

C.H.S.L.D. BAYVIEW INC.	Directorate: Administration Service Area: Client Services	
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Policy and Procedure Regarding Mistreatment of Seniors and Adults in Situations of Vulnerability

POLICY:

The residents of CHSLD Bayview (Bayview) have the right to receive services in a secure and caring living environment and to be treated with respect.

This policy reflects the legal and ethical obligations of Bayview to prevent and address all forms of mistreatment of the residents and the commitment of the Executive Director to ensure a culture of well-treatment. The Quebec Act to Combat Maltreatment* defines the terms of reference and the context for obligatory reporting of mistreatment of residents in long term care. This legislation is intended for the protection of the elderly and those who are in situations of vulnerability that receive care and services in the health and social service system.

*(In this document, Bayview uses the term mistreatment to replace maltreatment)

The person responsible for the implementation of this policy (PRMOP) is Johanne Watts, Director of Quality Programs and Resident Services. She can be reached at jwatts@chslDbayview.com or 514-695-9384 ext 229.

Terms of reference:

To facilitate understanding of this document, the following terms of reference and definitions are provided.

Mistreatment:

A single or repeated act, or lack of appropriate action, that occurs in a relationship where there is an expectation of trust, and that intentionally or unintentionally causes harm or distress to a person. (*Act to Combat Maltreatment; Art. 2, par. 3*)

Person in a vulnerable situation:

A person of full age whose ability to request or obtain assistance is temporarily or permanently limited because of factors such as constraint, illness, injury, or handicap, which may be physical, cognitive, or psychological in nature, such as physical or intellectual disability or autism spectrum disorder. (*Act to Combat Maltreatment; Art. 2, par. 4*)

Person working for the establishment:

A physician, dentist, midwife, staff member, medical resident, trainee, volunteer, or other natural person who provides services directly to a person on behalf of the establishment. (*Act to Combat Maltreatment; Art. 2, par. 5*)

Effective Date: September 2018
Revised: July 2021, December 2022, March 2024

Approved by Senior Management

Terms of reference (Cont'd):*Person Working for the Institution:*

A physician, dentist, midwife, personnel member, medical resident, trainee, volunteer or other natural person who provides services directly to a person on behalf of the institution; (Act to Combat Maltreatment; Art. 2 par. 5)

Health and Social Services Provider:

Any person who, in the exercise of his or her functions, directly provides health services or social services to a person, on behalf of an institution, private seniors' residence, intermediate resource or family-type resource, including a person who carries on activities described in sections 39.7 and 39.8 of the Professional Code ([chapter C-26](#)) as well as the operator of, or the person responsible for, the residence or the resource, if applicable;

User or Resident (Senior or Adult in a Situation of Vulnerability):

The person who receives care or services from the establishment or from a person who provides direct care to the user on behalf of the establishment.

Guiding Principles:

The application and respect of the following guiding principal statements will help us to achieve the objectives of the policy.

Zero tolerance: No form of mistreatment is tolerated at Bayview.

Proactive: Bayview adopts a proactive attitude to prevent and address mistreatment of the residents and will approach the issue with openness and transparency.

Respect for the rights and needs of the residents: Bayview ensures respect of the resident's rights as described in the Health and Social Services Act. We consider the resident's needs to provide quality care and services.

Consent to care and services: Unless otherwise provided by law, the user's consent must be obtained before any treatment or service is provided.

A safe care and work environment: Bayview takes reasonable measures to ensure a safe environment that promotes a culture of respect and transparency for the residents and those who work for the establishment.

Consultation and partnership

To ensure the application, respect and sustainability of the policy and procedure against mistreatment developed by the establishment, it is essential that consultation and partnership between the various players be considered essential, i.e. professionals, management or activity sectors, associations and organizations representing RI-RTF, user and resident committees, and unions.

The objectives of this policy are to:

- Ensure the safety, well-being and quality of life of the residents;
- Rapidly identify and address situations of mistreatment in order to reduce the consequences and risk of recidivism;
- Support continuous improvement of clinical and organizational practices and the quality of services;
- Promote a care and work environment that is respectful, secure and welcoming;
- Support people in their efforts to counter mistreatment, especially to report a situation or to file a complaint with the Service Quality and Complaints Commissioner (SQCC);
- Inform and equip all persons working for Bayview about the importance of and their obligation for reporting mistreatment.
- Inform service providers, volunteers, residents and their families about this policy;
- Ensure awareness and respect of the Act to Combat Maltreatment.

Values that support this policy:

- *Self-determination*: The action of deciding by yourself for yourself.
- *Well-treatment*: An approach that values respect for all people, their needs, demands and choices, including refusals. It is expressed through attitudes and collaborative know-how, respectful of the values, culture, beliefs, life paths and rights and freedoms of seniors and adults in vulnerable situations.
- *Collaboration*: Action to work together, in common with someone else.
- *Dignity*: The dignity of a person means that they are not an object, but a subject to be respected as they are.

PROCEDURE:

The following processes are in place at Bayview to effectively prevent and manage mistreatment of residents:

- Prevention

“The prevention of mistreatment aims to reduce or even eliminate the incidence of this phenomenon in all living environments of older people. It is based on the promotion of values such as respect for the human dignity, on knowledge of the causes and factors associated with mistreatment and on accountability of all social actors in the fight to reduce this social problem. It has the effect of increasing the degree of collective sensitivity and contribute to the acquisition of respectful attitudes and behaviors towards elders. It creates a climate where those involved will feel more comfortable breaking the silence and take the necessary steps to put an end to the mistreatment.” (*Plan d’action gouvernemental pour contrer la maltraitance envers les personnes aînées 2017-2022*)

PROCEDURE (Cont'd) :**- Awareness**

Bayview implements measures to ensure all concerned are aware about the possibility of mistreatment taking place and what recourse is available. Strategies include:

- The policy and procedure and any updates are made available to all employees. New employees must sign that it has been reviewed and understood during orientation. It is available on Bayview's website.
- Posters are displayed; ongoing reminders are published in newsletters.
- The "Welcome" package for new admissions includes a pamphlet entitled "Recognizing and Reporting Mistreatment."
- Information is made available on how to contact the SQCC and the Residents Committee members for support.

- Education

Ongoing training is provided to all employees and volunteers. The objective of training is to ensure the policy and procedure on mistreatment is known and respected, that all persons who work at Bayview know their responsibilities to report and to provide a basic overview on the definitions and issues linked to mistreatment of vulnerable residents in long term care.

Training on mistreatment and the promotions of a culture of well-treatment is offered during the orientations of new employees, and as a reminder during annual training days. Awareness activities are also organized (quizzes, plays, displays, etc).

Training is also available to employees on the [Environnement numérique d'apprentissage](#) (ENA), including: "Introduction to the fight against mistreatment of seniors or any other adult in a vulnerable situation", "Identifying and reporting a situation of mistreatment towards an elder or any other adult in a vulnerable situation", and "Prevention and management of mistreatment towards residents in CHSLDs", among others. It must be noted that most trainings are offered exclusively in French.

Complaints and reports

Making a complaint or reporting is the action of transmitting information verbally or in writing concerning a situation (suspected or confirmed) of mistreatment to designated people.

While reporting is made by a third person (e.g.: a witness, a relative, etc.), the complaint is made by the person themselves or their representative under article 12 of the LSSSS.

PROCEDURE (Cont'd) :**Mandatory reporting****For who is reporting mandatory?**

Reporting is mandatory for any user housed in a residential and long-term care center.

Who must file the mandatory report?

Any health and social service provider or any professional (e.g.: a nurse, a doctor, a social worker) must make a mandatory report without delay and directly to the SQCC concerned if there is reason to believe, in the exercise of his/her duties, that a person is the victim of mistreatment.

The obligation to report also applies to all persons bound by professional secrecy, except lawyers and the notaries.

Is the consent of the abused person (suspected or confirmed) necessary to make a mandatory report?

The consent of the abused person (alleged or confirmed) or their representative should be sought, but not required.

To whom must mandatory reporting be made?

The mandatory report must be made without delay and directly to the SQCC concerned (contact details in the *Complaints* section below).

What are the confidentiality measures for mandatory reporting?

The confidentiality measures taken by the SQCC concerned in the case of mandatory reporting are:

“The implementation of measures to reinforce the prohibition on reprisals in response to any report— mandatory or not—of a potential or confirmed case of maltreatment, namely:

- Informing all individuals working for the Montréal West Island IUHSSC that there will be sanctions in the case of direct or indirect reprisals targeting an individual who has reported a case of maltreatment;
- Preserving the anonymity of the individual working for the Montréal West Island IUHSSC who makes the report (meeting outside of the workplace, outside of working hours, or in a discreet, behind the closed door of a discreet office, etc.).”

Taken from [Policy to Combat the Maltreatment of Seniors and Other Adults in Vulnerable Situations](#)- CIUSSS Ouest-de-l'île de Montréal, p. 17.

PROCEDURE (Cont'd) :

The confidentiality measures taken by our establishment in the case of mandatory reporting are just like those taken by the SQCC, except for the meeting place with the person making the report which is done in a closed and private office at Bayview. Bayview's Policy on Privacy reiterates its importance and is read and signed by all employees upon hire.

Complaints**Who can make a complaint?**

Any user or their representative under article 12 of the LSSSS can file a complaint if they believe they are the victim of mistreatment.

Who should the complaint be made to?

Any complaint can be made to the local Service Quality and Complaints Commissioner (SQCC) concerned using the following contact details:

Office of the Complaints and Service Quality Commissioner - CIUSSS de l'Ouest-de-l'Île-de-Montréal

Lakeshore General Hospital

160, av. Stillview, b. 1289

Pointe-Claire, QC, H9R 2Y2

Toll free: 1-844-630-5125

Email: commissariat.plaintes.comtl@ssss.gouv.qc.ca

Support mechanisms that are available for making a complaint?

See the Support section for anyone involved (below).

What are the confidentiality measures for a complaint?

The confidentiality measures taken by the SQCC concerned in the case of a complaint are held to the same terms concerning the confidentiality of a complaint file, and therefore the user's file, in the case of abuse files. According to article 19 of the LSSS "The user's file is confidential and no one can have access to it, except with the consent of the user or the person who can give consent on his or her behalf".

The confidentiality measures taken by our establishment in the case of a complaint are just like those taken by the SQCC. In addition, the anonymity of the person is protected, and the meetings take place in a closed and private office in Bayview. Bayview's Policy on Privacy reiterates its importance and is read and signed by all employees upon hire.

PROCEDURE (Cont'd):**How long does it take to process a complaint?**

The SQCC processes complaints according to the procedure of the [Health and Social Services Network Complaint Examination System](#) within a maximum period of 45 days.

What are the recourses following the conclusions of the SQCC?

The user or their representative can file a second appeal with the Protecteur du citoyen if the conclusions of the SQCC do not satisfy them.

Protecteur du citoyen

Montreal office: 514 873-2032

Toll free: 1 800 463-5070

Email: protecteur@protecteurducitoyen.qc.ca

Website: www.protecteurducitoyen.qc.ca

Non-obligatory (optional) reporting**Who can make a non-mandatory report?**

Any person who witnesses or suspects a situation of mistreatment (e.g.: a loved one, a visitor, a volunteer, a person working for the establishment who is not subject to mandatory reporting, etc.) can make a report.

Is the consent of the abused person (alleged or confirmed) necessary to report?

Yes.

Who should you report a situation concerning a resident to, if you are not required to report?

Any report concerning a resident should be made directly to the SQCC with their consent or that of their representative (*contact details in the Complaints section above*).

Who can report a situation to which does not concern a resident?

Any report that does not concern a resident can be made to a designated professional in the concerted intervention process (PIC) through the Adult Elder Abuse Helpline (see the PIC and the assistance, assessment and referral centre on abuse sections for more details).

What support mechanisms are available for reporting?

See the *Support section for anyone involved*.

PROCEDURE (Cont'd) :**What are the confidentiality measures for non-mandatory reporting?**

The confidentiality measures taken by the SQCC concerned in the case of non-obligatory reporting are:

“The implementation of measures to reinforce the prohibition on reprisals in response to any report— mandatory or not—of a potential or confirmed case of maltreatment, namely:

- Informing all individuals working for the Montréal West Island IUHSSC that there will be sanctions in the case of direct or indirect reprisals targeting an individual who has reported a case of maltreatment;
- Preserving the anonymity of the individual working for the Montréal West Island IUHSSC who makes the report (meeting outside of the workplace, outside of working hours, or in a discreet, behind the closed door of a discreet office, etc.).”

Taken from [Policy to Combat the Maltreatment of Seniors and Other Adults in Vulnerable Situations](#)- CIUSSS Ouest-de-l'île de Montréal, p. 17.

The confidentiality measures taken by our establishment in the case of non-obligatory reporting are just like those taken by the SQCC, except for the meeting place with the person making the report which is done in a closed and private office at Bayview. Bayview's Policy on Privacy reiterates its importance and is read and signed by all employees upon hire.

Processing time for mandatory and non-mandatory reports

The time limit for processing any complaint or report concerning a case of mistreatment must be adjusted according to the seriousness of the situation.

For more information regarding the processing time for reports, refer to the policy of the public establishment to which the CHSLD Bayview is attached: from [Policy to Combat the Maltreatment of Seniors and Other Adults in Vulnerable Situations](#)- CIUSSS Ouest-de-l'île de Montréal, appendix 5, p. 34.

For more information on reporting, refer to Appendix 1 – Processing of reports.

Support for person involved

All people involved in an abuse situation (e.g.: abused people, loved ones, etc.) can obtain support to make a complaint or report, be accompanied in the process, etc.

Available resources:

PROCEDURE (Cont'd) :**Available resources:****Complaint Assistance and Support Center (CAAP)**

- Assist the user in any process they take to file a complaint with another establishment.
- Provide information to users on how the complaints system works.
- Help the user to clarify the subject of the complaint, write it up if necessary and assist and support them at each stage of the appeal if desired.
- Facilitate conciliation with any organization concerned
- Contribute to user satisfaction and respect for their rights

To contact the CAAP-island of Montreal

4900, rue Jean-Talon W., office 210

Montreal (Quebec) H4Z 1W9

514-861-5998

info@caapidm.ca

<https://www.caapidm.ca/index-2.htm>

Residents' Committee (Users Committee)

- Provide information on resources and possible measures to denounce and put an end to a situation of mistreatment (e.g.: filing a complaint with the SQCC);
- Inform, support, and assist a user who believes they are a victim of mistreatment (and/or their representative) in filing a complaint.

The Bayview Residents' Committee

bayview_residents_committee@hotmail.ca

Assistance, assessment, referral centre on abuse

Refer to the Assistance, assessment, referral centre on abuse section to find out its functions and contact details.

See Appendix 4 for contact details for the Mistreatment Helpline

Specific support measures for employees of the establishment**Assistance, assessment, referral centre on abuse**

Refer to the Assistance, assessment, referral centre on abuse section to find out its functions and contact details.

See Appendix 4 for contact details for the Mistreatment Helpline.

PROCEDURE (Cont'd) :**Prohibition of retaliation**

It is prohibited to take retaliatory measures against a person who, in good faith, makes a complaint or report or collaborates in the processing of a complaint or report.

It is also prohibited to threaten a person with retaliatory measures so that they refrain from making a complaint or report or from collaborating in the processing of a complaint or report.

A retaliatory measure is, for example, the demotion, suspension, dismissal, relocation of a person, or any sanction that adversely affects their employment or working conditions. The displacement of a user, the termination of their lease and the banning or restriction of visits are also examples of retaliatory measures.

Finally, it is prohibited to prosecute a person for having, in good faith, made a complaint or report or collaborated in the processing of a complaint or report, regardless of the conclusions reached.

Sanctions

Administrative, disciplinary, and criminal sanctions may apply in different situations.

Administrative and disciplinary sanctions**Administrative and disciplinary sanctions imposed by the establishment**

When there is mistreatment, Bayview can also impose administrative and disciplinary sanctions.

What are the administrative and disciplinary sanctions for employees, managers, and volunteers?

For employees (including interns) and managers, appropriate disciplinary measures are verbal or written warnings, suspension, or dismissal. A volunteer may be suspended or fired.

Administrative and disciplinary sanctions imposed by other authorities

Individuals and establishments that cause or tolerate mistreatment may also be subject to other sanctions.

PROCEDURE (Cont'd) :**What are the possible sanctions for a member of a professional order?**

A professional order can impose sanctions on its members, for example: reprimands, fines, revocation of permits, revocation of specialist certificates, limitation, or suspension of the right to exercise professional activities, etc.

What are the possible sanctions for an establishment?

Sanctions may be imposed on establishments, for example: appointment of observers, investigations, requirement to submit an action plan, provisional administration of the establishment, suspension, or revocation of a license, etc.

What are the possible sanctions for any person?

Any person can be taken to the human rights tribunal or face penal or criminal prosecution.

Penal sanctions**In what situations can criminal sanctions be applied?**

- Anyone who fails to fulfill their obligation to report a case of abuse without delay commits an offence.
- Anyone who commits an act of mistreatment against a person in a residential and long-term care center, on these premises or while traveling, commits an offense. A person who, in the performance of their duties, commits an act of mistreatment towards an adult user to whom they directly provide health and social services at home on behalf of an establishment.
- Anyone who threatens or intimidates a person or attempts to exercise or retaliates against them on the grounds that they comply with this law, that they exercise a right provided for therein or that they denounce behavior that contravenes it commits an offense.
- Anyone who obstructs or attempts to obstruct in any way the exercise of the duties of an inspector or investigator commits an offense.

Making a request for an investigation which could lead to criminal sanctions.**How can I request an investigation that could lead to criminal sanctions?**

You can contact those responsible by telephone, send a [form](#) by email or post or make a [declaration online](#).

Toll free 1 877 416-8222

Email: maltraitance.die@msss.gouv.qc.ca

PROCEDURE (Cont'd) :

Direction de l'inspection et des enquêtes

Ministry of Health and Social Services

3000, avenue Saint-Jean-Baptiste, 2nd floor, room 200

Quebec (Quebec) G2E 6J5

Consult Quebec.ca for more information on requests for criminal sanctions.

ROLES AND RESPONSIBILITIES

Several people have an important role to play in the fight against mistreatment of people in vulnerable situations. Everyone must collaborate by contributing according to their role. Increased vigilance is expected from all stakeholders concerned by this policy so that everyone acts when a situation of mistreatment is suspected or confirmed.

Table of specific responsibilities:

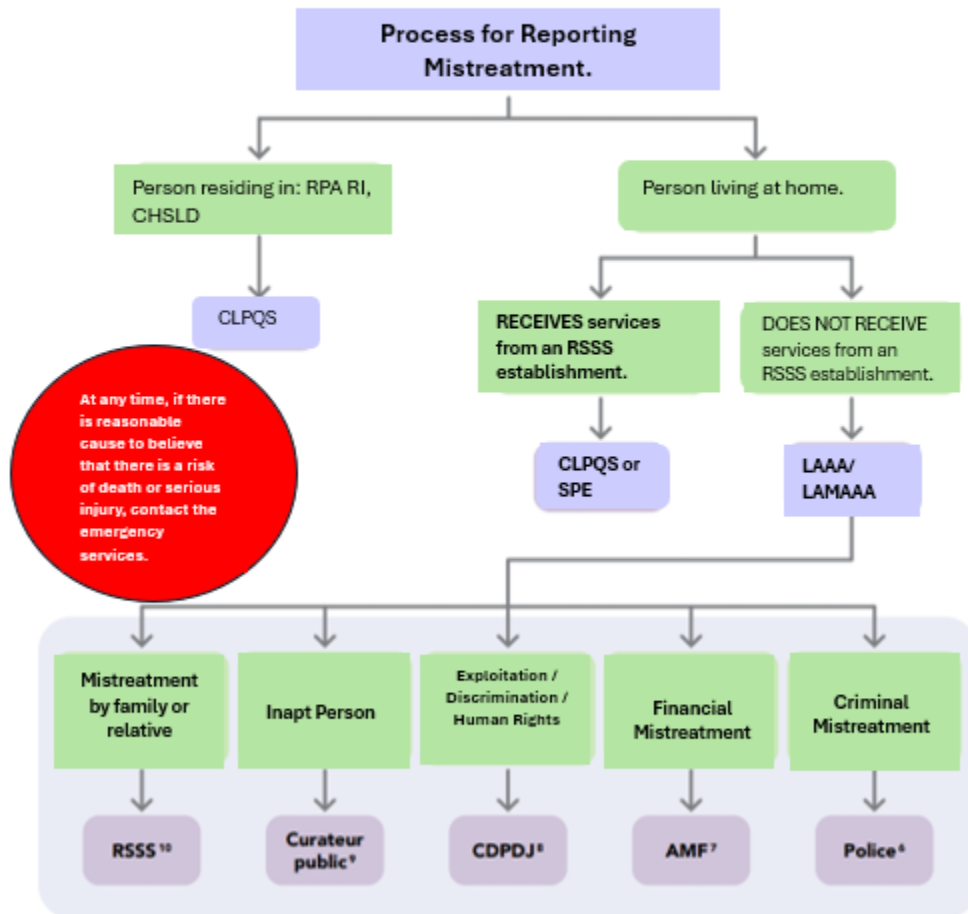
<p>Executive Director (or designated responsible person)</p>	<ul style="list-style-type: none"> ● Commit to promote a culture of “well treatment” (bienveillance) ● Ensure policy development and adoption ● Develop and implement a plan for prevention (awareness and education) ● Ensure reporting procedures are clear and known by all concerned ● Establish and apply strategies to ensure confidentiality and protection from reprisal ● Develop a plan to make the policy known, ensure it is posted on the website ● Ensure ongoing evaluation, revision and required updates are maintained. The policy must be reviewed minimally every 5 years and submitted to the MSSS.
<p>SQCC (CIUSSS)</p>	<p>Address all reports of mistreatment:</p> <ul style="list-style-type: none"> ● Analyze the admissibility ● Prioritize actions according to the nature of the situation ● Evaluate the situation and deliver required follow- up in accordance with who is accused of mistreatment (complaints examination procedure, medical examiner, other) ● Ensure accountability for the interventions to be taken ● Conclude the file (with or without recommendations) ● Ensure the documentation is complete ● Maintain the required statistics ● Report to the Watchdog committee on recommendations made
<p>Medical Examiner</p>	<ul style="list-style-type: none"> ● Apply the complaints examination procedure to investigate the facts when a doctor, dentist, pharmacist is the accused

ROLES AND RESPONSIBILITIES (Cont'd)

Directors	<ul style="list-style-type: none"> ● Ensure the application of this policy in their respective service areas. ● Develop and implement strategies for mistreatment prevention and contribute to the development of training and education. ● Monitor for all situations that could potentially lead to mistreatment and intervene if required. ● Collaborate with the SQCC in the investigation process. ● Intervene to address reported situations of mistreatment. ● Provide support to ensure the security and well-being of all concerned.
Supervisors	<ul style="list-style-type: none"> ● Lend clinical support in order to prevent, identify, report and intervene in all situations of suspected or confirmed mistreatment. ● Contribute to quality improvement initiatives to prevent or follow up on situations of mistreatment. ● Report suspected mistreatment to the SQCC
Persons who work in Bayview	<ul style="list-style-type: none"> ● Apply and respect this policy and procedure. ● Ensure that residents are well treated through actions that foster well-being, respect for dignity, self-fulfillment, self-esteem, inclusion and personal safety. ● Be aware of and monitor for signs of mistreatment. ● Report any situations of alleged mistreatment as per the procedure. ● Support and refer residents to the appropriate resources. <p>(Employees who are members of a professional order have an obligation to respect their order's Code of Ethics)</p>
Union Representatives	<ul style="list-style-type: none"> ● Ensure the application and respect of this policy and procedure by their members. ● Offer support to any member who is suspected of having mistreated a resident. ● Contribute to the development of education and training related to mistreatment.
Watchdog Committee	<ul style="list-style-type: none"> ● Ensure the appropriate follow-up to all recommendations made by the SQCC. ● Contribute to the coordination of activities to ensure the quality and safety of services and respect of the resident's rights.
Residents Committee (Users Committee)	<ul style="list-style-type: none"> ● Provide residents with information concerning their rights and obligations. ● Support and/or assist any resident who has presented a complaint or reported any mistreatment.

Annex 1- Processing of Reports

Law aimed at combating mistreatment of seniors and any other adult in a vulnerable situation.



1. Mandatory reporting

Are required to report:

Any health and social services provider or any professional within the meaning of the Professional Code (Chapter C-26 of the Act) who, in the exercise of his duties or his profession, has reasonable grounds to believe that a person who is the victim of mistreatment must report it immediately.

Reporting is mandatory for:

- An adult user whose inability to take care of himself or administer his property has been established by a medical evaluation.
- A person housed in a residential and long-term care center (CHSLD).
- A resident in a vulnerable situation in RPA
- A user in an intermediate resource or a family-type resource.
- An incapacitated person under guardianship, curatorship or under an approved protection mandate.

2. Role of the SQCC (for all reports)

- The SQCC is responsible for examining user complaints. They are also responsible for processing reports made within the framework of the anti-mistreatment policy.

3. For a person who resides at home and who receives services from an RSSS establishment, reporting is mandatory to the SQCC for:

- A person who is unfit according to a medical evaluation.
- A person under guardianship, curatorship or under an approved protection mandate.

4. Non-obligatory reporting

- Any non-obligatory report can be made to the SQCC or follow the establishment policy with the consent of the person.

5. Roles of the Mistreatment Helpline

- Receive a call from someone requesting information or support.
- Evaluate the situation.
- Provide information on available resources and possible recourse.
- Direct the person to the authority best able to help them, including designated PIC stakeholders, when making a report.
- Follow up and support the person, if necessary.

6. Police

“A police force, where the facts in support of the complaint or report could constitute a criminal or penal offence” (*Ref.: Article 17, paragraph 2 of the [Act to combat maltreatment](#)*)

7. Autorité des marchés financiers

“The Autorité des marchés financiers, in a case of financial abuse committed by a person subject to its regulation” (*Ref.: Article 17, paragraph 5 of the [Act to combat maltreatment](#)*)

8. Commission des droits de la personne et des droits de la jeunesse

“The Commission des droits de la personne et des droits de la jeunesse, where the facts in support of the complaint or report could constitute a case of discrimination, exploitation or harassment within the meaning of the Charter of human rights and freedoms ([chapter C-12](#)); of the person” (Ref: Article 17, paragraph 4 of the [Act to combat maltreatment](#))

9. Public Curator

“The Public Curator, where the person is under tutorship or a protection mandate has been homologated for the person, or where the person’s incapacity to care for himself or herself or administer his or her property has been ascertained by medical assessment but the person is not under a protective measure” (Ref.: Article 17, paragraph 3 of the [Act to combat maltreatment](#))

10. RSSS

“An integrated health and social services centre, a local authority and the Cree Board of Health and Social Services of James Bay” (Ref.: Article 17, paragraph 1 of the [Act to combat maltreatment](#))

11. Roles of designated PIC stakeholders

- Check if the situation is one of mistreatment.
- Check if the situation corresponds to the mandatory reporting criteria.
- Check whether or not the alleged abused person accepts services.
- Follow the authority’s protocol for tracking requests for support or services.
- Complete the harmonized reporting tool (tool to be developed).

Annex 2 – Terminology

FORMS OF MISTREATMENT

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 appropriate action to meet his or her needs.

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

Unintentional mistreatment: The person did not intend to cause harm or did not understand the harm being caused.

N.B:

- A situation of mistreatment can involve multiple types of mistreatment.
- Ageism is a personal and social issue that calls for actions on both of these fronts.
- There are issues of violation of rights in all types of mistreatment.
- Mistreatment occurs in a context that must be considered by each of the actors involved.
- It is important to assess the signs and situation to avoid drawing hasty conclusions or labelling people.

THE SEVEN TYPES OF MISTREATMENT (categories)

Psychological mistreatment

Attitudes, words, gestures or absence of appropriate actions that negatively affect an individual's psychological well-being or integrity.

Violence: Emotional blackmail, manipulation, humiliation, insults, infantilization, verbal and non-verbal threats, disempowerment, excessive monitoring of activities, comments that are xenophobic, ableist, sexist, homophobic, biphobic, transphobic, etc.

Neglect: Rejection, indifference, social isolation, disinterest, insensitivity, etc.

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

NB: Psychological mistreatment is 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

Attitudes, words, gestures or absence of appropriate actions, which harm the 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 restraints, 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.

THE SEVEN TYPES OF MISTREATMENT (categories) (Cont'd)**Sexual mistreatment**

Attitudes, words, gestures or absence of appropriate actions with a non consensual sexual connotation which are harmful to the person's well-being, sexual integrity

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

Neglect: Failure to provide privacy, 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, mocking it or preventing an older adult from expressing his or her sexuality is a form of mistreatment, which 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).

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, forced or concealed contractual or insurance transaction, identity theft, signature of a lease under pressure, 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.

Organizational mistreatment

Any discriminating situation created or tolerated by organizational procedure (private, public or community institutions providing all types of care and services), responsible for providing care or service of all types to older adults.

Violence: Organizational conditions or practices that exclude older adults from decision-making which concerns them, causing the failure to respect older adults' choice or limits in an unjustified way the availability of help programs, etc.

Neglect: Services not adapted to older adults' needs, absence of poorly understood instructions on the part of personnel, lack of resources, complex administrative procedures, inadequate training of staff, unmobilized staff, etc.

signs: Treating the person as a number, provision of care or services according to more or less rigid schedules, undue delays in service delivery, deterioration of the person's physical - psychological - social health, complaints or reports to diverse instances, etc.

NB: Organisational mistreatment is not limited to the healthcare and social service network. It is important to remain aware of organizational shortcomings that could violate the individual or collective rights 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, through hostile or negative attitudes, harmful actions or social exclusion.

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

Neglect: Indifference when witnessing ageist practices or comments, etc.

Signs: Failure to recognize a person's rights, skills or knowledge, use of condescending or infantilizing 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 lead to mistreatment.

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, to be informed, take decisions or risks, receive phone calls or visitors, express one's sexual or romantic orientation, or one's gender identity, practice one's religion or spirituality, 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, denial to offer care or services when justified, etc.

Signs: Preventing or blocking the participation of the older adult in the choices and decisions that concern them, a family member answering on behalf of the older adult, restriction of visits or access to information, isolation, complaints or reporting to various authorities, 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 incapable and can appoint a legal representative. Persons declared incapacitated still preserve their rights and can exercise them, within the limits of their capacities.

Coming from collaborative work, this terminology is an update to the 2017 version that was realized under the direction of the Centre for Research in Social Gerontology and the Elder Mistreatment Helpline of the CIUSSS West-Central Montreal. It represents the evolution of practical and scientific knowledge in Quebec on the subject of countering mistreatment of older adults. Over the years, this lexicon will be adjusted with the development of new clinical and scientific knowledge.

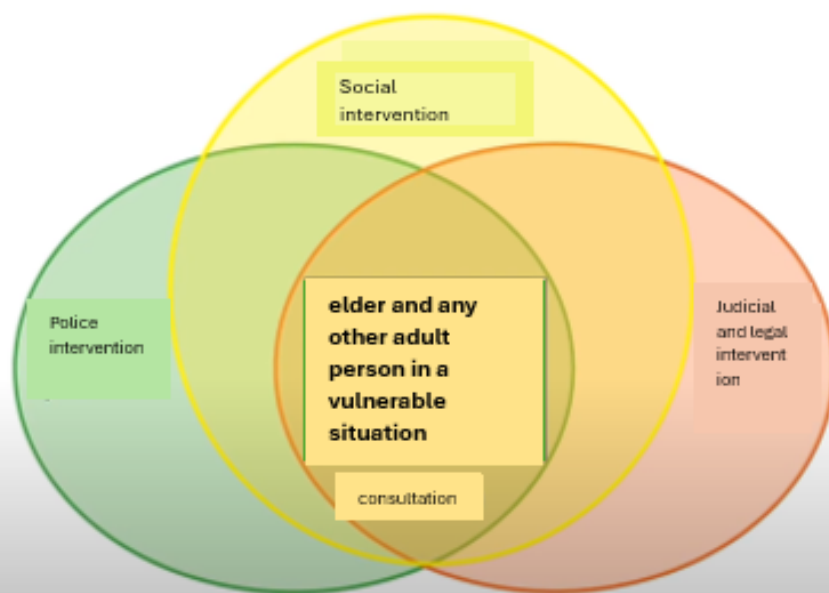
Annex 3 – Concerted intervention process (CIP)

The concerted intervention process (CIP) is one of the measures resulting from law L-6.3 aimed at establishing effective consultation between the various partners of public organizations (such as the Police Department of the City of Montreal, the Commission des droits de la personne et des droits de la jeunesse, or the Curateur public du Québec) with the aim of putting an end to situations of mistreatment that could constitute a criminal or penal offense against people in vulnerable situations. The steps as well as the designated stakeholders and CIP partners are described on the following pages.

The “CIP” to combat mistreatment of seniors and adults in vulnerable situations

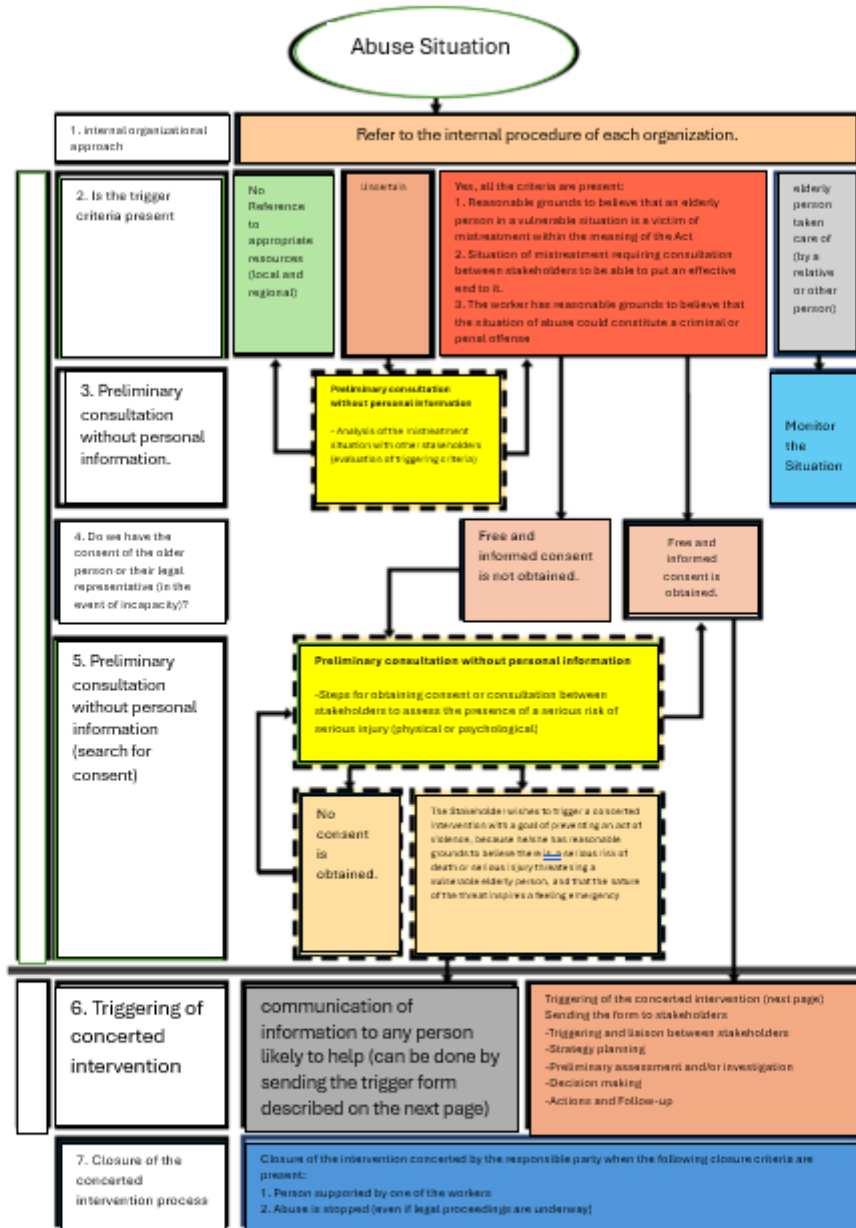
The concerted intervention process to combat mistreatment of seniors and any other adult in a vulnerable situation (CIP)

The PIC involves several stakeholders representing the following public organizations:



- establishments in the health and social services network
- Provincial, municipal, and indigenous police
- Director of criminal and penal prosecutions
- Public Curator of Quebec
- Human rights and youth rights commission
- financial markets authority

The CIP to combat mistreatment of seniors and adults in vulnerable situations (continued)



²⁰ Guide d'implantation des processus d'intervention concertés pour lutter contre la maltraitance envers les personnes âgées, pages 41-42, Secrétariat aux aînés, ministère de la Famille du Québec, Gouvernement du Québec, juin 2018

The CIP to combat mistreatment of seniors and adults in vulnerable situations (continued)

With the consent of the person to exchange personal and confidential information	Without the person's consent to exchange personal and confidential information, preventing an act of violence and when there are reasonable grounds to believe that there is a serious risk of death or injury, this inspires a feeling of an emergency
The trigger form is sent to the stakeholders concerned by the mistreatment situation	The trigger form is sent only to the responder or responders likely to help the person.
Communication between stakeholders <ul style="list-style-type: none"> - Ensure personal safety - Complete the trigger form (with personal information) - Communicate between stakeholders to exchange information about the mistreatment situation 	Communication between stakeholders <ul style="list-style-type: none"> - Ensure personal safety - Complete the trigger form (with personal information) - Communicate between stakeholders to exchange information about the mistreatment situation
Strategy planning <ul style="list-style-type: none"> - Assess the abuse situation. - Determine the degree of emergency and the risk/vulnerability factors present. - Identify other stakeholders who may be called upon to contribute. - Develop a strategy for the course of future actions (who does what, how, when and where) 	Strategy Planning <ul style="list-style-type: none"> - Assess of the situation of mistreatment which represents a risk or threat - Determine the degree of emergency and the risk/vulnerability factors present - Identify whether other stakeholders likely to help the person may be called upon to contribute - Develop a strategy for the course of future actions (who does what, how, when and where)
Evaluation and/or investigation <ul style="list-style-type: none"> - Carry out the required assessments and investigations according to the strategy decided upon - Identify the protection needs and wishes of the person 	Evaluation and/or investigation <ul style="list-style-type: none"> - Carry out the required assessments and investigations according to the strategy decided upon - Identify the protection needs and wishes of the person
Decision making <ul style="list-style-type: none"> - Share the information collected - In consultation with the stakeholders concerned, agree on the best solution in the interest of the person (complaint, denunciation, opening of a protection regime, change of environment, legal action, referral, etc.) 	Decision making <ul style="list-style-type: none"> - Share the information collected. - In consultation with the person(s) likely to provide assistance, agree on the best solution in the interest of the person (complaint, denunciation, opening of a protection regime, change of environment, legal proceedings, referral, etc.)
Actions and follow up <ul style="list-style-type: none"> - Implement decisions agreed by stakeholders - Constantly keep the stakeholders and the victim, or their legal representative, as well as their loved ones informed of the progress and results of the actions undertaken 	Actions and follow up <ul style="list-style-type: none"> - Implement decisions agreed by stakeholders - Constantly keep the stakeholders and the victim, or their legal representative, as well as their loved ones informed of the progress and results of the actions undertaken

Annex 4 – Additional support

The Mistreatment Helpline

The Mistreatment Helpline is a provincial telephone line for listening, reference and support specializing in matters of mistreatment of older adults and all adults in vulnerable situations. It has the following functions:

- Receive calls for information or support.
- Offer active listening.
- Evaluate the situation described and its level of risk.
- Provide information on available resources and possible recourse.
- Refer the person to the stakeholders best able to help them, including the Complaints and Service Quality Commissioner or a designated stakeholder.
- To carry out, with the consent of the person, a follow-up in order to support them in their progress or in their procedures.

To contact the Mistreatment Helpline:

1-888-489-2287

<https://lignemaltraitance.ca/en>

References

© Center for research and expertise in social gerontology of the CIUSSS du Centre-Ouest-de-l'île-de-Montréal, Cutting-edge practice to counter mistreatment of seniors of the CIUSSS du Centre-Ouest-de-l'île-de-l'Île-de-Montreal; Adult Elder Abuse Helpline; Citizen Ombudsman, Complaints Help and Assistance Center on the Island of Montreal, Research Chair on elder abuse; Ministry of Family, Secretariat for Seniors, Government of Quebec, 2023.