

Compassionate Community Care: Protecting Seniors Series
WHAT EVERY FAMILY NEEDS TO KNOW ABOUT
ELDER ABUSE

By Hugh Scher and Nikisha Thapar

SCHER LAW PROFESSIONAL CORP

Barristers & Solicitors
1200 Bay Street
Suite 604
Toronto, ON M5R 2A5

Hugh R. Scher
LSO# 36906T
Tel: (416) 515-9686
Fax: (416) 969-1815

ELDER ABUSE

- Elder Abuse can **happen to any older adult**. And sometimes it can be difficult to know whether you're being abused.
- There are situations that may put you more at risk of being abused, such as:
 - depending on others
 - having conflicts within your family
 - no longer making decisions for yourself
 - being isolated from your family, friends, and community
 - living in a remote community
 - having problems with addiction, depression, or other mental health issues
 - having trouble remembering, learning new things, concentrating, or making decisions
- When aware of the risk factors, it can help you to understand when abuse might happen.
- You could be abused by:
 - your family members
 - your spouse or partner
 - people you live with, your neighbours, or your landlord
 - caregivers, who are paid or not paid to help you
 - service providers who you hire to do work around your home or property
 - people who you rely on for a place to live or for financial help
 - friends and other people whom you trust

Types of Abuse

- Physical abuse
 - Physical abuse happens when someone hurts or harms you. For example, it's abuse if someone:
 - hits, punches, slaps, or pushes you
 - confines you, restricts your movements, or restrains you
- Sexual abuse
 - Sexual abuse happens when someone:
 - touches you in a way you don't want to be touched
 - makes sexual remarks to you without your consent
 - forces you to have sexual contact that you don't want, such as touching and sexualized kissing
 - forces you to perform a sexual act
 - uses their power and position of authority to force you to engage in a sexual act, for example, this could be a doctor or caregiver
 - has sexual contact with you when you say no, but you're not able to stop them, for example, because you have a disability or because you're taking medication or getting treatment

- Emotional abuse
 - Emotional or psychological abuse happens when someone:
 - insults, humiliates, blames, or shames you, or puts you down
 - threatens to harm you or people you love
 - bullies you
 - stops you from contacting friends and family, or from going to social events
 - stops others people from visiting you or speaking to you
 - controls your religious beliefs
 - controls your activities and who you interact with
- Financial abuse
 - Financial abuse is the most common form of elder abuse in Canada.
 - Financial abuse happens when someone:
 - steals your money or controls how you spend it
 - misuses a Power of Attorney for Property (ie. Does not follow your wishes or act in your best interests)
 - shares your home without paying a fair share of the expenses
 - pressures you to do something you don't want to do, such as:
 - selling your home or other personal belongings
 - signing legal documents that you don't fully understand
 - giving money to relatives or caregivers
 - Who commits financial abuse?
 - Your abuser could be a family member or someone else whom you know. For example, a family member might:
 - pressure you to sell your house so they can get their inheritance early
 - live with you and not pay rent or household expenses
 - manage your finances, but not give you access to your bank accounts or information about what they're doing with your money
 - steal your pension cheques or other belongings
 - borrow money and not pay it back
 - misuse your Power of Attorney for Property
 - Other examples could involve people you know, such as:
 - a caregiver who pressures you to make or change your will, or sign documents you don't understand
 - a neighbour who bullies you to buy alcohol or drugs for them
 - a landlord who steals your pension cheques
 - people you hire to do work around your home or property who don't do what you pay them for
- Neglect
 - Neglect is also abuse if someone who agreed to give you care or assistance does not make sure that your needs are being met. For example, they might:

- stop you from getting home care, medical care, or medication
 - leave you in a place that's not safe
 - not provide you with food, proper clothing, bathing, or personal hygiene
 - not help you with your daily activities
 - abandon you or stop you from getting other help
- Improper/Incompetent Care
 - gives you the wrong medicine
 - accidentally hurts you when helping you move around
 - makes mistakes or does things wrong when giving you care

Who can you can talk to

- Before you talk to someone, you want to ask if they're able to keep your information private.
 - In some situations, health-care professionals might not be able to keep your information private. This is because they have to report whenever they suspect or find out about abuse. For example, they may have to report abuse when there's a serious risk that someone will be harmed, or when the law says that they have to report it.
 - The law also says people must report abuse, without you agreeing, if you live in a licensed retirement home or long-term care home.

What is a crime and what is not?

- All abuse is wrong but not all abuse is a crime.
 - If a caregiver tells you that you're worthless, they're abusing you - but it's **not** a crime.
 - If a caregiver tells you that they're going to physically hurt you, this **may** be a crime even if they don't go through with the threat.
 - If family members or friends ask to borrow money and they pressure or bully you to do this, that could be abuse - but it's **not** a crime.
 - It may be a crime if someone, even a family member, takes your money without asking you, or uses your identity
- In Canada, some types of elder abuse are crimes, such as fraud, any kind of assault, and making threats.
 - Elder abuse is the broad term used to describe these crimes when the victim is an older adult.
 - If you think you've been abused and that it's a crime, you can call the police. In an emergency, call 911. If it's not an emergency, call your local police station.

PREVENTING HARM

Your health and well-being

- If you're mentally capable, you have the right to:
 - make your own decisions
 - choose what's best for you
 - protect and maintain your quality of life
- You can choose how and where you want to live. This is true even if:
 - your family, friends, or caregivers don't agree with you, or
 - where you live puts you at risk of being hurt or getting sick.
 - For example, you can't be forced to move to a new home. This includes moving in with family, or into a long-term care home, retirement home, or a place that offers supportive living
- Staying as independent as possible is one way to help prevent abuse. Here are some examples of how to do this:
 - have your own phone and open your own mail
 - think carefully before deciding to have someone move in with you or before you move in with someone
 - try to keep in touch with friends and family so you don't become isolated
 - don't be afraid to ask for help when you need it
- If possible, take control of your health care. Make sure you know what your health needs are now and what they could be if you get sick or have an accident. For example, you could:
 - look into different options for getting care
 - look into where you could buy or rent assistive devices and equipment, such as bath chairs, safety bars, walkers, and canes
 - if you live in a retirement or long-term care home, tell nurses, other staff, or management if you're not happy with your care
 - make a Power of Attorney for Personal Care
 -

Your finances and property

- Financial abuse is the most common form of elder abuse. So try to do as much as you can to be involved and aware of what's happening with your money and belongings.
- For example, when dealing with your finances:
 - make sure information about your financial accounts and legal documents is up to date

- protect key financial and personal information by keeping it in a safe place, like a drawer with a lock or a safety deposit box
- don't share your passwords, any Personal Identification Numbers (PINs), credit cards, or bank cards
- do financial transactions yourself if you can and use online and phone services if you have a hard time leaving your home
- set up direct deposit for pension cheques and automatic payments from your bank account or credit card
- When dealing with your property, you could:
 - Ask someone you trust to look over contracts and other papers before you sign them.
 - Get advice from a lawyer if you're thinking about transferring ownership of your house or property to family members. A lawyer can help you understand how doing this will affect your estate and what taxes may have to be paid.
 - Make a Power of Attorney for Property.
- Other things you can do include:
 - getting your own legal advice before you sign documents for major decisions, like selling or mortgaging your home or other property
 - asking someone you trust to look over contracts and other papers before you sign them
 - trying to keep in touch with friends and family so you don't become isolated

Getting help making decisions

- Talk to your family, friends, and others who you trust if you need help making decisions about:
 - your care
 - where you live, and
 - the supports you may need
- If you become incapable of making decisions about your housing, someone else, called your substitute decision-maker, will make decisions for you.
 - You can choose who this will be by making a Power of Attorney for Personal Care. It will name the person you want to make decisions. This person is called your “attorney”. But this does not mean that they have to be a lawyer.

- Personal care decisions include decisions about medical decisions, health, food, hygiene, housing, safety, and clothing.
- If you have not made a Power of Attorney for Personal Care and you're mentally capable, you make the decisions about your care.

Who decides if you're mentally incapable

- The law says who can decide if you're mentally incapable of making decisions about health treatments or long-term care.
 - For **decisions about health treatments**, a capacity assessor does this.
 - Health practitioners include doctors, nurses, dentists, physiotherapists, occupational therapists, and psychologists.
 - For **decisions about long-term care**, an evaluator decides whether or not you're mentally capable to make decisions
 - The Health Care Consent Act says which health-care professionals can act as evaluators.
 - These are nurses, doctors, some social workers, dietitians, occupational therapists, physiotherapists, psychologists, audiologists, and speech language pathologists.
- Long-term care decisions include:
 - whether you need to move into a long-term care home
 - whether you need personal assistance services, such as help with bathing and eating, while you're living in a long-term care home or a retirement home
- Your substitute decision-maker can make decisions for you only if you're found incapable.

Forcing you to move

- People might try to force you to move in with family, or into a long-term care home, retirement home, or a place that offers supportive living.
- Your friends, family, or caregivers may be worried about you, or think you need more help. But they don't get to decide what living arrangement is best for you - this is true as long as you're mentally capable to decide for yourself.
- You can choose where you live:
 - as long as you can afford it, and

- if you're a tenant, as long as you've not gotten an eviction order.
 - For example, you may have to move, even if you don't want to, if you don't pay your rent or your landlord wants a family member to move into your unit and the Board decides that this is legitimate.
- There are things you can do to reduce the risk of someone forcing you to move.
 - For example, it's important to:
 - Understand documents before you sign them. Don't sign anything when someone is pressuring you. It's always a good idea to get legal advice.
 - Be careful when choosing the person who'll be your attorney in your Power of Attorney for Personal Care. Make sure that you trust them and know that they'll respect your wishes.
 - Think carefully before deciding to have someone move in with you or before you move in with someone else.
 - Plan for your future while you're still independent and mentally capable. This includes preparing your will and powers of attorney.
 - Make a plan for your personal care so you won't have to rely on family members, unless that's what you want.

POWER OF ATTORNEY AND THE *HEALTHCARE CONSENT ACT*

Making a Power of Attorney

- Powers of Attorney are written documents that give someone the ability to make decisions for you. This person is called your “attorney”. But this does not mean that they have to be a lawyer.
 - A Power of Attorney for Property lets your attorney act for you in dealing with your money and property.
 - A Power of Attorney for Personal Care lets your attorney make decisions about your personal care if you become mentally incapable of making them
- Be careful about who you choose to be your attorney. Make sure you trust them and know that they will respect your wishes.
- Make sure that you make your Substitute Decision Maker aware of your individual wishes, values and beliefs regarding particular treatments in particular circumstances

- If your attorney does not do what you want them to, there are steps you can take.
- As long as you're mentally capable, you can:
 - cancel your Power of Attorney at any time, and
 - demand that your attorney tell you what they did with your finances. This is called a full financial accounting (whether incapable or not), meaning that your attorney must say:
 - what money they spent
 - how and when they spent it
 - who they paid your money to
 - why they spent it

Making a Power of Attorney for Personal Care

- You may already have a Power of Attorney for Personal Care. This is a legal document that gives someone else the power to make decisions about your personal care.
 - If you don't have one, you may want to make a Power of Attorney for Personal Care naming the person who you want to make decisions if you become mentally incapable.
 - The person you choose is called your “attorney”.
 - But this does not mean that they have to be a lawyer.
 - They act as your substitute decision-maker.
- A Power of Attorney for Personal Care allows someone to make decisions for you only when you're found to be incapable of making decisions and caring for yourself.
- Personal care decisions are about:
 - where you live
 - your health care, which includes decisions about treatment by a health practitioner, moving into a long-term care home, and getting personal assistance services in a long-term care home
 - your diet, clothing, hygiene, and safety
- When you set up a Power of Attorney for Personal Care, you can include what you want and don't want to happen related to your care.
 - For example, you can say if there are certain medical treatments you don't want to get if you become seriously ill.
 - These are sometimes called “advance care plans”

The Healthcare Consent Act

- To the extent that you do not have a power of attorney for personal care, the HCCA provides for a list by hierarchy of substitute decision makers, including children, parents and siblings.
 - The Act also spells out the definition of a treatment and what is included within the definition of treatment, which is quite broad.
 - The definition of treatment includes the withholding and withdrawal of medical treatment, including life support, ventilation and related measures, for which consent is required
- To the extent that a dispute arises regarding treatment decisions, the HCCA establishes the Consent and Capacity Board as Tribunal empowered to resolve disputes over consent to treatment decisions, particularly between healthcare practitioners and Substitute Decision Makers
 - Express wishes that are particular to the circumstances regarding treatment decisions are binding on healthcare practitioners and on SDMs.
- Where consent to a treatment decision is unclear, SDMs have the obligation by statute to act in the best interests of the patient, which includes consideration of:
 - (a) the values and beliefs that the person knows the incapable person held when capable and believes he or she would still act on if capable;
 - (b) any wishes expressed by the incapable person with respect to the treatment that are not required to be followed under paragraph 1 of subsection (1); and
 - (c) the following factors:
 - 1. Whether the treatment is likely to,
 - i. improve the incapable person's condition or well-being,
 - ii. prevent the incapable person's condition or well-being from deteriorating, or
 - iii. reduce the extent to which, or the rate at which, the incapable person's condition or well-being is likely to deteriorate.
 - 2. Whether the incapable person's condition or well-being is likely to improve, remain the same or deteriorate without the treatment.
 - 3. Whether the benefit the incapable person is expected to obtain from the treatment outweighs the risk of harm to him or her.

- 4. Whether a less restrictive or less intrusive treatment would be as beneficial as the treatment that is proposed
- Where a dispute arises, the Board will determine if a patient lacks capacity, whether or not a consent to treatment or refusal of consent to treatment is binding and/or what is in the best interests of the patient and if the substitute decision maker is acting in the patient's best interests subject to the criteria set out above

LONG-TERM CARE, RETIREMENT AND COMMUNITY HOMES

Long-term care homes

- In Ontario, long-term care homes must follow a law called the Fixing Long-Term Care Act. It includes the Residents' Bill of Rights.
- The purpose of the Bill of Rights is to make sure that long-term care homes are truly homes for the people who live in them.
- The Bill of Rights includes the right to:
 - be treated with respect
 - have staff treat you politely and recognize your dignity and rights
 - have no one abuse you mentally or physically
- If you think you're being abused or your rights are being violated, there are ways you can make a complaint.
 - There's more information in What can I do if I see abuse in a long-term care home?
- The law says that you must report abuse if:
 - the abused person lives in a long-term care home or a licensed retirement home, and
 - you suspect or know that abuse has happened.
 - Everyone, even visitors, workers, family members, and friends, must do this
 - Visitors: The law says that people who **visit** long-term care homes **must** report any abuse or harm being done to a resident. This includes seeing abuse or reasonably suspecting that abuse is happening.
 - Workers: If you **work** at a long-term care home, you **must** report abuse and neglect that's happening or that you suspect is happening.

- This duty applies even if the report is based on information that you would normally keep confidential, such as personal information about a resident's health.
 - For example, you still have to report abuse if you're a member of:
 - a regulated health profession, which includes massage therapists, pharmacists, psychologists, nurses, and doctors
 - the Ontario College of Social Workers and Social Service Workers. If the law says that you must report abuse and you don't do this, you may be guilty of an offence and be fined.
 - This applies to everyone who works at a long-term care home, the home's management, and anyone who provides health, social work, or social services at the home. It does not apply to contract staff or agency staff who occasionally provide maintenance or repair services.
 - The only people who **don't** have to report are residents.
- Making a Report
 - Police
 - If someone is being hurt or threatened, call **911**.
 - If it's not an emergency but you think a crime is being committed, you can call your local police station. You can also report a crime without giving your name through Crime Stoppers.
 - Call them at **1-800-222-8477** or, you can make a report using their website.
 - Management
 - Anyone who sees abuse can report it to the management of the long-term care home.
 - The law says that management must investigate any reports of abuse.
 - And they **cannot** punish staff or visitors for reporting abuse.
 - Ministry of Long-Term Care
 - If it's an urgent complaint about a long-term care home, visitors and staff must report it to the Ministry of Long-Term Care.

- Complaints are urgent if they are about harm, neglect, or danger to residents.
- You can call the Action Line at **1-866-434-0144**, between 8:30 a.m. and 7 p.m., 7 days a week.
- You don't have to give your name, but give as much as information as you can - this makes it easier for your report to be investigated.
- You must give:
 - The name of the home
 - The address of the home, including the town or city that it's in
 - A description of what happened, including whether it happened once or is an ongoing problem
 - When and where it happened if it's a specific event, for example, inside or outside the home
 - Who was involved
- Other solutions
 - Can also report to the Patient Ombudsman or a professional organization
- After you make a report
 - The Ministry of Long-Term Care must look into **all reports** of abuse.
 - There are a number of things that can happen after you make a report. For example, the Ministry could:
 - take steps to make sure that the home is following the laws that apply to long-term care homes
 - inspect the home
 - If you give your name, address, and telephone number:
 - a Ministry employee will follow up with you to get your full report, usually within 2 business days, where the two of you can discuss the next steps
 - if there is an inspection, the inspector will call you to talk about the report
 - If you don't give your name and contact information:
 - phone-line staff will pass your report to an inspector, who will follow up the inspector won't be able to contact you later to let you know what happened

Retirement homes

- If you live in a retirement home, there's a Residents' Bill of Rights that lists the rights of residents and the responsibilities of retirement home operators. This is based on the Retirement Homes Act.
- The Bill of Rights includes the right to:
 - take part in decisions about your care
 - live in a safe and clean environment where you're treated with respect
- You can make a complaint if you think your rights are being denied or you're being abused.
 - There's more information in What can I do if I see abuse in a retirement home?
- The law says that you must report abuse if:
 - the abused person lives in a long-term care home or a licensed retirement home, and
 - you suspect or know that abuse has happened.
 - Everyone, even visitors, workers, family members, and friends, must do this
 - Visitors: The law says that people who **visit** long-term care homes **must** report any abuse or harm being done to a resident. This includes seeing abuse or reasonably suspecting that abuse is happening.
 - Workers: If you **work** at a long-term care home, you **must** report abuse and neglect that's happening or that you suspect is happening.
 - This duty applies even if the report is based on information that you would normally keep confidential, such as personal information about a resident's health.
 - For example, you still have to report abuse if you're a member of:
 - a regulated health profession, which includes massage therapists, pharmacists, psychologists, nurses, and doctors
 - the Ontario College of Social Workers and Social Service Workers.
 - If the law says that you must report abuse and you don't do this, you may be guilty of an offence and be fined.
 - This applies to everyone who works at a long-term care home, the home's management, and anyone who provides health, social work, or social services at the home. It does not apply to contract staff or agency staff who occasionally provide maintenance/repair services.

- Getting a fine
 - If the law says that you must report abuse and you don't do this, you may be guilty of an offence and be fined. This applies to:
 - an operator, manager, officer, or director of a retirement home,
 - a staff member of the home, or
 - anyone who provides professional services at the home in the areas of health, social work, social service work, or finance.
 - The only people who **don't** have to report are residents.
 -
- Reporting Retirement Home Abuse
 - If a resident in a retirement home is being hurt or threatened, call 911. Police can investigate any crimes that take place in retirement homes.
 - If it's not an emergency, but you think a crime is being committed, you can call your local police station. You can also report a crime without giving your name through Crime Stoppers. Call them at 1-800-222-8477 or, you can make a report using their website.
 - Reporting to the RHRA
 - The role of the Retirement Homes Regulatory Authority (RHRA) is to make sure that the home is following the laws that apply to retirement homes.
 - You can report abuse to the RHRA by calling 1-855-275-7472.
 - You can also make a written report using this Incident Report Form.
 - The form includes information about how to mail, fax, or email it in.
 - You don't have to give your name. But if you don't give your name and contact information, the RHRA won't be able to:
 - ask you for more information, or
 - tell you what they decide to do about your report.
 - Information you need to give
 - Give as much as information as you can.
 - This makes it easier for the RHRA to investigate your report.
 - You must give the following information:
 - the name of the home
 - the address of the home, including the town or city it's in
 - a description of what happened, including whether it happened once or is an ongoing problem
 - when and where it happened if it's a specific event, for example, inside or outside the home
 - who was involved

- RHRA must inform you of their decision in writing (if you gave your contact information) what action they'll be taking/if they are not taking action, and how to ask for a review of their decision
 - Reporting to management
 - You can also report abuse to the management of the home. You can do this by phone or letter.
 - Make notes of who you spoke to, what was said, and what the retirement home said they would do.
 - Operators of homes must:
 - report abuse to the RHRA
 - contact the police immediately if abuse could be a crime
 -

Home and community care

- If you get health care or support services at home or somewhere in the community, such as a clinic or community centre, there's a Patient Bill of Rights that protects you.
- The Home Care/Patient Bills of Rights includes the right to:
 - be treated with respect
 - be free from abuse
 - have your privacy and dignity honoured
 - take part in decisions about your care
- Reporting Abuse
 - Health Service Provider
 - If you have complaints about your home or community care services, try talking to the health service provider
 - The Bill of Rights also says that no one is allowed take any action against you because you complain about a service.
 - This means that if you complain, no one is allowed to:
 - punish you,
 - refuse to give you care services, or
 - take away your care services
 - This is true whether you make your complaint to the police, your care provider, or anyone else.
 - HCCSS and OHT

- You can also complain to the Home and Community Care Support Services (HCCSS) or the OHT for your region if your complaint is about the OHT or someone who works for an organization that's part of the OHT
- All organizations that provide home and community care must have processes for getting and dealing with complaints.
 - The Patient Bill of Rights says you have the right to be told, in writing, how to make a complaint.
- Ask your care co-ordinator how to make a complaint about abuse, neglect, or improper or incompetent care. They must give you written information that tells you how to make a complaint. It should say:
 - who to contact,
 - how to contact them, and
 - what you need to tell them
- They should also tell you about any laws, rules, or policies that affect your complaint. For example, there may be time limits when making certain types of complaints. Talk to your care co-ordinator if you're not sure what to do.
- If you're complaining about abuse, neglect, or improper or incompetent care, it's very important to say how you've been harmed, or put at risk of being harmed.
- If you do that, the HSP, OHT, or HCCSS must confirm that they received your complaint and start looking into it right away.
 - Within 10 days, they must tell you what they've done about your complaint. And then they must finish their investigation and write a report within a “reasonable time”.
 - The law does not say what amount of time is reasonable.
- If they agree with your complaint, their report has to say what they've done about it, and how they'll stop something similar from happening again
 - No appeal process if you don't agree with how the body you complained to handled the complaint; however, may be able to have complaint looked into again by making another complaint
- Can also complain to professional organizations or get legal help

What the police can do

- If you call 911 from your home, the police have the right to come into your home. They can do this even if you tell them that you don't want them to, or that you've changed your mind.
- If you report abuse, the police may do some of the following:
 - ask you for a detailed statement about what happened, which you'll have to sign
 - get statements from neighbours, family members, or service providers who might know about the abuse
 - take photographs of any injuries you have
 - get a medical report
 - get statements from anyone who knows about abuse that happened to you in the past, for example, hospital staff or your doctor
- If the police think that the person abusing you has committed a crime, they can charge them.
- If you're afraid or not able to report the abuse to the police on your own, ask someone to help you.
- If you're concerned about what will happen to the person who's abusing you, ask the police to explain this to you.

Guardianship

- To the extent that a person is found to lack capacity or capability to make decisions regarding personal care/property, and if a power of attorney does not exist, family members or others may be required to apply to the Superior Court of Justice for the appointment of a guardian of the person
 - A guardian has broad authority to make all decisions that an individual can make for themselves with respect to personal care and finances other than with respect to the making of a will
 - A power of attorney would have similar authority although they are not appointed by statute or court order
 - Having a Power of Attorney will typically avoid the need for guardianship applications, which can be time consuming and expensive
- To support a guardianship application, the applicant, must demonstrate that the individual lacks capacity to make decisions and include a capacity assessment from a proper assessor as part of the application.

- The application must set out the management plan proposed for the personal care and finances of the individual
- The application must further set out a guardianship plan with regard to specific decision including where the person will live, resource allocation and other measures intended to respect the dignity, autonomy and best interests of the individual
 - Sworn statements in support of an application are required and if there are competing applications the court may be called upon to resolve any contest between the competing applications based on an assessment of what is in the individual's best interests
- The Public Guardian and Trustee may be called upon to investigate situations of potential abuse of seniors and if no other guardian or decision maker is available, the PGT may be appointed to serve as guardian and trustee of the person or may stand in the position of a SDM in such event that there is no other willing or available substitute decision maker

Conclusion

Issues of elder abuse raise complex social, cultural, financial and legal issues that can impact any person or any family.

There are a myriad of regulatory regimes in place with the goal of identifying, investigating and redressing situations of elder abuse.

Questions of substitute decision making by substitute decision makers appointed by power of attorney, by statute or by way of guardianship application bring with them their own legal complexities. Doctors, social workers, lawyers, and administrators of long-term care facilities, hospitals and retirement homes are frequently engaged to address, investigate and to resolve complaints of elder abuse.

Various Ministries of investigatory authority to manage and resolve complaints.

Police, the courts, the Public Guardian and Trustee and the Consent and Capacity Board are also engaged as arbiters in the resolution of elder abuse disputes and disputes over personal care and treatment decisions.

You are not alone there are numerous community resources, government authorities and professionals to assist you to navigate the complex terrain of elder abuse concerns.