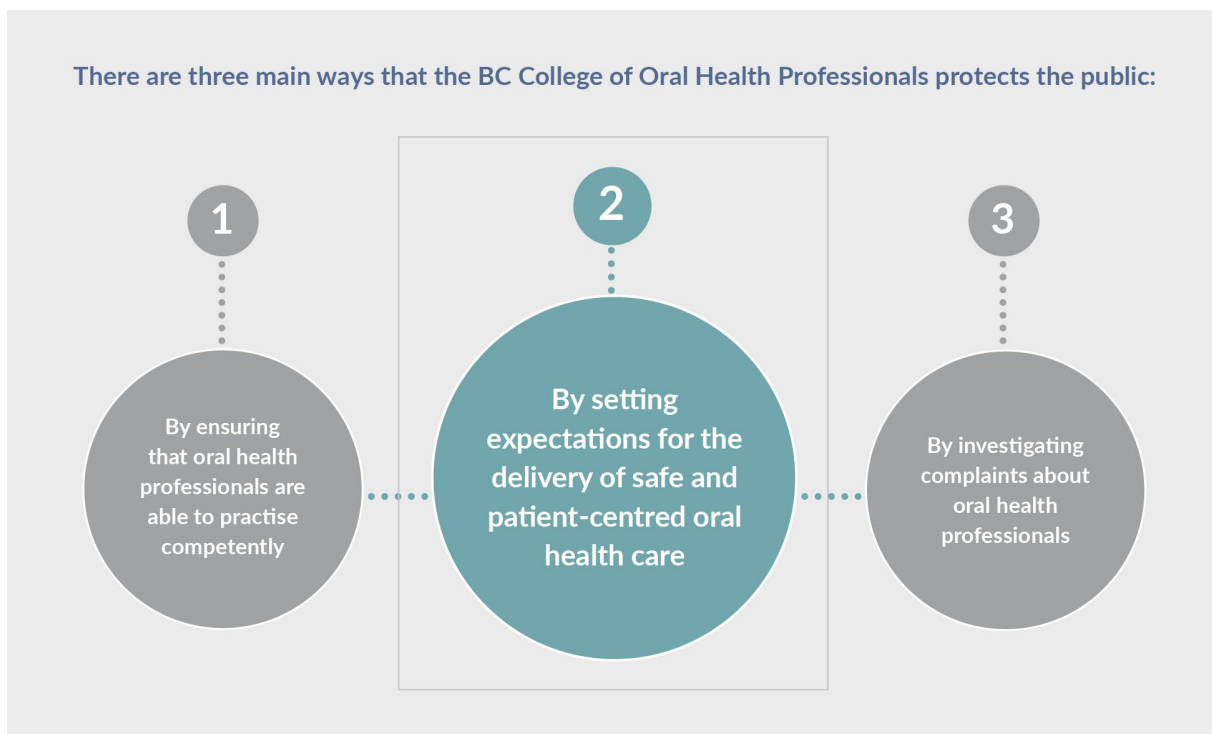


Expectations for clinical and ethical practice

Elder Abuse

Applies to Dental Hygienists

There are three main ways that the BC College of Oral Health Professionals protects the public:



The British Columbia College of Oral Health Professionals (BCCOHP) was created on September 1, 2022 through the amalgamation of four health regulatory colleges: the College of Dental Hygienists of BC, the College of Dental Surgeons of BC, the College of Dental Technicians of BC, and the College of Denturists of BC. All current requirements for standards of clinical and ethical practice issued by the four colleges remain in place upon amalgamation. This document was created by the College of Dental Hygienists of BC and will be updated to reflect the amalgamation.



Elder Abuse

What is Elder Abuse?

According to Statistics Canada, almost 25 percent of the Canadian population, or 8 million people, will be over the age of 65 by 2031. When we consider that some experts estimate close to one in 10 seniors will suffer from some form of elder abuse, the numbers add up quickly. The issue of elder abuse has been recognized as a “hidden crime” that needs to be exposed. A national awareness campaign was announced by the Government of Canada to coordinate with World Elder Abuse Awareness Day (June 15), which was established by the World Health Organization to “reflect the need for people to understand what abuse and neglect of older adults is, and how it can be prevented.” We all need to be aware of the issue of elder abuse - how to identify it and what to do about it.

Elder abuse is commonly identified internationally as “a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person”, and identifies that such abuse can also result from unintentional or intentional neglect.^{1,2} The Canadian Centre for Elder Law states that elder abuse comprises “actions that cause physical, mental, financial, or sexual harm to an older adult” and includes neglect whereby “a person or organization fails to provide services or necessary care for an older adult”.³

The harm associated with elder abuse can manifest in a number of ways, including:

- **Physical abuse** which causes pain, injury or harm to one’s health and may include assault, battery or unlawful confinement;
- **Financial abuse** involving improper or illegal use of one’s assets or funds, such as fraud or theft;
- **Psychological abuse** whereby mental anguish or suffering is inflicted and which may include threats to well being, intimidation, harassment, verbal assaults, invading privacy, or humiliation;
- **Sexual abuse** entailing harassing sexual comments or innuendos, or non-consensual sexual activity;
- **Neglect** whereby a care giver fails or refuses to provide necessary services or care such as food, shelter, medication, or social contact.³

Victims of elder abuse come from all walks of life, including various economic, social, ethnic and cultural backgrounds, and victims may be subject to more than one form of abuse. Elder abuse can take place in a variety of settings, including an older adult’s home or residential care facility, in hospital, or in a clinic or office. While some occurrences of mistreatment may be perpetrated by strangers such as con artists, the majority of instances of elder abuse occur within the context of a relationship such as that between an older adult and a family member, spouse, friend, legal guardian, care giver, care facility staff member, or a professional such as a health care provider.³



The prevalence and incidence of elder abuse is difficult to quantify due to issues of under-reporting, lack of awareness of the issue, and limitations in police data and victim surveys.² A Government of Canada report published by the National Seniors Council on Elder Abuse estimates that 4-10% of older Canadians experience some type of abuse.² However, shifts in the population demographic with the aging of the population will likely lead to increasing numbers of cases and greater attention to this issue.

Signs of Elder Abuse

Older Canadians are now retaining their dentition for longer than in previous generations and are seen regularly for dental hygiene care including, head, neck, and intraoral examinations. This fact, coupled with the nature of dental hygienists' relationships with clients leads hygienists to be ideally positioned to recognizing the signs of elder abuse.⁴ Each case of elder abuse is unique; however, the following is a non-exhaustive description of some common signs of elder abuse that dental hygienists should be aware of:

Type of Abuse:	Signs or Manifestations ³⁻⁵ :
Physical	Unexplained injuries, bruises at various stages of healing, cuts, swollen lips, fractured teeth or jaws, loose or avulsed teeth, blood on clothes, rope burns, bite marks, indications of unnecessary force
Financial	Missing funds or cheques, bounced cheques, unpaid bills, unexplained changes in legal documents such as a client's will or Power of Attorney, indications of missing belongings or funds not being allocated as per Power of Attorney
Psychological	Personality changes, withdrawn behavior, distance from caregiver, sense of hopelessness, tearful, anxious, fearful, indications of being subject to social isolation or prevented from practicing a faith
Sexual	Torn labial frena, palatal petechiae, tooth fractures, denture fractures, bruising, indications of being subject to inappropriate sexual comments
Neglect	Dehydration, malnourishment, lack of energy or vitality, unclean attire and inadequate personal hygiene, excessive dental plaque accumulation, indications of not receiving appropriate medication

What should you do if you see indications that a senior client is vulnerable or being victimized in their current care? The signs may be obvious or subtle. An opportunity to ask "How are you feeling?" or other conversations may give your client a chance to explain their situation.



Reporting Cases of Suspected Elder Abuse and Legal Considerations

As a health professional it is important to do all that you can to assist your clients by providing care and appropriate referrals. While you may be well aware of the duty to report suspected child abuse, you may not have considered the possibility of elder abuse - and how to deal with it.

There is no mandatory reporting requirement for members of the *general public* in cases of suspected elder abuse in BC. However, there is an ethical expectation of health professionals, such as dental hygienists, to act in the best interests of their clients. In most cases professionals must obtain consent from their clients in order to disclose health or personal information to other parties.³ Therefore, if an older adult of sound decision making capacity chooses to continue to associate with an abusive person or neglectful caregiver and does not consent to reporting on their circumstances, then the dental hygienist must abide by their decision and can offer resources and information in a respectful manner.

This scenario changes if the older adult is not of sound decision making capacity or is unable to seek assistance due to a physical handicap or physical restraint. In such cases the provisions of the *Adult Guardianship Act* indicate that any person may notify a “designated agency” of the suspected abuse or neglect.⁶ This *Act* encompasses abuse that may take place in an older adult’s personal residence, a relative’s home, a care facility, or in a public place. The “designated agencies” to which such cases may be reported are:

- The five Regional Health Authorities
- Community Living BC - for eligible adults with developmental disabilities
- Providence Health Care Society - some hospital locations in Vancouver

Beyond the provisions of the *Adult Guardianship Act*, additional legislation that may be applicable to cases of elder abuse includes the following:

- The Federal *Criminal Code* - applies to abuse that takes the form of physical or sexual assault, failing to provide the necessities of life, unlawful confinement, fraud and theft.³
- The *Community Care and Assisted Living Act* - The Residential Care Regulation (Section 77) requires licensed community care and assisted living facilities to investigate suspected cases of resident abuse and neglect, and to report findings to the resident’s representative, the resident’s attending physician or nurse practitioner, the resident’s funding program (if applicable), and a medical health officer.⁷
- The *Health Professions Act* - requires regulated health professionals, including dental hygienists, to report suspected abuse by another health professional to the Registrar of the other health professional’s regulatory College if:



- a) the suspected abuse constitutes a form of sexual misconduct (Section 32.4), or
- b) if the registrant believes that the other health professional may be a danger to the public (Section 32.2)⁸

What Should a Dental Hygienist do if they Suspect an Older Adult is in an Abusive Situation?

If an emergency situation is suspected whereby an older adult's life or safety is at immediate risk, the dental hygienist should contact the police. In a non-emergency situation, the dental hygienist should determine whether the older adult is of sound decision making capacity to consent or refuse to consent to the dental hygienist reporting their circumstances to an outside agency or organization. The dental hygienist should also consider whether the provisions of the *Adult Guardianship Act*, the *Community Care and Assisted Living Act*, or the *Health Professions Act* are applicable to the situation.

If an older adult of sound decision making capacity refuses to allow the dental hygienist to disclose their circumstances and the provisions of these Acts are not applicable, then the dental hygienist can offer supportive resources and information. They may provide contact information for the office of the Public Guardian and Trustee which provides assistance to adults in need of support with personal and financial decision making, or a local Community Response Network which is a local organization or group that provides a coordinate community response to cases of adult abuse and neglect. For more information please refer to the website of the Public Guardian and Trustee (<http://www.trustee.bc.ca/>) or the BC Association of Community Response Networks (www.bccrns.ca).

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