

**ABUSE OF ELDERS AND
THE VULNERABLE ADULT:
Management of the Issues
in Simcoe County**

Prepared by the

SIMCOE COUNTY ELDER ABUSE PREVENTION COMMITTEE

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This document is updated annually.

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INTRODUCTION

The purpose of this document is to present a model protocol for community response to adult abuse issues in Simcoe County.

The need for the development of standards, policies and procedures for community agencies regarding the topic of abuse of the vulnerable adult was identified as a part of the Multi-Year Plan development process. The Abuse Protocol Steering Committee, appointed by the Long Term Care Committee of the Simcoe County District Health Council, developed the first protocol document in 1997 under the leadership of Julie Lefever, Philippa Welch and Helen Russell.

This document was revised and printed in April 2000. It has undergone further revision in 2003 and 2005 in order to update information and the listing of resources. Information contained in this document has been extrapolated from numerous sources and reflects the experience of committee members and other working groups across the province of Ontario.

DEFINITION OF ABUSE

There are a wide variety of definitions of abuse that have been developed from different perspectives. Definitions of abuse often reflect who is considered to be the abused and who is not; relevant legislation; and subsequent eligibility for services.

The committee accepted the following as a minimum definition of abuse for agencies to utilize in the development of their own internal policies and procedures. The definition was adapted for the purpose of this document from the College of Nurses of Ontario Learning Package ***One is One Too Many*** and from the Committee on Abuse and Neglect of the Elderly Inc., London and Middlesex County (C.A.N.E.) document ***Elder Abuse Guidelines For Protocol Development***.

The following definition includes all types of abuse: physical, emotional/psychological, verbal, sexual and financial. Neglect and abandonment also fall under this definition.

Abuse means... the misuse of power and/or the betrayal of trust, respect or intimacy between an alleged abuser and an individual, which the alleged abuser knew, or ought to have known, can cause, or be reasonably expected to cause, physical and/or emotional harm to the person.

The term 'vulnerable adult' refers to an adult who, because of disability, medical condition, communication impairment, or advanced age, has difficulty expressing or acting on his/her own wishes.

TYPES OF ABUSE AND POSSIBLE INDICATORS

Physical Abuse

Physical abuse is any behaviour exhibited towards a person, which may be perceived by that person, the agency caregiver or others to be violent or inflict physical harm. Such behaviours include, but are not limited to:

- Hitting
- Biting
- Scratching
- Pinching
- Kicking
- Handling the person in a rough manner
- Any other action causing injury or physical discomfort
- Pushing
- Slapping
- Shaking
- Using force
- May include the use of restraints

Possible Indicators:

- Unexplained loss of hair, abrasions, bruises, burns, bumps, contusions, falls, fractures, grip marks, hematomas, immobility, infections, internal injuries, lacerations, pain, restricted movement, rope marks, swelling, tenderness, ulcers, welts
- Pain, bruising, bleeding in genital area (indicator of sexual abuse)
- Shivering, cyanosis, lowered body temperature
- Malnutrition, emaciation, no dentures
- Dehydration, mouth sores, confusion
- Bed sores, poor skin condition, poor hygiene, soiled linen, urine burns, unkempt appearance
- Clothes in poor repair, inappropriate for the season (indicator of neglect)
- Over-sedation, reduced physical/mental activity, drug or alcohol abuse
- Depression (also indicator of medication abuse)
- No glasses, lack of hearing aid (also indicator of neglect)
- Dangerous/unsafe environment
- Unattended, tied to chair/bed (also indicator of neglect)
- Not taken to doctor/dentist/therapist when necessary (also indicator of neglect)
- Deserted (also an indicator of neglect)
- Forced institutionalization
- Any injury for which the explanation does not fit the evidence

TYPES OF ABUSE *Continued*

Emotional/Psychological Abuse

Emotional or psychological abuse is any verbal or non-verbal behaviour which demonstrates disrespect for the person and which is perceived by the person, the agency caregiver or others to be emotionally abusive. Such verbal and non-verbal behaviours include, but are not limited to:

- Sarcasm
- Forced confinement
- Isolation
- Retaliation
- Humiliation
- Removal of decision making power from the adult
- Insensitivity to individual and family culture, race, religious practices, economic status and education
- Insensitivity to an individual's preferences with respect to sexual orientation and lifestyle
- Consciously deciding to withhold information which could contribute to the person's well-being
- Any other treatment which may diminish the sense of identity, dignity and self-worth
- Neglect (see separate listing)
- Intimidation
- Infantilization
- Manipulating
- Teasing or taunting
- Withholding of affection

Possible Indicators:

- Low self-esteem
- Withdrawn, passive
- Fearful, appears nervous around caregivers
- Inappropriate guilt
- Excluded from family gatherings, not permitted to have friends, visitors, go to church
- Loss of self-determination
- Ribbons in hair, toys, 'baby talk'
- Depressed, hopeless, helpless expression
- Confused, forgetful
- Denied access to grandchildren, children, friends

TYPES OF ABUSE *Continued*

Verbal Abuse

Verbal abuse, or communication of an abusive nature, is any behaviour or remark toward an individual that may be reasonably perceived by the person, the agency caregiver or others to be:

- Seductive
- Suggestive
- Exploitive
- Demeaning, sexually or otherwise
- Insulting
- Derogatory
- Humiliating

Such behaviours include but are not limited to:

- Sarcasm
- Swearing
- Inappropriate tone of voice
- Racial slurs
- Teasing

Sexual Abuse

Sexual abuse of a person is defined as follows:

- Sexual intercourse or other forms of physical sexual relations between the caregiver and the individual
- Touching, of a sexual nature. *Sexual nature* does not include touching, behaviour or remarks that are appropriate to the services provided to a person by a caregiver.
- Behaviour or remarks of a sexual nature by the caregiver toward an individual
- Sexual abuse of a person is any sexual behaviour directed toward a vulnerable adult without the person's full knowledge or consent; i.e. Sexual assault, sexual harassment or use of pornography

Financial Abuse

Financial abuse is the dishonest use of a vulnerable adult's money or assets or the misuse of Power of Attorney, as well as:

- Theft
- Misuse of a person's funds and assets
- Forced changes of a will
- Overcharging for services
- Obtaining property and funds without the person's knowledge and full consent, or in the case of a vulnerable person who is not competent, not in that person's best interests

TYPES OF ABUSE *Continued*

Neglect

Active Neglect is defined as the intentional withholding of basic necessities or care.

Passive Neglect is defined as not providing basic necessities and care because of lack of experience, information or ability.

Self-Neglect refers to a failure to provide for self through inattention or dissipation. Identification of self-neglect depends on assessing the ability to choose a lifestyle versus a recent change in the ability to manage. Although self-neglect does not meet our definition of abuse, people who neglect themselves often respond to the same types of intervention as are suggested by this protocol.

Neglect can be either active or passive and includes but is not limited to:

- Withholding the necessities of life such as withholding of food
- Inadequate hygiene
- Denial of social contact
- Failure to ensure appropriate medical care
- Abandonment
- Clothes in poor repair, inappropriate for the season
- No glasses, lack of hearing aid
- Unattended, tied to chair/bed
- Not taken to health professional when necessary

Abandonment

Abandonment constitutes the desertion or willful forsaking of a vulnerable individual by any person having the care and custody of that individual, under circumstances in which a reasonable person would continue to provide care.

This may include:

- Financial abandonment
- Physical abandonment

Possible Indicators:

- Withdrawal of needed support and services to a vulnerable adult by an individual who had previously been supporting that person

LEGAL IMPLICATIONS

Fundamental Rights

Denial of a vulnerable person's fundamental rights (according to legislation, the Charter of Rights and Freedoms or the U.N. Declaration of Human Rights) is abuse.

Examples include:

- Withholding of information
- Denial of privacy
- Denial of visitors
- Restriction of liberty
- Denial of independent legal advice
- Mail censorship.

Criminal Code

Some types of abuse are clearly illegal and constitute criminal offenses under the criminal code. Some examples include:

Physical Abuse	Assault (s.265) Assault with a weapon or causing bodily harm (s. 267) Unlawfully causing bodily harm (s.269) Forcible Confinement (ss279(1))
Sexual Abuse	Sexual assault (s.271)
Financial Abuse	Theft (s.322) Theft by a Person Holding a Power of Attorney (s.331) Fraud (s.380) Extortion (s.346) Stopping Mail With Intent (s.345) Forgery (s.366)
Neglect	Breach of Duty To Provide Necessities (s.215)
Mental Abuse	Intimidation (s.423) Threatening

Usually self-neglect is not considered to be a crime.

It is important to note that these behaviours can be by commission or omission. Abuse of a person and neglect are not necessarily related to intent; they can be unintentional as seen in the actions of a stressed but caring spouse, or an act of omission such as inadvertently failing to provide the necessities of life.

Vulnerable people who are capable of making decisions have the right to make choices regarding how and where they live. They have the right to choose, even when others consider their choices to be undesirable.

Capacity

Capacity is the person's ability to understand information relevant to making a decision and the ability to appreciate the reasonably foreseeable consequences of a decision or lack of a decision. Capacity specifically relates to the decision(s) being considered. Refer to Ontario legislation including the *Substitute Decisions Act* (ss. 6 & 45) and *Health Care Consent Act* (ss. 4 & 15).

An individual is presumed capable of making her/his own decisions unless there is reason to believe otherwise. A finding of incapacity is made after an evaluation has been completed.

Assessing capacity **to consent to treatment, admission to a care facility or to receive a personal assistance service** examines the individual's ability to understand information that is relevant to making the specific decision at hand as well as the ability to appreciate the reasonably foreseeable consequences of making a decision or not making a decision.

Assessing capacity to managing **property** examines if that individual is able to understand information that is relevant to making a decision in the management of his/her property and is able to appreciate the reasonably foreseeable consequences of a decision or lack of a decision.

The capacity assessment requires that the clinician and/or team and/or formal capacity assessor gather available information (personal and medical history) and complete a clinical evaluation. Assessors conduct assessments of mental capacity for certain purposes under the *Substitute Decisions Act* and must be a physician, psychologist, occupational therapist, nurse or member of the Ontario College of Certified Social Workers and must also have completed special training.

One component of evaluation is a detailed mental status examination that evaluates the individual's cognitive/intellectual functioning. Consideration is given to the individual's prior functioning, strengths, limitations, beliefs, wishes and values. A clinical assessment may reveal a reversible condition and a positive prognosis such that with treatment there may be improvement in the individual's functioning. In this type of situation, the finding of capacity may reviewed in terms of the type of decision as well as immediacy and if the determination of capacity may be deferred.

Informed Consent (Treatment)

Touching another person without his/her consent may be considered battery under Canadian law. This applies to provision of health care treatment. The majority of regulated health care professionals have regulations, which indicate that administering treatment without consent is professional misconduct. The health care practitioner must obtain voluntary, informed consent for a proposed treatment.

Individuals are presumed capable for the purposes of decisions required by the *Health Care Consent Act*. Another person may rely on the presumption of capacity unless

he/she has reasonable grounds to believe that the person is incapable of making the required decision. The law allows for treatment to be administered without consent in emergency situations.

Substitute Decision Making

It is important for the health care provider to be aware of the individual's beliefs, wishes and values in order to be aware if decisions made by a substitute decision maker comply with principles for giving or refusing consent in relation to the type of decision presented.

Occasionally, there is a question as to the capacity of the caregiver to make decisions on behalf of the incapable individual. The caregiver may or may not be the alleged abuser. If the caregiver is thought to be incapable, consider pursuing available options for establishing a substitute decision maker and proceed in discussions with the substitute decision maker.

Decision-making may be delegated in the following ways.

- Statutory guardian - a person who has been given the authority to manage the individual's property after that individual was deemed incapable of managing his/her property. The Public Guardian and Trustee may be the statutory guardian. Depending on the situation, a physician or a capacity assessor may make the finding of incapacity.
- Substitute decision Maker - is the person authorized to make decisions on behalf of the incapable person that may be a guardian, attorney, relative or representative appointed by the Consent and Capacity Board.
- Attorney for personal care - whereby the individual has given someone else authority to make personal care decisions on his/her behalf in the event of incapacity by completing the document - power of attorney for personal care - while the individual is capable of making that decision.
- Attorney for property - whereby the individual has given someone else authority to make financial and property decisions on his/her behalf in the event of incapacity by completing the document - power of attorney for personal care - while the individual is capable of making that decision.
- Guardian for personal care - a person designated by a court order under the *Substitute Decisions Act* to make personal care decisions for an incapable person.
- Guardian for property - a person designated by a court order under the *Substitute Decisions Act* to make property decisions for an incapable person.

Note: A power of attorney (POA) must be made in accordance with the procedures defined in the *Substitute Decisions Act*.

Consent and Capacity Board

This provincial tribunal deals with a variety of issues and situations that arise that involve applying the Mental Health Act, Health Care Consent Act, Substitute Decisions Act and Long Term Care Act.

WHO DOES WHAT WHEN ABUSE IS SUSPECTED?

The suspicion that an abusive situation exists usually becomes evident over a period of time. Professional caregivers, family and/or friends and neighbours notice behaviour or indicators that lead them to further investigation. It may be a front line worker – a homemaker, a support worker or a volunteer – who first notices abuse. If so, the suspicion should be reported to the worker's supervisor or coordinator.

When others, neighbours or friends, suspect abuse it should be reported to a trusted individual or agency. In most cases it will be a professional, i.e. Social Worker, Nurse, Doctor or Clergy who proceeds with any kind of investigation. Assessment is built on the indicators of abuse noted earlier in this document.

Regulated health care professionals are required to engage in ethical conduct in accordance with the standards set out by their respective colleges in Ontario.

Some agencies utilize the legal counsel for their agency, legal services and/or police, to assist them in navigating the complexities presented by abuse of vulnerable adults.

Cautions

Several cautions have been identified in the development of protocols for intervention. The following concerns are related to the impact of reporting.

- ◆ Reporting abuse of a vulnerable person in the community could expose that person to greater abuse if the alleged abuser discharges the agency following the accusation of abuse
- ◆ Reporting abuse of a vulnerable person in the community could result in the person being isolated by the alleged abuser
- ◆ Reporting abuse could result in the relocation of a person at risk to an area not of his/her choice

Skills And Attributes Needed To Assess For Abuse

The suspicion of abuse of any kind may develop while supporting or caring for a person. Investigators should ideally be professionals with skills in assessment, identifying specific needs or problems, developing plans of care and safety and with accountability to evaluate outcomes.

Investigator must be aware of his/her influence on the individual and take steps to ensure the individual's choices about how to proceed are fully his/her own.

An assessment should be done by someone who ideally:

- ◆ Can build a relationship with the person
- ◆ Can create a safe environment for discussion
- ◆ Is able to provide continuity and ongoing monitoring of the person's needs
- ◆ Is able to continually assess the person's understanding of the situation
- ◆ Is able to protect confidentiality. This may mean that the assessor works for an agency already involved with the individual to minimize potential for breaches of confidentiality. In most agencies, when a front line worker identifies a concern, that worker will work with a professional agency member and the person.

Best Practise

Assessment and support may be provided in partnership with a colleague. Often two or more agencies find it helpful to collaborate to assess a complex situation and provide support. Depending on the results of the preliminary assessment, in cases where there is a possibility there has been a criminal act, the Police may be involved as investigators. In cases where there is a question of competency or where the person requires legal protection, the Office of the Public Guardian and Trustee may be involved.

Anticipated Assessment Outcomes

A better understanding of:

- Situation
- Person's support system
- Family relationships
- Competency of the individual
- Level of risk
- Person's ability to cope
- Person's strengths, perceptions and feelings

The assessment process should also result in:

- ▶ Shared safety plan
- ▶ Shared support plan
- ▶ Indication of the person's preferences and choices for next steps, if any.

Reporting Abuse in Long-Term Care Facilities

If you think that an individual who lives in a long-term care facility (including Nursing Homes and Homes for the Aged) is being abused, consider the following options:

- ▶ Contact the administrator of the facility and inform him/her of your concern
- ▶ Contact a Compliance Advisor at the Ministry of Health and Long-Term Care Regional Office for confidential information and advice.
- ▶ Document discussions, actions and plans.

Reporting Abuse in Residential Settings

If you think that an individual who lives in a privately run home (including Retirement Homes) is being abused, consider the following options:

- ▶ Discuss your concerns with the vulnerable adult and determine if he/she is capable.
- ▶ If he/she is cognitively capable, obtain permission to proceed and plan with the individual what actions will be taken.
- ▶ If he/she is not cognitively capable, contact the administrator of the retirement home and inform him/her of your concern.
- ▶ In the case of a retirement home contact ORCA for confidential information and advice.
- ▶ Document discussions, actions and plans.

ROLE OF POLICE

The role and responsibility of the police upon receiving a complaint of abuse involves the following considerations.

Safety of victim is number one priority.

- ▶ Obtain information about the suspect regarding his/her whereabouts and relationship to the victim

Also it should be determined:

- ▶ Whether or not the suspect is under the influence of alcohol, drugs
- ▶ Whether or not firearms are in the residence or involved in the incident
- ▶ If there have been any previous incidents and whether or not a current peace bond or restraining order exists

Determine the necessity of emergency services (ambulance)

Attendance at the scene in order to collect any possible evidence (photographs, clothing, etc.)

Interview the victim to obtain details of offence. Once again, collection of evidence may be necessary. Examples include:

- ▶ Photographs of victim
- ▶ Seizing of clothing,
- ▶ Statements of the suspect
- ▶ 911 tapes
- ▶ Answering machine tapes
- ▶ Warrantless collection evidence
- ▶ Collection of evidence through the use of a search warrant
- ▶ Relevant hospital records
- ▶ Utterances not captured in statements

All members of the police service should be aware of components of spousal assault which include:

- ▶ Physical assault
- ▶ Sexual assault
- ▶ Psychological abuse
- ▶ Stalking
- ▶ Threats of physical assault, directed by a spouse against his/her partner with whom there is or has been a relationship, whether or not that relationship has received legal sanction as a marriage and includes assaults in or outside the home (It does not matter that at the time of the assault, the people did not live together.)

If it is determined to be spousal assault - charges *must* be laid where there are reasonable grounds to do so.

The police shall follow the investigative process outlined in their policy regarding domestic violence incidents.

Where criminal code violations are identified, the incident should be investigated fully and applicable charges should be laid where reasonable grounds exist.

If determined to be financial abuse, the incident should be investigated fully, and applicable charges should be laid where reasonable grounds exist.

If the victim is fearful for safety, and no evidence of violations of the criminal code has been obtained, legal options regarding obtaining a restraining order, or exclusive possession order should be explained. Victim should be advised to seek legal advice.

The Criminal Code provides police officers with the authority to seize firearms, other offensive weapons, firearm acquisition certificates, etc., in the interests of the safety of the individual or any other person.

Police must remain with the victim until they are satisfied that there is no further immediate threat to the victim.

If the suspect is the victim's sole caregiver, and his/her arrest and removal from the residence will place the victim at physical risk, officers will contact, on advice of the victim or advocate, appropriate resources such as family and/or community services for care.

If there are language barriers, police will make every effort to obtain an interpreter.

In cases where there is a communication barrier as a result of physical, cognitive or developmental disability, police will make all reasonable efforts to contact appropriate community resources to render assistance, including suitable transportation, care and shelter.

If immigration status is a consideration, the victim must be advised as to his/her rights in Canada, and advised to obtain independent legal advice as to immigration status in Canada.

Police should arrange for transportation to a shelter or safe place as necessary. The location shall remain confidential. In cases where charges have been laid, the Crown Attorney may authorize disclosure of the victim's location.

Referrals should be made to victim's services available in the region.

If an arrest has been made as the result of the investigation, the officer in charge should consider the following factors in determining whether it is in the public interest to detain or release the accused:

- ▶ Seriousness of the crime
- ▶ Use of or threat to use weapons
- ▶ Past history of violence
- ▶ Substance abuse by the accused
- ▶ Other factors observed by officers at the scene that they believe are important in the exercise of their discretion
- ▶ Other situations outlined in police policy where the police would oppose release of the offender

The victim must be kept informed regarding the status of the investigation.

If an arrest has been made and bail has been granted, the victim must be informed of any conditions of release.

The victim should be invited to fill out a Victim Impact Statement upon a finding of guilty (of the offender).

Contacts should be maintained with the victim up to court, and the victim should have proper representation prior to court date. This can be accomplished with the assistance of the Victim Witness Assistance Plan and the Crown Attorney's office

ASSESSING EACH SITUATION

(Adapted from: *Elder Abuse Training Initiative*, Ontario Association of Community Care Access Centres, 2000)

Guiding Questions: A Thinking Tool For Situations of Abuse

1. Why is this situation causing concern?

- You get a call and something isn't quite right – what 'flag' is going up?
- Someone stops you and shares a story – something isn't quite right.

2. How do I feel about this situation/the alleged abuse?

- Before moving ahead, take time to think about your own biases, cultural values and reactions.

3. What are the relevant factors?

- From whom are you taking direction?
- Is this person at risk?
Is the risk of harm immediate?
(Consider emergency services.)
Is this the time when you say:
"Enough of this... I'm calling for help today."

<p>Roaming (wandering) Immminent harm (fire, falls, frailty, pharmacy) Suicidal ideation Kinship relationships (abuse to/by client) Self Neglect</p>

- Is the person CAPABLE?
A person is presumed capable unless the investigator has reason to believe otherwise. Capacity to make decisions about finances and property is separate from capacity to make specific decisions about personal care.
- Does someone make decisions on behalf of the client – attorney for personal care and/or attorney for finances?
- The Public Guardian and Trustee's Office may need to be contacted if there is no substitute decision maker or if the substitute decision maker is the abuser, to provide guidance or assume responsibility for the person's care and decision-making.
- Does the person CONSENT to sharing information with others?
- What additional information do you need?

4. What are the values, wishes, and goals of the client?

- What is the client's perception of the situation?
- Necessary for *client-directed* intervention.

5. What are the options for next steps and intervention?

- Consider the facts, client desires, those already involved (including agencies) and possible consequences of options.

6. What is the response?

- Utilize resources, maintain communication, implement plans within timelines, identify possible barriers and opportunities and evaluate outcomes.
- Support the person's choice of action.

Each situation is unique and the following areas need to be considered.

Clarifying the total picture of the person's situation and concerns.

Understanding the person's feelings about your concerns.

- Discuss your view of the situation. Explain why you are concerned for their well-being.
- Determine whether or not the person feels there is a concern or an abusive situation happening.

Considering possible consequences if a complaint of abuse is pursued.

- Many individuals are dependent on the person suspected of abuse for shelter, financial assistance or personal care. The investigator has an obligation to explore with the person their options for continuing care, shelter and service, should they choose to pursue alternate arrangements.

Understanding how the person makes plans for the future.

- Assist the individual to further develop or identify other care and support options. Individuals will need to develop a sense of their financial, care and emotional support needs.
- Agencies must be aware that this is an ongoing process of care that will not be resolved in one visit. Ongoing monitoring and care must be afforded the person during this difficult process.

Supporting the person's decision.

- Support the person's choice of action. No matter what decision is made the person will need your support. Support may include physical or personal care provided through agencies, emotional, spiritual, legal or financial. Every effort must be made to assist the person to access the appropriate expert. In some cases, the person may wish you to do nothing further than support them, as you have been doing in the past.

Developing a plan for the person's safety.

- During any of these steps, if a professional caregiver feels that the person is in imminent danger and not willing to pursue change, the decision to intervene should be made with the person's best interests in mind.

Presuming or determining capacity.

- Remember that a person is presumed capable unless the investigator has reason to believe otherwise.
- If the person has previously been determined incapable, or there is now reason to suggest that they are incapable, alternate care decisions must be identified.
- The substitute decision-maker (if not the abuser) should be involved if there is a question of competency.
- The Public Guardian and Trustee's Office may need to be contacted if there is no substitute decision-maker or if the substitute decision maker is the abuser, to provide guidance or assume responsibility for the person's care and decision-making.

DECISION TREES

Decision trees can be used for general reference in developing plans of action. The particular steps used and the sequence of steps varies depending on the unique circumstances of each situation. Decision trees can possibly provide some focus in complex circumstances and guide the decision-making process. There are no rigid formulas for intervening in cases of abuse and/or infringement of basic rights involving capable and incapable people.

Fundamental to the approach for intervention is:

- ★ Individuals have the right to self-determination.
- ★ Access is at their discretion and any intervention depends on their acceptance.

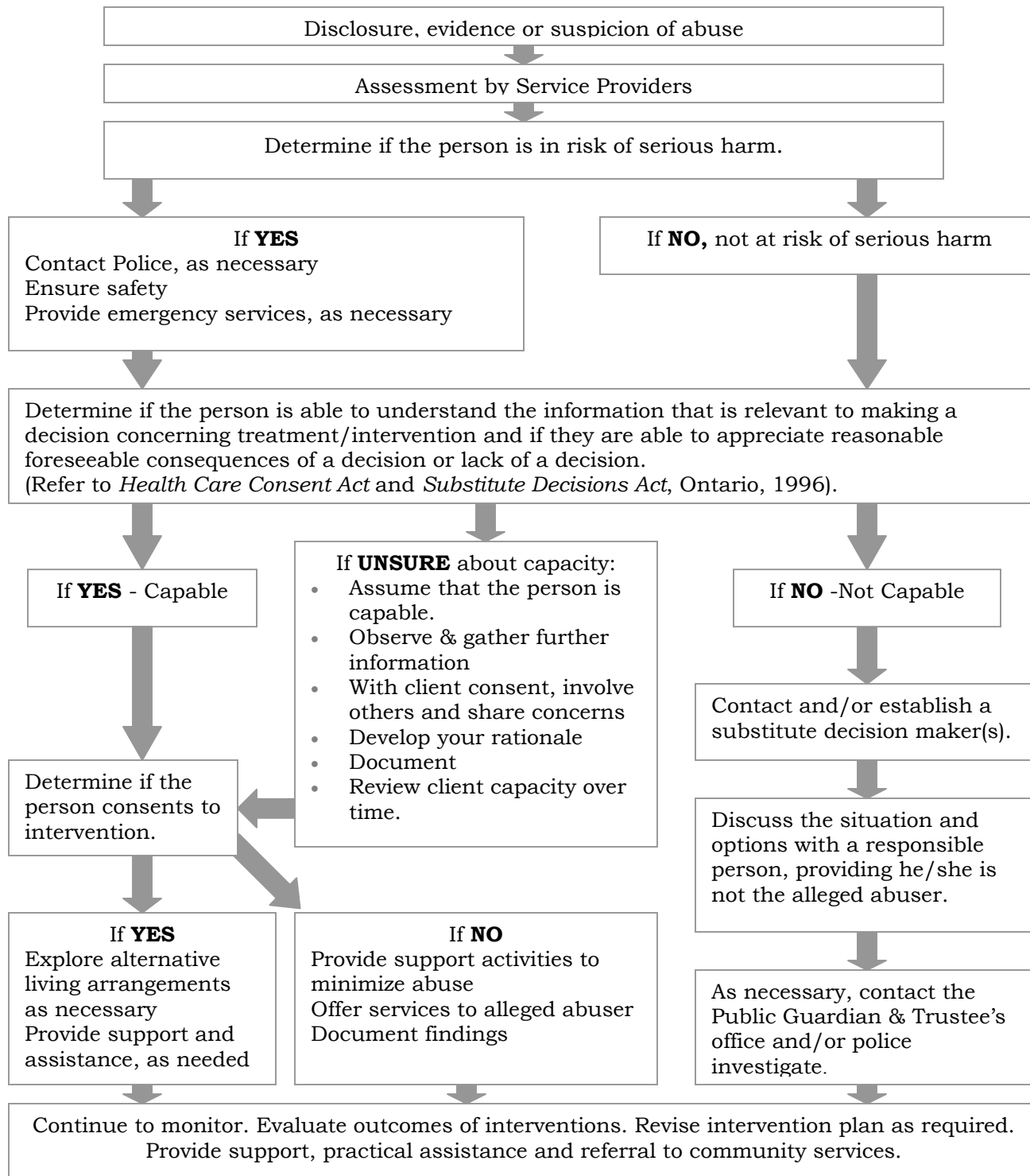
Important steps in situations involving any type of abuse are:

- Establishing a trusting relationship using a supportive, non-judgmental and non-punitive approach.
- Acquiring and documenting particulars of the case, drawing on various sources in order to try to fully understand and see the matter through the eyes of those involved (providing the alleged victim is capable and consents to this).
- Ensuring that the abusive situation is thoroughly assessed.
- Communicating generalized information about abuse.
- Providing a list of emergency contacts and telephone numbers.
- Providing follow-up consisting of any or all of the following:
 - ▶ Regular telephone contact between a service provider and the victim
 - ▶ Regularly scheduled or periodic visits by a service provider to the vulnerable person's home
 - ▶ Random "checking-up" on the vulnerable person by a service provider
 - ▶ Assurances that the vulnerable person can talk to or visit a service provider for support and guidance when necessary.

Potential benefits include:

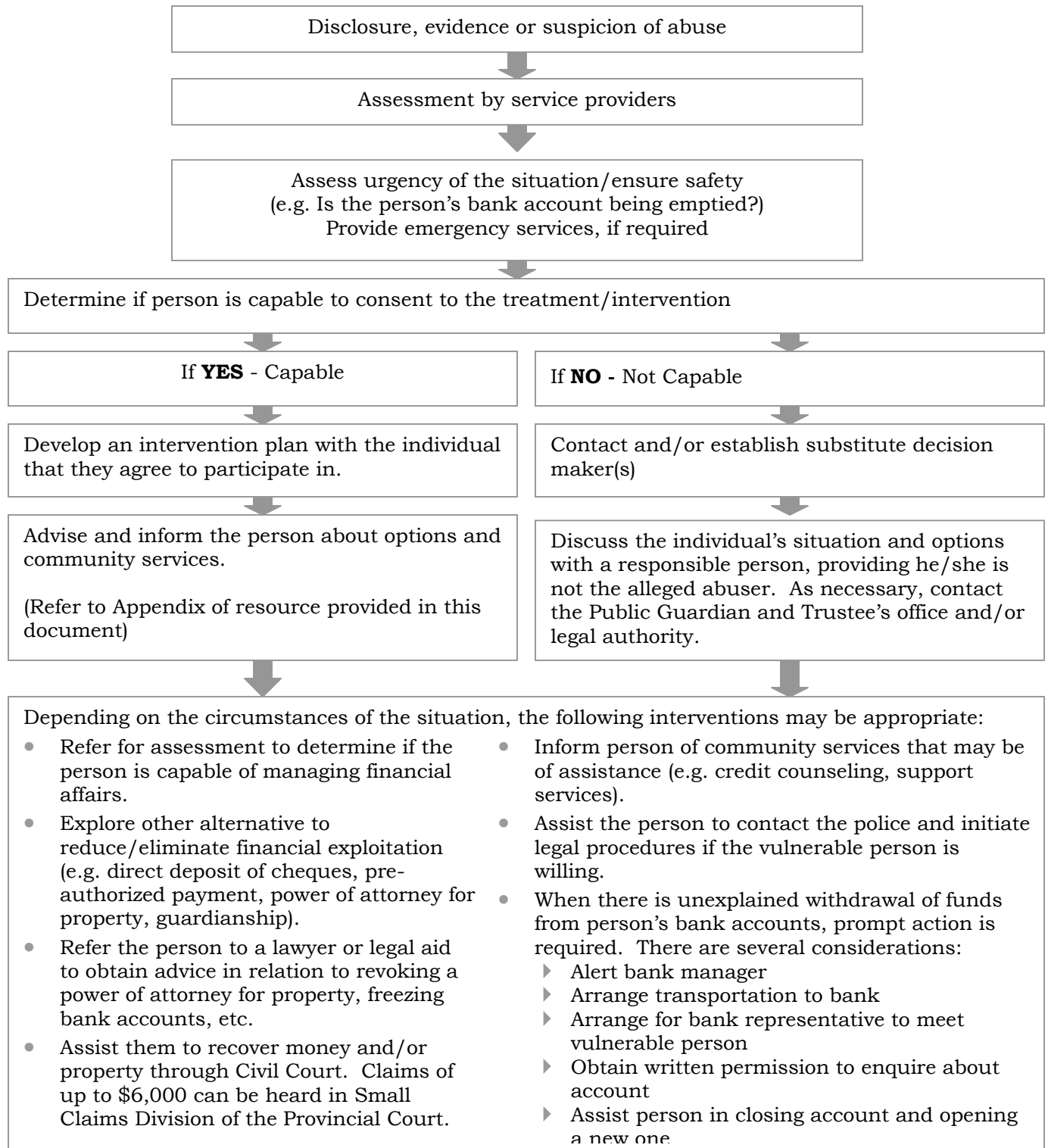
- ◆ Ongoing crisis management to help prevent abusive episodes in the future.
- ◆ Linkage to resources to meet individual needs.
- ◆ Improved self-esteem and independence on the part of the vulnerable person.
- ◆ Reduced feelings of isolation or alienation.

INTERVENTION MODEL FOR VULNERABLE ABUSE VICTIM
A. Basic Model



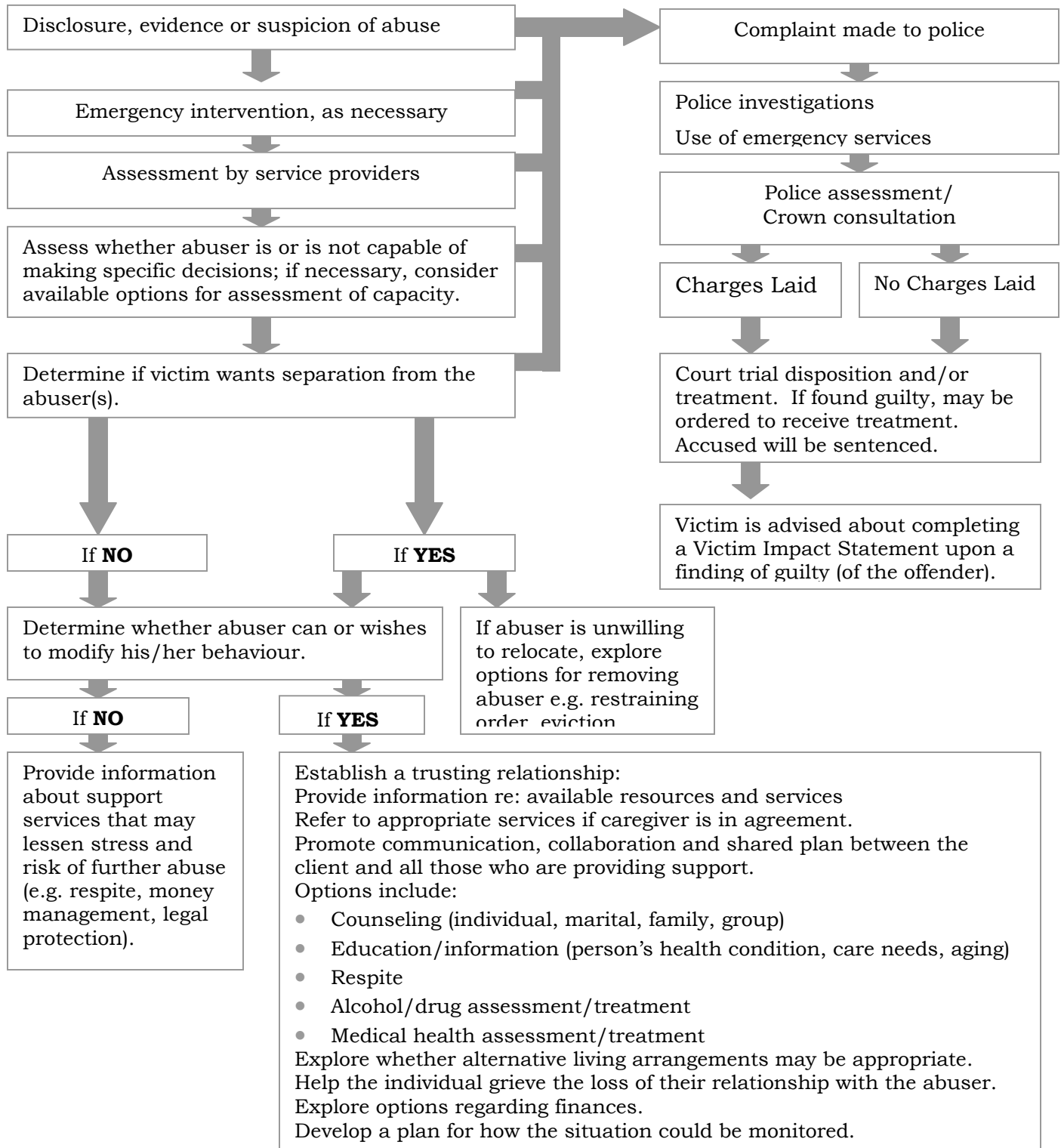
Intervention Model adapted and updated from ***An Elder Abuse Resource and Intervention Guide***, Council on Aging of Ottawa Carleton, 1995.

INTERVENTION MODEL FOR USE WITH VULNERABLE ABUSE VICTIM
B. Interventions Concerning Financial Abuse



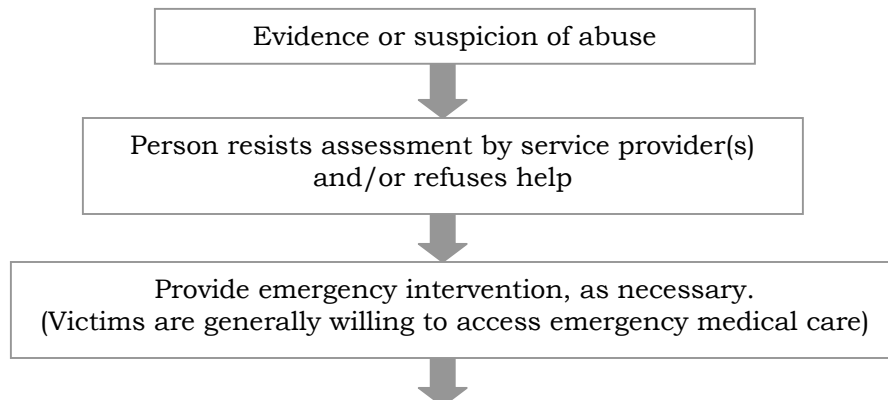
Intervention Model adapted and updated from **An Elder Abuse Resource and Intervention Guide**, Council on Aging of Ottawa Carleton, 1995.

INTERVENTION MODEL FOR USE WITH ABUSER
C. Basic Model With Concurrent Police/Legal Action



Intervention Model adapted and updated from *An Elder Abuse Resource and Intervention Guide*, Council on Aging of Ottawa Carleton, 1995.

INTERVENTION MODEL FOR USE WITH VULNERABLE ABUSE VICTIM
D. INTERVENTION CONCERNING THE RESISTANT VICTIM



- ▶ Maintain an ongoing telephone or in-person contact to further assess the situation, to diminish the fear and anxiety of the vulnerable person and to establish a trusting relationship.
- ▶ Use active listening, support and encouragement. Proceed at a pace that is comfortable for the vulnerable person.
- ▶ Document details of the situation.
- ▶ Suggest meeting in a neutral place, if appropriate.
- ▶ Communicate generalized information about the abuse in a matter-of-fact way (e.g. that abuse tends to increase in frequency and severity over time).
- ▶ Communicate enough information about alternatives so that the person can make informed choices. Help the person concentrate on possible solutions rather than on feeling helpless.
- ▶ Offer concrete help, if appropriate.
- ▶ Attempt to engage other friends, neighbours or relatives to support the person, providing the individual consents.
- ▶ Develop a CRISIS PLAN - a plan of action in the event of an emergency. Provide a list of emergency contacts and telephone numbers.
- ▶ Let the abused person know of your availability when he/she decides to act.
- ▶ Monitor and follow the person until the problem is resolved.

This process may last a few weeks, months or even years. Cases can be monitored and followed by trained volunteers, professionals or para-professionals.

Intervention Model adapted and updated from ***An Elder Abuse Resource and Intervention Guide*** developed by the Council on Aging of Ottawa Carleton, 1995

POLICY FRAMEWORK

The Protocol Resource Task Group worked to create the following policy framework as a guideline that may support service provider agencies in developing their policies to manage abuse of vulnerable adult issues.

1. Purpose

The statement of purpose is generally a brief description of the purpose of the policy.

2. Scope

The statement of scope describes the overall situation the policy covers and any limits to the policy.

3. Types of Abuse

Include definitions of abuse that reflect the scope of abuse (physical, neglect, emotional/psychological, verbal, sexual, financial, abandonment)

4. Procedures

Clarify those procedures that apply to specific types of abuse.

Review procedures to determine if the following situations are included, that identify the Perpetrator/Abuser and the Victim/Abused Person.

Consumer	abused →	Consumer
Informal (unpaid) Caregiver	abused →	Consumer
Formal (paid) Caregiver	abused →	Consumer
Consumer	abused →	Informal Caregiver
Consumer	abused →	Formal Caregiver

Consider the following questions:

- ▶ Who does investigations? To whom does he/she report?
- ▶ What is the investigation process?
- ▶ How is risk assessed?
- ▶ What kind of support is offered to the individuals being abused?
- ▶ What kind of support is offered to individuals witnessing abuse?
- ▶ What kind of support / action is taken with alleged perpetrators?
- ▶ How are incidents documented?
- ▶ Is prevention of abuse addressed?

5. Education & Training

Include the **process for training and maintaining skill levels in the areas of** preventing, identifying and managing situations of abuse that involve a vulnerable adult.

6. Date & Approval

Indicate the date the policy was approved; identify who approved the policy; and state the date it was implemented.

APPENDIX I: Abuse Steering Committee for Simcoe County - 2005

COMMITTEE MEMBERS - 2005

Laura-Lynn Bourassa Alzheimer Society of Greater Simcoe County
Brigid Campbell-Nash... Community Care Access Centre Simcoe County
Vicki Coates..... Simcoe York District Health Council
Leslie Craig Ontario Provincial Police
Kathie Green Canadian Red Cross Society
Onalee Groves..... City of Barrie – Seniors Services
Pat Hehn..... North Simcoe Victim Crisis Services
Barb Hoath..... Ontario Provincial Police
Maureen Leitch..... Community Representative
Marie McCallum.... Barrie Area Victim Crisis Assistance Referral Service
Valerie Powell Collingwood General and Marine Hospital
Elicia Ranger..... Barrie Native Friendship Centre
Blanche Recollet..... Barrie Area Native Advisory Circle (BANAC)
Peter Ruddell..... Presbyterian Minister, Coldwater
Jennifer Simpson Hillcrest Village
Marie Smith (Chair) United Senior Citizens of Ontario
John Thieme..... Royal Canadian Legion
Inga Thompson..... Royal Victoria Hospital
Catherine Tumber..... Community Care Access Centre Simcoe County
Liz Westcott..... Green Haven Shelter For Women

APPENDIX II: Information Resources

Service	Contact Numbers	Description
<p>InfoLine</p> <p>Ministry of Health and Long-Term Care Client Service Unit 900 Bay Street Room M1-57 Toronto, ON M7A 1N3</p> <p>Mon – Fri, 8:30 - 5:00</p> <p>Province-wide</p> <p>English or French Other languages as required</p>	<p>Telephone: 1-800-665-9092</p> <p>TTY: 1-800-387-5559</p> <p>Fax: 416-325-7136</p>	<p><i>A telephone information line providing free, confidential information and referrals.</i></p> <p>Information on:</p> <ul style="list-style-type: none"> ▪ Income & funding programs ▪ Avenues of appeal when benefits denied to vulnerable persons or family members ▪ How & where to get legal advice ▪ Competency assessment, guardianship, power of attorney, & related matters ▪ Social & community services ▪ Long-term care, mental health, disability & abuse related services
<p>National Clearinghouse on Family Violence</p> <p>Health Canada Jeanne Mance Building, 7th floor #1907D1 Tunney's Pasture Ottawa, ON K1A 0K9</p> <p>Mon - Fri 9:30a.m. - 4:30 p.m.</p> <p>Canada-wide English & French</p>	<p>Telephone: 1-800-267-1291 613-957-2938 TTY 1-800-561-5643</p> <p>Fax: 613-941-8930</p> <p>E-mail: ncfv-cnivf@hc-sc.gc.ca Web: www.phac-aspc.gc.ca/nc-cn</p>	<p><i>Information and resource materials related to violence against children, women and older adults targeted to front-line workers, researchers and community groups.</i></p> <ul style="list-style-type: none"> ▪ Resource materials ▪ Referral to community agencies <p><i>No fee.</i></p>
	<p>For publications, newsletter & resources online (Health Canada) National Clearinghouse On Family Violence WEBSITE: www.hc-sc.gc.ca/hppb/familyviolence/index.html</p>	
<p>Ontario Network for The Prevention of Elder Abuse</p> <p>222 College Street Suite 106 Toronto, ON M5T 3J1</p>	<p>Telephone: 416-978-1716</p> <p>Fax: 416-978-4471</p> <p>Email: onpea.info@utoronto.ca</p>	<p><i>Non-profit charitable organization dedicated to the prevention of elder abuse.</i></p> <ul style="list-style-type: none"> • Educate & promote information sharing • Develop training programs • Advocate legislative action • Offer services & support to victims of elder abuse • Are sensitive to multicultural and aboriginal issues related to elder abuse.

APPENDIX II: Information Resources *continued*

Service	Contact Numbers	Description
<p>Simcoe County District Health Unit</p> <p>Health Connections</p> <p>Mon - Fri 8:30 - 4:30</p>	<p>Telephone: 705-721-7330 Fax: 705-721-1495</p> <p>705-721-7520 877-721-7520</p> <p>Web: www.simcoehealth.org</p>	<p><i>A telephone information line</i></p> <ul style="list-style-type: none"> ▪ Community resource referral ▪ Occasional community education
<p>The United Senior Citizens of Ontario</p> <p>3033 Lakeshore Blvd. West, Toronto ON M8V 1K5</p>	<p>Telephone: 416-252-2021 1-888-320-2222</p> <p>Fax: 416-252-5770</p>	<p><i>Represents seniors and clubs in Ontario.</i></p> <ul style="list-style-type: none"> ▪ Promotes the best interests of senior citizens ▪ Education & promotion of wellness, health, fitness, safety & recreations ▪ Provide a means whereby seniors can work together and have input on issues. ▪ Provide information about government programs for seniors ▪ Gather information from seniors about the needs of the elderly in Ontario.
<p>Victim Support Line</p> <p>Ontario Women's Directorate, Ministry of Citizenship & Immigration</p>	<p>Telephone: 416-314-2447 888-579-2888</p>	<p><i>An anonymous source of information for victims of crime.</i></p> <ul style="list-style-type: none"> ▪ Bilingual ▪ Speak directly to an information counselor for referrals to available victims services ▪ Request or provide certain information on specific provincially sentenced adult offenders <p>Learn how the criminal justice system works for victims</p>

APPENDIX III: Legal Information & Services

Service	Contact Numbers	Description
Government of Ontario		Legislation available for review online
	Website: www.gov.on.ca/MBS/english/government/index.html	
Lawyer Referral Service 9:00 - 5:00	Telephone: 1-800-268-8326 416-947-3330 (Toronto) 900-565-4577 (\$6.00 charge = 30 minute phone consultation)	<ul style="list-style-type: none"> ▪ Referral to a lawyer who specializes in your concern/issue
Office of the Public Guardian and Trustee Intake Unit Ministry of the Attorney General 595 Bay Street Suite 800 Toronto, ON M5G 2M6 Mon - Fri 8:30 - 5:00 Province-wide service English or French	Telephone: 1-800-366-0335 416-314-2800 Fax: 416-314-2698 Guardian Investigation: Tel: 416-327-6348 Fax: 416-314-2642	<ul style="list-style-type: none"> ▪ Investigate allegations that persons are mentally incapable and at risk of suffering serious personal or financial harm. ▪ Referral <p>If Office of the PGT becomes guardian:</p> <ul style="list-style-type: none"> ▪ Financial or legal counseling ▪ Community education ▪ Substitute decision making for incapable persons <p><i>No retainer.</i> If a person becomes a client, service charges are applied.</p>
	Website: www.attorneygeneral.jus.gov.on.ca	
Legal Aid Ontario 85 Bayfield Street Barrie, ON L4M 3A7 Mon-Fri 8:30am – 4:30pm 1 st come, 1 st served Satellite offices: <i>Orillia</i> – Mondays Huron Regional Centre 9:00am – 1:00 pm <i>Collingwood</i> – Tuesdays 49 Huron Street 9:00am – 1:00 pm <i>Midland</i> – 2 nd & 4 th Wednesdays 605 Yonge Street 10am – 12pm <i>Bradford</i> – Thursday 59 Holland St. E. 9:00am – 1:00pm French or English	Telephone: 705-737-3400 800-668-8258 Web: www.legalaid.on.ca	<ul style="list-style-type: none"> ▪ Free legal advice to all residents of Simcoe County. ▪ Legal representation in certain areas of law. ▪ Referral ▪ Legal counseling

APPENDIX III: Legal Information & Services *continued*

Service	Contact Numbers	Description
<p>Community Legal Clinic Simcoe-Haliburton- Kawartha Lakes</p> <p>71 Colborne St. E. Orillia, ON L3V 6J6</p> <p>Mon-Fri 9:00am – Noon, 1:00pm – 5:00pm</p> <p>Satellite Offices: <i>Alliston</i> – Thursdays 46 Wellington St. W. <i>Barrie</i> – Tues & Thursday 85 Bayfield Street <i>Collingwood</i> – Wednesdays 275 First Street <i>Midland</i> – every other Friday 362 Midland Avenue</p> <p>French or English</p>	<p>Telephone: 705-326-6444 800-461-8953</p> <p>Fax: 705-326-9757</p>	<ul style="list-style-type: none"> ▪ Legal advice and representation to clients who have problems with housing, social assistance, pensions, worker’s compensation, and employment insurance.
<p>The Advocacy Centre for the Elderly</p> <p>2 Carlton Street Suite 701 Toronto, ON M5B 1J3</p> <p>Mon-Tues-Wed-Fri 9:00 a.m. - 5:00 p.m. Thurs 1:00 p.m. – 5:00 p.m. <i>Province-wide</i></p>	<p>Telephone: 416-598-2656</p> <p>Fax: 416-598-7924</p>	<p><i>Information and resource materials for seniors including:</i></p> <ul style="list-style-type: none"> ▪ Telephone referral to legal clinics, community resources ▪ Community education ▪ Training materials for professionals ▪ Resource materials (French/English) ▪ Intervention/problem resolution ▪ Research
<p>ARCH</p> <p>425 Bloor Street East Suite 110 Toronto, ON M4W 3R5</p> <p>Mon-Fri 9:00 a.m. – 5:00 p.m. Phones closed 1:00 p.m. – 2:00 p.m. and all day Wed</p>	<p>Telephone: 416-482-8255 866-482-2724 TDD-TTY 416-482-1254 866-482-2728</p> <p>Fax: 416-482-2981 866-881-2723</p> <p>Email: archlib@lao.on.ca Web: www.archlegalclinic.ca</p>	<p><i>A legal resource centre for people with disabilities.</i></p>
<p>Your Lawyer</p>		

APPENDIX IV: Community Services

Service	Contact Numbers	Description
<p>Simcoe Community Services</p> <p>40 Fraser Court Barrie, ON L4M 5E1 Mon - Fri 8:30 - 4:30</p> <p><i>Cities of Barrie, Orillia & surrounding areas – some programs county wide</i></p> <p>English</p>	<p>Telephone: 705-726-9082</p> <p>Fax: 705-726-6875</p> <p>Website: www.simcoecommunityservices.ca</p>	<p><i>Services for persons of all ages who have a developmental handicap. Services include:</i></p> <ul style="list-style-type: none"> ▪ Respite ▪ Supportive counselling and support groups ▪ Referral ▪ Youth programs ▪ Residential services for children and adults ▪ Adult day programs and supported employment ▪ Infant development and preschool services <p><i>Some services are generic and open to the public at large.</i></p>
<p>Breaking Down Barriers</p> <p>275 First Street Unit 9 Collingwood, ON L9Y 1A8</p>	<p>Telephone: 705-445-1543 (Collingwood) TTY 705-445-1658</p> <p>Fax: 705-445-1656</p> <p>Email: bdb@georgian.net</p> <p>Website: www.breakingdownbarriers.org</p>	<p><i>For persons with disabilities, assistance with:</i></p> <ul style="list-style-type: none"> ▪ Peer support ▪ Skills development ▪ Information and referral ▪ Self-managed attendant care ▪ Employment services
<p>Canadian Red Cross Society</p> <p>14 High Street, Suite 100 Barrie, ON L4N 1W1 Daily 8:00 - 4:30 <i>Simcoe County</i> English</p>	<p>Telephone: 705-721-3313 - <i>Ask for Social Worker</i></p>	<p><i>Social work services provide:</i></p> <ul style="list-style-type: none"> ▪ Assessment of situations of alleged abuse ▪ Emotional support & counselling for victims & caregivers ▪ Financial counselling ▪ Referral <p><i>No fees to client.</i></p>
<p>Catulpa Community Services</p> <p>61 Wellington St., W Barrie, On. L4N 1K5</p> <p>Mon - Fri 8:30 - 4:30</p> <p><i>Simcoe County</i></p> <p>English</p>	<p>Telephone: 725-7997</p>	<p><i>Community services for persons with a developmental handicap or dual diagnosis. Services include:</i></p> <ul style="list-style-type: none"> ▪ Case management ▪ Facilitate access to resources ▪ Promote self-advocacy ▪ Respite care ▪ Supportive counselling & support groups ▪ Mediation ▪ Psychiatric consultation ▪ Community education & training

APPENDIX IV: Community Services *continued*

Service	Contact Numbers	Description
<p>Canadian National Institute For The Blind - Simcoe/Muskoka</p> <p>20 Anne St. S., Unit 10 Barrie ON L4N 2C6</p>	<p>Telephone: 705-728-3352 1-800-563-0887</p> <p>Fax: 705-722-5305</p>	<p><i>Serves people experiencing vision loss. Offer programs & technical aids designed for the blind.</i></p>
<p>Community Care Access Center Simcoe County (CCAC- SC)</p> <p>15 Sperling Drive Barrie, ON L4M 6K9</p> <p><i>Simcoe County</i> English or French</p>	<p>Telephone: 1-888-721-2222 705-721-8010</p> <p>8:30am – 8:30pm 365 days per year</p>	<p><i>A non-profit organization who provides health services in the community. Available services include:</i></p> <ul style="list-style-type: none"> ▪ case management of in-home health services including risk management ▪ advocacy counselling ▪ placement in long-term care homes ▪ adult day program referral ▪ nursing; personal support; therapies ▪ information and referral ▪ system navigation <p><i>No fees.</i></p>
<p>Community Living Associations</p> <p>Mon - Fri <i>Within local districts</i></p> <p>English French in designated areas.</p>	<p>Telephone: 705-435-4792 Alliston 705-726-9082 Barrie 705-445-6351 Collingwood 705-526-4253 Midland 705-327-5391 Orillia</p>	<p><i>Services to individuals who are developmentally delayed, dually diagnosed, and people with multiple handicaps; accommodation, vocational and day services.</i></p> <ul style="list-style-type: none"> ▪ Referral ▪ Emergency shelter <p>Must be referred through Simcoe County Services Coordination. <i>No fees.</i></p>
<p>New Path Youth and Family Counselling</p> <p>Partner Abuse Program</p> <p><i>Simcoe County</i> English</p>	<p>Telephone: 705-434-0477 Alliston 705-726-2833 Barrie 705-446-1120 Collingwood 705-526-3644 Midland 705-326-6161 Orillia</p>	<p><i>For women who have experienced abuse in a current or previous relationship.</i></p> <ul style="list-style-type: none"> ▪ Information and education ▪ Advocacy ▪ Support ▪ Individual & group counselling <p><i>No fees.</i></p>
<p>Simcoe County Sexual Assault Centre</p> <p>24 hours per day 7 days per week</p> <p>English or French</p> <p><i>County-wide</i></p>	<p>Telephone: English 705-737-2008 1-800-987-0799</p> <p>French 705-737-2788 1-800-211-4954</p>	<p><i>Support to women 16 years of age and over who have experienced sexual assault as children and/or adults. Services include:</i></p> <ul style="list-style-type: none"> ▪ 24 hour telephone crisis line ▪ Individual counselling ▪ Support groups ▪ Court & hospital accompaniment ▪ Legal support ▪ Advocacy ▪ Information & referral ▪ Public education <p><i>Confidential. No fees.</i></p>

APPENDIX IV: Community Services *continued*

Service	Contact Numbers	Description
<p>Y.M.C.A. Immigrant Services</p> <p>Mon-Fri 8:30-4:30 <i>Within local districts</i> English</p>	<p>Telephone: Barrie: 705-726-6421 Ext. 264</p> <p>Fax: 705-726-0508</p> <p>email: sgreen@ymcabarrie.org</p>	<p><i>Services to new immigrants to Canada and refugee claimants (>5 years)</i></p> <ul style="list-style-type: none"> ▪ English as a second language ▪ Interpreters (volunteer resource bank) ▪ Referral <p style="text-align: right;"><i>No fees.</i></p>

APPENDIX V: Community Mental Health Services

Service	Contact Numbers	Description
Community Mental Health Service 459 Hume Street, Unit 1 Collingwood, ON L9Y 1W9	705-444-6600	<i>Psycho-geriatric Service.</i> Assessment and treatment for those individuals suffering from a serious mental illness. <ul style="list-style-type: none"> ▪ Emotional support & counselling ▪ Referral
Mary McGill Community Mental Health Center 200 Fletcher Avenue Alliston, ON L9R 1W7 Mon - Fri 9:00 - 5:00 <i>Southwest Simcoe County</i> English	705-435-5140	<ul style="list-style-type: none"> ▪ Psychiatric assessment & consultation ▪ Mental health crisis response same or next day, ▪ Case management ▪ Individual support ▪ Support group for caregivers ▪ Assessment of abuse ▪ Emotional support and counselling ▪ Referral
Orillia Soldiers' Memorial Hospital Community Mental Health Services 170 Colborne Street Orillia, ON L3V 2Z3	Telephone: 705-327-9122 Fax: 705-325-0450	<i>Assessment, treatment and educational services.</i> <ul style="list-style-type: none"> ▪ Emotional support and counselling ▪ Referral
Mental Health Center Penetanguishene (MHCP) 500 Church Street Penetanguishene, ON L9M 1G3	Telephone: 705-549-3181	<i>Assessment and treatment for individuals with a severe mental illness.</i> <ul style="list-style-type: none"> ▪ Assessment ▪ Referral to family physician, police, outreach team, community service team, outpatients, crisis line
Outpatient Department 522 Elizabeth Street Midland, ON L4R 2A1	705-526-0567	Contact point for North Simcoe County Crisis Response system. <ul style="list-style-type: none"> ▪ Treatment programs ▪ Screening ▪ Referrals
Royal Victoria Hospital Mental Health and Addiction Program 201 Georgian Drive Barrie, ON L4M 6M2	Telephone: 705-721-1433 (Central Intake) Mon – Fri 8:30 – 4:00 705-728-5044 (24 hr. crisis line)	<ul style="list-style-type: none"> • Crisis Service • Acute care Schedule 1 facility, 25-bed inpatient unit & 4-bed constant care area. • Day Hospital • Medication Clinic • Brief Psychotherapy Service • Mental Health Support Services • Addiction Service • Community Treatment Order • Withdrawal Management Services
Community Care Centre 70 Wellington St. W. Barrie, ON L4N 1K4	705-726-7490 (Mental Health Support Service team) 705-728-4226 (Addiction Service)	
Your Family Physician		

APPENDIX VI: Aboriginal Services

Service	Contact Numbers	Description
<p>Barrie Native Friendship Centre</p> <p>175 Bayfield Street Barrie, ON L4N 3B4</p>	<p>Telephone: 705-721-7689</p> <p>Fax: 705-721-7418</p>	<p><i>Aboriginal long term care services</i></p> <ul style="list-style-type: none"> ▪ Friendly visiting ▪ Security checks congregate dining ▪ Transportation ▪ Aboriginal support – information, referral, support ▪ Caregiver support – training, information, support & counselling
<p>Barrie Area Native Advisory Circle</p>	<p>Telephone: 705-734-1818</p>	<p><i>Aboriginal long term care services</i></p>
<p>Beausoleil Health Centre</p> <p>82A Kate Kedwin Street Christian Island, ON L0K 1C0</p>	<p>Telephone: 705-247-2035</p> <p>Fax: 705-247-2006</p>	<p><i>A community resource centre offering full time information and education.</i></p> <ul style="list-style-type: none"> ▪ Emotional support ▪ Referrals ▪ Advocacy
<p>Southern Ontario Metis Non-status Indian Association</p> <p>301 Talbot Street Port McNicoll, ON L0K 1R0 Mon - Thu 9:00 - 4:30 Fri 9:00 - 2:00 <i>Port McNicoll / Tay Twp.</i> English</p>	<p>Telephone: 705-534-1486</p> <p>Fax: 705-534-1486</p> <p>Email: bwb2@csolve.net</p>	<p><i>A resource centre for Metis people.</i></p> <ul style="list-style-type: none"> ▪ Emotional support and counseling ▪ Community information and education ▪ Referrals to community agencies ▪ Transportation ▪ Volunteer community health outreach worker
<p>Christian Island Family Services</p> <p>1 O-Gema Street Christian Island, ON L0K 1C0</p>	<p>Telephone: 705-247-2175</p> <p>Fax: 705-247-1043</p>	<p><i>For Beausoleil 1st Nation members</i></p> <ul style="list-style-type: none"> ▪ Individual and family counseling ▪ Safe house ▪ Advocacy ▪ Referrals
<p>Georgian Bay Native Friendship Centre</p> <p>175 Yonge Street Midland, ON L4R 2A7 Mon-Thu 8:30-4:30 Friday 8:30-4:00</p> <p><i>Simcoe North</i></p>	<p>Telephone: 705-526-5589</p> <p>Email: gbnfc@csolve.net</p>	<p><i>For members and referrals from within the community.</i></p> <ul style="list-style-type: none"> ▪ Advocacy ▪ Support ▪ Information ▪ Referrals ▪ Workshops/circles
<p>Georgian Bay Metis Council</p>	<p>Telephone: 705-526-6335</p>	<p><i>Aboriginal long term care services</i></p> <ul style="list-style-type: none"> ▪ Used clothing store ▪ Friendly visitors (volunteers)

APPENDIX VII: Police Services

Service	Contact Numbers	Description
EMERGENCY Ontario Provincial Police Barrie Police Service Midland Police Service South Simcoe Police	Telephone: 911 or 1-888-310-1122 911 or 705-725-7025 911 911	<i>Emergency assistance.</i> <ul style="list-style-type: none"> ▪ Police investigation ▪ Legal counselling ▪ Referral
Crime Stoppers	Telephone: 1-800-387-8477	24 hour service for non-emergencies
Barrie Police Services	705-725-7025	<i>Police service information and investigation.</i> <ul style="list-style-type: none"> ▪ Assessment of abuse ▪ Investigation ▪ Referral ▪ Community education
South Simcoe Police Service <i>(serving Innisfil and Bradford West Gwillimbury)</i>	905-775-3311 South Division 705-436-2141 North Division	
Midland Police Services	705-526-2201	
Ontario Provincial Police Community Offices	Telephone: Alliston 705-435-4490 Barrie 705-726-6484 Beeton 905-729-4004 Borden/Angus 705-424-9881 Brechin 705-484-1578 Coldwater 705-686-7131 Collingwood 705-445-4321 Cookstown 705-458-1300 Elmvale 705-322-1244 Midland 705-526-3761 Orillia 705-326-3536 Oro 705-487-2162 Penetanguishene 705-549-8222 Severn Bridge 705-689-1434 Springwater/Barrie 705-792-0306 Stayner 705-428-3889 Tottenham 905-936-2777 Wasaga Beach 705-429-3575	

APPENDIX VIII: Hospital Services

Service	Contact Numbers	Description
General and Marine Hospital 459 Hume Street Collingwood, ON L9Y 1W9	Telephone: 705-444-8606 (Collingwood) <i>Emergency</i>	<i>Emergency assessment of abuse, treatment as necessary & referral.</i>
Huron District Hospital 1112 St. Andrews Drive Midland, ON L4R 1N6	Telephone: 705-526-3751 (Midland) - <i>ask for Emergency</i>	<i>Emergency assessment of abuse, treatment as necessary & referral.</i>
Orillia Soldiers' Memorial Hospital 170 Colborne Street Orillia, ON L3V 2Z3	Telephone: 705-325-2201	<i>Emergency assessment of abuse, treatment as necessary & referral.</i>
Regional Sexual Assault and Domestic Violence Care and Treatment Centre 24 hours per day, 365 days a year	705-327-9155 877-377-7438 Fax 705-325-9182	Provides care & treatment to survivors of either sexual assault or domestic violence within 3-4 days after the assault. Confidential care & treatment options offered by specialized sexual assault health care workers <ul style="list-style-type: none"> ▪ Medical care & treatment of injuries ▪ Collection of forensic evidence ▪ Documentation & photography of injuries for court evidence ▪ Safety planning ▪ Risk assessment ▪ Referral
Penetanguishene General Hospital 9:00 a.m. - 4:30 p.m. English or French	Telephone: 705-549-7442 (Penetanguishene)	<i>Emergency assessment of abuse, treatment as necessary & referral.</i>
Stevenson Memorial 200 Fletcher Avenue Alliston, ON L9R 1M1	Telephone: 705-435-6281 - <i>Ask for Emergency</i>	<i>Emergency assessment of abuse, treatment as necessary & referral.</i>
Royal Victoria Hospital 201 Georgian Drive Barrie, ON L4M 6M2 Mon - Fri 8:00 - 10:00 pm Sat - Sun 1:00 - 9:00 pm <i>English, French or Italian</i>	Telephone: 705-728-9802 - <i>Ask for Emergency</i> Or 705-721-1433 <i>Crisis Services</i>	<i>Emergency assessment of abuse, treatment as necessary & referral.</i> <ul style="list-style-type: none"> ▪ Short term crisis intervention, emotional support & counselling (max. 3 sessions) ▪ Advocacy <i>No fees.</i>

APPENDIX IX: Shelters

Service	Contact Numbers	Description
<p>La Maison Rosewood Shelter English & French: 24 hours per day Services de soutien en anglais & français 24 heures chaque jour</p>	<p>Telephone: 705-526-4211 (Midland) 1-800-461-1750</p> <p>Services de soutien en français: 705-737-2788 1-800-211-4954</p>	<p><i>Safety and shelter for abused women and children.</i></p> <ul style="list-style-type: none"> ▪ Information ▪ Education ▪ Advocacy ▪ Crisis telephone support ▪ Assessment of abuse ▪ Emotional support & counselling ▪ Transition outreach worker provides simple budgeting and housing info ▪ Emergency shelter ▪ Community education ▪ Support groups (while in shelter) ▪ Emergency transportation from abusive situation ▪ Referral to financial management, legal counsel, children's counselling
<p>Green Haven Shelter for Women 24 hours per day, 7 days per week English; French if requested</p>	<p>Telephone: 705-327-7319 (Orillia) 888-285-6958</p>	<p><i>No fees.</i></p>
<p>My Friend's House 24 hours per day, 7 days per week Georgian Triangle English and French</p>	<p>Telephone: 705-444-2511 (Collingwood) 1-800-265-2511</p>	<p><i>No fees.</i></p>
<p>My Sister's Place 24 hours per day; 7 days per week <i>South Simcoe</i></p>	<p>Telephone: 705-435-3835 (Alliston) 1-800-461-5419</p>	<p>Shelters who have a linkage to the local OSPCA animal shelter (Ontario Society For The Prevention of Cruelty To Animals) that may provide care for the abuse victim's animals at no charge while person in shelter.</p>
<p>Women and Children's Shelter 24 hours per day; 7 days per week Simcoe County English; other languages as needed</p>	<p>Telephone: 705-728-6300 (Barrie) 1-800-461-1716</p>	
<p>Emergency Shelter for Men Lighthouse Christian Ministries 48 Peter Street South Orillia, ON L3V 5B1</p> <p><i>Shelter: 7 days per week 7:30 am – 7:30 pm</i></p> <p><i>Soup Kitchen: Mon-Sat 9:30 am - 1:30 pm</i></p> <p><i>Drop-In: Mon-Fri 1:30 - 3:30pm</i></p> <p>English</p>	<p>Telephone: 705-329-2424 Shelter 705-329-2265 Information</p>	<p><i>Emergency shelter for men.</i></p> <ul style="list-style-type: none"> ▪ Food and shelter ▪ Friendship and support ▪ Voluntary life skills, principles values and practices, character and attitude ▪ Transport to shelter ▪ Footcare / nurse 2x per week ▪ Legal clinic – Fridays ▪ Addiction program – Tues/Thurs ▪ Referrals to services for anger management, counselling, education, jobs, addictions treatment, legal and medical <p><i>No fees.</i></p>

APPENDIX IX: Shelters *continued*

Service	Contact Numbers	Description
<p>Salvation Army Men's Emergency Shelter 14 Bayfield Street Barrie, ON L4M 5S9</p> <p>Shelter: Open 24 hours/day Family Services: 9am – 4pm</p> <p>Out of the Cold Program – Beds available only when other shelters full.</p>	<p>Telephone: Barrie 705-737-2963</p>	<ul style="list-style-type: none"> ▪ 18 shelter beds ▪ 12 transition beds (up to 30 days) ▪ Referrals to legal, medical and housing services

APPENDIX X: Telephone Crisis Lines

Service	Contact Numbers	Description
Emergency Services	Telephone: 9-1-1	
North Simcoe Victim Crisis Services c/o Orillia OPP Detach. 66 Peter Street South Orillia, ON L3V 5B1 Available on a 24 hour, 7 days a week basis.	Telephone: 705-325-5578 Fax: 705-326-4126 Email: nsvcs@encode.com	<i>Trained volunteers offer assistance to victims of crime & tragic circumstances. The program is accessed by</i> <ul style="list-style-type: none"> • Police • Fire Department • Regional Sexual Assault and Domestic Violence Care and Treatment Centre
PHONE BUSTERS Monday to Friday 8:00 a.m. – 6:00 p.m.	Telephone: 1-888-495-8501 Fax: 888-654-9426 Email: info@phonebusters.com Web: phonebusters.com	<i>The Canadian anti-fraud call centre operated jointly by the OPP and RCMP.</i> <ul style="list-style-type: none"> ▪ Anonymous & confidential ▪ Bilingual ▪ Provide information on abuse ▪ Support older adults ▪ Provide referral to resources
Simcoe County Mental Health Crisis Line 24 hours per day; 7 days per week <i>County-wide</i>	Telephone: 1-888-893-8333 705-728-5044 (Barrie)	<i>Telephone line For anyone experiencing emotional distress.</i> <ul style="list-style-type: none"> ▪ Emotional support & counselling ▪ Crisis intervention ▪ Crisis management advice ▪ Referral
Simcoe County Sexual Assault/Rape Crisis Line 24 hours per day; 7 days per week Francophone – 9 to 5 5 days per week <i>County-wide</i>	Telephone: 1-800-987-0799 705-737-2008 (Barrie) Francophone 705-737-2788 800-211-4954	<i>Support to women 16 years of age and over who have experienced sexual assault as children and/or adults or violence in an intimate relationship.</i> <ul style="list-style-type: none"> ▪ Free service ▪ Confidential Offices in Orillia, Midland, Collingwood and Barrie
Telecare 24 hour Distress Centre	Telephone: 705-325-9534 (Orillia) 705-726-7922 (Barrie) 866-797-0000	<i>Distress telephone line program serviced by trained volunteers. Confidential. No fee.</i>
See Appendix IX: Shelters for crisis telephone support		