship of trust, but also more widely in "other" interactional dynamics. |
| Classification | There are two forms of mistreatment: violence and neglect. ¹ Each form falls under one of the seven following categories: physical, psychological, sexual, financial or material, violation of rights, organizational and ageism. | There are four types of bullying: verbal, social, physical and cyberbullying. <i>The Chair proposes to address cyberbullying (bullying perpetrated with information and communication technologies [ICTs]) as a means of bullying and not as a specific type of bullying.</i> <i>In a relationship of trust, bullying can be used to mistreat. However, the opposite is not possible.</i> |

*In some cases, we adapted the definition to better reflect the particular characteristics of older adults bullying. These adaptations are listed in *italics*.

¹ For a definition of violence and neglect: See Annex 2 of this policy template (Terminology on the Mistreatment of Older Persons)

| Common concepts to bullying and mistreatment | Common elements to bullying and mistreatment of older adults |
|---|---|
| Consequences | <p>Bullying and mistreatment of older adults may result in consequences for people who are experiencing them.</p> <p><i>People around mistreated or bullied persons may also be affected by these situations.</i></p> |
| Personal, family, social, political and cultural context | <p><i>Situations of bullying and mistreatment of older adults occur in a family, social, political and cultural context.</i></p> |
| Risk factors and vulnerabilities | <p><i>In situations of bullying and mistreatment of older adults, it is difficult to identify the characteristics of people who are experiencing these situations. In both cases, it is important to identify, among older adults, risk factors and vulnerabilities that are likely to increase the probability of these situations.</i></p> |
| Repeated and single acts | <p>Mistreatment is the result of acts or absence of single or repeated actions. As for bullying, it is the result of repetitive behaviours. Some single and serious acts, such as death threats can be considered as bullying.</p> <p><i>The concept of repeated and single acts is common to bullying and mistreatment. In addition, single acts do not need to be serious to be considered as mistreatment or bullying.</i></p> |
| Interaction | <p><i>Bullying, as well as mistreatment, are always part of a context of social interactions and not just between two people. It can be perpetrated between a group of individuals and may involve witnesses.</i></p> |
| Settings where bullying and mistreatment occur | <p>Bullying, as well as mistreatment, can be experienced in living environments that provide care and services to older adults, as well as in the workplace.</p> <p><i>Bullying, as well as mistreatment, can occur in all types of environment.</i></p> |
| Violence or neglect | <p>Mistreatment can be perpetrated through acts of (violence) or without acts (neglect). As for bullying, it can be perpetrated through acts of (violence).</p> <p><i>Both mistreatment and bullying can be perpetrated through violence or neglect. In this context, neglect is not specific to mistreatment.</i></p> |

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 Beaulieu, M., Bédard, M.-E. & Leboeuf, R. (2016). L'intimidation envers les personnes âgées : un problème social connexe à la maltraitance ? *Service social*, 61(2), 38-56.

© Beaulieu, Bédard & Leboeuf (2016) and Research Chair on Mistreatment of Older Adults (2014)

Definitions of Bullying and Mistreatment of Older Adults

Definition of mistreatment of older adults:

In Quebec, the definition adopted by the government was the one proposed by the World Health Organisation (WHO), in 2002, in the Toronto Declaration on the Global Prevention of Elder Abuse. The government freely translated the definition in the *Governmental Action Plan to Counter Elder Abuse (PAM) 2010-2015*² :

"Elder abuse is 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" (MFA, 2010, p. 17).

There are five central elements in this definition of mistreatment:

- Violence, which is reflected by an "act";
- Neglect, which refers to the "absence of action";
- The relationship of trust between the mistreated older adult and the person who mistreats;
- Consequences for mistreated persons ("harm or distress");
- Mistreatment may be intentional or unintentional, even though it is not mentioned in the definition.

² The PAM was renewed until 2017 in the framework of the policy called *Aging and Living Together. At home, in One's Community, in Quebec 2012-2017*.

Definition of bullying of older adults:

In Quebec, a few formal and legal frameworks already exist, which make it possible to define bullying in its broader sense (e.g. the Criminal Code, the Education Act). However, according to the Chair, none of them really takes into account the different realities specific to older adults. In its work, the Chair addressed the issue and proposed a definition of bullying of older adults in the article entitled: *L'intimidation envers les personnes âgées : un problème social connexe à la maltraitance? (Bullying of Older Adults: A Social Issue Related to Mistreatment?)*, published in the *Revue Service social* of Université Laval. The definition is as follows:

"Bullying occurs when there is an act or absence of action, of singular or repetitive nature and generally deliberate; it may occur directly or indirectly in a balance of force, power, or control between individuals, and that it is done with the intent to harm or hurt one or several older adults". (Free translation)

There are five central elements in this definition:

- Violence and neglect, which may be repetitive or only occur once;
- Bullying can occur in all types of relational dynamics, whether they are based on trust or not;
- The older adult who is bullied and the person who bullies are in a balance of force, power, or control where someone tries to take control of one another;
- Bullying can be perpetrated directly (without having an intermediary, e.g.: to push) or indirectly (through an intermediary, e.g.: to spread a rumour, to use social networks);
- Bullying can only be intentional.³

³ The concept of intent is subject to derogation when persons who bully are showing significant cognitive losses.

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TERMINOLOGY ON THE MISTREATMENT OF OLDER ADULTS

This new standardized terminology on the mistreatment of older adults was jointly developed by the main actors involved in the *Governmental Action Plan to Counter Elder Abuse 2010-2104* (extended to 2017): the Leading Practice to Counter the Mistreatment of Older Adults team (University-Affiliated Centre in Social Gerontology) of the CIUSSS West-Central Montreal; the LAAA Helpline; the Research Chair on Mistreatment of Older Adults; and the Secrétariat aux aînés (Ministère de la Famille, Quebec). This terminology reflects the evolution of research and practices in Quebec aimed at countering the mistreatment of older adults. The terms will be regularly reviewed to take into account the latest clinical and scientific knowledge. It is important to note that this new standardized terminology is not specific to any given setting. It can be used in public or private care settings, in hospitals, in home care settings, and, of course, in long-term care facilities.

Terminology on the mistreatment of older adults

Definition of the mistreatment of older adults

“Mistreatment is 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 adult, whether the person deliberately wants to cause harm or not.”

(inspired by the WHO (2002) *The Toronto Declaration on the Global Prevention of Elder Abuse*; the notion of “intentionality” was not part of the original definition).

FORMS OF MISTREATMENT (manifestations)

Violence: Poor treatment of an older adult, or making the older adult act against his or her will, through the use of force and/or bullying.*

Neglect: Failure to show concern for the older adult, particularly by not taking action to meet his or her needs.

Intention behind mistreatment

Intentional mistreatment: The person deliberately causes harm to the older adult.

Unintentional mistreatment: The person does not want to cause harm or does not understand the harm being caused.

NB: It is important to assess the signs and situation to avoid drawing hasty conclusions or labelling people.

TYPES OF MISTREATMENT (categories)

Psychological mistreatment

Gestures, words or attitudes that negatively affect an individual’s psychological well-being or integrity.

Violence: Emotional blackmail, manipulation, humiliation, insults, infantilization, belittlement, verbal and non-verbal threats, disempowerment, excessive monitoring of activities, etc.

Neglect: Rejection, indifference, social isolation, etc.

Signs: Fear, anxiety, depression, withdrawal, reluctance to speak openly, mistrust, fearful interaction with one or several people, suicidal ideation, rapid decline of cognitive abilities, suicide attempts, etc.

NB: Psychological mistreatment is without a doubt the most common and least apparent type of mistreatment:

- It often accompanies other types of mistreatment.
- Its effects can be just as detrimental as those of other types of mistreatment.

Physical mistreatment

Inappropriate gestures or actions, or absence of appropriate actions, which harm physical well-being or integrity.

Violence: Shoving, brutalizing, hitting, burning, force-feeding, inadequate medication administration, inappropriate use of restraints (physical or pharmacological), etc.

Neglect: Failure to provide a reasonable level of comfort and safety; failure to provide assistance with eating, grooming, hygiene or taking medication when the older adult is in a situation of dependency, etc.

Signs: Bruises, injuries, weight loss, deteriorating health, poor hygiene, undue delay in changing of incontinence briefs, skin conditions, unsanitary living environment, atrophy, use of constraints, premature or suspicious death, etc.

NB: Some signs of physical mistreatment may be mistaken for symptoms associated with certain health conditions. It is therefore preferable to request a medical and/or psychosocial assessment.

Sexual mistreatment

Non-consensual gestures, actions, words or attitudes with a sexual connotation, which are harmful to the person’s sexual well-being or integrity, sexual orientation, or gender identity.

Violence: Suggestive comments or attitudes, jokes or insults with a sexual connotation, homophobic, biphobic or transphobic comments, promiscuity, exhibitionist behaviours, sexual assault (unwanted touching, non-consensual sex), etc.

Neglect: Failure to provide privacy, failure to respect a person’s sexual orientation or gender identity, treating older adults as asexual beings and/or preventing them from expressing their sexuality, etc.

Signs: Infections, genital wounds, anxiety when being examined or receiving care, mistrust, withdrawal, depression, sexual disinhibition, sudden use of highly sexualized language, denial of older adults’ sexuality, etc.

NB: Sexual assault is above all an act of domination. Cognitive impairment may lead to disinhibition, which can result in inappropriate sexual behaviour. Not recognizing older adults’ sexuality is a form of mistreatment, and it also makes it more difficult to identify and report sexual mistreatment. It is also important to keep an eye out for pathological sexual attraction toward older adults (gerontophilia).

* “Older adults bullying refers to a single or repeated gesture, or absence of a gesture, which is generally deliberate and which occurs directly or indirectly in a relationship of power or control between individuals. Bullying is intended to harm or hurt one or several older adults.” (See Beaulieu, M., Bédard, M.-È. & Leboeuf, R. (2016). L’intimidation envers les personnes âgées : un problème social connexe à la maltraitance? *Revue Service social*. 62(1), 38-56.)

Terminology on the mistreatment of older adults

Material or financial mistreatment

Illegal, unauthorized or dishonest acquisition or use of the older adult's property or legal documents; lack of information or misinformation regarding financial or legal matters.

Violence: Pressure to change a will, banking transactions without the person's consent (use of a debit card, online banking, etc.), misappropriation of money or assets, excessive price charged for services provided, identity theft, etc.

Neglect: Failure to manage the person's assets in his or her best interest or to provide the necessary goods and/or services as required, failure to assess the person's cognitive abilities, understanding and financial literacy, etc.

Signs: Unusual banking transactions, disappearance of valuable items, lack of money for regular expenses, limited access to information regarding the management of the person's assets, etc.

NB: Older adults who are in a relationship of dependency (e.g., physical, emotional, social or business-related) are at a greater risk of being mistreated in this way. In addition to the financial and material implications, this type of mistreatment can affect older adults' physical or psychological health by limiting their ability to fulfill their duties or meet their own needs.

Violation of rights

Any infringement of individual and social rights and freedoms.

Violence: Forced medical treatment, denial of the right to: choose, vote, enjoy one's privacy, take risks, receive phone calls or visitors, practice one's religion, express one's sexual identity, etc.

Neglect: Lack of information or misinformation regarding the older adult's rights, failure to assist the person in exercising his or her rights, failure to recognize the person's capacities, etc.

Signs: Preventing the older adult from participating in making choices and decisions that affect his or her life, failure to respect the decisions made by the person, a family member answering on behalf of the older adult, restricting visits or access to information, isolation, complaints, etc.

NB: Violation of rights occurs in all types of mistreatment. Everyone fully retains their rights, whatever their age. Only a judge can declare a person incapacitated and can appoint a legal representative. Persons declared incapacitated still preserve their rights, within the limits of their capabilities.

Organizational mistreatment

Any discriminating situation created or tolerated by the organization (private, public or community institutions providing all types of care and services), which compromise older adults' ability to exercise their rights and freedoms.

Violence: Organizational conditions or practices that do not respect older adults' choices or rights (e.g., services are provided in a perfunctory manner), etc.

Neglect: Services are not adapted to older adults' needs, instructions are not given or are not properly understood by staff, lack of resources, complex administrative procedures, inadequate training of staff, staff are not mobilized, etc.

Signs: Treating the person as a number, inflexible care schedules, undue delays in service delivery, deterioration of the person's state of health (wounds, depression, anxiety), complaints, etc.

NB: It is important to remain aware of organizational shortcomings that could violate the right of older adults to receive care and services, or that could lead to conditions that negatively affect the work of staff in charge of providing care or services.

Ageism

Discrimination based on age, resulting in hostile or negative attitudes, harmful actions or social exclusion.

Violence: Imposition of restrictions or social standards based on age, limited access to certain resources, prejudice, infantilization, scorn, etc.

Neglect: Failure to recognize or respond to ageist practices or comments, etc.

Signs: Failure to recognize a person's rights, skills or knowledge, use of condescending language, etc.

NB: We are all influenced, to varying degrees, by negative stereotypes and discourses about older adults. These misguided assumptions lead us to misinterpret various situations, which can ultimately lead to mistreatment.

This document reflects the ever-evolving research-based knowledge and practices regarding older adults mistreatment, and it is regularly updated.

EXAMPLE OF AN INVESTIGATION INTO A SITUATION OF SUSPECTED MISTREATMENT

This form is an example of how to investigate a situation of suspected mistreatment. Managers of long-term care facilities may use it to develop their own investigation procedures. The form was created by the Donald Berman Maïmonides Geriatric Centre of the CIUSSS West-Central Montreal. This form was tailored to the realities and needs of this particular facility. In order to be applied to another long-term care facility, this form should be adapted to the specific realities of that environment.



INVESTIGATION OF MISTREATMENT

This should be used as a guide to investigate and report on an allegation of mistreatment and is to be submitted to the Director of Nursing and Clinical Services or her assistant in her absence. The head nurse is the delegated person to receive the signaling of mistreatment, to do the investigation and to report to the DON or her assistant. This should be completed for each investigation of mistreatment. **TO CHECK BOX, DOUBLE CLICK ON BOX AND CHOOSE CHECKED.**

NAME OF RESIDENT:

- The report of mistreatment was made by A on date for an alleged abuse that occurred on Date
- An incident report was completed by A on Date
- Department head X was notified on date by A of the alleged mistreatment by B.
- SAPA coordinator or delegate was notified on date, or after-hours is the nursing coordinator.
- The immediate needs of the resident as a result of the incident were met by X on Date and were documented by X on date.
- The police was notified by X on date about the alleged abuse (only necessary in certain situations).
- List specific actions taken to protect the resident from contact with the alleged person who has mistreated if deemed necessary.
- A head to toe evaluation was carried out by X on date and findings documented in file.
- The MD was consulted on date to evaluate injuries
- The RN observed the resident's behaviour and any changes have been documented in the file by X on date.
- A review of the chart was made to determine any incidents leading up to the alleged mistreatment
List significant information found:
- Family member D was advised about the alleged mistreatment on date. Note any significant reactions.

- An interview was carried out by X (name any other participants) with the resident to discuss the alleged incident: “who, what, when, where, why?” Summarize content:
- An interview was held by X with the person who allegedly mistreated. Summarize content:
- An interview was held with all staff working on the wing at the time of the alleged incident or any other potential witnesses to determine what they saw or heard: “who, what, when, where, why?” List names of witnesses and summarize content:
- Attention was given to protect the confidentiality of the situation and the alleged abuser.
- The person suspected of mistreating was re-interviewed by X, with a presentation of the evidence collected. E from Human Resources Department attended. The caregiver suspected of mistreatment was offered Union representative to be present and F was there. Summarize content:
- Corrective measures were implemented on date and consisted of:
- The resident and his/her family were made aware of information related to the report under investigation by X on Date, without divulging details that would compromise the confidentiality.
- The reporter of the mistreatment was given general information regarding the investigation by X on Date without divulging details that would compromise the confidentiality.
- The incident report was submitted by X on date, incident report #.
- The ombudsman of Maimonides was alerted by X on Date (optional)

Analysis/conclusions:

Areas to follow up:

EXAMPLES OF MISTREATMENT SUPPORT SERVICES

These information sheets describe the mistreatment support services offered by the LAAA Helpline (services for the general public and professionals) as well as by the Provincial Multisectoral Consultation Team to Counter the Mistreatment of Older adults, of the CIUSSS West-Central Montreal (services for professionals). These documents may be reproduced and distributed.




Elder Mistreatment Helpline (LAAA)

INFORMATION FOR PARTNERS

| | |
|--------------------------------|---|
| <p>Phone number</p> | <p>1-888-489-2287 www.aideabusaines.ca</p> |
| <p>Mission</p> | <p>The LAAA Helpline is a provincial consultation and referral service specialized in issues related to the mistreatment of older adults. The role of the helpline is to direct callers to the appropriate resources, depending on their needs and where they live.</p> <p>The LAAA Helpline team is made up of social workers or their equivalent.</p> |
| <p>Accessibility</p> | <p>The LAAA Helpline is available throughout Quebec for older adults or anyone concerned by a potential situation of mistreatment (family, friends, neighbours, social workers, employees, etc.)</p> <p>The phone service is free, confidential and bilingual (English and French). Translation services for other languages are also available. TTY service is available for the hearing impaired. Operational hours: 7 days/week, between 8:00 AM and 8:00 PM.</p> <p>Calls are returned within 24 hours. If the first call-back is not successful, three more attempts will be made in the following days.</p> |
| <p>Services offered</p> | <p><u>Services for the general public:</u></p> <ul style="list-style-type: none"> ↳ Listening, support, information, assessment of the situation, emergency intervention. ↳ A short-term follow-up by phone is available, if required. ↳ If needed, after the phone assessment, the caller may (with his or her consent) be referred to the local CLSC, a community-based organization or a specialized |

| | |
|---|---|
| | <p>organization (e.g., CDPDJ, the Curateur public du Québec, or the service quality and complaints commissioner). These referrals will need to be evaluated more extensively by the organizations that receive them.</p> <ul style="list-style-type: none"> ↪ Please note: the line is not an emergency service. In case of an emergency, dial 9-1-1. <p><u>Services for professionals in the health and social services network (CLSCs, long-term care facilities, rehabilitation centres, hospitals, day centres, etc.) and community organizations, etc.:</u></p> <ul style="list-style-type: none"> ↪ Professional consultations for practitioners on matters related to mistreatment (discussion of clinical cases, identification of elements to be assessed, identification of possible interventions, and discussion of ethical considerations). ↪ Confidentiality of clients during consultations is ensured. ↪ It is up to the organization in question to decide whether or not to act on suggestions offered by the helpline counsellors. |
| <p>Our intervention principles</p> | <ul style="list-style-type: none"> ↪ Empowerment approach for the older adult and his or her loved ones (validation of their experience and actions taken). ↪ Adherence to the principle of self-determination (free will). ↪ Systemic approach to evaluate vulnerability and risk level. ↪ Intersectoral approach (involvement of partners from different sectors). |
| <p>Funding and implementation</p> | <ul style="list-style-type: none"> ↪ The helpline is funded by the Ministère de la Famille. ↪ CSSS Cavendish (which is now part of the CIUSSS West-Central Montreal) was given the mandate to implement the helpline in 2010. |

***Clinical support services
provided to practitioners in Quebec's health and social services network
to counter the mistreatment of older adults***

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| KEY INFORMATION | <i>Name of service</i> | Provincial Multisectoral Consultation Team to Counter the Mistreatment of Older Adults, CIUSSS West-Central Montreal |
| | <i>Target clientele</i> | Professionals from the health and social services network who are facing complex and difficult situations of mistreatment of older adults |
| | <i>Objectives</i> | <ul style="list-style-type: none"> • Propose possible interventions to efficiently address situations of mistreatment • Inform and assist professionals in identifying and accessing the appropriate resources (legal, public, health and social services, etc.) • Inform professionals of the limits of their intervention • Bilingual service |
| LOGISTICS | <i>Frequency</i> | Monthly meetings |
| | <i>Duration</i> | 3 hours / Each presentation lasts 45 minutes to 1 hour |
| | <i>Location</i> | CLSC René-Cassin <i>Note:</i> - Twice a year, the team may visit institutions, on request - Possibility of videoconference presentations |
| | <i>Accessibility</i> | A professional who would like to present a case to the Multisectoral Consultation Team to Counter the Mistreatment of Older Adults may contact the LAAA Helpline at 1-888-489-2287. |
| ADDED VALUE | <i>Benefits</i> | Situations of mistreatment are often complex and may involve more than one intervention area. That is why interdisciplinary and multisectoral collaboration is essential. |
| | | Practitioners will be supported and better equipped to manage the situation: <ul style="list-style-type: none"> • Better understanding of the benefits of intersectoral collaboration • Better understanding of the roles and mandates of potential partners needed for an intervention • Recognition of their legal responsibility • Recognition of the limits of their intervention |
|  LIGNE AIDE ABUS AÎNÉS 1 888 489-ABUS (2287) www.aideabusaines.ca | | <p>*** <i>Any practitioner requiring a professional consultation within a short time frame may contact the LAAA Helpline between 8 a.m. and 8 p.m., 7 days a week***</i></p> |

Coordinator: Sarita Israel / 514-484-7878 x 1380 / sarita.israel.cvd@ssss.gouv.qc.ca
Leading Practice to Counter the Mistreatment of Older Adults

MINISTÈRE DE LA FAMILLE COORDINATORS SPECIALIZED IN ISSUES RELATED TO THE MISTREATMENT OF OLDER ADULTS

One of the long-term measures of the Ministère de la Famille's *Governmental Action Plan to Counter Elder Abuse 2010-2015* (extended to 2017) was to put in place 20 coordinators across Quebec who are specialized in issues related to the mistreatment of older adults. These include 18 coordinators (one for each health region in Quebec), as well as two coordinators who received national mandates: a coordinator for First Nations and another for ethnocultural communities.

The coordinators' main mandate is to promote and support local and regional collaboration among all partners involved in countering mistreatment, to develop and implement a regional action plan addressing needs and issues related to the mistreatment of older adults, and to implement service trajectories within their own territories to ensure that situations of mistreatment are adequately managed. They are also mandated to raise awareness and provide training on issues related to mistreatment.

To find the coordinator in your region, visit:

https://www.mfa.gouv.qc.ca/fr/aines/lutte_contre_maltraitance/references/Pages/partenaires-liens-utiles.aspx

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Leading Practice to Counter the Mistreatment of Older Adults

www.creges.ca/contrer-la-maltraitance-envers-les-personnes-ainees