



Prevention
of Elder Abuse
Committee
OF YORK REGION

What To Do If You See Or Suspect **Elder Abuse**

www.elderabuse-yorkregion.ca



Response Guidelines

Preface

The purpose of this resource is to help caregivers of seniors and service providers recognize elder abuse. If elder abuse is observed or suspected the guidelines are intended to help caregivers and service providers decide what to do. Responding is the right thing to do, yet most people are not experts in this field.

There are a number of agencies in York Region that do have the expertise and resources to respond to elder abuse and take action. These agencies are profiled beginning on page 13. Caregivers and service providers are encouraged to contact one of these agencies as soon as elder abuse is observed or suspected. In many cases these concerns can be held in confidence.

These guidelines are not intended to provide background information on elder abuse. However there are two excellent websites on Page 12.



Introduction

The goal of these guidelines is to help you recognize and respond to elder abuse when you see it or suspect it. It's a quick and easy tool to get you started and to let you know what to do.

The Decision Tree/ Plan of Action chart on page 10 is a practical tool for helping you decide. If you work for an organization, follow the policy of your employer. If you are on your own, call one of the agencies listed below. Each one is ready to respond and take action when elder abuse occurs:

- Community Care Access Centres
- York Regional Police
- Emergency Medical Services
- Geriatric Emergency Management nurses in our hospitals
- Domestic Abuse & Sexual Assault program at MacKenzie Health Centre
- Victim Services of York Region

You will find a profile for each of these first responders beginning on Page 13. These profiles include what services the Agency provides, hours of operation, and contact information. You can call any one of them if you have concerns.

Understanding Elder Abuse

Many factors can be involved in elder abuse. It's important to keep them in mind before you decide that someone is being abused. Then decide if there is something you can do to help in a way that will keep the senior safe.

Here are some reasons why a senior may not want to talk about abuse:

The relationship:

Think about the relationship between the senior and the person who may be abusing them. Often there is an imbalance of power, or the senior may be dependent on the abuser. The possibly abusive person may have control over the senior's money, over decisions regarding their care, or the abuser may be the care taker themselves.

Ask yourself what might happen if the senior reports the abuse. Is there a risk that the possible abuser would seek revenge or further harm the senior? If that is the case, talk to a professional you trust or call one of the first responder agencies listed in these guidelines beginning on page 13.

Fear or shame on the part of the senior:

Often the person who is controlling or abusing a senior keeps power over them by frightening the senior with threats. It's important to ask the senior if they are afraid of the potential abuser and what they think might happen if others find out about the situation. If the abusive person is a family member, the senior may not want to speak about what is happening. They may be ashamed that their loved one is treating them in an abusive manner. Or, the senior may feel embarrassed that they are dependent on someone. The abusive relative may take advantage of these feelings. The abuser may tell the senior that if they report the abuse the senior will "end up" in a home or will be alone. Being aware of these issues may help you speak to the senior about what is going on.

Uncertainty about the behaviour:

A senior may not recognize that what is happening to them is abuse. Sometimes emotional abuse is not considered abusive behaviour. In some cultures abuse may be referred to as a "lack of respect". If the abuse involves money the senior may not be aware of what is going on. When you talk to a senior you can assure them that they have the right to make decisions about their life (assuming that they are competent) and that there is help for them.



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The senior may not have the necessary language skills to explain to you what is happening. They may not speak English, or they may have difficulty talking.

Threats:

The senior may be afraid to reveal what is happening to them because they have been threatened by the abusive person. Threats may range from being put in an institution, to threats of harm to the senior or a loved one. The senior believes that the threats are real so it is important to re-assure them that you will not discuss their situation with the abuser. Do not challenge, confront or question the person who may be abusive as this could result in more harm.

Key points to consider when you respond to elder abuse disclosure:

- the safety of the senior, both now and in the future
- signs that the senior is being abused (see How to Recognize Elder Abuse on page 5)
- who would be appropriate and safe to discuss the information with
- who you can contact to discuss next steps in the process
- document what you have seen and any discussions you have had with the senior and others

Other things to remember about elder abuse:

- Culture: culture affects how seniors are seen within the family and in the community. It also influences how seniors understand themselves, including their sense of worth or value.
- Language: language affects the senior's ability to communicate. It can also affect the meaning of specific words. In some cultures the word abuse does not exist.
- Location: where the senior lives (e.g. town or rural) affects available services.
- Handicaps: limited mobility, poor vision or hearing loss can make a person more vulnerable.
- People differ in their ability to cope with stress. Seniors should set their own limits and decide for themselves when abuse becomes unbearable.

How to Recognize Elder Abuse

If you are a caregiver of seniors and work for an organization, you should follow agency policy for reporting any concerns you may have. You may be required to report what you see or hear to your supervisor so he/she can investigate the situation and decide what to do.

Type	Recognize Red Flags	Questions to ask yourself	Questions to ask the Senior
Financial	<ul style="list-style-type: none"> - Change in appearance, for example, clothing in poor condition. - Appears confused about his/her banking - Banking occurs in the presence of a relative, caregiver or stranger who may be getting money from the senior or changing accounts to include them. 	<ul style="list-style-type: none"> - Does the senior appear to live in a different standard than the others living in the house? - Has there been a sudden change in standard of living, change of residence or living arrangement? - Does the senior refuse to spend money without consulting family? - Is there an unexplained or sudden inability to pay bills, account withdrawals, changes in their will, giving Power of Attorney or disappearance of property? 	<ul style="list-style-type: none"> - Have you ever been asked to sign papers you didn't understand? Will you tell me about it? - Does anyone ever take anything from you or use your money without permission? Can you give me an example? - Who takes care of your money? Are you comfortable with how they handle your money? - Do you have any close family members who abuse drugs/alcohol or has mental illness? How does this affect you?
Physical	<ul style="list-style-type: none"> - Change in hygiene, grooming - Inappropriate dress for the season - Skin shows signs of dehydration; lacerations, burns; bites - Bruises in unusual locations (e.g. breast, chest, abdomen, extremities) - Multiple admissions for fractures, unexplained injuries, history of accidents - Prescriptions not refilled as needed or over- medication. 	<ul style="list-style-type: none"> - Is the senior anxious around the possible abuser? - Is the senior isolated from everyone with no access to a phone or a lifeline? - Is there evidence of poor hygiene, a lack of medical aids? For example requires a walker or hearing aid and does not have one. - Are there unexplained injuries (for instance grip marks on the forearm)? - Have you spoken to the senior about safety planning and community resources? 	<ul style="list-style-type: none"> - Does anyone ever touch you in a way you do not want? - Is there a time recently when someone made you do something you didn't want to do? - Does anyone ever try to harm or hurt you? Will you tell me about it? - Do you have any close family members who abuse drugs or alcohol, or has mental illness? How does this affect you?



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Type	Recognize Red Flags	Questions to ask yourself	Questions to ask the Senior
Sexual	<ul style="list-style-type: none"> - Difficulty sitting or walking - Bloody stained clothing - Bruising and swelling in a vaginal/rectal area - Unexplained sexually transmitted disease or genital infections - Reddened, itching, painful genital area, vaginal/anal bleeding. - Behaviour changes such as withdrawal, fear, depression, anger, insomnia, increased interest in sex or aggressive behaviour. 	<ul style="list-style-type: none"> - What have you observed about the nature and quality of the relationship with the possible abuser the conditions if the home - Have you spoken to the senior about safety planning and community resources? - Have you documented all the evidence? Files could be used for court in the future. Use quotes from senior. 	<ul style="list-style-type: none"> - Does anyone ever touch you in a way you do not want? - Is there a time recently when someone made you do things you didn't want to do? - Does anyone ever try to harm or hurt you? Will you tell me about it? - Do you have any close family members who abuse drugs or alcohol, or have a psychiatric or mental illness? How does this affect you?
Psychological	<ul style="list-style-type: none"> - Communication with the potential abuser includes changes in tone of voice, verbal aggression, insults, threats, lack of eye contact, or glaring at the senior. - Senior appears depressed, afraid, anxious or withdrawn. - Behaviour changes when the potential abuser enters or leaves the room. 	<ul style="list-style-type: none"> - Have you noticed sudden changes in the senior's behaviour (e.g. depressed rather than content?) - Does the senior appear fearful of family and/or caregivers? - How do family members behave towards the senior? Are they verbally abusive? Do they always speak for the senior? 	<ul style="list-style-type: none"> - Can you tell me about a time that someone talked to you or yelled at you in a way that made you feel bad about yourself? - Does anyone ever scold or threaten you? Can you give me an example? - Does anyone ever tell you that you are sick when you know you aren't? Can you give me an example? - When was the last time you got to see relatives or friends? - Do you have any access to a telephone? If not why not?
Neglect	<ul style="list-style-type: none"> - Inadequate staffing in institutions, improper feeding techniques can lead to choking, aspiration, pneumonia - Poor nutritional status - Soiled clothing or bed linens -home is dirty or in disrepair - Prescriptions not filled as needed - Pattern of missed or cancelled medical appointments - Lack of privacy; possible abuser is always present at visits and reluctant to leave the senior to speak privately - Needed medical/health aids not available - Untreated medical condition due to possible abuser not seeking assistance, e.g. open sores 	<ul style="list-style-type: none"> - Does the caregiver appear indifferent to the needs of the senior? - Is there evidence of no company/visitors coming to see the senior? - Is the senior left alone for long periods of time with no stimulation or any other activities provided? - Are service providers never alone with the person? Does someone else always answer questions on behalf of the senior? - Does the person live in the basement while the rest of the family live upstairs? Is the senior physically able to climb the stairs and get to the rest of the house? - Is the senior living in unsafe living conditions such as filth, fire hazards, no heat, hoarding, etc? 	<ul style="list-style-type: none"> - Are you getting all the help you need? - Are you having any problems getting to_____ (doctors office, pharmacy, etc) - Are you alone a lot? - Does anyone ever let you down when you need help? - Do you always have enough food and clean clothes? - Do you always get the medicine you need? - When was the last time you got to see relatives and/or friends? - Do you have easy access to a telephone? If not why not? - Do you have the glasses/dentures/ cane that you need? If not why not?

Assessing Risk

Level A: Obvious signs of abuse – Emergency Immediate response needed

If you observe an abusive situation it is important to consider how quickly you need to respond to it. Some situations require immediate action. (If you are an employee of an agency, follow the policy of your employer, which may be to call your manager first).

Situations that fall into this category include:

- a) Physical assault, theft, bullying, etc., call 911 or someone you trust, such as your manager.
- b) Medical issues that are life threatening and require immediate attention e.g. serious fall, serious injury, or worsening of an already diagnosed illness.

Call 911

Level B: Signs of abuse but emergency response not needed.

Most circumstances do not require immediate action but do require some kind of response. Before deciding what to do consider these four factors:

- a) Capacity
- b) Consent
- c) Support Systems
- d) Community Resources

a) Capacity:

A senior should be considered capable unless determined otherwise. However, capacity can change over time. The senior may be capable of making decisions about some things, e.g., deciding what to eat, but not others, e.g., managing money.

Other factors that can influence the senior's capacity include, but not limited to, medical condition, medications, time of day, nutritional status, dehydration, etc.

Here are some questions to consider to help you assess capacity. Ask the senior:

- What problems are you having right now? (Does senior understand his/her situation?)



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- What could happen if you stay in this situation? (Is senior able to understand what may happen as the result of a decision or lack of decision?)

b) Consent:

Seniors should be asked what they want to happen. Invite the senior to take part in the decision making process. Even in situations where the senior is not capable, the cooperation of the senior is more likely to result in success.

c) Support Systems:

Finding significant others who can support the senior is important. If you suspect the abuser is a family member, try to identify other trustworthy family members or friends.

d) Community Resources:

Other emergency response systems can include shelters and respite beds, support services such as personal care, meals on wheels, counseling and support groups, local community and police resources.

Level C: No clear indicators - observe the situation

A senior may be in a situation where abuse could occur but there are no clear signs of abuse. In this type of situation you should simply continue to observe the situation and keep in contact with the senior. Educating the senior about their rights could decrease their vulnerability to abuse in the future.

Factors that may increase the risk of abuse should be noted. They could apply to the senior, the caregiver or both. Risk factors could include but are not limited to:

1. health - physical and mental
2. financial security
3. stability of current living situation
4. substance use/abuse
5. dependence
6. isolation
7. violence
8. care giver burn out/inexperience

A Word About Documentation

If you are a caregiver, you often work very closely with seniors and you can be in a position to identify that abuse is or may be happening. The senior may tell you about abuse or you might see it for yourself. If you feel that something is not right, then you need to tell your manager or supervisor. If you work in a Long Term Care facility or Retirement Home by law you must report any suspicions about abuse. If you do not have a manager or supervisor, you need to tell someone you trust.

You may already have a responsibility to do charting for the care that you provide to a senior. If you are not sure that abuse is happening, you might choose to write down information but not in the patient chart – this chart can be looked at by anyone with access to the home, including the potential abuser. Many organizations do not want their staff to write down client information and keep it. They prefer the caregiver call their manager to discuss any concerns. However, some caregivers may not have this option or are not sure if what they have seen or heard really is abuse. If you do write down details that worry you, do not identify the client using a name or address and keep the information safe and secure.

Sometimes writing down details and facts that are related to elder abuse can become important. These facts and observations can be useful to decide on a plan that would be the most helpful to the senior. These facts can also be used if a case of abuse leads to criminal charges.

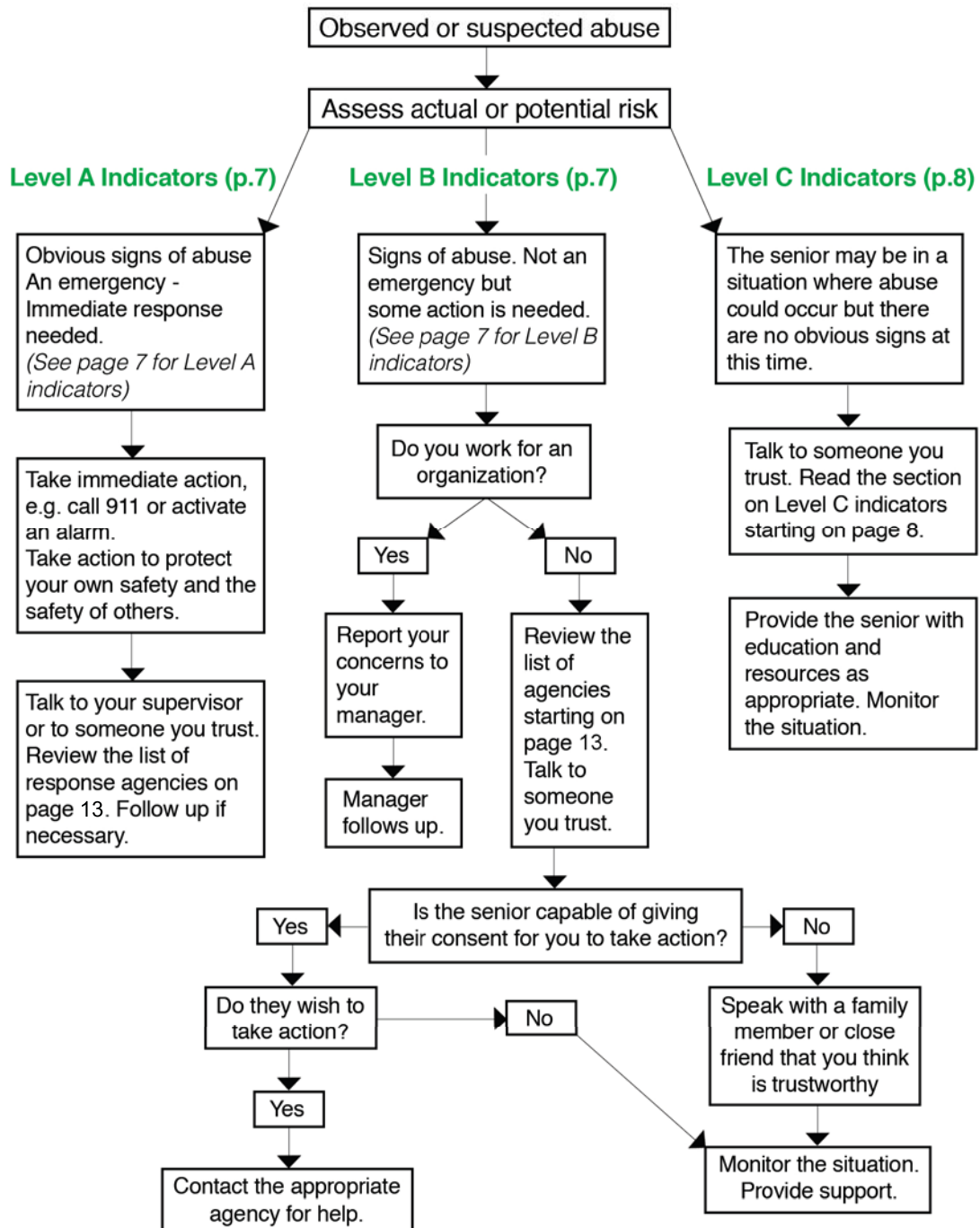
Helpful Hints

Describe or write down:

- Only facts or information that you are sure about
- The dates and times that you have been with the senior and anything that you have seen or heard
- What the patient or potential abuser says word for word (use quotations)
- The location, size, colour of any physical injuries that you have seen
- Signs of neglect, such as broken dentures, broken glasses, dirty clothes or living environment
- The emotional state of the senior, such as sad, weepy, withdrawn, nervous or fearful. What do you see or hear that makes you think this is the way the senior is feeling? Are they crying or not talking or pulling away when you try to get close to them?



Decision Tree / Plan of Action



Take Time to Reflect

Checklist

Think about your knowledge of the situation and consider the following questions:

- Is this a “duty to report” situation i.e. the senior lives in either a retirement home or a long term care home?
- Does the senior live in the community or are they in another institution not covered by mandatory reporting e.g. group home, hospital?
- What type(s) of abuse is occurring?
- Has the abuse been witnessed or is it suspected?
- Is the senior “capable” or “incapable” or is this a “grey area”
- Is the senior asking for help or is the request coming from an alternate?
- Has a trusting relationship been created?
- Do they live in a rural or urban area which may affect resources and services available to them?
- Are there any services going into the home?
- Are there cultural considerations that need to be taken into account?
- Are there any language barriers?
- Is the senior ready to act?
- Who needs the help: senior, caregiver?
- Will the response be senior-directed or by someone else?
- Is protection required?

Summary

- Any abuse, no matter how small it may seem, should be taken seriously.
- Advice and help is readily available.
- Consult the decision tree on Page 10 to decide what to do.
- If you work for an organization, follow their policies on reporting abuse. In long term care facilities and retirement homes, reporting is mandatory.
- If you are on your own, contact one of the organizations listed in these guidelines.



Duty to report: Legislation

In Ontario there is specific legislation regarding the duty to report elder abuse in certain circumstances. It is important that organizations that work with seniors in retirement home facilities and long term care facilities and their staff are aware of their duties in relation to these acts.

- The Long Term Care Homes Act if victim is a resident and potential or suspected abuse/neglect as defined by that act. Contact 1-866-434-0144.
- The Retirement Homes Act if the victim is a tenant/resident and potential abuse neglect as defined by that act. Contact 1-855-275-7472.

Even when there is no legal obligation to report abuse, it's important to tell someone you trust about your concerns, no matter how big or how small. This could be your supervisor or you could call one of the agencies profiled beginning on Page 13.

For More Information

Elder Abuse Ontario
www.elderabuseontario.com

National Initiative for the Care of the Elderly
www.nice.net



York Regional Police

Contact Information: Police Headquarters, 47 Don Hillock Drive, Aurora, ON L4G 7C6

Police Districts: #1 District - 240 Prospect Street, *Newmarket*

#2 District- 171 Major MacKenzie Drive West, *Richmond Hill*

#3 District- 3527 Baseline Road, *Sutton*

#4 District- 2700 Rutherford Road, *Vaughan*

#5 District- 8700 McCowan Road, *Markham*

Emergency: 911

Non-Emergency: 905-881-1221 or 905-830-0303

Community support: Seniors Safety Officer (905) 881-1221 ext. 6697

Victim Assistance Officer (905) 881-1221 ext. 6649

Area Served: York Region

Hours of operation: Emergency Service: 24/7

Mission Statement

We will ensure our citizens feel safe and secure through excellence in policing.

VISION – INSPIRED

MISSION – FOCUSED

VALUES - DRIVEN

Supports and Programs: The Seniors Safety Officer and Victim Services Officer are responsible for addressing issues related to seniors and crimes against seniors.

Response to Suspected/Observed Elder Abuse:

York Regional Police conducts thorough investigations into all allegations of elder abuse to determine if a criminal offence has occurred and if charges are warranted.

York Regional Police provides assistance to victims of elder abuse and engages various community partners to provide support and guidance.

York Regional Police in conjunction with other community agencies focuses on proactive initiatives and crime prevention techniques to address elder abuse.



Central Community Care Access Centre

Contact Information:

Newmarket

1100 Gorham Street, Unit 1
Newmarket, ON L3Y 8Y8
905-895-1240

Richmond Hill

9050 Yonge Street, Suite 400
Richmond Hill, ON L4C 9S6
416-222-2241

Sheppard

45 Sheppard Avenue East, Suite 700
North York, ON M2N 5W9
1-888-470-2222

Web access to health and community services
www.centralhealthline.ca

Area Served: Central CCAC provides high quality at-home and in-community care for patients of all ages in South Simcoe, York Region, North York and parts of the former Toronto municipalities of Etobicoke and York.

Hours of operation: 8:30 am to 8:30 pm 7 days a week, 365 days a year.

Mandate: Each year, Central CCAC provides important health services to over 70,000 people returning home from hospital or living in the community with complex medical conditions. We help people get the nursing, physiotherapy and at-home support they need in their homes and communities. We also provide information and connect people to a range of services to support patients and caregivers, such as meals on wheels, transportation and adult day programs. Working with the Central Local Health Integration Network, primary care providers, hospitals, long-term care homes and other community partners, Central CCAC provides quality care that meets the changing needs of patients.

When to Access this Service: Patient requires assistance with care at home, home visit and assessment is completed. Coordination of in home care services. Linking to other community resources such as Day Programs, Assisted Living or Long Term Care

Response to Elder Abuse: Respond to patient and caregivers concerns; provide support to patients and caregivers, collaborate with other health care agencies, and other community resources to develop plan of care. Facilitate communication and application process to other community agencies.

Emergency Medical Services (Paramedic)

Contact Information: 911 in Emergency situations

Non-emergency: York Region EMS
80 Bales Drive East, Sharon, Ontario
L0G 1V0

Telephone:
(905) 830-4444 ex. 74713
chris.spearen@york.ca
Monday to Friday, 8:30 am – 4:30 pm

Area Served: York Region

When to access this service: Access this service in emergency to request paramedics

Response to suspected / observed elder abuse:

Paramedics will respond to all requests for service and provide emergency medical assistance and transport to a hospital if required. Paramedics also document all assessment findings and collaborate with other healthcare professionals to ensure clients' needs are addressed.



Geriatric Emergency Management (GEM) Nurse

Contact Information

Southlake Regional Health Centre

596 Davis Drive, Newmarket, ON L3Y 2P9

Telephone: 905-895-4521 ex. 6468

Hours of Service: 7:30 am – 7:30 pm (most days)
Including weekends and holidays

Mackenzie Richmond Hill Hospital

10 Trench Street, Richmond Hill, ON L4C 4Z3

Telephone: 905-883-1212 ex. 7219 or 7986

Hours of Service: 7:00 am – 6:00 pm Monday to Friday (most days)

Markham Stouffville Hospital

381 Church Street, Markham, ON L3P 7P3

Telephone: 905-472-7373 ex. 6007

Hours of Service: 8:30 am – 4:30 pm Monday to Friday

Area served: York Region

Mandate: To assess frail seniors in Emergency Departments and link to community services.

When to Access this Service: to obtain comprehensive geriatric assessment that may involve suspected or confirmed elder abuse, to obtain health care treatment as it may relate to abuse, to link to in-house services such as social work or crisis worker, to provide a safe haven for an individual, to link to community resources such as York Regional Police, Adult Day Program, DASA, etc.

Response to suspected/confirmed: inquire and investigate via interviews with family, friends, neighbours, health care providers to determine if evidence collected confirms abuse (or heightens one's suspicion), document all findings, collaborate with the health care team members and community resources and the patient/family to develop a plan of safe care.

The Domestic Abuse and Sexual Assault (DASA) Care Centre of York Region

Contact Information: Mailing Address

- a) Emergency Services at Mackenzie Richmond Hill Hospital,
10 Trench St, Richmond Hill, ON, L4C 4Z3
- b) Outpatient Services at 955 Major Mackenzie Dr. W, Suite 362,
Vaughan, ON, L6A 4P9

Phone numbers:

- a) Mackenzie Richmond Hill Hospital 905-883-1212
- b) Outpatient Services 905-832-1406 (2)
- c) Toll Free: 1-800-521-6004

Fax: 905-832-0720

Email: dasa@mackenziehealth.ca

Website: www.mackenziehealth.ca

Area Served: York Region

Mandate: The DASA Care Centre is a regional centre for the care of victims/survivors of sexual assault and domestic abuse. Services are provided by healthcare professionals who are specially trained in forensic and trauma related to abuse and assault. The centre also provides client counseling as well as support to family members and caregivers.

Hours of Operation: The emergency service response is available 24/7 and can be accessed via the emergency department at Mackenzie Richmond Hill Hospital. The outpatient clinic is open during business hours and an appointment can be made by calling the office.

Response to suspected/confirmed: The DASA Care team will provide a forensic physical assessment, documentation of injuries and collection of forensic evidence for an elder person who reports or when there is a suspicion of a physical or sexual assault. The team also has training in the dynamics of abuse and can assess risk of re-assault, work with a multi-disciplinary team to plan for safety and provide support.



Victim Services of York Region

Contact Information:

Address: 16775 Yonge St., Unit 200B, Newmarket ON L3Y 8J4

Website: www.victimservices.yrp.ca

Email: victimservices@yrp.ca

Telephone: 905-953-5363

Hours of Service: 24 hours day/7 days week by calling main telephone number

Area Served: York Region

Mandate: Victim Services of York Region is a non-profit, charitable, community based organization working in partnership with York Regional Police, the Ontario Provincial Police, Aurora detachment, and York Region Fire Services to meet the short-term needs of victims of crime and tragic circumstance by providing emotional support, practical assistance, and referrals to community resources for continued support. Service delivery is based on the principles of empowerment and prevention through education and advocacy.

Response to suspected/confirmed: It is the vision of Victim Services of York Region Inc. that all persons who have been victimized by crime or tragic circumstance in the Region of York receive an immediate, caring, skilled, effective, and supportive coordinated response with an emphasis on compassion and respect for personal dignity and privacy. Victim Services of York Region will work with primary and secondary victims of Elder Abuse to respond to immediate emotional needs and facilitate support with ongoing needs through referrals to community resources.

Members of the Committee that created this resource:

- Annie Hayward, *Geriatric Emergency Medical (GEM) Nurse, Southlake Regional Hospital*
- Robyn Kassam, *Senior Safety Officer, York Regional Police*
- Marian Law, *Retired Senior, Chair of the Committee*
- Linda Reimer, *Team Leader, Domestic Abuse and Sexual Assault (DASA) Care Centre of York Region, Mackenzie Health*
- Debra Sayewich, *Director of Marketing, Preferred Health Care Services, Richmond Hill*
- Chris Spearen, *York Region Emergency Medical Services (EMS)*
- Tatiana Diamond, *Senior Manager, Client Services, Central Community Care Access Centre (CCAC)*
- Lisa Woodcock, *Program Manager, Victim Services of York Region*

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Qualicare Family Home Services, *Vaughan*
Home Care Assistance, *Vaughan*
Comfort Keepers, *Newmarket*
Preferred Health Care Services, *Richmond Hill*
Central Community Care Access Centre
Victorian Order of Nurses, *Ontario Branch, Toronto-York Site*
Regional Nursing Services
Alzheimer Society of York Region
Ministry of the Attorney General, Victim/Witness Assistance Program
Revera Home Health, *GTA*



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