Centre intégré
universitaire de santé
et de services sociaux
de l'Ouest-de-
l'Île-de-Montréal

Québec

Title:	*Policy to combat maltreatment of seniors and other adults in vulnerable situations*
Codification:	**Version: 2.1**

Administrative Unit:	Multidisciplinary Services, Quality, Performance, and Populational Responsibility Directorate Office of the Service Quality and Complaints Commissioner
Written by:	Working group for drafting and deploying a policy to combat maltreatment of seniors and adults in vulnerable situations
Validated by:	The Executive Committee, Public Advisory and Service Quality Committee
Approved by:	Board of Directors

Date adopted: *2018-11-28*	**Implementation date:** *yyyy-mm-dd* *(if different from the date of adoption)*
Date revised: *2020-11-25*	

List of Acronyms

CDPDJ	Commission des droits de la personne et des droits de la jeunesse
CHSLD	Long-term Care Centre
IUHSSC	Integrated University Health and Social Services Centre
CPQS	Service Quality and Complaints Commissioner
MSQPPRD	Multidisciplinary Services, Quality, Performance, and Populational Responsibility Directorate
ID-ASD-PD	Intellectual Disability, Autism Spectrum Disorder and Physical Disability Programs Directorate
SEAPD	Support for Elderly Autonomy Program Directorate
ND	Nursing Directorate
MHAPD	Mental Health and Addiction Programs Directorate
PSD	Professional Services Directorate
LAAA	*Ligne Aide Abus Aînés (Elder Mistreatment Helpline)*
Act	*An Act to combat maltreatment of seniors and other adults in vulnerable situations*
ARHSSS	Act Respecting Health Services and Social Services (CQLR, c. S-4.2)
MF	Ministère de la Famille
MSSS	Ministry of Health and Social Services
PRMOP	Individual responsible for the implementation of the policy to combat maltreatment of seniors and other adults in vulnerable situations, as provided for by the Act to combat maltreatment of seniors and other adults in vulnerable situations.
Policy	*Policy to combat maltreatment of seniors and other adults in vulnerable situations*
CIP	Concerted intervention process
IR	Intermediary resources
PSR	Private seniors' residences
RSSS	Health and Social Services Network
FTR	Family-type resources

CAUTION

Over the past few years, the *Ministère de la Famille* has developed tools to protect vulnerable seniors. However, as its name makes clear, the *Act to combat maltreatment of seniors and other adults in vulnerable situations (hereinafter referred to as "the Act"),* applies to all vulnerable adults. This is why some of the tools found in the appendices of the *Policy to combat maltreatment of seniors and other adults in vulnerable situations* (hereinafter referred to as "Policy") appear limited to seniors. However, in the context of the Act and the Policy, these tools must be understood more broadly. As such, they can be used for all clienteles covered by the Policy.

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1. CONTEXT

1.1 An Act to combat maltreatment of seniors and other adults in vulnerable situations

To reaffirm its commitment to combat maltreatment, *An Act to combat maltreatment of seniors and other adults in vulnerable situations*[1,2] was passed and assented to by the National Assembly of Québec on May 30, 2017.

The fundamental principle that guided work on the Act was an effort to balance self-determination and protection. The Act is intended primarily to facilitate and to encourage the identification, reporting, and early management of all situations of maltreatment so as to prevent, stop, or minimize the harmful consequences thereof. In addition, for the protection of the most vulnerable users, the Act sets out conditions for mandatory reporting. This Act requires that Québec's network of health and social services institution (RSSS), including the Montréal West Island Integrated University Health and Social Services Centre (IUHSSC), to adopt and implement a policy by no later than November 30, 2018.

The Act Respecting Health Services and Social Services has approved a decree aimed at the *Regulation respecting the terms governing the use of monitoring mechanisms by a user sheltered in a facility maintained by an institution operating a residential and long-term care centre.* It provides a framework for the use of cameras or other technological means in CHSLDs by residents, their families, or visitors for monitoring purposes. It aims, in particular, to protect the privacy and dignity of residents and staff in accordance with the Charter of Human Rights and Freedoms, the Civil Code of Québec, the Act respecting Access to documents held by public bodies and the Protection of personal information, as well as the directives of the *Commission d'accès à l'information* and jurisprudence. **It is also intended to inform residents and their relatives, as well as those working for the Montréal West Island IUHSSC**, of the terms and conditions governing the use of cameras and other technological surveillance methods.[3]

AAn Act to combat maltreatment of seniors and other adults in vulnerable situations, CQLR, c. L-6.3.
For minors in vulnerable situations, refer to the *Youth Protection Act*.
To consult the regulation, see http://legisquebec.gouv.qc.ca/en/ShowDoc/cr/S-4.2,%20r.%2016.1.

1.2 POPULATIONS TARGETED BY THIS LAW

The populations targeted by the Act include the following groups: seniors, those with a significant loss of autonomy, incompetent individuals, those with mental health problems, individuals with a disorder on the autism spectrum, those having a physical disability, as well as people with intellectual disabilities. One must also consider that maltreatment is part of a relational dynamic and that the characteristics of both the family and the maltreated individual have an impact on situations of maltreatment.

1.3 DEFINITIONS AND TERMINOLOGY

Some of the following definitions are listed as such in the Policy to ensure consistency the Act, to ensure the use of harmonized terminology through the RSSS, and thus to ensure a common understanding of the different definitions. For further details, please see Appendix 1, *Terminology*.

Maltreatment: "… a single or repeated act, or a 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." (RLRQ, c. L-6.3., Sec. 2, Paragraph 3)

Individual in a vulnerable situation: "… An adult whose ability to request or obtain assistance is temporarily or permanently limited because of factors such as a restraint, limitation, illness, disease, injury, impairment or handicap, which may be physical, cognitive or psychological in nature." (RLRQ, c. L-6.3., Sec. 2, Paragraph 3)

Individual 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." (RLRQ, c. L-6.3., Sec. 2, Paragraph 3)

Health and Social Services Provider: Any individual or organization that the institution uses to provide health or social services directly to users. This designation excludes volunteers as well as those who do not provide health services and/or social services directly to users.

Legal Representative: The legal representative of a user who is not capable of deciding for themself ensures their safety and that of their property, in addition to representing them legally. The legal representative may also:

- Exercise the civil rights of the protected user to varying degrees, according to their incapacity or the content of their mandate;
- Manage the property of the protected user;
- Ensure that the protected user resides in a living environment that meets their condition and needs;
- Defend the interests of the protected user and, if necessary, initiate legal proceedings on their behalf;

- Consent to care in place of the protected user, if necessary.

As such, they play an important role in identifying any potential maltreatment, intervening to ensure the protection of the user, and to counter maltreatment of the user they represent.

User: An individual who receives care or services from the institution, regardless of who provides those health and social services.

2. GUIDING PRINCIPLES, OBJECTIVES, AND VALUES

2.1 GUIDING PRINCIPLES

A. Zero tolerance

No form of maltreatment is tolerated at the Montréal West Island IUHSSC.

B. Proactivity

The Montréal West Island IUHSSC takes a proactive stance to prevent and counter maltreatment of users and addresses the problem openly, frankly, and transparently.

C. Respect for the Rights and Needs of Users

The Montréal West Island IUHSSC respects the rights of users as described in the *Act Respecting Health Services and Social Services*[4] (ARHSSS) and the *Charter of Human Rights and Freedoms,*[5] and meets their needs by providing them with quality care and services.

D. Consent to Care and Services

Except as provided for in the Act and Policy, the consent of the user must be obtained prior to the provision of any care or service.

E. Safe Care and Work Environment

The Montréal West Island IUHSSC has the obligation to take reasonable means to ensure a safe environment characterized by a culture of respect and transparency for all users and all staff.

F. Consultation and Partnership

4 http://legisquebec.gouv.qc.ca/fr/ShowDoc/cs/S-4.2

5 http://legisquebec.gouv.qc.ca/fr/showdoc/cs/C-12

Consultation and partnership are essential to ensuring the application, the respect, and the durability of the Policy. The various interveners (professionals, directorates, associations, organizations representing intermediary and family-type resources [RI-RTF], user/resident committees, and trade unions) will be called upon to collaborate to prevent and counter maltreatment.

2.2 OBJECTIVES

The principal objective of the Policy is to combat maltreatment by enacting the orientations, strategies, and measures put in place to achieve this. More precisely, the Policy aims to:

A. Ensure the safety, the well-being, and the quality of life of users by implementing measures to combat maltreatment.

B. Quickly and effectively identify and take charge of situations of maltreatment by focusing on reducing harmful consequences and the risks of recidivism.

C. Support continuous improvements in clinical and organizational practices and in the quality of care and services.

D. Promote a safe environment based on respect and well-treatment.

E. Support those working for the Montréal West Island IUHSSC and its users in their efforts to combat maltreatment.

F. Inform and equip individuals working for the Montréal West Island IUHSSC as well as health and social service providers with respect to their obligations and the importance of reporting cases of maltreatment.

G. Inform health and social service providers, volunteers, users and their families about the Policy and its content.

H. Ensure that the Act is understood and respected.

2.3 VALUES

The following values are targets to be promoted, attained, and defended in order to fight against maltreatment. This list is not exhaustive and non-hierarchical.

A. Self-determination

The action of deciding by oneself for oneself.

This value reflects the importance of users' rights. It is our duty to obtain the consent of users at all stages of managing maltreatment situations, except under those conditions where reporting is mandatory. It is essential to involve users in the prevention and resolution of maltreatment situations, in order to develop or improve their ability to make decisions.

B. Well-Treatment

Well-treatment "is about fostering the well-being and showing consideration for the dignity, self-fulfillment, self-esteem, inclusion, and safety of a user. It is expressed through attentiveness, attitudes, actions, and practices that are respectful of the values, cultures, beliefs, life journeys, uniqueness and rights and freedoms of seniors.[6]" (or vulnerable adults).

Well-treatment is based on the following fundamental principles:

- A shared culture of respect for the user and their background, dignity, and individuality;
- A way of being, speaking, and acting that shows concern for the other, is responsive to their needs and requests, and respectful of their choices and refusals;
    - An approach that aligned with the rights of the user and their choices (the user's expression is valued);
    - A culture that constantly re-evaluates (ethical reflections are carried out around professional practices as well as on thinking versus action);
    - A process of continuous adaptation to the changing needs of the user and to given situations.[7]

C. Collaboration

Collaboration is an approach to working together with others and/or helping them with their duties, including:

- Working together with one or more other people on a shared endeavour.
- Valuing decisions taken and optimal results achieved in collaboration.

To deal with the complexity of situations of maltreatment, an optimal intervention plan is generally developed by pooling the collective expertise available at the Montréal West Island IUHSSC, together with affected users and their families, to the extent possible.

[6]Ministère de la Famille (2017a), p. 38; quoted in *Politique-cadre de lutte contre la maltraitance envers les aînés et toute autre personne majeure en situation de vulnérabilité*, 2018, p. 8.
Ibid, page 25.

D. Dignity

This value is a reminder that, regardless of age, ability, situation, and life history, we have a duty to ensure that all users are treated with dignity and respect in their values and choices, to the extent of their abilities.

3. PREVENTION, AWARENESS, AND TRAINING

With this policy, the Montréal West Island IUHSSC aims to demystify the phenomenon of maltreatment, to reduce its incidence in users' living environments, and to develop the knowledge and skills of those working at the institution as concerns identifying and managing situations of maltreatment through the implementation of continuous awareness-raising, information, and training activities.

The Montréal West Island IUHSSC has delegated the Multidisciplinary Services, Quality, Performance, and Populational Responsibility Directorate (MSQPPRD) to coordinate all awareness, information, and training activities. The MSQPPRD works in close collaboration with the Service Quality and Complaints Commissioner (SQCC), the Human Resources, Communications and Legal Affairs Directorate (HRCLAD), and all of the directorates concerned by the maltreatment of seniors and adults in vulnerable situations.

The human resources development plan of the Montréal West Island IUHSSC, updated annually, prioritizes training in its efforts to combat maltreatment, which includes at least the following elements:

- Prioritizing personnel to be trained in the coming year (job types and priority sectors);
- Summarizing the contents of training sessions given, which must include elements that relate to the understanding and application of the Policy;
- Providing periodic refreshers for personnel targeted by these training sessions.

The content of the Montréal West Island IUHSSC's training courses is inspired by the anti-maltreatment training developed by the Ministry of Health and Social Services (MSSS) and the *Ministère de la Famille— Secrétariat aux aînés*.

This policy serves to underline that the Montréal West Island IUHSSC intend to harmonize its training and awareness-raising activities with the tools developed by the *Ministère de la Famille* with regard to cultural communities. Of particular note are the training sessions offered to the network's interveners concerning the approach to seniors from cultural communities, regarding beliefs, values, culture and prejudice, as well as awareness-raising activities.

The Montréal West Island IUHSSC encourages interveners to use the Interregional Interpreters Bank when necessary to facilitate communication.[8]

4. MANAGING CASES OF MALTREAMENT

Three essential aspects must be taken into consideration to adequately manage suspected or confirmed situations of maltreatment: 1) the consent of the user or their legal representative; 2) key elements of the maltreatment management continuum; and 3) the different areas of expertise potentially required.

When a situation of maltreatment occurs, the recommended decision-making and service trajectory for anyone working for the Montréal West Island IUHSSC is:

1. At all times, if the situation involves a serious risk of death or critical injury, call emergency services (911) before proceeding with further action.
2. Identify the indicators: What are the facts?
3. Validate the indicators with the senior or vulnerable adult, if possible.
4. Evaluate the risk (see Appendix 2: *Elder Abuse Suspicion Index*, Appendix 3: *Flowchart in terms of recognizing signs& symptoms,* and Appendix 4: *Possible actions according to risk assessment*).[9]
5. It is recommended to speak with one's immediate superior and work group to inform them of the situation and the facts. However, one can approach the SQCC directly if there is a conflict of interest involving team members or superior.
6. If the presumed or maltreated user lives in a CHSLD or is protected by a protection regime or an approved protection mandate, report the situation to SQCC (Appendix 5).
7. If the user suspected or shown to be mistreated is under by a protective supervision (guardianship or curatorship) or an approved mandate in case of incapacity, then the Public Curator as well as the user's legal representative must be notified of the maltreatment (Appendix 5).
8. If the presumed maltreated user does not receive care or services from the institution, offer care (for example, providing home support). If they refuse, inform them of their rights and the resources available to them (Appendix 6).

[8] https://santemontreal.qc.ca/en/professionnels/services-et-outils/banque-regionale-dinterpretes/

[9] See also the screening and evaluation tools proposed by the *Canadian Network for the Prevention of Elder Abuse*. https://cnpea.ca/fr/outils/outils-pratiques/552-d%C3%A9pistage-et-%C3%A9valuation-du-risque-outil-d%E2%80%99aide-%C3%A0-la-d%C3%A9cision-en-maltraitance-envers-les-a%C3%AEn%C3%A9s

4.1 CONSENT

The user or their representative, depending on the circumstances, must be involved at each stage of the maltreatment management process. Furthermore, if, in a context of maltreatment, a user requires care or services, the usual rules regarding consent to care and services apply.

4.2 KEY ELEMENTS OF THE CONTINUUM FOR MANAGING CASES OF MALTREAMENT

The five key elements are:

1. Identifying abusive situations
2. Reporting cases of maltreatment (disclosure and reporting)
3. Verifying the facts surrounding situations of maltreatment
4. Evaluating the needs and abilities of the maltreated user
5. ACTION AND FOLLOW-UP ON CASES OF MALTREAMENT

4.2.1 IDENTIFYING CASES OF MALTREAMENT

Identifying potential cases of maltreatment is everyone's responsibility and involves documenting and analyzing the risk factors for abuse using clinical judgment and/or detection or screening tools. The Montréal West Island IUHSSC recommends interveners working on cases related to maltreatment rely on scientifically validated tools, such as those mentioned in Appendices 2 and 4 of the Policy.

Different strategies can be helpful in recognizing, detecting, and/or screening for maltreatment. Keep in mind the following definitions:

- Recognition: Being attentive to signs of maltreatment in order to identify it. Everyone can recognize such signs.
- Detection: A process carried out by a professional, often using tools that facilitate the identification of risk factors and/or signs of maltreatment.
- Screening: Systematic identification approach applied to a population (for example, to all senior residents of a CHSLD), carried out by an intervener using tools that help to identify risk factors and/or maltreatment.

When a situation of clinical-administrative maltreatment is identified, it must be noted in the user's file. All potential sources of data concerning a situation maltreatment should be used to collect information on the case. For example, if the maltreatment is detected in a CLSC context, it must be identified using the statistical code provided in the I-CLSC information system.

For situations involving physical or intellectual disabilities or autism spectrum disorders, the SIPAD database *Système d'information pour les personnes ayant une déficience* (SIPAD) must be consulted so as to precisely identify the case of maltreatment.

The LSQCC will open a file and the data will be added to the SIGPAQS database (information system for managing complaints and service quality improvements) (ARHSSS, Art. 33.7), specifying the type of maltreatment in question.

4.2.2 REGISTERING SITUATIONS OF MALTREATMENT[10]

Anyone working for the Montréal West Island IUHSSC who has reasonable grounds to believe that a user is being maltreated has an ethical and/or professional responsibility to disclose or report this situation according to the procedures laid down by the institution.

Third-party declarations (for example, by a witness, someone working for the Montréal West Island IUHSSC, or a loved one) of situations of maltreatment may be handled as either a disclosure or a report.

A. DISCLOSURE

Disclosure consists of providing information on a potential maltreatment of someone not covered by the Act, namely those who are mentally competent or not residing in a CHSLD. Disclosure can be made to various instances or individuals working in the institution, including the reception, a case worker, a unit or department head, the SQCC, the Users' or Residents' Committee, etc.

All personnel who could receive a disclosure of maltreatment must be able to identify what types of situations meet the conditions for mandatory reporting. They must ensure that follow-up with the SQCC takes place within the required period (Appendix 5). For situations of maltreatment that do not meet the conditions for mandatory reporting, they must ensure follow-up with the relevant directorate (Annex 6).

If the maltreatment disclosed does not involve a user, it does not constitute an emergency and does not fulfil the conditions for mandatory reporting.

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[10]It is extremely important to distinguish between **disclosure** and **reporting** in the pages that follow. Disclosure is the transmission of information about the potential maltreatment of an individual not subject to the Act and for whom self-determination is not clear from the outset (cognitive deficit without probate, temporary delirium, clinical findings, for example) or whose status is unknown. In case of doubt, it is better to disclose a situation that appears at first glance to be problematic. Should you not be able to obtain the consent of the user's representative (ref. ARHSSS, Art. 9., CCQ, Art. 15 and 16), anyone working at the Montréal West Island IUHSSC and wishing to disclose must consult the interdisciplinary team, who can support them in the process and contact the Public Curator's office if needed. disclosure

Reporting is mandatory and applies to all persons covered under the Act; in such a case, incapacity must be legally recognized and not based on suspicions, impressions, or even clinical findings.

- It is important to offer the individual suspected of being maltreated care and services provided by the institution (such as offering an evaluation for home care services);
- If they refuse, it is important to remind them of their rights, the resources available, and to offer a safety plan, if needed.

B. REPORTING

Reporting consists of transmitting to the SQCC all information concerning the potential maltreatment of a person included under the Act. Reporting is a formal process that can be done by anyone, including a third party; a complaint, on the other hand, must be made by a user or their legal representative. Reporting can be done to the SQCC and/or the police, according to the severity and urgency of the situation. Reports are handled by the SQCC in accordance with the complaints review procedure.

For all reports of maltreatment, users and interveners can contact the SQCC for their territory, either verbally or in writing. Users can be accompanied at all times throughout the process.

In certain cases, the *Centre d'assistance et d'accompagnement aux plaintes* (Assistance and Complaint Support Centre) CAAP can help in putting together a complaint or accompany a user through the process. The Users' Committee can also assist and support users in any part of the process, including making a complaint.

All cases of maltreatment brought to the SQCC must go through the usual steps in evaluating a complaint:

1. Analyzing the admissibility of the report;
2. Examining the situation to ensure the problem is clearly identified;
3. Analyzing the information gathered from the individuals involved so as to explain and identify the issues, clarify them, and then intervene in the most appropriate way;
4. Communicate the conclusions and, if appropriate, make recommendations;
5. Follow-up on the recommendations.

Conditions for Mandatory Reporting

Reporting is mandatory in cases of maltreatment involving individuals covered by the Act. In such a case, the user's consent is not required.

"Any health services and social services provider or any professional within the meaning of the Professional Code (chapter C-26) who has reasonable grounds to believe that a person of full age is a victim of a single or repeated act, or a lack of appropriate action, that seriously undermines the physical or psychological integrity of the person must report it immediately if

1. the person is lodged in a facility maintained by an institution operating a residential and long-term care centre within the meaning of the Act respecting health services and social services (chapter S-4.2); or
2. the person is under tutorship or curatorship, or is a person for whom a protection mandate has been approved." (Art. 21)

Consent to Reporting

Anyone (employee, volunteer, witness) with concerns and who would like to act or intervene must obtain the user's consent to accompany them or direct them toward another team, if the user is competent. The user must be informed of their rights under the charters and by law. An intervention can only take place with their free and informed consent, which must be based on the individual's knowledge of the facts.

When the consent of the person experiencing maltreatment is not obtained, the intervener can launch a concerted intervention process with an eye to preventing an act of violence, if there are reasonable grounds to believe that there is a serious risk of death or critical injury to a vulnerable person and that the threat feels imminent. *Serious injury* here refers to any physical or psychological injury that significantly affects the physical integrity, health, or wellbeing of a vulnerable person. In this exceptional case, the laws provide that an intervener can lift the obligation of professional secrecy or confidentiality to communicate certain personal and confidential information to the person or people likely to come to the aid of the person at risk.[11]

The concerted intervention process (CIP) is one of the measures resulting from law L-6.3, which is intended to create effective collaboration among the various public partners (such as the Montréal police force, the *Commission des droits de la personne et des droits de la jeunesse*, or Québec's public curator) in order to put a stop to cases of maltreatment that may constitute a criminal or penal offence against people in vulnerable situations. Appendix 7 details the stages of the CIP and the three criteria required to trigger one via the web platform.

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

To Whom to Report

The Act requires reporting of (suspected or confirmed) maltreatment as follows:

1. If the individual (presumed or confirmed) to be maltreated **does NOT receive** services or care from the Montréal West Island IUHSSC:

    - Reporting to the relevant law enforcement agency, should there be danger, theft, fraud, etc.

2. If the individual (presumed or confirmed) to be maltreated **receives services** or care from an institution within the RSSS network, even if their maltreatment is not connected to the care and services they receive:
    - Reporting to the SQCC [12][13]
        - PLEASE NOTE: All reports of maltreatment received by the SQCC will be treated equally, whether the reporting was mandatory or not. Prioritization of cases will be done according to the severity of the situation and left to the judgment of the SQCC.
        - If the situation concerns actions, or lack of action, on the part of a physician, dentist, pharmacist, or resident, the report may be directed toward the SQCC's Medical Examiner.
        - If the report to the SQCC implies a criminal offence, contact the local law enforcement agency if this was not already done with the report.

Once a case of maltreatment has been reported to the SQCC, the allegations must be validated promptly for all users residing in a CHSLD or protected by an approved protection mandate. It is important to then assess the risk and to judge whether an immediate intervention is necessary or not. The clinical directorate should be involved as promptly as possible to be able to intervene.

The SQCC will receive disclosures in the same manner it receives all other complaints. The usual investigative process is launched while prioritizing rapid intervention with the clinical directorate that is, or may be, concerned. As such, the 45-day response time set out in the ARHSSS applies.

The work of the SQCC is part of a process of continuous improvement of the quality of services. A report or disclosure of abuse handled by the SQCC does not relieve the clinical teams and other actors in the health and social services network of their role in managing the situation of maltreatment.

[12] See Appendix 7 for the Montréal West Island IUHSSC's SQCC contact information.

[13] See Appendix 8 Maltreatment to consult the SQCC's Decision-making Algorithm regarding reports of user maltreatment.

Accountability

The SQCC must, in its annual activity report to the institution, include a section that specifically addresses the complaints and reports it has received concerning maltreatment of users covered by the Act, without compromising the confidentiality of its reports, including the identity of those involved in a disclosure or report.

Confidentiality and Prohibition of Reprisals

Confidentiality is sometimes seen as an obstacle to interventions. Both the individual reporting the situation or the user may have confidentiality concerns. However, the institution must "take all necessary measures to preserve the confidentiality of any information that would allow a person who has reported maltreatment to be identified, unless the person consents to being identified" (Art. 10, Act), and this despite the obligation to report that applies to those individuals persons bound by professional secrecy.

The SQCC can, however, share the identity of the user with the relevant law enforcement agency (Art. 10, Act). In all other situations, the SQCC must preserve the anonymity of the stakeholders, as it does currently.

The Act prohibits "reprisals are prohibited against a person who, in good faith and within the scope of the policy provided for in this chapter, reports maltreatment or cooperates in the examination of a report or complaint, as are threats of reprisal against a person to dissuade them from reporting maltreatment or cooperating in the examination of a report or complaint made within the scope of the policy provided for in this chapter." (Art. 11, Act)

The demotion, suspension, termination of employment or transfer of an individual working for the institution or any disciplinary or other measure that adversely affects the employment or working conditions of such an individual is presumed to be a reprisal. Transferring a user or resident, breaking their lease, or prohibiting or restricting visits to users or residents is also presumed to be a reprisal. (Art. 11, Act). Additionally, "no proceedings may be brought against a person who, in good faith, has reported maltreatment or cooperated in the examination of a report, whatever the conclusions issued following its examination" (Art. 12, Act)

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.).

4.2.3 VERIFICATION OF FACTS AND FOLLOW-UP ON CASES OF MALTREATMENT

Once a potential situation of maltreatment has been identified, it is important to determine the facts of the case.

After a potential case of maltreatment has been reported, the facts must be verified to establish:

- Whether such maltreatment occurred and to begin the necessary actions and follow-up, if the user is competent and consents to the process.
- Evaluate and analyze all of the signs and indicators to determine whether the user has suffered negative consequences because of that maltreatment.
- Document the situation in depth, questioning the individuals involved and collecting documents from different sources.

The fact-finding can be done by the directorate concerned or by the SQCC, conjointly with the other instances that have the requisite expertise.

- If the presumed perpetrator works for the Montréal West Island IUHSSC or is another user, the SQCC follows the complaint procedure (power to intervene).
- **If the presumed perpetrator does not work for the Montréal West Island IUHSSC** and is not another user (community/family/loved ones), the follow-up is carried out by the directorate concerned.

The concerned directorate or the SQCC must ensure that all parties involved in the situation of maltreatment are aware of the recourse and support mechanisms available to them during the fact-finding process. For example, for individuals working for the Montréal West Island IUHSSC, such support may be provided by the Employee Assistance Program (EAP). For users, individualized follow-up can be provided by the IUHSSC or one of its partners.

4.2.4 EVALUATING THE NEEDS AND ABILITIES OF THE ABUSED PERSON

The Montréal West Island IUHSSC suggests that interveners involved in maltreatment-related situations use formally recognized needs assessment tools, such as the Computerized Clinical Pathway Tool (CCOI). The evolving needs and capacity of the user means that the planning and prioritization of interventions can vary according to the preferences and values of the maltreated user, and with their consent. This evaluation is also intended to identify the internal and external resources that will be required to address the situation. To optimally manage maltreatment-related situations, the assessment should take into account all those affected by the maltreatment, to the extent possible.

Protective Factors

Protective factors are used in preventing mental illness and suicide, but can also, in a more general way, in providing psychosocial services to other clientèles. Evaluating the presence or absence of

protective factors provides useful avenues for determining how dangerous a situation is, the objectives to target for the user and their environment, and for developing the power to act.[14] Protective factors help to evaluate the vulnerability of the individual and their adaptive potential.[15]

4.2.5 ACTION AND FOLLOW-UP ON CASES OF MALTREATMENT

As prescribed by the Act, the Montréal West Island IUHSSC favours managing or resolving situations of maltreatment by supporting individuals in all efforts to end the maltreatment, whether that maltreatment is committed by an individual working for the Montréal West Island IUHSSC or any other individual, as provided for in the Act.[16]

An intervention strategy should provide adequate protection and support for the user, put an end to abusive behaviour quickly, and attempt to implement elements to prevent future situations of maltreatment.

Depending on the situation, the family may be called upon to collaborate in supporting the referral toward necessary services, or to help the user to receive support from a significant other.

Interveners have a key role to play with anyone wishing to make a complaint or report to the SQCC, including providing support and listening to the user, establishing a relationship of trust, and maintaining contact. Subsequently, it is also important to help the user to obtain the services relevant to their situation by offering them more support.

Furthermore, any individual working for the Montréal West Island IUHSSC who is found guilty of maltreatment under the Policy may be subject to administrative and/or disciplinary measures that can extend as far as the termination of their employment or the revocation of their privileges in the institution.

It is at the discretion of the SQCC whether to provide feedback to an individual working for the Montréal West Island IUHSSC who reports a situation, as there is no requirement in that regard. However, LSQCC of the Montréal West Island IUHSSC believes that providing feedback to the individual who made a report or disclosure should be encouraged. This feedback can be given by either the manager or the SQCC.

Self-esteem, the ability to seek help, understanding emotions, social participation, the ability to learn about oneself and society, and maintaining good lifestyle habits are all factors intrinsic protection to the user. The presence or absence of a network, the environment, and financial capacities represent external protection factors to the user.

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[14] *A Reference Guide to Counter Maltreatment of Seniors*
[15] Adaptive Potential: A person's natural propensity to adapt to new situations and maintain balance
[16] *An Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*, CQLR, c. L-6.3.

5. ADAPTATION OF THE POLICY TO THE RESOURCES, ORGANIZATIONS, CORPORATIONS, OR INDIVIDUALS THE INSTITUTION ENGAGES FOR THE PROVISION OF SERVICES

The Act states that the Policy must provide for the necessary adjustments, if any, to its application by:

(1) an intermediary resource and a family-type resource and any other organization, corporation, or individual that the institution engages for the provision of its services

2° a private residence for seniors of the Montréal West Island territory

Intermediate Resources (IR) and Family-Type Resources (FTR)
IR-FTRs and all other individuals or agencies used by the institution for the provision of services must be alert to signs of vulnerability and abuse and identify potential situations of maltreatment.

For IR-FTRs, the Policy requires no specific adaptations but more detail is needed, particularly in terms of reporting. According to collective and province-wide agreements, the signatory is responsible for complying with institutional guidelines and procedures applicable to its provision of services. They must also ensure that the individuals they engage to deliver the services adhere to those guidelines and procedures.

Private Seniors Residences (PSR)
Under the ARHSSS (art.346.0.11), PSRs must not engage in practices or tolerate a situation likely to endanger the health or safety of users to whom it provides services, which includes situations of maltreatment.

For PSRs, the Policy requires no specific adaptations but more detail is needed in terms of reporting. As the employer and the holder of either a certificate of compliance or a temporary certificate, the operator of a PSR is responsible, among other things, for ensuring that their employees or any other individuals they engage to offer the services respect the Policy.

6. PROMOTION AND PUBLICATION

The Montréal West Island IUHSSC must post its Policy in public view in the facilities for which it is responsible and must publish it on its Internet site. They determine by which means to make the Policy accessible to all users covered by it, including those who receive home support services or reside in non-institutional settings, as well as their families and loved ones. The Montréal West Island IUHSSC must also make the Policy known to RSSS interveners working within its territory on the West Island of Montréal, including professional groups, community organizations as defined by Art. 334 of

the ARHSSS, non-profit organizations, and private resources, as well as interveners from other sectors who have an impact on health and social services.

The Montréal West Island IUHSSC has delegated the Multidisciplinary Services, Quality, Performance, and Populational Responsibility Directorate (MSQPPRD) to coordinate all awareness, information, and training activities. The MSQPPRD works in close collaboration with the Human Resources, Communications and Legal Affairs Directorate (HRCLAD), the Service Quality and Complaints Commissioner, and all of the directorates concerned by the maltreatment of seniors and adults in vulnerable situations.

The MSQPPRD is responsible for informing those working for the Montréal West Island IUHSSC of the Policy's content and, more specifically, the prevention measures in place and the possibility of reporting or to disclosing a case of maltreatment to the LSQCC. To publicize the Montréal West Island IUHSSC's Policy to various groups and stakeholders the MSQPPRD will draw inspiration from the MSSS' proven communication tools.

7. REVISION

Revision of the Policy is intended to continuously improve procedures and practices, and consequently, to reduce and remedy situations of maltreatment and provide quality care and services to users in a secure environment.

In collaboration with the Multidisciplinary Services, Quality, Performance, and Populational Responsibility Directorate, the Service Quality and Complaints Commission, the Human Resources, Communications, and Legal Affairs Directorate, the clinical directorates involved, user representatives, individuals working for the Montréal West Island IUHSSC and health and social service providers, the individual responsible for implementing the Policy must:

- Ensure a first revision of the institution's Policy by May 30, 2020.
- Ensure the Policy is then revised at least once every five years.

Changes are made to the Policy to address implementation issues and to improve the procedures, practices, and, by extension, the care, and services provided to users. Changes made must comply with the Act and be easily applicable.

8. ROLES AND RESPONSIBILITIES

General responsibilities:

Many individuals have important roles to play in the fight against the maltreatment of users. Each must contribute according to their role or expertise. Increased vigilance is expected from all stakeholders concerned by this Policy so that everyone reacts when a situation of maltreatment is suspected or confirmed.

Specific responsibilities:

The Montréal West Island IUHSSC director of the Multidisciplinary Services, Quality, Performance, and Populational Responsibility Directorate (MSQPPRD) is the PRMOP.

They can be reached by telephone at 514-693-2346.

Their postal address is:

AQPPBD—Policy to Combat Maltreatment
Montréal West Island University Integrated Health and Social Services Centre
2400, Des Sources – Pointe Claire, Québec, H9R 0E9
Room 215

The following table lists the specific responsibilities associated with each of the stakeholders in the implementation of the Policy.

Summary Table of Specific Responsibilities

Individual responsible for updating the Policy (PRMOP)	In consultation and/or collaboration with the directorates concerned by the Act, the SQCC, representatives of health and social services providers: ***POLICY DEVELOPMENT*** • Adapt the policy framework; • Have the institution's policy adopted by its Board of Directors within the time prescribed by the Act, namely by November 30, 2018. ***PREVENTION, AWARENESS, AND TRAINING*** • Ensure that a maltreatment awareness and training plan is developed and implemented for all individuals working in the institution. ***DECLARATION*** • Ensure that procedures for gathering information from statements and referrals to the relevant bodies are clear and known to all individuals who could potentially receive reports; • Establish and implement strategies to ensure confidentiality and protection against retaliation against those who make a report.

	PUBLICATION • Develop a communication plan; • Make the Policy accessible to all by posting it in public view and visible to those who receive home support services or reside in non-institutional settings, as well as their families and loved ones; • Share communication tools with IRs, FTRs, private funded and unfunded CHSLDs, and PRS; • Post the Policy on the website and intranet site of the institution. ***POLICY REVISION*** • Revise the institution's Policy by May 30, 2020; • Make revisions to address difficulties in implementation and improve procedures and practices.
Multidisciplinary Services, Quality, Performance, and Populational Responsibility Directorate (MSQPPRD)	If a representative of the MSQPPRD does not assume the role of PRMOP, then the MSQPPRD must: • Ensure that the PRMOP can carry out their mandate by monitoring all of the institution's programs, from adaptation to review.
Human Resources, Communications, and Legal Affairs Directorate **(HRCLAD)**	***INTERVENTIONS*** • Participate in identifying and implementing the recommendations or sanctions. ***AWARENESS AND TRAINING*** • Ensure that anyone in contact with users has been made aware of the issues surrounding maltreatment; • In collaboration with the directorates responsible for providing services, ensure training is planned on recognizing and managing maltreatment. • Provide access to training for the staff of private resources on Montréal's West Island (private CHSLDs and PRS) ***POLICY PUBLICATION*** • Ensure the development and implementation of the plan to publish the Policy.
Individuals Responsible for Clinical Directorates **involved with the Target Clientèle** **(SEAPD, ID-ASD-PD, MHAPD, MSQPPRD, DPS)**	***MANAGING CASES OF MALTREAMENT*** • Ensure the proper management of situations of maltreatment in their directorate; • Ensure that all the key elements regarding the management of situations of maltreatment are known and considered; • Provide employees of their directorate with the tools and support necessary to respond to the specific needs of their clients through all phases of dealing with situations of maltreatment; • Inform all parties involved in the situation of maltreatment, of the recourse and support mechanisms available to support them during the process.

	IDENTIFICATION • Identify and apply strategies to encourage identification, detection and/or screening of maltreatment; • Define documentation and data collection strategies with regard to the maltreatment of a user. ***DECLARATION*** • Encourage reporting by identifying measures to minimize the risk of reprisals against those who report; • Make reporting procedures known to staff. ***FACT-FINDING*** • Create and implement a fact-finding process once a report is made. ***ACTION AND FOLLOW-UP*** • Implement mechanisms for ensuring that planned actions and follow-up take place.
Individuals working for the institution	***IDENTIFICATION*** • Watch for signs of vulnerability and abuse and identify potential situations of maltreatment. ***DECLARATION*** • Declare any suspected or confirmed situations of maltreatment as soon as it becomes known. Follow the procedures defined by the institution.
Individuals receiving care or services **Services**	***IDENTIFICATION*** • Document any information relating to detection or screening. Follow the procedures defined by the institution. ***FACT-FINDING*** • Anyone providing care and services that has a direct link to the user or required expertise may be called upon to participate in the fact-checking process. ***EVALUATING NEEDS AND ABILITIES*** • Any care and services provider with a direct link to the user or internal and/or external expertise required can contribute to the evaluation so that the proposed plan of intervention that ensures the safety of the user and manages the situation of maltreatment; • Take into account that more than one user may be affected by the situation of maltreatment (for example, other residents) and that all users and other individuals involved in the situation should be evaluated to the extent possible; • Document the evaluation using established procedures. ***ACTION AND FOLLOW-UP*** • Monitor the response plan and establish deadlines to re-evaluate whether it effectively meets the existing needs; • Use collaborative intervention processes when criteria are met.

Service Quality and Complaints Commissioner
 	
Services
	DECLARATION
	Treat all reports on situations of maltreatment, whether mandatory or not, in the same manner:
	• Analyze the admissibility;
	• Prioritize reports according to severity;
	• Examine the report:
	  ○ Examine the report and implement the appropriate maltreatment procedure (determined by who the perpetrator is);
	  ○ Check whether they have contravened any laws or regulations.
	• Direct the report:
	  ○ Direct the report according to its contravention (or not) of laws and regulations;
	  ○ Direct toward the medical examiner reports concerning actions or inaction by a physician;
	• Conclude the case (with or without recommendation) or refer it to the appropriate instance.
	• Add the data to SIGPAQS;
	• Inform the relevant instances of the results.

Medical Examiner	***VERIFICATION OF FACTS*** (complaint concerning a physician, dentists, pharmacist, or resident) • Apply the complaint procedure for a physician, dentist, pharmacist, or medical resident at the institution.
Centre d'assistance et d'accompagnement aux plaintes **(CAAP)** **(Assistance and Complaint Support Centre)** **CAAP**	***Reporting*** (complaint from user) • Assist the user in any process complaint process they undertake with regard to an institution; • Inform the user about the complaints system and how it works; • Help clarify the purpose of the complaint, draft it if needed, assisting and accompanying them, upon request, through each stage of the process; • Facilitate conciliation with any concerned authority; • Contribute to satisfaction of the user as well as the respect of their rights.
Users and Residents Committee	***DECLARATION*** • Users' and Residents' Committees collaborate, notably during promotional activities related to the complaints review system, during visits to evaluate quality of living in CHSLDs and IR-FTRs, as well as when cases of maltreatment of users and residents from the RSSS are reported to them. ***PREVENTION, AWARENESS, AND TRAINING*** • Committees can help raise users' and residents' awareness of the Policy.
Union Representatives	• Offer information and support when one of their members is suspected of maltreatment.
Associations and Organizations representing of IR-FTR	***FACT-FINDING*** • Support IR or FTR suspected of causing harm to a user, in accordance with the means provided for in collective and national agreements, and in the *Act respecting the representation of family-type resources and certain intermediate resources and the negotiation process for their group agreements.*

Specialized Support and Services to Counter Maltreatment of Seniors

Regional Coordinators Specialized in Countering the Maltreatment of Seniors	• Initiate and sustain local and regional cooperation between all partners involved; • Publicize the awareness and training programs available in the region; • Ensure that a regional committee is struck and active in the deployment, application, and review of joint intervention processes.
Ligne Aide Abus ainés (Elder Mistreatment Helpline) **1-888-489-ABUS (2287)**	The LAAA is a provincial support line and a specialized reference in matters of the maltreatment of seniors and those covered under the Act. Its role is to direct callers toward the appropriate resources, according to their needs and the resources available in their region: • Support interveners through professional consultations in regard to maltreatment (discussing clinical cases; identifying elements to evaluate; suggested paths of intervention; ethical considerations); • Referral of complex cases to the provincial cross-sectoral consultation group for countering maltreatment of seniors of the Montréal West Island IUHSSC-UAC. 1-888-489-2287 or 514-489-2287 www.aideabusaines.ca https://www.facebook.com/Ligneaideabusaines
Provincial cross-sectoral consultation group for countering maltreatment of seniors of the Montréal West Island IUHSSC-UAC	Consultation and support service for complex cases affecting more than one intervention sector and requiring interdisciplinary and multisectoral collaboration: • Support and equip interveners faced with such situations; • Improve the understanding of cross-sectoral collaboration; • Improve the understanding of the roles and mandates of potential intervention partners; • Help interveners to recognize their legal responsibilities and the limits of their interventions. To contact members of the team, call the Ligne Aide Abus Aînés (Elder Mistreatment Helpline): 1-888-489-2287.

9. REFERENCES

LE CENTRE D'EXPERTISE EN SANTÉ DE SHERBROOKE, *Guide de référence pour contrer la maltraitance envers les personnes ainées*, Gouvernement du Québec, 2e édition, 2016, 612 pages.

GOUVERNEMENT DU QUÉBEC, *An Act to combat maltreatment of seniors and other adults in vulnerable situations*, Éditeur officiel du Québec, updated June 2018.

MINISTÈRE DE LA FAMILE ET MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX, *Politique-cadre de lutte contre la maltraitance envers les aînés et toute autre personne majeure en situation de vulnérabilité*, Gouvernement du Québec, 2018, 43 pages.

MINISTÈRE DE LA FAMILLE – SECRÉTARIAT AUX AÎNÉS, Plan d'action gouvernemental pour contrer la maltraitance envers les personnes ainées, Gouvernement du Québec, 2018, 48 pages.

MINISTÈRE DE LA FAMILLE – SECRÉTARIAT AUX AÎNÉS, *Plan d'action gouvernemental pour contrer la maltraitance envers les personnes ainées 2017-2022,* Gouvernement du Québec, 2017, 85 pages.

MINISTÈRE DE LA SANTÉ ET DES SOCIAL SERVICES, *Regulation respecting the terms governing the use of monitoring mechanisms by a user sheltered in a facility maintained by an institution operating a residential and long-term care centre, CQLR c S-4.2, r 16.1,* Éditeur officiel du Québec, 2018.

Consulting Instances (in alphabetical order):

- Alliance du personnel professionnel et technique de la santé et des services sociaux (APTS)
- Montréal West Island IUHSSC Operational Coordination Committee
- Montréal West Island IUHSSC Users Committee
- Council of Nurses of the Montréal West Island IUHSSC
- Council of Physicians, Dentists, and Pharmacists of the Montréal West Island IUHSSC
- Council of Midwives of the Montréal West Island IUHSSC
- Multidisciplinary Committee of the Montréal West Island IUHSSC
- Senior Ethics Consultant of the Montréal West Island IUHSSC
- Fédération interprofessionnelle de la santé du Québec (FIQ)
- Canadian Union of Public Employees (CUPE)
- Syndicat québécois des employées et employés de service (SQEES)

Validated by:

- Montréal West Island IUHSSC Executive Committee
- Montréal West Island IUHSSC Vigilance and Service Quality Committee

Approved by:

- Montréal West Island IUHSSC Board of Directors

APPENDIX 1: TERMINOLOGY[17]

Version 19-09-2017

Terminologie sur la maltraitance envers les personnes aînées

Définition de la maltraitance envers les personnes aînées

« Il y a maltraitance quand un geste singulier ou répétitif, ou une absence d'action appropriée, intentionnel ou non, se produit dans une relation où il devrait y avoir de la confiance, et que cela cause du tort ou de la détresse chez une personne aînée. »

(Définition inspirée de celle de l'OMS (2002) *The Toronto Declaration on the Global Prevention of Elder Abuse*, cité dans MF (2017) *Plan d'action gouvernemental pour contrer la maltraitance envers les personnes aînées 2017-2022*, p. 15; la notion d'intention a été ajoutée)

FORMES DE MALTRAITANCE (manifestations)

Violence : Malmener une personne aînée ou la faire agir contre sa volonté, en employant la force et/ou l'intimidation*.

Négligence : Ne pas se soucier de la personne aînée, notamment par une absence d'action appropriée afin de répondre à ses besoins.

L'intention de la personne maltraitante

Maltraitance intentionnelle : La personne maltraitante veut causer du tort à la personne aînée.

Maltraitance non intentionnelle : La personne maltraitante ne veut pas causer du tort ou ne comprend pas le tort qu'elle cause.

Attention : Il faut toujours évaluer les indices et la situation pour ne pas tirer de conclusions hâtives ou attribuer des étiquettes.

TYPES DE MALTRAITANCE (catégories)

Maltraitance psychologique

Gestes, paroles ou attitudes qui constituent une atteinte au bien-être ou à l'intégrité psychologique.

Violence : Chantage affectif, manipulation, humiliation, insultes, infantilisation, dénigrement, menaces verbales et non-verbales, privation de pouvoir, surveillance exagérée des activités, etc.

Négligence : Rejet, indifférence, isolement social, etc.

Indices : Peur, anxiété, dépression, repli sur soi, hésitation à parler ouvertement, méfiance, interaction craintive avec une ou plusieurs personnes, idées suicidaires, déclin rapide des capacités cognitives, suicide, etc.

Attention : La maltraitance psychologique est sans doute la plus fréquente et la moins visible :

- Accompagne souvent les autres types de maltraitance.
- Peut avoir des conséquences tout aussi importantes que les autres types de maltraitance.

Maltraitance physique

Gestes ou actions inappropriés, ou absence d'action appropriée, qui portent atteinte au bien-être ou à l'intégrité physique.

Violence : Bousculade, rudoiement, coup, brûlure, alimentation forcée, administration inadéquate de la médication, utilisation inappropriée de contentions (physiques ou chimiques), etc.

Négligence : Privation des conditions raisonnables de confort ou de sécurité, non-assistance à l'alimentation, l'habillement, l'hygiène ou la médication lorsqu'on est responsable d'une personne en situation de dépendance, etc.

Indices : Ecchymoses, blessures, perte de poids, détérioration de l'état de santé, manque d'hygiène, attente indue pour le changement de culotte d'aisance, affections cutanées, insalubrité de l'environnement de vie, atrophie, contention, mort précoce ou suspecte, etc.

Attention : Certains indices de maltraitance physique peuvent être confondus avec des symptômes découlant de certaines conditions de santé. Il est donc préférable de demander une évaluation de la santé physique et/ou au niveau psychosocial.

Maltraitance sexuelle

Gestes, actions, paroles ou attitudes à connotation sexuelle non consentis, qui portent atteinte au bien-être, à l'intégrité sexuelle, à l'orientation sexuelle ou à l'identité de genre.

Violence : Propos ou attitudes suggestifs, blagues ou insultes à connotation sexuelle, propos homophobes, biphobes ou transphobes, promiscuité, comportements exhibitionnistes, agressions à caractère sexuel (attouchements non désirés, relation sexuelle imposée), etc.

Négligence : Privation d'intimité, traiter la personne aînée comme un être asexuel et/ou l'empêcher d'exprimer sa sexualité, non-respect de l'orientation sexuelle ou de l'identité de genre, etc.

Indices : Infections, plaies génitales, angoisse au moment des examens ou des soins, méfiance, repli sur soi, dépression, désinhibition sexuelle, discours subitement très sexualisé, déni de la vie sexuelle des personnes aînées, etc.

Attention : L'agression à caractère sexuel est avant tout un acte de domination. Les troubles cognitifs peuvent entraîner une désinhibition se traduisant par des gestes sexuels inadéquats. Ne pas reconnaître, se moquer ou empêcher une personne aînée d'exprimer sa sexualité représente de la maltraitance et peut nuire au repérage et au signalement de celle-ci. L'attirance sexuelle pathologique envers les personnes aînées (gérontophilie) doit aussi être repérée.

* « Il y a intimidation quand un geste ou une absence de geste (ou d'action) à caractère singulier ou répétitif et généralement délibéré se produit de façon directe ou indirecte dans un rapport de force, de pouvoir ou de contrôle entre individus, et que cela est fait dans l'intention de nuire ou de faire du mal à une ou à plusieurs personnes aînées. » (Voir Beaulieu, M., Bédard, M.-È. & Leboeuf, R. (2016). L'intimidation envers les personnes aînées : un problème social connexe à la maltraitance? *Revue Service social.* 62(1), 38-56.)

[17] http://maltraitancedesaines.com/images/Terminologie_sur_la_maltraitance_envers_les_personnes_aînées.pdf

APPENDIX 1: Terminology (continued)

Version 19-09-2017

Terminologie sur la maltraitance envers les personnes aînées

Maltraitance matérielle ou financière

Obtention ou utilisation frauduleuse, illégale, non autorisée ou malhonnête des biens ou des documents légaux de la personne, absence d'information ou mésinformation financière ou légale.

Violence : Pression à modifier un testament, transaction bancaire sans consentement (utilisation d'une carte bancaire, transactions internet, etc.), détournement de fonds ou de biens, prix excessif demandé pour des services rendus, usurpation d'identité, etc.

Négligence : Ne pas gérer les biens dans l'intérêt de la personne ou ne pas fournir les biens nécessaires lorsqu'on en a la responsabilité; ne pas s'interroger sur l'aptitude d'une personne, sa compréhension ou sa littératie financière, etc.

Indices : Transactions bancaires inhabituelles, disparition d'objets de valeur, manque d'argent pour les dépenses courantes, accès limité à l'information sur la gestion des biens de la personne, etc.

Attention : Les personnes aînées qui présentent une forme de dépendance envers quelqu'un, qu'elle soit physique, émotive, sociale ou d'affaires, sont plus à risque de subir ce type de maltraitance. Au-delà de l'aspect financier ou matériel, ce type de maltraitance peut affecter la santé physique ou psychologique de la personne aînée en influençant sa capacité à assumer ses responsabilités ou à combler ses besoins.

Violation des droits

Toute atteinte aux droits et libertés individuels et sociaux.

Violence : Imposition d'un traitement médical, déni du droit de choisir, de voter, d'avoir son intimité, de prendre des risques, de recevoir des appels téléphoniques ou de la visite, de pratiquer sa religion, de vivre son orientation sexuelle, etc.

Négligence : Non-information ou mésinformation sur ses droits, ne pas porter assistance dans l'exercice de ses droits, non reconnaissance de ses capacités, etc.

Indices : Entrave à la participation de la personne aînée dans les choix et les décisions qui la concernent, non-respect des décisions prises par la personne aînée, réponses données par un proche à des questions qui s'adressent à la personne aînée, restriction des visites ou d'accès à l'information, isolement, plaintes, etc.

Attention : Il y a des enjeux de violation des droits dans tous les types de maltraitance. Toute personne conserve pleinement ses droits, quel que soit son âge. Seul un juge peut déclarer une personne inapte et nommer un représentant légal. La personne inapte conserve tout de même des droits, qu'elle peut exercer dans la mesure de ses capacités.

Maltraitance organisationnelle

Toute situation préjudiciable créée ou tolérée par les procédures d'organisations (privées, publiques ou communautaires) responsables d'offrir des soins ou des services de tous types, qui compromet l'exercice des droits et libertés des personnes.

Violence : Conditions ou pratiques organisationnelles qui entraînent le non-respect des choix ou des droits des personnes (services offerts de façon brusque, etc.), etc.

Négligence : Offre de services inadaptée aux besoins des personnes, directive absente ou mal comprise de la part du personnel, capacité organisationnelle réduite, procédure administrative complexe, formation inadéquate du personnel, personnel non mobilisé, etc.

Indices : Réduction de la personne à un numéro, prestation de soins ou de services selon des horaires plus ou moins rigides, *attente indue avant que la personne reçoive un service*, détérioration de l'état de santé (plaies, dépression, anxiété, etc.), plaintes, etc.

Attention : Nous devons demeurer attentifs à l'égard des lacunes des organisations qui peuvent brimer les droits des personnes qui reçoivent des soins ou des services ou entraîner des conditions qui nuisent au travail du personnel chargé de prodiguer ces soins ou ces services.

Âgisme

Discrimination en raison de l'âge, par des attitudes hostiles ou négatives, des gestes préjudiciables ou de l'exclusion sociale.

Violence : Imposition de restrictions ou normes sociales en raison de l'âge, réduction de l'accessibilité à certaines ressources, préjugés, infantilisation, mépris, etc.

Négligence : Indifférence à l'égard des pratiques ou des propos âgistes lorsque nous en sommes témoin, etc.

Indices : Non-reconnaissance des droits, des compétences ou des connaissances, utilisation d'expressions réductrices ou infantilisantes, etc.

Attention : Nous sommes tous influencés, à divers degrés, par les stéréotypes négatifs et les discours qui sont véhiculés au sujet des personnes aînées. Ces « prêt-à-penser » fournissent des raccourcis erronés à propos de diverses réalités sociales qui peuvent mener à des comportements maltraitants.

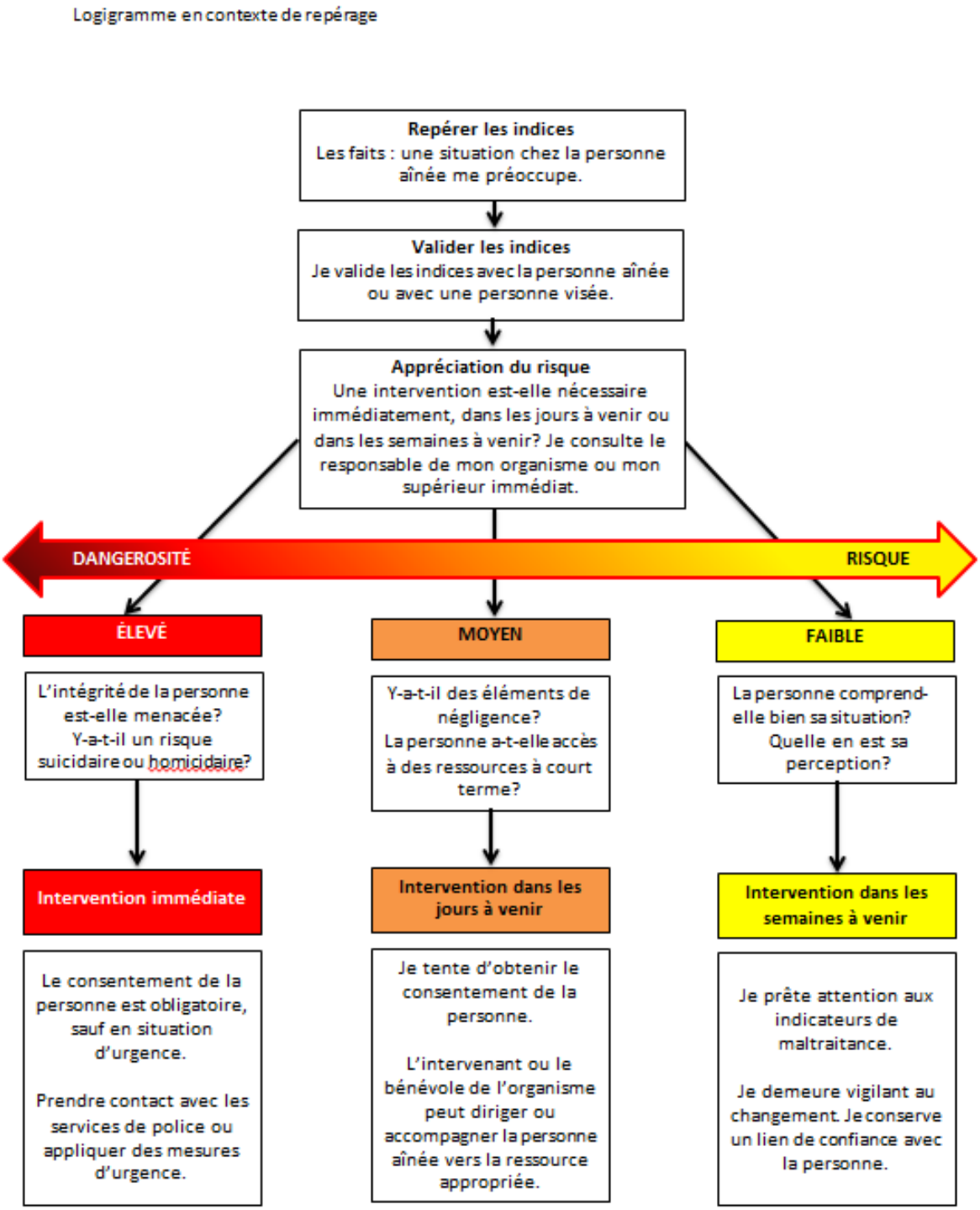
Fruit d'un travail collaboratif, cette terminologie témoigne de l'évolution des pratiques et de la recherche au Québec en matière de lutte contre la maltraitance envers les personnes aînées. Elle sera ajustée afin de rendre compte du renouvellement des savoirs cliniques et scientifiques.

APPENDIX 2: EASI—ELDER ABUSE SUSPICION INDEX

This grid is essentially used by physicians. However, given that it is simple to use, it could serve as a grid for recognizing situations of maltreatment in a context where data collection must be done quickly. The grid is available in French, English, Spanish, Hebrew, Portuguese, German, Japanese, and Italian by clicking: https://www.mcgill.ca/familymed/fr/recherche/projets/easi

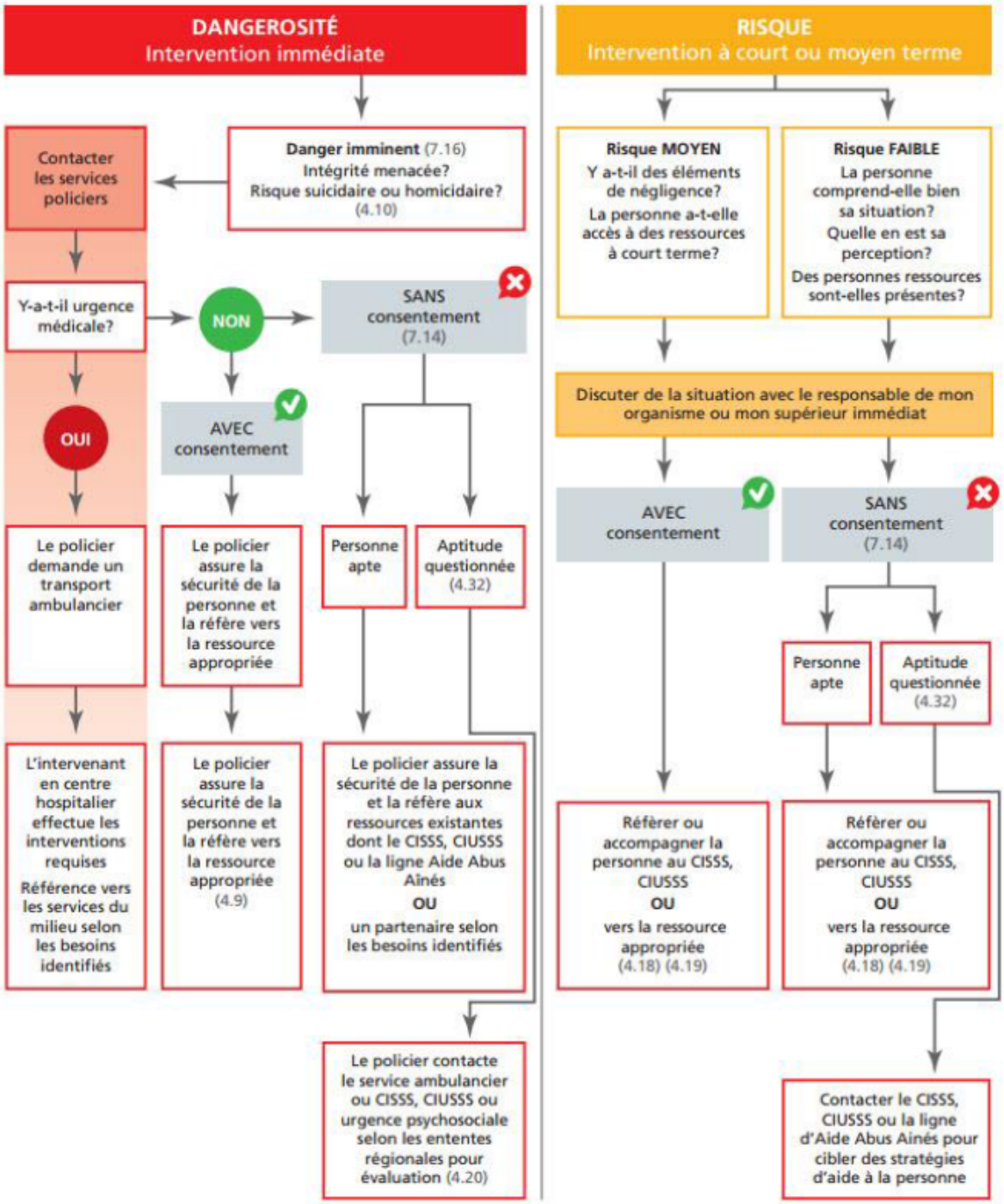
Questions de l'EASI Q1. – Q.5 doivent être posé au patient(e); Q6. est répondu par le médecin. *(Au cours des 12 derniers mois)*			
1) Avez-vous dépendu de quelqu'un pour une des suivantes : Prendre votre bain ou douche, vous habiller, faire vos commissions, faire vos transactions bancaires, ou vos repas ?	OUI	NON	N'a pas répondu
2) Est-ce que quelqu'un vous a empêché(e) de vous procurer de la nourriture, des vêtements, des médicaments, des lunettes, des appareils auditifs, de l'aide médicale, ou de rencontrer des gens que vous vouliez voir ?	OUI	NON	N'a pas répondu
3) Avez-vous été dérangé(e) par les paroles de quelqu'un qui vous ont fait sentir honteux (se) ou menacé(e)?	OUI	NON	N'a pas répondu
4) Quelqu'un a-t-il essayé de vous forcer à signer des papiers ou à utiliser votre argent contre votre volonté ?	OUI	NON	N'a pas répondu
5) Est-ce que quelqu'un vous a fait peur, vous a touché d'une manière que vous ne vouliez pas, ou vous a fait mal physiquement ?	OUI	NON	N'a pas répondu
6) L'abus envers une personne âgée peut être associé à des manifestations telles que: de la difficulté à maintenir un contact visuel, une nature retirée, de la malnutrition, des problèmes d'hygiène, des coupures, des ecchymoses, des vêtements inappropriés, ou des problèmes d'adhérence aux ordonnances. Avez-vous remarqué de telles manifestations aujourd'hui ou au cours des 12 derniers mois?	OUI	NON	Incertain

APPENDIX 3: FLOWCHART: RECOGNIZING SIGNS & SYMPTOMS[18]



[18] *Guide de référence pour contrer la maltraitance envers les personnes ainées: http://publications.msss.gouv.qc.ca/msss/fichiers/ainee/13-830-10F.pdf*

APPENDIX 4: POSSIBLE ACTIONS ACCORDING TO RISK ASSESSMENT



APPENDIX 5: MANDATORY REPORTING

Mandatory Reporting of Maltreatment

(For all Health and Social Services Providers or
All professional as defined by the Professional Code [Chapter C-26])

PLEASE NOTE: Always seek the user's consent, but it is not required in the case of a mandatory reporting situation.

Coverage and conditions

An adult in a vulnerable situation who resides **in a CHSLD or is protected by a protection regime** (guardianship or trusteeship) or an approved protection mandate.

There are reasonable grounds to believe that the individual has suffered one or repeated acts have caused serious harm to their physical or psychological well-being.

↓

If the report involves a serious risk of death or serious physical and/or psychological injury that seems urgent, consider contacting emergency services before proceeding with other actions.

↓

Does the maltreated individual who does not reside in a CHSLD receive services from the

↓

Yes

↓

Mandatory Reporting to the SQCC

The legal representative must also be informed of the report.

No

↓

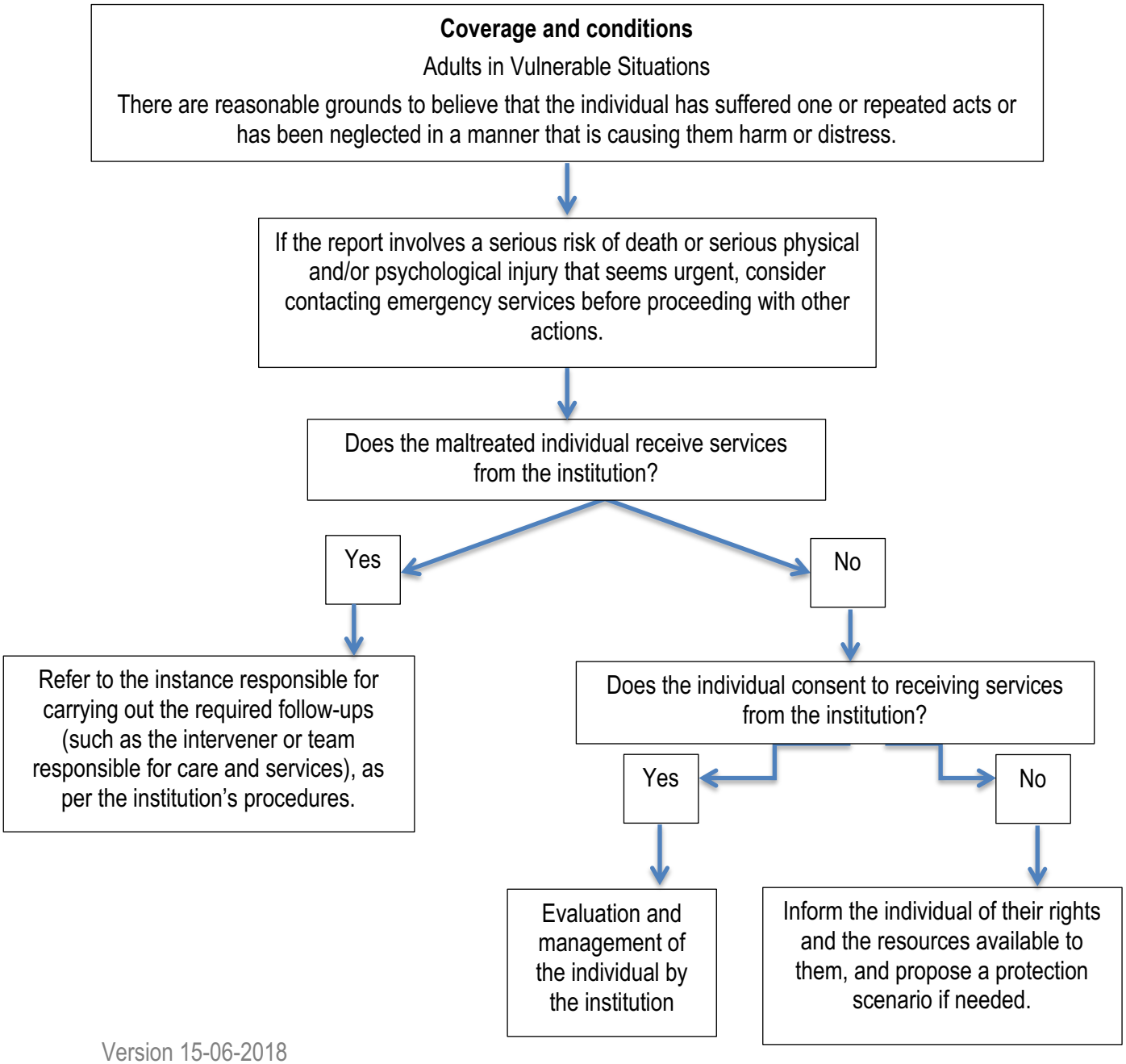
Mandatory Reporting to Law Enforcement

When the legal representative is known, they must also be informed of the report.

Version 15-06-2018

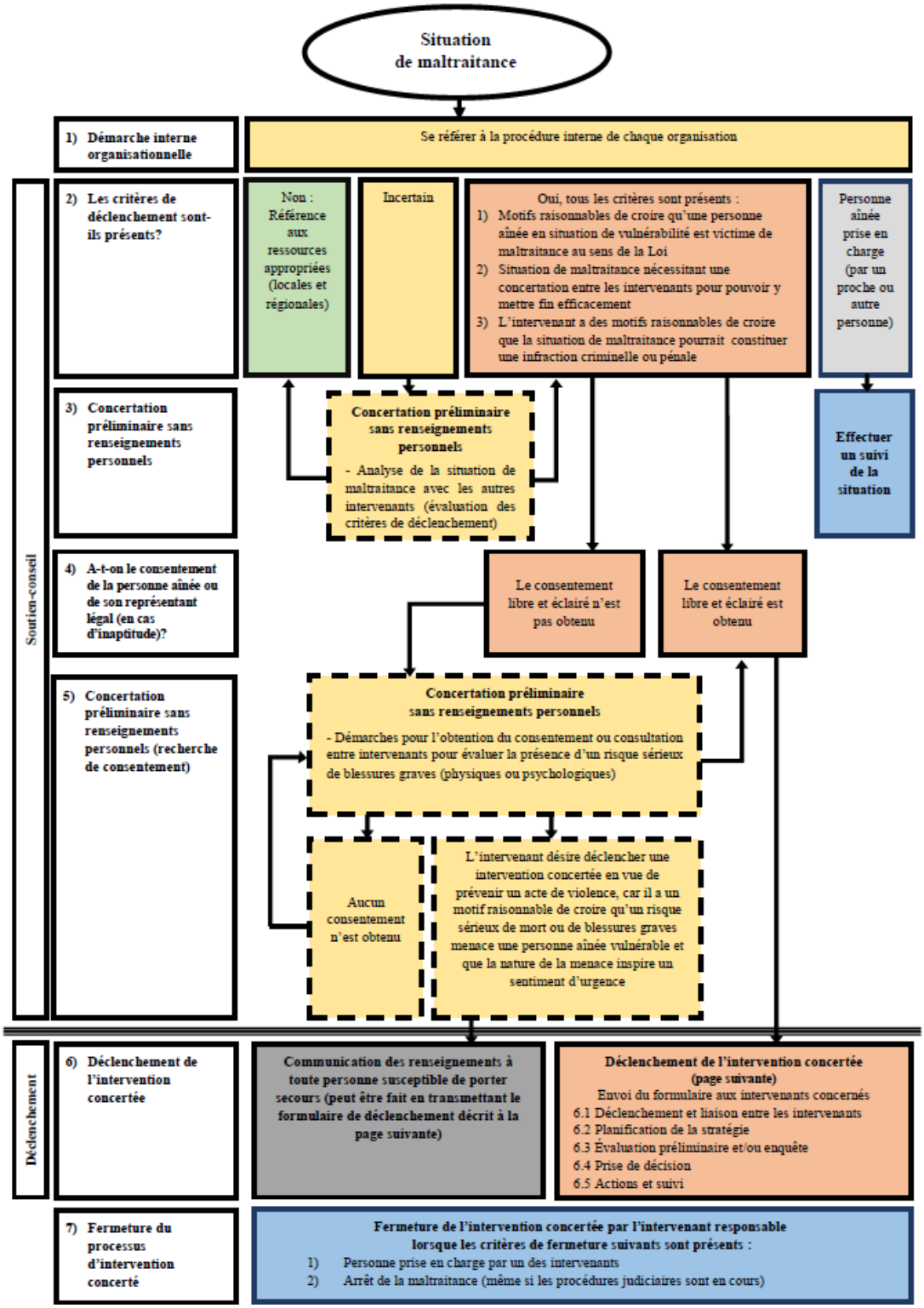
APPENDIX 6: RESPONDING TO SITUATIONS

Responding to situations of reported maltreatment that do not meet the conditions for mandatory reporting



Version 15-06-2018

APPENDIX 7: THE CONCERTED INTERVENTION PROCESS TO FIGHT AGAINST ELDER ABUSE [19]



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

APPENDIX 7: THE CONCERTED INTERVENTION PROCESS TO FIGHT AGAINST ELDER ABUSE (CONT'D)

6) Déclenchement de l'intervention concertée

Avec le consentement de la personne à l'échange de renseignements personnels et confidentiels	Sans le consentement de la personne à l'échange de renseignements personnels et confidentiels en vue de prévenir un acte de violence et lorsqu'il a un motif raisonnable de croire qu'un risque sérieux de mort ou de blessures graves menace une personne aînée vulnérable et que la nature de la menace inspire un sentiment d'urgence
Le formulaire de déclenchement est envoyé aux intervenants concernés par la situation de maltraitance	**Le formulaire de déclenchement est envoyé uniquement à l'intervenant ou aux intervenants susceptibles de porter secours à la personne**
6.1 Déclenchement et liaison entre les intervenants - Assurer la sécurité de la personne - Remplir le formulaire de déclenchement (avec renseignements personnels) - Communiquer entre intervenants (conférence téléphonique ou autre modalité à déterminer) afin d'échanger des informations sur la situation de maltraitance	**6.1 Déclenchement et liaison entre les intervenants** - Assurer la sécurité de la personne - Compléter le formulaire de déclenchement (avec renseignements personnels) - Communiquer entre intervenants susceptibles de porter secours à la personne (conférence téléphonique ou autre modalité à déterminer) afin d'échanger des informations sur la situation de maltraitance qui représente un risque ou une menace
6.2 Planification de la stratégie - Dresser l'état de la situation de maltraitance - Déterminer le degré d'urgence et les facteurs de risque/vulnérabilité en présence - Identifier les autres intervenants pouvant être appelés à contribuer - Élaborer une stratégie quant au déroulement des actions à venir (qui fait quoi, comment, quand et où)	**6.2 Planification de la stratégie** - Dresser l'état de la situation de maltraitance qui représente un risque ou une menace - Déterminer le degré d'urgence et les facteurs de risque/vulnérabilité en présence - Identifier si d'autres intervenants susceptibles de porter secours à la personne peuvent être appelés à contribuer - Élaborer une stratégie quant au déroulement des actions à venir (qui fait quoi, comment, quand et où)
6.3 Évaluation et/ou enquête - Procéder aux évaluations et enquêtes requises selon la stratégie arrêtée - Identifier les besoins de protection et les volontés de la personne	**6.3 Évaluation et/ou enquête** - Procéder aux évaluations et enquêtes requises selon la stratégie arrêtée - Identifier les besoins de protection et les volontés de la personne
6.4 Prise de décision - Mettre en commun les informations recueillies - En concertation avec les intervenants concernés, convenir de la meilleure solution dans l'intérêt de la personne (plainte, dénonciation, ouverture d'un régime de protection, changement de milieu, poursuite judiciaire, référence, etc.)	**6.4 Prise de décision** - Mettre en commun les informations recueillies - En concertation avec le ou les intervenants susceptibles de porter secours, convenir de la meilleure solution dans l'intérêt de la personne (plainte, dénonciation, ouverture d'un régime de protection, changement de milieu, poursuite judiciaire, référence, etc.)
6.5 Actions et suivi - Appliquer les décisions convenues par les intervenants - Tenir constamment les intervenants et la personne victime, ou son représentant légal, ainsi que ses proches informés du déroulement et du résultat des actions entreprises	**6.5 Actions et suivi** - Appliquer les décisions convenues par les intervenants - Tenir constamment le ou les intervenants susceptibles de porter secours et la personne victime ou son représentant légal, informés du déroulement et du résultat des actions entreprises

APPENDIX 8: CONTACT INFORMATION OF THE SERVICE QUALITY AND COMPLAINS COMMISSIONER OF THE MONTRÉAL WEST ISLAND IUHSSC

En personne dans les établissements suivants :

Hôpital général du Lakeshore
160, avenue Stillview, bureau 1289
Pointe-Claire (Québec) H9R 2Y2

Centre Hospitalier de St.Mary's
3830, avenue Lacombe, bureau 1410
Montréal (Québec) H3T 1M5

Institut universitaire en santé mentale Douglas
6875, boul. LaSalle, bureau B-1133
Pavillon Dobell
Montréal (Québec) H4H 1R3

Centre d'hébergement de LaSalle
8686, rue Centrale, bureau 1027
LaSalle (Québec) H8P 3N4

Centre de la jeunesse et de la famille Batshaw
5, Weredale Park, bureau 510
Westmount (Québec) H3Z 1Y5

Hôpital Ste-Anne
305, boul. des Anciens-Combattants
Pavillon principal, 1er étage, bureau A-105
Sainte-Anne-de-Bellevue (Québec) H9X 1Y9

Par la poste

Hôpital général du Lakeshore
160, avenue Stillview, bureau 1289
Pointe-Claire (Québec) H9R 2Y2

Par téléphone

1-844-630-5125

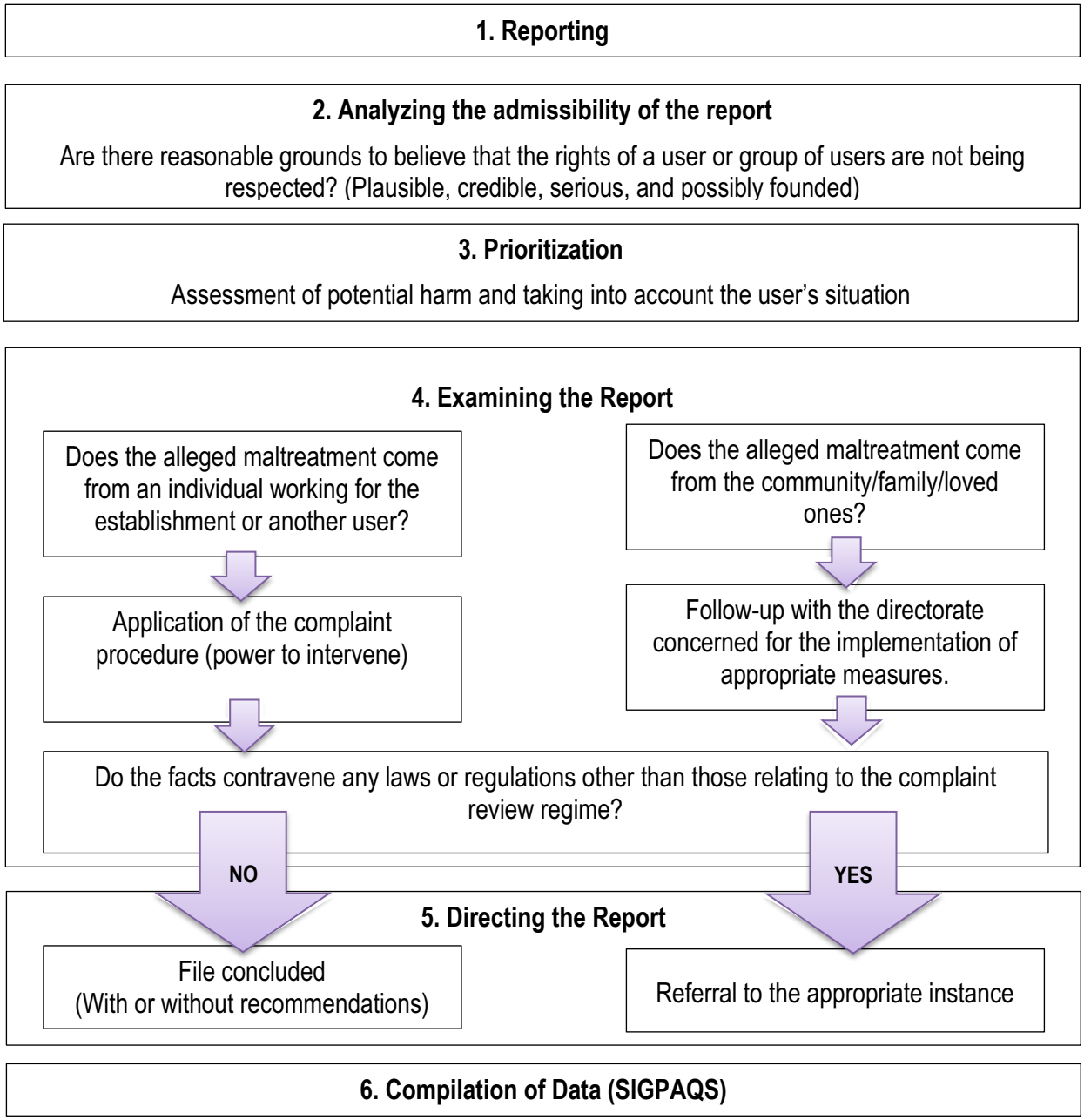
Par courriel

Commissariat.plaintes.comtl@ssss.gouv.qc.ca

En ligne

https://ciusss-ouestmtl.gouv.qc.ca/infos-pour-les-usagers/droits-des-usagers/commissariat-aux-plaintes-et-a-la-qualite-des-services/#c46079

APPENDIX 9: DECISION-MAKING ALGORITHM OF THE SERVICE QUALITY AND COMPLAINTS COMMISSIONER



Ref: *Policy to combat maltreatment of seniors and other adults in vulnerable situations*, p. 21