

Combat maltreatment of seniors and other persons of full age in vulnerable situations

Number
G1-252-025

1. PREAMBLE¹

1.1 Act to combat maltreatment

For several years now, the Government of Québec concretely has been concrete maltreatment of persons of full age in vulnerable situations, notably with the deployment of a governmental action plan to combat maltreatment of seniors. Despite the existing measures and recourses in Québec over the last few years, the maltreatment of seniors and other persons in vulnerable situations is a social issue which should not be ignored, since several people are still maltreated today. In order to reassert its commitment to combat maltreatment, the National Assembly of Québec adopted and sanctioned the *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*² on May 30th, 2017.

The leading principle used to guide the development of the Act is the search for a balance between self-determination and protection. The spirit of the Act is above all to ease and to encourage the identification, the reporting and the early processing of all cases of maltreatment in order to stop them or to minimize their adverse consequences. Moreover, the Act provides conditions for compulsory reporting in order to ensure the protection of the most vulnerable persons.

This policy arises from the *Politique-cadre de lutte contre la maltraitance envers les aînés et toute autre personne majeure en situation de vulnérabilité* of the ministère de la Santé et des Services sociaux.

1.2 Target population

The populations targeted by the Act to combat maltreatment are seniors and persons of full age in vulnerable situations. In fact, none of us is completely immune to maltreatment, especially in moments where it is more difficult to ask for help. Nevertheless, certain persons are more at risk of being in vulnerable situations than others. It is notably the case of certain persons among the following groups: seniors, people in great loss of autonomy, inept people, people with mental health problems, people with an autism spectrum disorder, people with a physical disability, as well as people with an intellectual disability. Therefore, people working at the Centre intégré de santé et de services sociaux (CISSS) de la Côte-Nord must remain vigilant in order to detect maltreatment of these groups. It must also be considered that maltreatment falls within relational dynamics and that the characteristics of people around the maltreating person have an impact in the emergence of a situation of maltreatment.

¹ **Please note:** When extracts of documents, annexes or tables refer to seniors within the context of this policy, this information also applies to other persons of full age in vulnerable situations.

² CQLR, c. L-6.3, hereinafter the “Act to combat maltreatment”

Other committee		Executive Committee		Board of Directors	
Approved on	Revised on	Approved on 2019-01-15	Revised on	Adopted on 2019-01-30 Resolution 2019-01-434	Revised on

1.3 Legal, administrative and clinical foundations of the policy

This policy is not only based on the Act to combat maltreatment, but also on the Charter of human rights and freedoms³, the Act respecting health services and social services (LSSSS)⁴, the ministerial orientations *Un milieu de vie de qualité pour les personnes hébergées en CHSLD*⁵ and the *Plan d'action gouvernemental pour contrer la maltraitance envers les personnes âgées 2017-2022*⁶.

2. SCOPE OF APPLICATION

The problem of maltreatment of persons in vulnerable situations is complex and it may require several interventions spread out over long periods of time. In order to be efficient in their interventions, all actors involved must know the roles of the organizations and that of the intervenors from multidisciplinary teams, as well as several legal provisions and intervention approaches.

This policy is for every direction, so it applies to everyone contributing to the carrying out of the mission of the CISSS de la Côte-Nord, including employees, physicians, trainees, volunteers, and anyone else exercising a function or a profession in the establishment.

It also concerns resources bound by contract to the establishment, contract employees, persons in charge of intermediate and family-type resources, private seniors' residence, domestic help social economy businesses, and community organizations.

The policy also applies to users' and residents' committees, users, residents, families and visitors.

Collaboration with multisectoral partners is often essential to support maltreated persons in vulnerable situations. Given the complexity of the interventions, they require complementarity from several service networks. Specifically and without limitation, collaboration between the following resources is a factor for success within the local service networks:

- The community network: community organizations, volunteer centres, domestic help social economy businesses, etc.
- Support groups, such as the APPUI, the Association québécoise des retraités, the FADOQ network, the Table régionale de concertation des aînés de la Côte-Nord, etc.
- Justice resources: notaries, lawyers, the Director of Criminal and Penal Prosecutions, the Crime Victims Assistance Centre (CAVAC), the Public Curator of Québec, the Commission des droits de la personne et des droits de la jeunesse, administrative tribunals, the legal aid office, etc.
- The public safety network: police forces, fire departments, correctional services, the Commission québécoise des libérations conditionnelles, etc.
- Resources from financial institutions, Caisses Desjardins, banks, the Financial Market Authorities (AMF), etc.
- The social, community and municipal housing network: low-rent housing (LRH), housing cooperatives, non-profit organizations (NPO) offering housing, etc.

³ CQLR, c. C-12.

⁴ CQLR, c. S-4.2.

⁵ Ministère de la Santé et des Services sociaux (2003).

⁶ Ministère de la Famille (2017a).

- Private resources: residences with or without services, housekeeping, home support, pharmacies, etc.

This document shall not replace the laws and regulations currently in effect in Québec (example: Charter of human rights and freedoms, Civil code, Criminal code, etc.).

3. DEFINITIONS ET CLASSIFICATIONS

3.1 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”.⁷

Form and type of maltreatment (see Annex II)

- Violence
- Negligence

Maltreatment intent (see Annex II)

- Intentional maltreatment
- Unintentional maltreatment

3.2 Person in a vulnerable situation⁸

“A person of full age 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”.⁹

3.3 Person working for the institution

“A physician, dentist, midwife, staff member, medical resident, trainee, volunteer or other natural person who provides services directly to a person on behalf of the institution”.¹⁰

3.4 Provider of health services and social services

Any person or organization to which the establishment has recourse to provide health care or social services directly to users. This designation excludes volunteers and persons not providing health care and social services directly to users.

3.5 User

Person receiving care or services from the establishment, regardless of the provider of health services and social services.

⁷ Act to combat maltreatment of seniors and other persons of full age in vulnerable situations, Article 2 (3)

⁸ For further details, see “Annex II – Terminology on the maltreatment of seniors”.

⁹ Act to combat maltreatment of seniors and other persons of full age in vulnerable situations, Article 2 (4)

¹⁰ Act to combat maltreatment of seniors and other persons of full age in vulnerable situations, Article 2 (5)

3.6 Bond of trust

The fact of creating an environment in which users and their families feel they are respected and free of expressing themselves without being judged. Of course, every relationship of trust is based on patience, empathy, active listening and equal relationships.

4. GOAL

The CISSS de la Côte-Nord recognizes the right of the person in a vulnerable situation to live and to age in complete peace (safety, dignity, etc.) and is committed to defending this right.

All our actions, whether they are individual, collective or organizational, must promote the user's well-being while keeping the risk of maltreatment in mind. Therefore, orientations must be clear, coherent, congruent and consequent enough in order to ensure the safety of the population referring to the establishment.

There is well-treatment when a professional or a caregiver treats a user as they would want their loved ones to be treated and that the professional or the caregiver permanently seeks the individualization and the personalization of the delivery of care and services.

All the required measures will be implemented in order to ensure the synergy of actions to prevent, raise awareness and train the staff to combat maltreatment of people in vulnerable situations within the CISSS de la Côte-Nord. Management practices will support the efforts of intervenors working with people in vulnerable situations.

The purpose of this policy is to implement essential conditions to maintain and improve the health condition and well-being of everyone in vulnerable situations served by the CISSS de la Côte-Nord, notably by establishing prevention, awareness-raising and training measures. Services must be delivered to the population with respect for the integrity of individuals. This principle is even more important in the presence of persons in vulnerable situations.

4.1 Measures to counter maltreatment

Prevention

In the Plan d'action gouvernemental pour contrer la maltraitance envers les personnes âgées (PAM) 2017-2022¹¹, prevention is defined as follows:

"[Maltreatment] prevention is aimed at reducing or even eliminating the incidence of this phenomenon in all living environments of seniors. It relies on the promotion of values such as the respect for human dignity, on knowledge of the causes and factors associated with maltreatment and on the responsibility of all social actors in the combat to reduce this social issue. It has the effect of increasing the level of collective awareness and of contributing to the acquisition of attitudes and behaviours respectful of seniors. It creates a climate where the concerned persons will feel more comfortable to break the silence and take the necessary actions to stop maltreatment." (See Annex III)

¹¹ Ministère de la Famille et des Aînés, 2017, p.23; <https://www.mfa.gouv.qc.ca/fr/publication/Documents/13-830-10F.pdf>

Raising awareness

The purpose of raising awareness is to inform all persons in vulnerable situations, their relatives and anyone involved with them on the problem of maltreatment, to get them interested in prevention strategies and to inform them on the existence of resources and recourse and support mechanisms. With a continuous awareness-raising plan including regular reminders taking account of the natural ability to withhold information and of the advancement of knowledge in terms of maltreatment of persons in vulnerable situations, the CISSS provides itself with the means to achieve this objective (see Annex III).

Training

Training is aimed at developing the knowledge and skills required to identify and take charge of situations of maltreatment in anyone having a particular responsibility and expertise on the subject. The CISSS de la Côte-Nord must have a training plan which:

- Ensures the understanding, the application and the respect of the policy on maltreatment;
- Includes compulsory basic training offered on a regular basis (take the staff turnover into consideration) on the definitions and the issues related to maltreatment;
- Includes periodic reminders on the different aspects discussed in the basic training;
- Includes ongoing training (variable according to the role, the responsibilities and the expertise of the concerned person) in order to refine different aspects related to maltreatment;
- Specifies the minimal number of training hours on maltreatment for managers, employees (health care attendants, nurses, social workers, occupational therapists, physicians, etc.), trainees and volunteers.

5. OBJECTIVES

The main objective of the policy developed by the establishment is to combat maltreatment by enacting the orientations, the strategies and the measures implemented to do so. It is mainly based on the Act to combat maltreatment.

Specifically, the implementation of the policy is aimed at:

- Ensuring safety, well-being and quality of life of users through the implementation of measures to counter maltreatment;
- Identifying and taking care of maltreatment situations quickly and effectively by focusing on the reducing adverse consequences and of risks of repetition;
- Supporting the continuous improvement of clinical and organizational practices and the quality of services;
- Promoting respectful, caring and safe care and work environments;
- Supporting individuals in their efforts to counter maltreatment;
- Informing and equipping people working for the establishment and providers of health and social services about their obligations and the importance to report cases of maltreatment;
- Informing providers of health and social services, volunteers, users and their relatives on the policy and its content;
- Ensuring that the Act to combat maltreatment is understood and respected;

- Ensuring the safety, well-being and quality of life of seniors and other persons of full age in vulnerable situations;
- Creating living environments that are respectful, caring and safe by promoting the continuous improvement of practices and offering services contributing to counter maltreatment from a preventive perspective;
- Informing and equipping seniors and other persons of full of age in vulnerable situations as well as their relatives so that maltreatment situations are identified and taken care of quickly and efficiently by focusing on the reduction of adverse consequences and of risks of repetition;
- Providing a frame of reference detailing the forms of maltreatment and the unacceptable behaviours toward seniors and other persons of full age in vulnerable situations while respecting the missions of the CISSS de la Côte-Nord;
- Identifying the responsibilities of everyone concerned by the fight against maltreatment within the CISSS de la Côte-Nord and its partners;
- Raising awareness and informing the managers, employees, physicians, trainees, volunteers and partners of the establishment on the content of this policy;
- Ensuring all the bodies working for the CISSS de la Côte-Nord as well as persons in vulnerable situations and their relatives using the services of the establishment adhere to the orientations to combat maltreatment of persons in vulnerable situations;
- Implementing means to protect a victim of maltreatment from people not associated with the establishment;
- Ensuring that measures are taken against anyone working at the CISSS de la Côte-Nord who adopts or encourages behaviours leading to the maltreatment of a person in a vulnerable situation receiving services;
- Acting in partnership with multisectoral organizations in order to optimize the continuum of services in terms of maltreatment;
- Complying with the Act respecting health services and social services and with the standards of Accreditation Canada relating to care and services provided at the CISSS de la Côte-Nord.

6. VALUES

In addition to the values of the establishment: transparency, respect, recognition, collaboration and cohesion; the following values come about as targets to promote, to reach and to defend in order to combat maltreatment:

6.1 Self-determination

The act of deciding by yourself, for yourself.

This value reflects the importance of the users' rights in the choice of care and services and the duty to obtain their consent in all the steps to manage maltreatment situations outside the situations fulfilling the mandatory reporting or information disclosure conditions. It is essential to involve users in the process to prevent and resolve maltreatment situations in order to develop or to improve their decision-making abilities.

6.2 Well-treatment

Well-treatment “*aims the person’s well-being, respect for dignity, fulfillment, self-esteem, inclusion and safety. It is expressed through attentions, attitudes, actions and practices respecting the person’s values, culture, beliefs, life course, singularity, and rights and freedoms*”¹² for everyone in a vulnerable situation. Well-treatment practices are essential tools to prevent and to raise awareness on maltreatment.

6.3 Collaboration

The act of working together with someone else or to help them in their functions. Participating in a common piece of work with one or more people.¹³ Valued approach to make decisions and to reach optimal results.¹⁴ In order to face the complexity of maltreatment situations, an optimal intervention plan is generally obtained by pooling expertise through a consultation process with people working for the establishment as well as those affected and their relatives, as far as possible, subject to the user’s consent.

6.4 Dignity

“*A person’s dignity means that they are not an object, but a subject to be respected as they are, with their beliefs, their colour, their age, their body, their civil status, their qualities and their default, to be treated as an end in themselves and not as an instrument.*”¹⁵ This value is a reminder that regardless of the age, the capability and the life situation of people involved in a maltreatment situation, we have a duty to ensure that everyone is treated with dignity and respect in their values and their choices to the extent of their capacities.

7. GUIDING PRINCIPLES

The following statements represent the core of this policy to combat maltreatment. These guiding principles are based on the values that will be presented later. Their application and their respect will allow for the achievement of the policy’s objectives.

7.1 Zero tolerance

No form of maltreatment is condoned in the establishment.

7.2 Proactivity

The establishment adopts a proactive approach in order to combat maltreatment of users and addresses the problem openly, with total frankness, and transparently.

7.3 Respect of the users’ rights and needs

The establishment is respectful of the users’ right as described in the LSSSS and the Charter. It meets their needs by offering them quality care and services. Users of the CISSS de la Côte-Nord are entitled to expect services provided in an environment respectful of people, free from all forms of maltreatment, by staff mindful of the quality of their intervention and of the person’s well-being.

¹² Ministère de la Famille, (2017a), p.38

¹³ Inspired from the definition of Larousse

¹⁴ Government of Québec (2016).

¹⁵ Rezsóhazy, Rudolf, *Sociologie des valeurs* (2006), p. 144

7.4 Consent to care and services

Except as permitted by law, the user's consent must be obtained before providing any care or service. Maltreatment gestures, including maltreatment of persons in vulnerable situations, are unacceptable acts of abuse of power and of domination undermining their dignity, their quality of life as well as their safety.

7.5 Safe care and work environment

The establishment is required to take reasonable measures to ensure a safe environment marked by a culture of respect and transparency to every user and to everyone working for the establishment. The fight against maltreatment of persons in vulnerable situations is based on equality and equity, as well as on the adoption of behaviours respectful of them.

7.6 Consultation and partnership

To ensure the application, the respect and the sustainability of the policy to combat maltreatment developed by the establishment, consultation and partnership are essential between the different actors, including professionals, directions or activity sectors, as well as associations and organizations representing the IR-FTRs, Users' or Residents Committees, and unions. Maltreatment gestures toward persons in vulnerable situations must be condemned and denounced.

8. ROLES AND RESPONSIBILITIES

Many people have an important role to play to combat maltreatment of seniors and other persons of full age in vulnerable situations. Everyone has to collaborate and contribute according to their role or their expertise. Increased vigilance is expected from the actors concerned by this policy in order to ensure everyone takes action when a maltreatment situation is suspected or confirmed.

Everyone working for the establishment or providing care and services has an ethical responsibility to report this situation in accordance with the "Act to combat maltreatment" or with procedures provided by the establishment.

8.1 The Board of Directors

The Board of Directors adopts this policy and, thus, reinforces its intention not to tolerate any form of maltreatment toward persons in vulnerable situations living on the territory of the health services and social services of the CISSS de la Côte-Nord.

8.2 The president and executive director and the president and assistant executive director

Enforcing this policy, promoting it and making sure it is respected with, notably:

- The staff of the establishment and the care and service providers;
- Physicians, trainees and volunteers;
- The Service Quality and Complaint Commissioner;
- People using the services of the CISSS;
- Partners;

- The Users' and Residents' Committees;
- The Council of Physicians, Dentists and Pharmacists (CPDP), the Council of Nurses and the Multidisciplinary Council of the establishment.

8.3 The Service Quality and Complaint Commissioner

Receiving and processing equally all reportings received concerning maltreatment situations, whether they are compulsory or not, and according to the guidelines provided in the Act to combat maltreatment or in the complaint examination procedure of the LSSSS.

Ensuring the confidentiality of the information which could be used to identify anyone reporting a case of maltreatment, except with this person's consent.

Including a specific section addressing the cases processed in relation to this policy in their annual report.

8.4 Department of multidisciplinary services, quality, evaluation, performance and ethics

Implementing this policy.

Collaborating with the Department of human resources, communications and legal affairs in the development of a communication plan.

Raising awareness, training and sharing dissemination tools with private seniors' residences.

Reviewing the establishment's policy in accordance with the Act.

Making modifications to remedy the difficulties related to the implementation and to improve procedures and practices.

Ensuring the development and the implementation of new best approaches and practices in terms of quality and risk management aimed at achieving the highest standards of safe practice and quality within a rigorous organizational consistency.

8.5 Department of human resources, communications and legal affairs

Ensuring the planning of trainings on the recognition and the management of maltreatment situations in collaboration with the directions in charge of the service offer.

Ensuring everyone in contact with users is made aware of maltreatment.

Ensuring the development and the implementation of the diffusion plan for the policy.

Developing and applying a communication plan aimed at disseminating an awareness-raising/training plan on maltreatment for everyone working for the establishment.

Making the policy available to all the staff and to the public, including those receiving home services or who are lodged in a non-institutional setting and to significant members of their family.

Participating in the identification and the implementation of the recommendations and/or sanctions.

Supporting the managers of the establishment in the implementation of this policy.

8.6 Union representatives

Making sure the employees' rights are respected in accordance with each respective collective agreement:

- Reading this policy and ensuring its respect with members.
- In the knowledge that a member could have caused harm or prejudice to a user, offering the required support and accompaniment to their member if the member wants it.
- Promoting and supporting training on maltreatment with its members as part of continuing education in compliance with the applicable collective agreements.

8.7 Persons in charge of the clinical directions targeted by the Act to combat maltreatment (SAPA, DITSADP and SMDISSG)

Managing the maltreatment situations effectively in their departments.

Ensuring that all key elements related to the handling of maltreatment situations are known and considered.

Providing people in their department with the necessary tools and support to meet the specific needs of their clientele in all the steps to handle maltreatment situations.

Informing all parties involved in the maltreatment situation of the recourse and support mechanisms to assist them throughout the process.

Identifying and applying the strategies to recognize, identify and accompany in maltreatment situations.

Specifying the documentation and data entry strategies concerning maltreatment situations toward a user.

Favouring the voluntary and compulsory disclosure by identifying measures to help minimize the risks of retaliation toward those who report.

Informing on the reporting procedures.

Creating and implementing a verification process and making sure to document the facts following a reporting.

Implementing mechanisms to ensure the planned actions and follow-ups are carried out.

8.8 Department of the program supporting the autonomy of seniors (SAPA)

Raising awareness, training, and sharing dissemination tools with intermediate resources (IR) and family-type resources (FTR).

8.9 All departments and managers

All managers have the duty of ensuring the implementation of this policy in their activity sector:

- Ensuring vigilance in order to quickly identify any situation likely to violate this policy.
- Intervening, if applicable, giving support, and reporting on the situation to their immediate superior as soon as possible, and promptly ensuring the necessary follow-up.
- Planning training in order to ensure the competence and the expertise of the staff required to intervene.
- Ensuring the reporting of a situation is carried out in compliance with this policy.

8.10 Supervisors or head nurses and heads of care units

Offering clinical support to the professionals they supervise concerning the prevention, identification and intervention for any situation of maltreatment of a user:

- Coordinating a meeting or the intervention between various professionals concerned by the situation in order to quickly deal with the follow-up and the intervention.
- Remaining vigilant to identify potential maltreatment situations and to ensure the necessary follow-up to implement the means (detecting the signs of exhaustion in a user, the mood changes, the lack of knowledge of their role as employee, raising awareness on “how to be and how to know”).

8.11 Members of staff

The members of staff include: employees, contract employees, employees from private agencies, physicians, trainees, volunteers, or anyone exercising a function or a profession. They must:

- Read and apply this policy.
- Be caring and use well-treatment behaviour with the users.
- Be alert to indications of vulnerability and maltreatment, and identify potential maltreatment situations.
- Document and report any presumed or confirmed maltreatment situation as soon as it is identified or detected, according to the procedures provided by the establishment.
- Support and accompany any user toward the appropriate resources.
- Contribute to the fact verification process, when required.

8.12 Users' or Residents' Committees

Ensuring respect of the rights and needs of people they represent and defending them as part of this policy:

- Making sure to inform users and residents on their rights and obligations.
- Evaluating the level of satisfaction regarding the services obtained.
- Defending the collective rights and interests of users and residents with the establishment or any other competent authority.

- Accompanying and assisting a user or resident in any process they want to undertake, including filing a complaint or making a report.

Collaborating with other partners of the network, notably during promotion activities related to the complaint examination procedure, during visits to evaluate the quality of living environments in CHSLDs and in IR-FTRs, as well as when cases of maltreatment of users or residents of the health and social services network are reported to them.

Contributing to making the establishment's policy to combat maltreatment known among users and residents.

8.13 Partners in the delivery of services

Ensuring that:

- The establishment's policy is known among their employees.
- The policy enforced..
- There is an awareness of any situation or hint of maltreatment.
- The concerned department or the complaint commissioner is informed of any maltreatment situation involving one or more users, intervenors, visitors or members of its staff.

8.14 Complaints Assistance Center (CAAP)

Assisting the user in any steps they undertake to file a complaint with an establishment.

Facilitating conciliation with any concerned body.

Contributing to the user's satisfaction as well as respecting their rights.

8.15 The medical examiner

Enforcing the complaint examination procedure concerning a physician, a dentist, a pharmacist, as well as a medical resident.

8.16 The associations and organizations representing IR-FTRs

Supporting the IRs or FTRs suspected of having caused harm to a user according to the means provided by the collective and national agreements, as the case may be, and by the Act respecting the representation of family-type resources and certain intermediate resources and the negotiation process for their group agreements.¹⁶

9. MANAGEMENT OF MALTREATMENT SITUATIONS

This section briefly explains the management of maltreatment situations. The detailed information is in the *Procedure to combat maltreatment of seniors and other persons of full age in vulnerable situations*.

In order to adequately manage the presumed or confirmed maltreatment situations, it is important to consider three essential aspects:

¹⁶ CQLR, c. R-24.0.2

- 1) Consent
- 2) The key components of the maltreatment situation management continuum
- 3) The different areas of expertise potentially required

9.1 Consent

Depending on the circumstances, the user or their representative must be involved in each step of the management process of the maltreatment situation.

Also, if care or services are required by the user in the maltreatment situation, the usual applicable rules in terms of consent to care must be respected.

Likewise, if personal information about the user must be transmitted to third parties, the usual confidentiality rules must be respected.

9.2 The key components of the maltreatment situation management continuum

The management of maltreatment situations must follow an additional process, complementary to the already existing care and services. There are five key components in order to ensure the management of maltreatment situations, which will be further detailed in the maltreatment situation management procedure.

9.2.1 Identification of maltreatment situations

The identification of potential maltreatment situations is everyone's responsibility and it must be done on a continuous basis. It involves documenting and analysing the maltreatment risk factors by using your clinical judgement and/or detection or screening tools.

The establishment must inform anyone working for the establishment or the providers of health services and social services about the types, the forms and the Indications of maltreatment.

9.2.2 Declaration of maltreatment situations (disclosure and reporting)

Declarations by a third party concerning a maltreatment situation may be subject to an informal disclosure or to a reporting circumscribed by the laws or conditions within a formal process.

Declaration: Transmitting information about the (presumed or confirmed) maltreatment situation to the designated people verbally or in writing.

Anyone working for the establishment who has reasonable grounds to believe that a person suffers from maltreatment has an ethical responsibility to disclose or to report this situation according to the procedures provided by the establishment.

9.2.3 Divuligation

Informal divulgations can be made with several bodies of an establishment, including reception (central or the concerned department), the intervenors on file, the heads of a unit or service, the Users' or Residents' Committee, the complaints commissioner, etc.

Anyone who may receive a divulgation of maltreatment situations must be able to identify the situations meeting the conditions of the compulsory reporting and ensure the follow-up with the Service Quality and Complaints Commissioner (SQCC).

For maltreatment situations not meeting the conditions of the compulsory reporting, they must ensure the follow-up with the concerned departments. (See Annex VI)

If the declared maltreatment situation does not concern a user, is not an emergency and does not meet the criteria of the compulsory reporting, it would be important to provide services from the establishment to the presumed maltreated person. If they refuse, it is important to inform them of their rights and of the available resources, and to suggest a protection scenario if necessary.

9.2.4 Compulsory reporting (see Annex VII)

The reporting is a formal process which may be carried out by anyone, including a third party (for example: witness, person working for the establishment, volunteer or relative).

The reporting is the action of transmitting information concerning a (potential or real) situation of maltreatment of someone in a vulnerable situation verbally or in writing to a designated person or to internal administrative authorities and/or to external resources. A reporting can be made for anyone in a vulnerable situation to the Service Quality and Complaints Commissioner or to the police.

The work of the SQCC is part of an approach for the continuous improvement of the quality of services. The processing of a reporting by the SQCC does not release the clinical teams and the other actors of the health and social services network from their role regarding the management of the maltreatment situation.

9.2.5 Prohibition against reprisals

The establishment 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. The commissioner may however communicate the identity of that person to the police force concerned.”*¹⁷

The Act to combat maltreatment states that *“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 of maltreatment, as are threats of reprisal against a person to dissuade them from reporting maltreatment*

¹⁷ Act to combat maltreatment of seniors and other persons of full age in vulnerable situations, Article 10

or cooperating in the examination of a report or complaint made within the scope of the policy provided for in this chapter.”¹⁸

Moreover, “*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.*”¹⁹

9.2.6 Verification of the facts surrounding maltreatment situations

The verification of the facts may be carried out by the concerned department or by the SQCC in collaboration with any other body with the required expertise.

9.2.7 Actions and follow-up concerning maltreatment situations

The management of actions and follow-ups is essential to reduce the risks of repetition and to ensure the safety and well-being of everyone involved. Therefore, it is important to refer to the *Procedure to combat maltreatment of seniors and other persons of full age in vulnerable situations* to know the concerted interventions and sanctions which may be applied. For example, it could be a suspension for the duration of the investigation, a prohibition to visit the maltreated person, a change of department, etc.

9.3 The different areas of expertise potentially required

Maltreatment situations are often complex and they frequently require the involvement of people with different types of expertise: medical/functional, psychosocial, financial and legal expertise.

In default of having all this expertise, the establishment develops partnerships with organizations with this expertise.

“The partnership is much more formal than the concertation and in involves a contractual commitment to share responsibilities, to pool resources and to divide tasks following a negotiated agreement.”²⁰

9.3.1 Areas of expertise

Medical/functional: Knowledge and skills related to physical health, disabilities and the disability process. Examples of resources: nurse, physician, occupational therapist.

Psychosocial: Knowledge and skills related to interpersonal dynamics, the management of emotions, the adaptation process, and vulnerability and protection factors. Examples of resources: social worker, psychologist, community organizer.

Financial: Knowledge and skills related to administrative procedures and the laws surrounding finance management. Examples of resources: Financial Market Authorities, bank/fund of the person, accountant.

¹⁸ Act to combat maltreatment of seniors and other persons of full age in vulnerable situations, Article 11

¹⁹ Act to combat maltreatment of seniors and other persons of full age in vulnerable situations, Article 12

²⁰ Bourque, D. (2010). Concertation et partenariat. Entre levier et piège du développement des communautés. Québec: PUQ. p.6

Legal: Knowledge and skills related to administrative procedures and laws surrounding the protection of vulnerable people (and their goods) and the management of potentially criminal situations. Examples of resources: lawyer, Community Justice Centers, police officer, Québec Ombudsman, Commission des droits de la personne et des droits de la jeunesse, Public Curator of Québec, notary.

10. PROMOTION AND DISSEMINATION

“The institution must publicly display its policy in the facilities it maintains and publish it on its website. It must also, by any other means it determines, make its policy known to users covered by the policy, including those who receive in-home services, and their close family members.”²¹

The Department of multidisciplinary services, quality, evaluation, performance and ethics is responsible for implementing the policy and must inform people working for the establishment of the policy’s content and, more specifically, of the prevention measures put in place and of the possibility of reporting cases of maltreatment to the Service Quality and Complaints Commissioner or to the police.

“An integrated health and social services centre established by the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2) and a local authority within the meaning of the Act respecting health services and social services (chapter S-4.2) must also each make its policy known to the health and social services providers working in the territory served by the centre or authority, namely, the groups of professionals, the community organizations within the meaning of section 334 of the Act respecting health services and social services, and the social economy enterprises and private resources, and to the key players in the other sectors of activity that have an impact on health services and social services.”²²

The establishment must have a diffusion plan including clear and precise indications on the development of strategies for diffusion and the appropriation of this policy (see Annex IV).

11. UPDATE

The purpose of the evaluation is to identify the difficulties which emerged concerning the diffusion and the implementation of the policy. The revision aims to remedy those difficulties and to continuously improve the policy, the procedures, the practices and, consequently, the care and services provided to users and residents.

The first revision of the policy to combat maltreatment of people in vulnerable situations receiving health services and social services must be carried out in accordance with the Act.²³

Thereafter, *“the institution must review its policy at least every five years.”²⁴*

²¹ Act to combat maltreatment of seniors and other persons of full age in vulnerable situations, Article 5

²² Act to combat maltreatment of seniors and other persons of full age in vulnerable situations, Article 6

²³ Act to combat maltreatment of seniors and other persons of full age in vulnerable situations, Article 9

²⁴ Act to combat maltreatment of seniors and other persons of full age in vulnerable situations, Article 7

12. IMPLEMENTATION AND CONSULTATION

Versions	Prepared by	Consulted bodies					Others	Implementation
		EC	CN	MC	CPDP	BOD		
1	DSMQÉPÉ	x	x	x	x	x	Working committee	2019-01-30
2								
3								

BOD	Board of Directors	CPDP	Council of Physicians, Dentists and Pharmacists
CN	Council of Nurses	EC	Executive Committee
MC	Multidisciplinary Council		

13. REFERENCES

AGENCE NATIONALE DE L'ÉVALUATION ET DE LA QUALITÉ DES ÉTABLISSEMENTS ET SERVICES SOCIAUX ET MÉDICO-SOCIAUX (ANESM France) (2012). *La bientraitance : définition et repères pour la mise en œuvre*, January 2012 [online], p. 1. [http://www.anesm.sante.gouv.fr/spip.php?page=article&id_article=128]

NATIONAL ASSEMBLY - Act 115 – Act to combat maltreatment of seniors and other persons of full age in vulnerable situations, Éditeur officiel du Québec. (2017)

CENTRE DE RECHERCHE ET D'EXPERTISE EN GÉRONTOLOGIE SOCIALE (CREGÉS), *Terminologie sur la maltraitance envers les personnes âgées*, 2017

CENTRE INTÉGRÉ UNIVERSITAIRE DE SANTÉ ET DE SERVICES SOCIAUX DU CENTRE-OUEST-DE-L'ÎLE-DE-MONTRÉAL (2016). *Politique type pour contrer la maltraitance envers les résidents en milieu d'hébergement et de soins de longue durée*, Québec.

CIVIL CODE OF QUÉBEC, Article 3. Every person is the holder of personality rights, such as the right to life, the right to the inviolability and integrity of his person, and the right to the respect of his name, reputation and privacy. Article 10. Every person is inviolable and is entitled to the integrity of his person.

MINISTÈRE DE LA FAMILLE ET DES AÎNÉS (2010) *Guide de référence pour contrer la maltraitance envers les personnes âgées*.

MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX (2018) *Politique Cadre maltraitance de lutte contre la maltraitance envers les aînés et toute autre personne majeure en situation de vulnérabilité*.

MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX (2018) *Guide de développement et de mise en œuvre de la politique de lutte contre la maltraitance envers les aînés et toute autre personne majeure en situation de vulnérabilité pour les établissements de santé et services sociaux*.

MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX (2016). *Guide de référence - Pour contrer la maltraitance envers les personnes âgées*, Québec, Le Centre d'expertise en santé de Sherbrooke.

14. ANNEXES

ANNEX I	List of abbreviations
ANNEX II	Terminology on the maltreatment of seniors
ANNEX III	Prevention, awareness and training strategies
ANNEX IV	Promotion and dissemination strategies
ANNEX V	Resources available to support intervenors, partners, users, their relatives and any other person
ANNEX VI	Compulsory reporting of maltreatment situations
ANNEX VII	Progression of disclosed maltreatment situations not meeting the conditions of the compulsory reporting

LIST OF ABBREVIATIONS

CAAP	Centre d'assistance et d'accompagnement aux plaintes
CALACS	Centres d'aide et de lutte contre les agressions à caractère sexuel
CAVAC	Centre d'aide aux victimes d'actes criminels
CHSLD	Residential and long-term care centre
CISSS	Centre intégré de santé et de services sociaux
SQCC	Service Quality and Complaints Commissioner
CREGÉS	Centre de recherche et d'expertise en gérontologie sociale
DITSADP	Intellectual disability, autism spectrum disorder, physical disability
FADOQ	FADOQ Network – Formerly Fédération de l'Âge d'Or du Québec
LAAA	Elder Mistreatment Helpline
LSSSS	Act respecting health services and social services, CQLR, c. S-4.2
MF	Ministère de la Famille
MSSS	Ministère de la Santé et des Services sociaux
PAM	Governmental action plan to combat maltreatment of seniors 2017-2022
RPCU	Regroupement provincial des comités des usagers
RSSS	Health and social services network
IR	Intermediate resource
CQLR	Compilation of Québec Laws and Regulations
PSR	Private seniors' residence
FTR	Family-type resource
SAPA	Senior autonomy support
SMDISSG	Mental health, addiction, homelessness and general social services

Terminology on maltreatment of seniors

Definition of maltreatment of seniors

“Elder abuse is a single or repeated act, or lack of appropriate action, intentional or not, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.”

(Definition inspired by the one of from WHO (2002) The Toronto Declaration on the Global Prevention of Elder Abuse, cited in MF (2017) *Plan d’action gouvernemental pour contrer la maltraitance envers les personnes âgées 2017-2022*, p. 15; the notion of intention was added)

FORMS OF MALTREATMENT (manifestations of abuse)

Violence: To bully a senior or to make them act against their will by using force and/or intimidation*²⁵.

Negligence: Not taking care of the senior, notably by an absence of appropriate action to meet their needs.

The intent to maltreat (abuse) a person

Intentional maltreatment: The maltreating person wants to cause harm to the senior.

Unintentional maltreatment: The abusive person does not want to cause harm nor do they understand the harm they cause.

Caution: You must always evaluate the indications and the situation in order not to draw hasty conclusions or to label.

TYPES OF MALTREATMENT (categories of abuse)

Psychological maltreatment

Gestures, words or attitudes which undermine the well-being or psychological integrity.

Violence: Emotional blackmail, manipulation, humiliation, insults, infantilization, denigration, verbal and non-verbal threats, deprivation of power, exaggerated surveillance of activities, etc.

Negligence: Rejection, indifference, social isolation, etc.

Indications: Fear, anxiety, depression, withdrawal, hesitation to speak openly, mistrust, fearful interaction with one or more persons, suicidal thoughts, rapid decline of cognitive skills, suicide, etc.

Caution: Psychological abuse is undoubtedly the most frequent and the less visible:

- Often accompanies other types of abuse
- May have consequences just as important as other types of abuse

Physical abuse

Inappropriate gestures or actions, or absence of appropriate action which undermines the well-being or physical integrity.

Violence: Pushing, bullying, hit, burn, forced feeding, inadequate administration of medications, inappropriate use of contentions (physical or chemical), etc.

Negligence: Deprivation of reasonably comfortable or safe conditions, non-assistance for feeding, getting dressed, hygiene or medication when you are caring for someone in a situation of dependency, etc.

Indications: Bruises, injuries, weight loss, deterioration of one’s health condition, lack of hygiene, undue wait for the changing of incontinence underwear, skin disorders, insalubrity of the living environment, atrophy, contention, early or suspicious death, etc.

Caution: Certain Indications of physical abuse may be confused with symptoms of certain health conditions. Therefore, it is better to ask for an evaluation of the person’s physical or psychosocial health.

Sexual Abuse

Non-consensual gestures, actions, words or attitudes which undermine the well-being, the sexual integrity, the sexual orientation or the gender identity.

Violence: Suggestive words or attitudes, sexual jokes or insults, homophobic, biphobic or transphobic remarks, promiscuity, exhibitionist behaviours, sexual assaults (unwanted fondling, forced sexual relationship), etc.

Negligence: Deprivation of intimacy, treating the senior as asexual and/or preventing them from expressing their sexuality, lack of respect for the sexual orientation or the gender identity, etc.

Indications: Infections, genital lesions, anxiety during examinations or care, mistrust, withdrawal, depression, sexual disinhibition, abrupt sexual remarks, denial of a senior’s sex life, etc.

Caution: Sexual assault is above all an act of domination. Cognitive troubles may lead to disinhibition translating into inappropriate sexual gestures. Not recognizing, making fun of or preventing a senior from expressing their sexuality represents abuse and it may affect the detection and the reporting of abuse. The pathological sexual attraction to seniors (gerontophilia) must also be detected.

²⁵ * “There is intimidation when a single or repeated, and generally deliberate, gesture or the absence of a gesture (or action) occurs directly or indirectly in a power or control relationship between individuals and that it is made with the intention to harm one or more seniors.” (See Beaulieu, M., Bédard, M.-È. & Leboeuf, R. (2016) L’intimidation envers les personnes âgées: un problème social connexe à la maltraitance? *Revue Service Social*. 62 (1), 38-56.)

Terminology on abuse of seniors

Material or financial abuse

Fraudulent, illegal, unauthorized or dishonest obtaining or use of the person's assets or legal documents, financial or legal absence of information or misinformation.

Violence: Pressure to change a testament, bank transaction without consent (use of a bank card, online transactions, etc.), misappropriation of funds or assets, excessive price asked for delivered services, identity theft, etc.

Negligence: Not managing the assets in the person's interests or not providing the necessary assets when you are in charge, not questioning the person's financial capability, understanding or literacy, etc.

Indications: Unusual bank transactions, disappearance of valuable items, lack of money for current expenditures, limited access to information on managing the person's assets, etc.

Caution: Seniors with a form of dependency on someone, whether it is physical, emotional, social or business, are more at risk of being subject to this type of abuse. Beyond the financial or material aspect, this type of abuse may affect the senior's physical or psychological health by influencing their capacity to assume their responsibilities or to meet their needs.

Violation of one's rights

Any violation of an individual's social rights and freedoms.

Violence: Imposed medical treatment, denial of the right to choose, to vote, to intimacy, to take risks, to receive phone calls or visitors, to practice one's religion, to live one's sexual orientation, etc.

Negligence: Lack of information or misinformation on one's rights, not giving assistance in the exercise of one's rights, non-recognition of one's abilities, etc.

Indications: Limiting the senior's participation in their choices and their decisions concerning them, lack of respect for the decisions taken by the senior, answers given by a relative to questions addressed to the senior, restriction of visits or of access to information, isolation, complaints, etc.

Caution: There are rights violation issues in all types of abuse. Each person fully maintains their rights, regardless of their age. Only a judge can declare someone unfit and name a legal representative. The person declared as unfit still maintains their rights, which they can exercise within their capacities.

Organizational abuse

Any injurious situation created or tolerated by the procedures of organizations (private, public or community) in charge of offering care or services of all types which compromises the exercise of the persons' rights and freedoms.

Violence: Conditions of organizational practices causing a lack of respect for the persons' choices or rights (services offered abruptly, etc.), etc.

Negligence: Service offer not adapted to the persons' needs, absent or misunderstood instructions from the staff, reduced organizational capacity, complex administrative procedure, inadequate training of the staff, non-mobilized staff, etc.

Indications: Reducing a person to a number, care or service delivery according to more or less rigid schedules, undue waiting before the person receives a service, deterioration in their health condition (wounds, depression, anxiety, etc.), complaints, etc.

Caution: We must remain attentive to the gaps organizations that may violate the rights of people receiving care or services or lead to conditions impairing the work of the staff in charge of delivering this care or these services.

Ageism

Discrimination on the grounds of age, through hostile or negative attitudes, injurious actions or social exclusion.

Violence: Imposition of restrictions or social standards because of one's age, reduced accessibility to certain resources, biases, infantilization, contempt, etc.

Negligence: Indifference to ageist practices or comments when you witness them, etc.

Indications: Non-recognition of rights, competences or knowledge, use of demoralising or condescending expressions, etc.

Caution: We are all influenced, to varying degrees, by negative stereotypes and thoughts transmitted about seniors. These ready-made thoughts provide harmful shortcuts about various social realities which may lead to abusive behaviours.

The result of collaborative work, this terminology shows the evolution of practices and research in Québec in terms of combatting maltreatment of seniors. It will be adjusted to account for the renewal of clinical and scientific knowledge.

© Pratique de pointe pour contrer la maltraitance envers les personnes âgées du CIUSSS de Centre-Ouest-de-l'Îles-de-Montréal; Ligne Abus Aînés; Chaire de recherche sur la maltraitance envers les personnes âgées; Ministère de la Famille, Secrétariat aux Aînés, Gouvernement du Québec, 2017.

PREVENTION, AWARENESS AND TRAINING STRATEGIES

PREVENTION

Examples of prevention activities

- Posters on abuse
- Leaflets
- Etc.

AWARENESS

Examples of awareness-raising strategies

Intended for vulnerable persons of full age, for their relatives and for visitors:

- Information provided during the reception and integration process of a resident.
- Information on abuse, the rights and recourses included in the welcome kit (leaflet of the Elder Mistreatment Helpline (LAAA), contact information for: the Service Quality and Complaints Commissioner, the CAAP, the Users' or Residents' Committees, etc.
- Awareness-raising sessions offered periodically, notably by the regional coordinator to combat abuse of seniors of the ministère de la Santé et des services sociaux. Other organizations may also be called upon for this strategy: the CAAP, the réseau provincial des comités des usagers (RPCU), etc.
- Related thematic activities (Users' Rights Week, Word Elder Abuse Awareness Day [June 15th]), etc.
- Maintaining regular, frequent, transparent and respectful communications.
- Annual information meetings offered to users and their relatives in order to clarify the roles of certain resource persons in the lodging environment, reminding the position of the establishment regarding abuse, etc.
- FADOQ Network
- Etc.

Intended for people involved in the implementation of the activities of the CISSS de la Côte-Nord and for partners:

- During the hiring or the recruitment, plan questions related to abuse and check the person's criminal record and references.
- During the initial orientation, give and specify the objectives of this policy as well as any related policies or procedure or additional information deemed relevant (LAAA leaflet, contact information for: the Service Quality and Complaints Commissioner, contact information of the CAAP, referral to the Guide de référence pour contrer la maltraitance envers les personnes âgées (2016), etc.).

ANNEX III (continued)

- Awareness-raising sessions offered periodically to the staff of the CISSS de la Côte-Nord, notably by the regional coordinator to combat abuse of seniors of the ministère de la Santé et des services sociaux. Links may also be established with: the CAAP, the police, the Curateur public du Québec, the RPCU, etc.
- Maintaining of regular, frequent, transparent and respectful communications.
- During the accreditation or the renewal of a NIR agreement, apply the measures provided as part of the frame of reference of the ministère de la Santé et des Services sociaux (MSSS) related to quality control.

TRAINING**Examples of training sessions on abuse**

- Various levels of training (basic, specific modules for intervention, etc.) could be offered internally by a trainer who was trained on abuse by the LAAA, or from the shared continuous training platform of the LAAA;
- The communities may call upon their region's coordinators to combat abuse of seniors of the ministère de la Santé et des services sociaux to organize training offered by regional resources and/or the LAAA, or specialized workshops;
- Other vulnerable clientele;
- Etc.

Examples of periodic reminders on specific topics

- Video capsules on the intranet;
- Lunch meetings;
- Information capsules in the INFO-CISSS;
- Training activities during the Word Elder Abuse Awareness Day.

Examples of related training on abuse prevention or intervention

- Safe and appropriate solutions for control measures and contentions;
- Management of ethical questions;
- Evaluation of people at risk;
- Care delivery model;
- Cultural heritage;
- Preventing and managing the reactive behaviours of residents;
- Risk management;
- Development of interpersonal skills;
- Pain relief;
- Stress management;
- Attitudes toward ageing and persons with a loss of autonomy;
- Etc.

PROMOTION AND DIFFUSION STRATEGIES

- Strategies for the dissemination and the appropriation of this policy with anyone involved in the implementation of the activities of the CISSS related to services and care offered to people in vulnerable situations. These strategies notably include:
 - Give a copy of the policy to all new employees and emphasize the major points.
 - Give a copy of the information leaflet summarizing the policy.
 - Keep a register which employees must sign after having read the policy to indicate their commitment to respecting it.
 - Give a copy of the policy to Users' and Residents' Committees.
 - Make the policy available on the intranet.
 - Make periodic reminders on this policy in team meetings.
 - Make periodic reminders on this policy on the intranet or in an internal newsletter.
 - Give employees in-person training on the content of the policy and explain the procedures in detail.
 - Etc.

- Strategies to ensure everyone acts in accordance with the policy, notably including:
 - Designation of a person in charge of the implementation of the policy.
 - Send the policy to managers along with an explanatory memo to ensure it is understood, implemented and respected by their team.
 - Give employees continuous online training to remind them of certain key aspects of the policy.
 - Give specific training to employees having a specific responsibility in terms of abuse.
 - Hold feedback sessions when abuse situations are identified.
 - Etc.

RESOURCES AVAILABLE TO SUPPORT INTERVENORS, PARTNERS, USERS, THEIR RELATIVES AND ANY OTHER PERSON

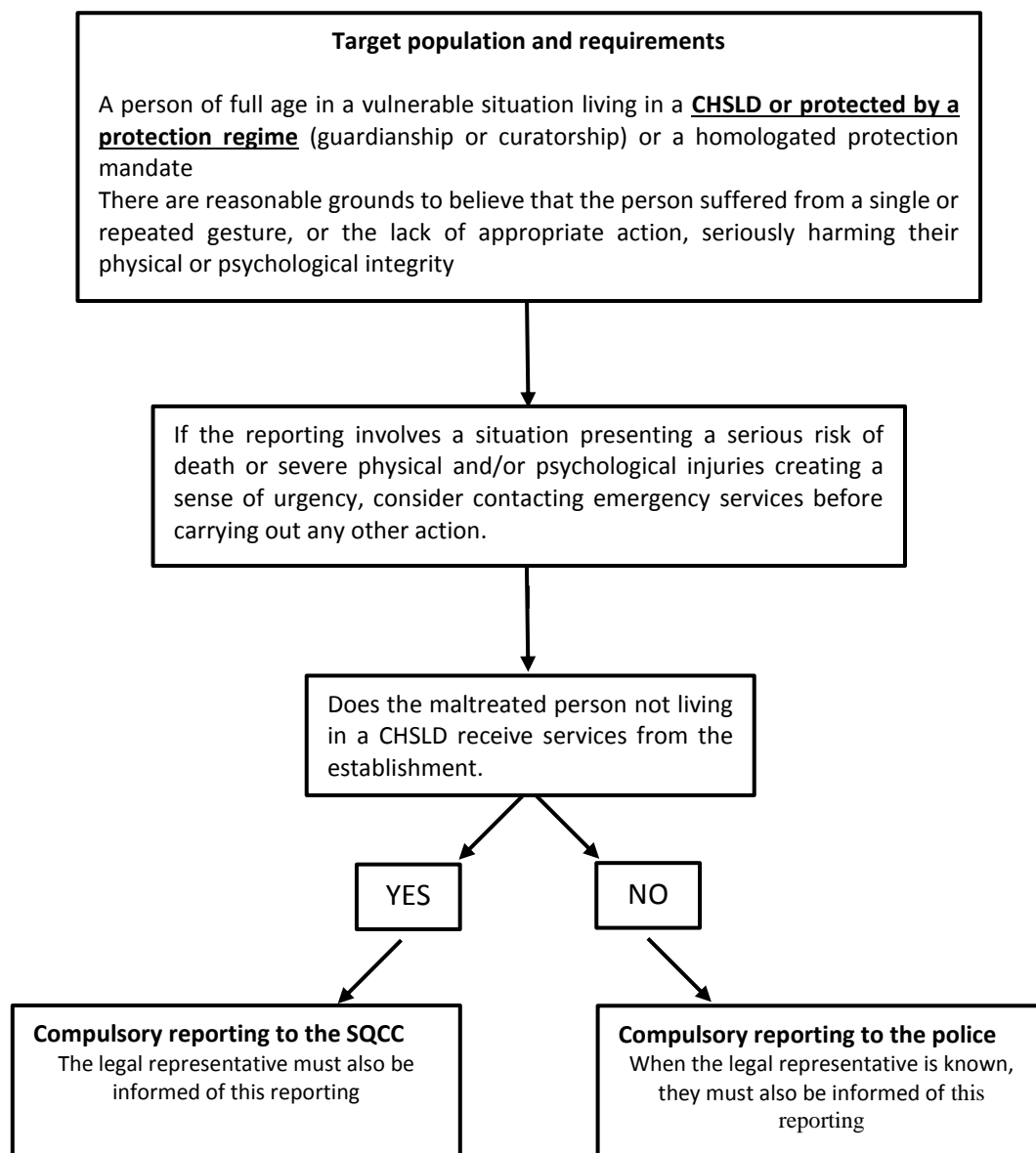
Main support and recourse mechanisms	
Info-Social	811
Provincial psychosocial intervention and referral helpline notably offering a service of quick response in crisis situation and an intervention service in the environment if necessary.	
911 Emergency	911
Service Quality and Complaints Commissioner	1 877 962-9761, ext. 452408
<p>The Act respecting health services and social services (LSSSS) provides a complaint examination procedure allowing anyone who considers that their rights have been violated to express their dissatisfaction or to file a complaint about it. The Service Quality and Complaints Commissioner ensures that the users' rights are respected as part of the service delivery.</p> <p>To contact the Service Quality and Complaints Commissioner: Telephone: 418 962-9761, ext. 452408 Toll-free line: 1 877 962-9761, ext. 452408 Email: plaintes.09cisss@ssss.gouv.qc.ca Mail: Service Quality and Complaints Commissioner CISSS de la Côte-Nord 45, rue du Père-Divet Sept-Îles (Québec) G4R 3N7</p>	
Local, regional and provincial support and recourse mechanisms	
Centre d'assistance et d'accompagnement aux plaintes	1 877 767-2227
Users' Committee	1 866 389-2038, ext. 342795
Table de concertation régionale des aînés de la Côte-Nord	418 587-5110
Support and recourse mechanisms – other partners	
Elder Mistreatment Helpline	1 888 489-ABUS (2287)
Provincial listening and referral helpline specialized in elder mistreatment and offering services to the general public and to professionals.	
Financial Market Authorities	1 877 525-0337
You can refer to it in case of fraud by a company or a representative offering financial products or services.	
Coroner's Office	1 888 CORONER (267-6637)
You can refer to it in case of obscure or violent death, or death caused by negligence.	

Support and recourse mechanisms – other partners	
Crime Victims Assistance Centre (CAVAC)	1 866-962-2822
Free and confidential professional support service for victims of crime to assist them with overcoming the consequences.	
Centre d'aide et de lutte contre les agressions à caractère sexuel (CALACS) (Sexual Assault Centres)	1 888 933-9007
Feminist organization fighting against sexual assaults and offering support to victims by paying special attention to women from marginalized groups (seniors, First Nations, from ethnocultural communities, from lesbian, gay, bisexual and transgender communities (LGBT), or suffering from a physical and/or intellectual disability, etc.).	
Suicide Prevention Centre	1 866 APPELLE (277-3553)
Commission des droits de la personne et des droits de la jeunesse (CDPDJ) (Human Rights Commission)	1 800-361-6477
The CDPDJ is in charge of implementing the Charter of human rights and freedoms. Refer to it in case of exploitation, violation of rights or discrimination.	
Conseil pour la protection des malades (CPM)	1 877 CPM-AIDE (276-2433)
The mission of the CPM is to promote and to defend the rights of users to whom it offers a telephone consulting service. It represents users within the teams evaluating the quality of living environments in CHSLDs.	
Police	
You can refer to the police to report any criminal offense, to set up prevention activities and to elaborate partnerships such as concerted intervention processes.	
Public Curator of Québec	1 800 363-9020
The Public Curator intervenes if the maltreated resident is declared unfit (under a protection regime) or in the process of being declared unfit.	
CAREGIVER SUPPORT	1 855 85-APPUI (2-7784)
L'APPUI pour les proches aidants d'âinés offers the professional telephone service CAREGIVER SUPPORT. Confidential and free, it is intended for natural caregivers of seniors and their entourage, for intervenors and for health professionals.	
Professional orders	
The reference to a professional order allows for knowing the codes and requirements surrounding the exercise of a profession, to obtain continuous training, or to file a complaint.	
Regroupement provincial des comités des usagers (RCPU)	
The RPCU defends the interests of users of the health and social services network (RSSS) by supporting the Users' or Residents' Committee. It offers awareness-raising sessions (training and conferences) to combat abuse.	
SOS Domestic Violence	1 800 363 9010

Compulsory reporting of abuse situations

(for all providers of health services and social services or all professionals within the meaning of the Professional Code [Chapter C-26])

Caution! The user's consent is still wanted, but it is not required within the context of a compulsory reporting



Progression of disclosed abuse situations not meeting the conditions of the compulsory reporting

