



## The truth about elder abuse must come out

THE COVER STORY IN THE LAST issue of the *Journal* was, for me, both a difficult and necessary read. The article focused on the work RNAO is doing to promote greater awareness of elder abuse, and featured the stories of four long-term care homes participating in the PEACE (Prevention of Elder Abuse Centres of Excellence) initiative. For those of you who read it, you know that RNAO is fully aware of the urgency with which we need to tackle this issue head on.

According to Statistics Canada, reports of elder abuse went up 14 per cent between 2004 and 2009. As many as 7,900 cases were reported, including instances of physical, sexual, emotional and financial abuse. Not all of them occurred in long-term care homes. In fact, many sadly took place in the so-called sanctity of a senior's own home. But instances of abuse do occur in our long-term care homes and we can't kid ourselves about that fact.

That blunt truth was revealed in horrifying fashion in a recent investigative series in the *Toronto Star*. Using Ministry of Health data, based on inspection reports, the newspaper found 125 instances of abuse and 350 cases of neglect. In about a dozen cases, acts of abuse or aggression were so serious that staff should have notified police. But some homes either delayed reporting, or worse, never notified authorities.

That's why RNAO felt compelled to send a memo to those of you we can reach by email. For those who didn't receive that message, I'm using this opportunity to speak to you about this important issue.

As nurses, we are the trusted guardians of the most vulnerable members of our society. However, when a member of our profession defies our values and knowingly takes advantage of their position of power

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to abuse or neglect a patient, or fails to act on an allegation of abuse or neglect, we feel a profound sense of loss and anger within our professional community. What we do with these feelings is critical. We can choose to hang our heads in shame, frustration and/or fear; a choice that helps no one and serves to perpetuate the problem. Or we must use our powerful sense of injustice and spring into action.

It is our legal and professional responsibility as nurses to report abuse and neglect to the appropriate authorities every time we see or hear anything about abuse. Zero tolerance is the only acceptable standard in our profession because we all know that one incident is one incident

too many. The vast majority of nurses and administrators, as well as other health-care professionals, come to work every day to do their very best. Now, more than ever, this involves reporting instances of abuse and neglect, and we each have a different role to play.

Nurse managers must ensure front-line providers have accessible policies that clearly explain how to recognize and respond to abuse as it is seen or sus-

and report, per policy directives, as soon as you are aware. Abuse and neglect can be eliminated if we work together. RNAO is here to support you if you feel your concerns are being ignored, or worse, if you are worried about the repercussions of coming forward.

The story of Diane Shay (Nursing in the News, pg. 8) is a compelling one. She paid a heavy price to do the right thing in reporting an instance of abuse she discovered at a nursing home in Cornwall. But, in the end, her courage speaks volumes about the kind of health-care professionals we must be.

You should know that the association is working on several fronts to address elder abuse through policy, development of a best practice guideline on elder abuse, advocacy, and by speaking openly in the media.

If each of us as individual nurses is constantly vigilant and following up when signs of abuse are discovered, this combined with our efforts as an association to advocate and raise awareness, we can eliminate this most horrific crime. **RN**

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Simply act, use your voice

Visit [www.RNAO.org/elderabuse](http://www.RNAO.org/elderabuse) to find out more about the long-term care facilities involved in the PEACE project. They are: The Good Samaritan Society, Alberta and B.C.; Bow View Manor, Calgary; Porteous Lodge, Saskatoon; Winnipeg's Parkview Place Care Centre; Winnipeg Regional Health Authority; Residence St-Louis, Ottawa; Hillside Estates, Oshawa; Veterans Health Unit and York Manor, Fredericton; and Harbourstone Enhanced Care, Nova Scotia.