AN ENVIRONMENTAL SCAN OF ABUSE AND NEGLECT OF OLDER ADULTS IN CANADA: WHAT’S WORKING AND WHY

Report prepared for the Federal/Provincial/Territorial Committee of Officials (Seniors)

September 2003
Participating F/P/T Jurisdictions:

Government of Alberta
Government of British Columbia
Government of Manitoba
Government of New Brunswick
Government of Newfoundland and Labrador
Government of Northwest Territories
Government of Nova Scotia
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Également disponible en français sous le titre :
Abus et négligence envers les personnes âgées au Canada : une analyse de l'environnement - Constats et évaluation
Every person—every man, woman, and child—deserves to be treated with respect and with caring.

Every person—no matter how young or how old—deserves to be safe from harm by those who live with them, care for them, or come in day-to-day contact with them.

American Psychological Association
Elder Abuse and Neglect: In Search of Solutions (1999)
Acknowledgments

We wish to thank the over 30 key respondents from across Canada who helped to inform this report. The knowledge, insights and experience of these seniors, service providers, researchers and policy analysts in the area has helped to underscore the significant progress which Canada has made during the past decade in this area, as well as some of the ongoing gaps and challenges.

We would also like to offer a special thank you to Nancy Leclerc, who is a social worker Master of Gerontology candidate at the University of Sherbrooke. All her hard work in arranging and conducting interviews and tracking down sources, as well as her preliminary analysis, helped us to bring together pieces of the puzzle.
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Executive Summary

This report provides a review of current circumstances across Canada in addressing the important issue of abuse and neglect of older adults, looking at key community approaches, as well as programs, policy, and legislative directions. It draws on the existing literature and on the observations of more than 30 leading seniors' representatives, practitioners, researchers, government consultants and policymakers who are involved in programs addressing abuse and neglect of older adults in Canada.

Canada is maturing, as a greater proportion of the population moves into the senior years. By 2016 there will be over 4.85 million people in Canada over the age of 65, with the greatest increase among those who are 80 years and older. Canada's provinces and territories, as well as the federal government, have important roles in helping to ensure the wellbeing of all older adults, which includes promoting freedom from abuse and neglect.

“Abuse and neglect of older adults” refers to several forms of mistreatment, violence or other harms directed at older adults, including physical, psychological, financial, or sexual harms, active or passive neglect, violation of rights, and systemic harms. When discussing abuse and neglect of older adults, people conventionally refer to individuals aged 65 years and older. Abuse often occurs in a family context, where the person committing the harm is a spouse or adult child. In many cases, abuse of older adults is “spousal abuse grown old”. However, abuse and neglect may arise in the context of new relationships or in relationships with persons who are in positions of trust or authority.

Abuse and neglect of older adults reflects a complex combination of many sociological, psychological and medical factors operating at and between structural, organisational, family and individual levels.

What is Known

Definitive data on the abuse of older adults is limited. Various studies indicate that between 4 and 8% of older adults in Canada (or approximately 157,000 to 393,000) are likely to experience one or more forms of abuse or neglect at some time. The rate may be higher among certain groups of older adults, such as those with cognitive impairments or physical disabilities, and those who are socially isolated. Fewer than one in five abuse situations involving older adults ever comes to the attention of authorities.

More older women are abused than older men. This may reflect the greater proportion of women among the older adult population or other factors such as ageism, sexism, lower social status, poorer health of older adults, and fewer personal resources. Older men experience special problems in disclosing abuse. Age may be a factor in abuse of older adults – some studies indicate higher rates of abuse reported to authorities for older age categories. As people age they may have fewer physical and psychological reserves to withstand the abuse and more difficulty finding ways to rebuff abusers.

Most older adults who are abused or neglected are clearly capable of making decisions about their own lives, but may need time, information or support. Others may have difficulties with mental capacity. Like all other adults, abused or neglected older adults need psychological security, a stable living environment, financial stability, respect and a sense of purpose.
Characteristics of Abuse of Older Adults

Based on what is known in the field so far, the most prevalent types of abuse in older adults in Canada are financial abuse and psychological abuse, typically representing 40-70% of the cases. Multiple forms of abuse occurring at the same time are fairly common. Physical abuse and neglect, although less common, can have serious consequences and may be life threatening. Some forms of abuse and neglect become criminal matters, and approximately one quarter of all of crimes against older adults are committed by family members, usually a spouse or adult children.

Abuse often leads to depression and many other serious health problems associated with highly stressful living conditions. Abuse and neglect also significantly shorten older adults' lives. Substance abuse or mental health problems are frequently identified as factors in abuse situations (occurring in up to one third of cases).

Many forms of abuse experienced by older adults involve tangible social and economic costs such as costs to the health care system, community services and the justice system. There are also intangible costs associated with abuse of older adults such as pain and suffering, family break-ups, and poor quality of life.

What is Canada Doing to Address Abuse?

Abuse and neglect of older adults has been identified by the federal government and several provincial and territorial governments as a matter of concern, with this social issue increasingly being voiced as a priority either on its own, or as part of overall family violence prevention. The “solutions” to abuse and neglect of older adults cut across many different federal, provincial and territorial ministries, as well as both the public and private sectors, and often require joint efforts.

Many Canadian communities have had a long standing commitment to addressing abuse of older adults during the past decade, leading to promising developments in prevention and assistance by grassroots and frontline organizations, as well governments. Over time some of this community potential has been diminished as a result of limited resources, and broad sectoral restructuring (e.g., in health care, social services and legal services). Volunteers are the backbone to many of the programs and services to help abused or neglected older adults, but the volunteer base across Canada has dropped dramatically in recent years.

Prevention and Education

Compared to other forms of family violence or other important social issues, the public and professional level of awareness of the problem is low. A number of prevention approaches exist and often overlap with intervention to stop or mitigate existing abuse.

Abuse of older adults tends to be “invisible”. Over the past decade, many communities have made efforts to inform seniors and service providers in contact with older adults, helping them to recognize the problem and know where to turn. Certain groups of service providers who work more closely with older adults or who deal with abuse and neglect situations on a regular basis need increasingly more specialized and sophisticated training in the area.

Prevention and education programs may include community presentations and theatre, workshops and conferences for
service providers, service directories, Internet information, clearinghouses, public legal information, and social marketing campaigns.

**Intervention**

The key types of assistance currently offered include: adult protection approaches; domestic violence programs; advocacy programs; integrated models; and a coordinated community approach. Communities often take a multi-pronged approach that may include crisis intervention services (e.g., telephone hotlines and emergency shelters), formal advocacy through legal clinics, support groups for the abused or the abuser, individual and family therapy, and the use of a whole range of health and social services. The valuable roles of seniors as volunteer peer supports and advocates are increasingly being recognized. The resources available to provide services in rural communities are often less than in urban settings.

At present, few of the existing approaches to helping abused or neglected older adults have been evaluated, reflecting in part the early stage of development in knowledge in the area. However, programs in this area are more likely to be successful where they have continuity of staff, assured and adequate core funding, provide regular staff training, and have management support. At present, many programs operate as pilot projects or must piece together funding from several sources. As a result, even very good initiatives may falter and communities risk losing the skills, knowledge, experience and commitment developed along the way, leaving them in a constant process of rebuilding and relearning.

**Canada’s key legal approaches**

The primary laws that are used in Canada to protect older adults from abuse are: adult protection, primarily in the Atlantic provinces; adult guardianship; human rights law in Quebec; family violence statutes; and criminal law. Abuse cases involving older adults are frequently diverted from the criminal justice system to health care and social services. Older adults experience many barriers to the legal system, including a lack of knowledge about their rights and when to contact the authorities; lack of training among police officers about senior abuse; a lack of victim assistance services for older adults; and ageism in the justice system. Restorative justice approaches and special family violence courts have the potential as promising alternatives for cases of abuse of older adults. Public legal education and other support and advocacy resources for seniors can help remove barriers, as can appropriate training for those in the justice system, and a senior-focused examination of policies and practices.
I. Introduction

A. Purpose and scope of this report

This report is intended to assist Federal/Provincial/Territorial (F/P/T) Ministers Responsible for Seniors to determine potential priority areas for collaborative action to support safety and security for older adults. It provides an overview of current circumstances across Canada in addressing the important issue of abuse and neglect of older adults, looking at key community approaches, as well as program, policy, and legislative directions.

There is a need to understand abuse and neglect of older adults, not only as the actions of individuals, but also from a broader perspective of societal factors that support or undermine well-being of older adults and that increase or decrease the likelihood of abuse or neglect occurring. In this broader context, there are many parts to the issue; consequently, the “solutions” cut across the boundaries of many federal, provincial and territorial ministries, as well as both the public and private sector.

As an “environmental scan”, this report cannot begin to describe comprehensively the wide range of programs and approaches in this country. Instead it describes general trends.

This report concerns abuse occurring in community. Abuse and neglect of older adults who reside in long-term care institutions is an important and yet poorly understood issue that needs to be considered in an in-depth manner, but is beyond the scope of this report.1

Certain types of harms included in discussions of abuse and neglect of older adults are not addressed in this report. The report does not cover issues of self neglect, or harms committed by persons who are strangers engaged in repair or banking scams or telemarketing frauds. However, these and similar forms of exploitation are often included in abuse prevention work and may have some of the same underlying factors as abuse and neglect as they are framed here.

B. Background

In 1994, F/P/T Ministers Responsible for Seniors established a Working Group to examine the broad issue of seniors safety and security including injury prevention, elder abuse and crime prevention. An issue paper on seniors safety and security was developed and Ministers agreed to strengthen government and community partnerships leading to safe and secure environments for seniors, to share policy, program and legislative responses to safety and security issues, and to coordinate research efforts.

In recognition that falls among the older population cost one billion dollars annually in direct health care costs, at the F/P/T Ministers Responsible for Seniors conference in 1999, Ministers requested an evaluation of current falls prevention programs and practices. This led to the development and dissemination of An Inventory of Canadian Programs for the Prevention of Falls Among Seniors Living in the Community and A Best Practices Guide for the Prevention of Falls Among Seniors Living in the Community to various levels of government and community groups in Canada.

In 2002, F/P/T Ministers Responsible for Seniors directed officials to develop a critical analysis of existing elder abuse strategies and legislation across jurisdictions in order to identify effective strategies and
initiatives to determine priority areas for potential action by Ministers. Federal, provincial and territorial governments have an important role to play in sharing information about effective strategies and initiatives, as well as challenges to be addressed, regarding the abuse of older adults. In addition, governments are in an excellent position to work together to increase awareness of the issue of elder abuse and promote research to enhance the level of existing knowledge about elder abuse in Canada.

C. The methodology

This report draws from two primary sources:  
• the existing literature on abuse and neglect, highlighting Canadian information wherever possible, and  
• semi-structured telephone interviews with more than 30 leading seniors' representatives, practitioners, researchers, government consultants and policymakers from across Canada. Most have been involved with abuse and neglect issues affecting older adults for at least a decade; several were pioneers in the work that has been done in Canada and have witnessed its successes and growing pains in the course of their work.

(See Appendix A for the interview protocols.)

D. Why abuse of older adults is an important issue

Throughout life and across the lifespan, all people in Canada have a right to live free of harms from others. Sometimes that does not happen. Abuse and neglect of older adults can occur within the family or other close relationships, or in relationships with other people in positions of trust or authority.

Abuse or neglect of older adults has immediate and long-term effects on the individuals. It also leads to significant intergenerational effects and ripple effects for communities and Canadian society as a whole.

Abuse and neglect of older adults:  
• create significant social costs, much of which currently are not easily visible;  
• undermine and, in some cases, destroy individual wellbeing;  
• have health implications, for the individual, families, and service providers;  
• have economic implications at the private and public level.

The issue of abuse and neglect of older adults is largely under-detected in Canada. Although important inroads have been made, Canada has only scratched the surface in terms of:  
• raising public awareness about abuse and neglect of older adults;  
• developing policies and services to assure that older adults do not experience mistreatment and that harms are appropriately addressed;  
• ensuring the involvement of older adults in identifying issues and developing approaches;  
• meeting the education, training and resource needs of those in contact with older adults; and  
• strengthening social norms against abuse or neglect of older adults.

Abuse and neglect of older adults is a complex issue that crosses different fields of experience, and is not open to simple answers. The related issues reflect a combination of sociological, psychological
and medical factors operating at and among structural, organisational, family and individual levels. A better understanding of this social, health and legal issue in Canada will help to give it the high priority it deserves.

E. Who is “an older adult”?

When discussing abuse and neglect of older adults, people conventionally refer to individuals aged 65 and over. To some extent, this is an arbitrary cut off point. Some types of harms that older adults experience (such as conjugal violence) may have been occurring for many years. Abuse at age 64, or earlier does not magically turn into “senior abuse” upon the person’s 65th birthday.

Many factors, such as changes in health or social environment, can leave adults vulnerable to the harms of abuse and neglect. Some groups of people seem to grow older faster or die earlier because of the unsafe or less healthy physical and social environments in which they live. However, throughout most of this report, the focus will be on people aged 65 and over.

The terms “elderly” and “elder abuse” are purposefully avoided in this report. They are too narrow to accurately capture the diversity of older adults and they create a caricature of abused older adults as frail and dependent, and mentally incapable, which is not the case for many older adults in abusive or neglectful situations.

F. Demographics of Canadian seniors

Older adults now represent the fastest growing age group in Canada, particularly those aged 85 and over. Canada is not only growing older, its older population is becoming increasingly diverse, ethnically, socio-economically, culturally, and geographically. Consequently, there are many different “agings” in Canada. Policies and approaches for both prevention and assistance endeavours addressing abuse and neglect of older adults need to reflect this diversity.

G. Looking back over the past decade

Canada has made important strides in beginning to address abuse and neglect of older adults over the past decade. Nonetheless, the level of knowledge and the extent of policy development remains far behind that in other areas of public policy such as wife abuse and child abuse and other social problems.

In the early and mid 1990s, the federal government launched two major Family Violence Prevention Initiatives which helped to stimulate interest in abuse of older adults. Provinces moved to action through research, and initiated numerous pilot projects, primarily aimed at prevention. Researchers began to offer rudimentary figures on the extent of the problem, concentrating on comprehensive elements of the abuse process rather than on causal models. Many jurisdictions started developing structured intervention programs to assist older adults. Some jurisdictions undertook reviews of laws that had been enacted in the 1970s and 1980s to identify not only whether they met the needs of older adults and society to protect “vulnerable adults”, but also whether they would withstand Charter scrutiny.

Over the decade, as knowledge grew, the ways of looking at abuse of older adults expanded. Today, the issue is far less likely
to be characterized in somewhat simplistic ways, such as assuming most abuse was caused by caregiver stress. Instead the issue is understood as a much more complex social and legal issue. It is situated in the broader social context of attitudes to aging, expectations of families, and the resources being allocated to older adults. At the same time, hesitancy continues in some quarters to acknowledge that older adults in Canada are physically, emotional, or financially harmed by people in their lives.\(^4\)

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II. What Is Meant By Abuse and Neglect of Older Adults?

As is the case for most fields in their early stages of development, inconsistencies may exist in terminology and definitions nationally and internationally. This section provides an overview of the most recent definitions in the field of abuse and neglect of older adults.

A. The World Health Organization definition

In 2002, the World Health Organization (WHO) defined abuse and neglect of older adults as:

“...single or repeated acts, or lack of appropriate action, occurring within a relationship where there is an expectation of trust, which causes harm or distress to an older person.”

This definition is a helpful starting point, capturing some of the primary features of harms occurring to older adults. However, not all abuse or neglect is the action of individuals and not all occurs within the context of a personal relationship.

B. Who defines the issue?

Various jurisdictions in Canada have been working to agree on what is or is not "abusive", as well as ways in which the issue should be characterized. Much of the early perspective given on abuse of older adults was developed by practitioners — older adults as a group had limited input into identifying the boundaries of abuse. Some researchers note there can be differences between these two perspectives. In some instances, older adults may show more latitude and set a higher threshold for what is abusive. In other instances, older adults may consider broader social harms as part of abuse or neglect.

According to the WHO publication “Missing Voices”, older adults around the world tend to frame abuse and neglect more broadly than simply one person harming another. Instead, they place the issue of abuse under three broad categories:

- **neglect** where older people are isolated, abandoned, excluded from society or not treated as a valued member of society;
- **violation of rights** that other people take for granted such as privacy, non-discrimination, control over health care and treatment, lack of access to appropriate care and support, not having legal rights respected; and
- **being deprived of choices** concerning personal decisions, status, finances, and respect.

Differences exist between rural and urban understandings of abuse and among age groups. In addition, some cultures may not have a word in their language for abuse of older adults, but instead may frame the harms in terms of mistreatments, not showing proper respect, or a failure to live up to family or societal responsibilities.

The thresholds for identifying situations as abusive are not static. As people's understanding of and sensitivity to abuse and neglect issues affecting older adults increases, the social tolerance shifts. For example, within the past five years, major seniors organizations such as Fédération de l'âge d'or du Québec (FADOQ), l'Association québécoise de défense des droits des personnes retraitées et
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préretraitées (AQDR) and the Prince Edward Island Seniors Federation not only have recognized the existence of abuse in older people, but increasingly have emphasized the importance of the issue as a significant social problem affecting the lives of older adults in Canada. Locally and provincially, these seniors organizations are strong advocates for appropriate resources and approaches to better address the issue of abuse and neglect of older adults.

C. What are the commonly identified types of abuse and neglect?

Abuse and neglect of older adults encompass diverse forms of harms including:

- physical, psychological, sexual and financial abuses;
- physical and psychological neglect (active and passive forms);
- violation of rights; and
- systemic abuses.

(See Appendix B for related definitions.)

In looking at abuse and neglect of older adults, it is important to examine more than individual actions or individual actors. Abuse or neglect exists within a social system that allows it to flourish or not. The responses of public and private systems can reduce or compound the impact of an abuse situation.

D. What are the principal needs of abused or neglected seniors?

Older adults experiencing abuse or neglect have the same needs as all other adults including the need for psychological security, a stable living environment, financial stability, respect, a sense of purpose, and being valued. Those living with abuse want it to stop or at least, they want to reduce the harms to themselves and others.

Other important needs of abused older adults include the need to:

- have the abuse of the older adult identified for what it is, neither minimizing or justifying it,
- feel they have choices and control over their own lives,
- have appropriate support for themselves and other family members,
- have coordinated safety and intervention services, and
- reduce the risk factors.

Those who provide services to older adults underscore two primary and complementary goals for assisting older adults – protection and respecting autonomy. Practitioners often focus on physical security as the primary goal, protecting the the older adult from death or severe injury. For an abused older adult, “security” is much broader and includes being believed, knowing there are options, and feeling they have control over the direction the help takes.

In the majority of abuse or neglect cases, older adults are clearly capable of making decisions about their own lives, but may need time, information or support to make those difficult decisions. In other cases, the person may be marginally capable or clearly mentally incapable. For some individuals, mental capacity and psychological and physical reserves fluctuate depending on the supports around them. These differences in mental capacity can affect the responses needed.
No matter what the degree of a person's mental capacity, helpers of abused or neglected older adults should respect their dignity and not disregard their capacity to make choices and their right to control their lives.

5 Ward-Hall, C. Educating Seniors and Others about Abuse: A Decade of Experience from a Provincial Organization. Presentation at International Association on Gerontology. 17th World Congress, July 1-6, 2001, Vancouver, B.C.
7 B.C. Coalition to Eliminate Abuse of Seniors (May, 2003). Profile of Later Life Abuse in British Columbia. Prepared for and the Ministry of Children, Aboriginal and Women's Affairs, Victoria, B.C.
III. What Do Abuse and Neglect of Older Adults Look Like In Canada?

This section provides a brief overview of the most prevalent types of abuse of older adults; the magnitude of the problem in Canada; the key abusers and persons harmed by this abuse; and factors of abuse situations that affect the likelihood of abuse happening and the level of assistance they receive.

A. What are the most prevalent types of abuse of older adults in Canada?

Most of the Canadian research has tended to suggest abuse of older adults is primarily either financial abuse or psychological abuse. In a survey of 542 abuse cases coming to the attention of 32 agencies across Canada, percentages were 40.7%, 28.6%, and 26.6% for psychological, physical, and financial abuse, respectively. A review of 128 mistreatment cases involving adults aged 60 and older in three community service agencies in Quebec found the most common types of abuse were psychological abuse (70%), financial exploitation (41%), and neglect (32%). Physical abuse was found in 20% of the cases. In addition, research consistently shows multiple types of abuse often occur at the same time.

It is important to understand the significant and often long lasting effects of psychological abuse on people of any age. Although society tends to minimize its impact, victims often view psychological abuse as more harmful than being hit.

B. The magnitude of the problem

Statistics Canada has observed that it is very difficult to obtain an accurate sense of the extent of the problem of abuse of older adults in Canada from either victimization surveys or police statistics. Victimization surveys capture only what the victims themselves disclose. Data from police records provides information only on the abuse that comes to their attention.

Data is not readily available from community service providers. Keeping and analysing data on abuse is not usually a priority for community organizations. They lack the tools, time, resources and support to do so. However, as more and more policy becomes "evidence-based", service providers are recognizing the value of both quantitative and qualitative information – numbers of cases, social and economic impacts, and the complex factors of many abuse and neglect situations.

The following represents what is known about the extent of the problem of abuse of older adults in Canada:

1. From surveys

There have been two national studies in Canada on the prevalence or incidence of abuse. In the 1989 Ryerson Study, 2008 older adults were interviewed by telephone. The study found that 4% of those surveyed reported having experienced one or more forms of abuse or neglect at some point in later life, thus offering a measure of lifetime prevalence for late life abuse. Financial abuse accounted for more than one-half of all cases in this study. Chronic verbal aggression (psychological abuse) accounted for another one-third of the cases. In 1999, Statistics Canada conducted a General Social Survey on victimization issues, sampling approximately 26,000
people across Canada. The survey oversampled older adults and asked over 4,000 of them six questions about emotional and financial abuse occurring during the past five years. Approximately 1% of older adults reported experiencing some form of physical abuse (similar to what was found in the Ryerson Study), and approximately 8% reported experiencing some form of emotional or financial abuse, with the preponderance of the abuse reported being emotional forms.17

It is generally recognized that the number of abuse situations reported by people in the Ryerson Study and the General Social Survey represent only “the tip of the iceberg”. The samples did not include any older adults whose primary language was not English or French; people with cognitive or hearing problems; those isolated by their abuser and not allowed to answer; and anyone without a telephone (e.g., some poor and rural seniors).

A British Columbia study on financial abuse conducted in the mid 1990s (the Notary Study) involved personal interviews with 200 older adults who were drawn from a semi-random sample. The survey asked about financial abuse within the broader context of financial decision making in families. In the study, 8% of the older adults identified having experienced one or more forms of financial abuse, a rate three times higher than suggested by the Ryerson study.18 Financial abuse in combination with psychological abuse was common.

Several provincial surveys of service providers conducted in the 1980s also provided indirect evidence of abuse of older adults. Surveys conducted in Quebec, Manitoba, Newfoundland, Nova Scotia, Alberta, and Ontario suggested that an appreciable proportion of Canadian seniors were being mistreated.19 For example,

Stevenson (1985) reviewed 500 cases of abuse reported by 267 Alberta agencies over a span of five years and found two-fifths of these cases consisted of financial exploitation.20 More recently, a preliminary study of service providers in Prince Edward Island identified 256 cases where there was suspicion of abuse, for a prevalence rate of 5.6% for cases coming to the attention of service providers in that province.21

Abuse cases coming to the attention of specific service providers can give important information about numbers and profiles. However, the types of abuse or neglect situations an agency sees depends on internal factors such as the scope of its work and external factors such as its geographic boundaries, and sources of referrals. Consequently, it is not advisable to generalize from one agency to describe what abuse of older adults looks like.

2. From crime reports

Criminal charges provide another snapshot of harms against older adults, particularly those involving serious physical harms. Criminal statistics suggest that, in general, older adults are much less likely to be victims of crime than younger persons. A much smaller percentage of family violence is reported by older adults than by younger adults. Most of the violent offences against older adults are committed by non-family, and more often these are strangers.22

It is not clear whether this low level of cases reported to police reflects:

• less criminal abuse occurring for older adults;
• less willingness among older adults and others to identify the harmful actions of family or other trusted persons as “crimes”;
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• the responses within social service and justice systems to abused or neglected older adults; or
• other factors such as greater isolation of older adults, making the crime by family more likely to be hidden.

In 2000, police statistics indicate that common assault was the most common form of crime by family members against older adults (54% of the crimes by family). Older adults were also victims of threats (21% of the crimes by family) and assault with a weapon or causing bodily harm (13%).

Between 1974 and 2000, 26% of homicides of older persons were committed by family members. Spouses were the most common perpetrators of homicides (39%), followed by adult children (37%) and extended family members (24%). Older husbands were more likely to kill older wives, than vice versa. Beatings, shootings and stabblings were the most common causes of death in family homicides of older adults. From 1991 to 2001, 31% of persons accused of committing a homicide against a senior family member had a prior history of family violence with that victim.

C. Who are the key abusers and key persons harmed by abuse?

1. Abuse in a family context

Abuse that arises in a family context differs depending on whether the abuser is one’s spouse, one’s children, or another relative. If the alleged perpetrator is a spouse and there is evidence of a poor marital relationship, it is more common to find psychological and physical abuse, than neglect or financial exploitation. Abuse by other family (e.g., siblings, son, daughter, in laws, grandchildren) may reflect past family relations, or diminished social role or status of older adults.

Abuse by a spouse may have begun early in the couple’s relationship and continued into later life to become “spouse abuse grown old”. Canada’s most recent General Social Survey found that 7% of people who were married or living in a common-law relationship had experienced some type of violence by a partner during the previous five years, with provincial estimates ranging from 4 to 12%. It is unclear how much of early life abuse in marital relationships ceases in middle or later life, and how much continues.

2. Abuse in new relationships

Abuse of older adults can occur upon remarriage or in new relationships. Canada is a changing society, with more divorce and more non-married couples. The Family Violence Survey indicated that the one-year family violence rates in general were considerably higher for people in common-law relationships than in marital relationships (4% versus 1%).

Although violence is only one of many possible reasons for separation, the rates of older women deciding to separate in a new relationship are notable – 25% of women aged 60-69 in new relationships who had been married, decided to separate in their new relationship. However, this is still considerably lower than the rates of separation for younger women (63% of women aged 30-39). Abuse can also occur in the context of caring for a spouse or relative with declining physical or mental capabilities. Most caregiving is done by spouses or female family members (daughter, daughter-in-
law). The caregiver literature consistently points out that providing care to a person who is cognitively impaired can be highly stressful. More than 80% of Alzheimer caregivers report that they frequently experience high levels of stress, and nearly half say they experience depression. While most caregivers do not become physically abusive, most have reached points where they feared becoming so.

Caregivers who are depressed are more likely to engage in harmful acts. Appropriate levels of community supports, combined with family supports, and training to help caregivers to assess their own risk of causing harm, may help to reduce the risk of “stepping over the abuse line”.

4. Abuse by non-family

It has been suggested that abuse outside of a family context (e.g., friends, landlords, neighbours) is often likely to reflect broader societal factors which may include:

- increased opportunities;
- negative attitudes towards older adults; and
- the relative status of specific groups of older adults.

By way of illustration, researchers looking at harms to older adults who live in rental housing have found the most common forms of abuse included violations of rights and psychological abuses – intimidation, harassment, and to a lesser degree, assaults. These older adults may be in a more vulnerable position because they have low income or live in poverty, and they may lack knowledge of their rights. A lack of affordable housing alternatives precludes them moving. Additional factors include owner’s expectations of the building manager (e.g., focus on the physical building, not on tenants’ needs) and the type of training the manager receives. A policy shift in the focus of low-income housing from seniors’ to mixed low-income with younger tenants with mental illness may lead to increased chances of abuse from younger tenants.

5. Systemic abuse

The term “systemic abuse” refers to policies, rules and decision making that cause harms to older adults. Most practitioners would find it surprising to consider that their approaches, policies, or rules might create or support abusive environments. However, there can be “incompetence of the practitioners”.

For example, a care provider who suspects a financial abuse situation for an older client may not be aware of community resources that address the civil law aspect or psychosocial and support aspects of the abuse. As a result, the care provider may respond to their client in a manner that suggests that nothing can be done about it, reinforcing and perpetuating abuse by suggesting that such situations are hopeless and that the person is helpless.

Systemic abuses may also occur in the context of overall resource allocation for older adults. There is increasing evidence of large unmet needs among older adults in social, physical and mental health services. Older adults are frequently given much lower priority at a policy level, whether in family violence, health, housing, or income security.
D. Factors affecting the risk of abuse or neglect

1. Gender

Most Canadian research focusing on community agencies and organizations suggests that older women are more likely to be the victims of abuse than older men, often at a rate of two to one. Yet the per capita rate appears to be equivalent for both sexes. Similarly, men are more likely to be the abusers than women, again usually by a ratio of two to one.

Some researchers have urged caution however, pointing to under-recognition of abuse of older men and strong social norms against men acknowledging being abused. It has been suggested that aging and ageism are great equalizers, leaving both older women and men open to abuse or neglect, especially when the person has disabling conditions and must rely on others.

Gender differences introduce other factors into cases of abuse of older adults. Older men and women differ in terms of their social and financial positions. For example, financial abuse may hurt older women more, because they tend to have fewer financial resources and live longer so that any asset “diversion” will hurt them more.

There can also be gender differences in impact of physical abuse: women tend to be smaller than men, and older women are more likely than older men to have disabling conditions, in part because of gender differences and in part because of women’s longer longevity. There is a higher incidence of chronic diseases such as osteoporosis among older women generally than among men. Any combination of these factors can lead to greater risk of injury in abusive situations.

2. Age

U.S. research of cases coming to the attention of Adult Protective Services suggests that age is a factor – a much greater percentage of cases, irrespective of the form of abuse or neglect, are seen among those aged 85 and over than those 60 and over. The study also found a trend for the number of abuse situations to increase from one age category to the next. However, some Canadian research has suggested that younger seniors may be more at risk than older seniors.

3. Cognitive impairment

Cognitive impairment may place older adults at risk of being abused, and in some cases, at risk of abusing. The division of geriatric psychiatry at a Montreal hospital, which regularly conducts assessments of cognitive capacity, found 20 cases of suspected or confirmed abuse or neglect (16%) in a one-year period among 126 patients who had been living in the community. More than one in three (35%) of the patients were experiencing multiple forms of abuse. Two out of three involved financial abuse, 35% involved neglect, 25% involved emotional abuse, and 15% involved physical abuse.

In 1993, the Victoria Elder Abuse Project (VEAP) in British Columbia found that 28% of the abused or neglected older adults referred to the pilot project had mental dysfunctions that limited their understanding of what was happening. The VEAP researchers noted the special vulnerability of this group of abused older adults who may not recognize what is happening or be able to take action.

While only 2% of all adults aged 65 and over have a degree of dementia, this percentage increases significantly to
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approximately 35% among adults in their mid 80s. Although this group of abused older adults represents a small subset of all the abuse situations, these abused older adults need special consideration as they may have less ability to protect themselves.

4. Substance abuse

Substance abuse is a factor in up to 35% of older adult abuse and neglect cases coming to the attention of community-based agencies in Canada. Research indicates that heavy alcohol drinking and past childhood abuse by the father may lead to abuse by adult children.

In abuse cases, either the abuser or the victim (and occasionally both) can be experiencing a substance use problem with alcohol, psychoactive medications, or street drugs. Approximately 10% of older adults who drink or use prescription medications develop a substance use problem, which may impair their ability to judge their risk of abusing or being abused.

5. Mental health

Mental health problems of the abuser or the victim (e.g., depression, bipolar disorder, anxiety disorder, borderline personality disorder, schizophrenia) were a factor in between 16 and 37% of abuse and neglect cases reported to community agencies in Canada in 1994. For victims, prior abuse may lead to poorer mental health, depression, anxiety and suicidal thoughts.

6. Disabilities

It is estimated that persons of any age with disabilities are approximately 1.5 times more likely to encounter violence than the population at large. Numerous factors affect the relative risk of abuse for persons with disabilities as they age, including:

- dependence on family, friends or paid caregivers to provide care;
- lack of access to support services;
- reduced mobility;
- cognitive or communication impairments that leave the person unable to go for help or report their abuse;
- societal paternalism; and
- societal devaluation of people with disabilities.

E. Factors affecting risk of abuse or neglect and the likelihood of assistance for specific groups of older adults?

Certain groups of older adults are at greater risk for abuse or neglect and also experience barriers to assistance.

1. Rural communities

In rural communities, addressing abuse is affected by isolation, distances to services, and scarcity of resources. It is much harder to maintain confidentiality where “everyone knows everyone else’s business”. In addition, situational stresses such as underemployment can affect abuse situations.

2. Ethnocultural communities

Older adults in ethnocultural communities can be subject to different influences than older adults in mainstream culture. Culture can influence the way that abuse and neglect are perceived and addressed in specific ethnocultural communities.

For older immigrants, particularly those under sponsorship, immigrant policies and sponsorship rules can have a profound influence, creating significant isolation and strong dependency on the family. Poverty and underemployment in many immigrant families can act as a family stressor. Issues of acculturation and status reversal of older community members (from high status in the country of origin to low status in...
Canada) can make older immigrants particularly vulnerable to abuse or neglect and make assistance difficult.

3. First Nation and Inuit communities

First Nation and Inuit communities in Canada are often cultures in transition, with older members no longer holding the same status as earlier generations. Other influences include loss of customary practices, and the residual effects of residential schools – the absence of familial role models, and personal abuse or seeing others abused.

Poverty, endemic unemployment in some communities, and a severe lack of housing that “throws people together” are other factors affecting the likelihood and the impact of abuse or neglect of older adults.

In contrast, important protective factors exist within native and other communities that temper negative factors and make abuse of older adults less inevitable.

4. Gays and lesbians

Older gays and lesbians may experience special difficulties such as stigmatization, sexual stereotyping, discrimination and family alienation, leaving them vulnerable to neglect or self neglect. Professional attitudes are a significant barrier, and therefore, gays and lesbians may have difficulty accessing health and social services. Discrimination over a lifetime can leave older gays and lesbians mistrustful of health and social services – if abuse or neglect occurs in a gay or lesbian couple’s relationship, they may remain isolated with fewer formal protections.

5. Low literacy

Although there is considerable diversity among older adults as a whole, they are much more likely than other age groups to have low functional literacy which makes them vulnerable to certain forms of abuse such as violation of rights. According to the 1994 International Adult Literacy Survey, eight out of ten seniors in Canada operate at the two lowest levels of functional literacy.

Functional literacy and educational levels are often closely tied: a significant proportion of older adults in Canada have less than a high school education, and at least a quarter have less than grade nine.

F. What is the impact of abuse and neglect of older adults?

1. Health impact

Abuse and neglect at any age can have significant effects on a person’s psychological and physical health, social and financial wellbeing, and security.

The 1999 Canada General Social Survey showed that female victims of spousal violence were two to three times more likely than women who had not been victimized to have trouble sleeping, or to use medications to help them sleep, calm down, or deal with depression. Depression is much more common among abused older adults than other older adults.

Biological evidence suggests that people with more negative interactions in their lives are more likely to have elevated stress hormones, increased cardiovascular activity, and depressed immune function, conditions which may present as depression or angina.

Women who have endured violence most of their lives may experience indifference from some community practitioners who are reluctant to ask about the source of the presenting symptoms. As a result, the practitioner may address only the physical symptoms with medication, without identifying the underlying causes.

Abuse can have a number of other effects on the health of an older person:
Stress from abuse or neglect may aggravate and accelerate the development of other health problems. Abuse itself can cause health problems or death.

Older adults typically have significantly less physical resiliency (older bones break more easily, take longer to heal) than younger persons experiencing similar abuse.

Older adults in general have less physical strength and are less able to defend themselves.

Certain injuries that might cause minor harm in younger persons, may lead to death in older adults or life altering situations (e.g., disability, hip fractures, chronic pain, need for supports, move to assisted living).

Financial abuse also negatively affects the health of older adults. Not only does financial abuse often involve psychological abuse, it also depletes the person's finances, reducing the ability to take care of their own health with good nutrition and healthy activities.

Abuse and neglect of older adults have a significant impact not only on the individual, but also on family and community. For example, abused or neglected older adults with compromised health may need increased help from family and community services.

Abuse and neglect of older adults have a significant intergenerational impact, not only in terms of long-standing accusations, recriminations and guilt within families, but also in terms of younger persons taking their cues from others on how older family members should be treated – they may come to view these negative behaviours as the social norm. In native communities, abuse and neglect are considered the community’s problem even more than the individual’s, because abuse undermines the health of all around him or her.¹⁰

² 2. Social and economic cost of abuse of older adults

Significant tangible and non-tangible costs exist in the private and public sectors from not addressing abuse of older adults.

Community health and social services, businesses serving older adults, and government all feel the impact of abuse and neglect of older adults – frequent use of health service, more medical insurance claims, police called to domestic disputes, more lawsuits over questionable financial transactions, premature institutional placement, and more need for monitoring.⁶⁹

Financial abuse among Seniors

Prevalence focuses on how common the problem is in later life among older Canadians; incidence refers to the number of new cases.


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IV. What Canada is Doing to Address Abuse of Older Adults

A. Government action

The federal government and several provincial and territorial governments have identified abuse and neglect of older adults as a matter of concern, and have increasingly voiced this social issue as a priority, either on its own or as part of overall family violence prevention (e.g., Le Québec et ses aînés: engagés dans l'action, Engagements et perspectives 2001-2004; the 2001 Alberta Seniors Policy Initiative).

Since the mid 1990s, a Working Group of the Federal/Provincial/Territorial Ministers Responsible for Seniors has addressed the broad issue of seniors safety and security and currently is focussing on abuse. This paper is a step in identifying potential priority areas for action, and is being disseminated to promote information sharing among jurisdictions and various ministries about Canadian strategies and legislation, and the challenges to be addressed.

Federal, provincial and territorial governments are responsible for the various legislative tools that may be used to intervene in cases of abuse and neglect of older adults. In addition, some government resources are available to support both prevention and intervention efforts at the community level.

Over the years, the Family Violence Prevention Unit of Health Canada has aided the development of a variety of prevention and education materials on the issue. Recently Justice Canada has funded several community projects in different parts of the country that address abuse and neglect of older adults through the Crime Prevention and Community Mobilization Initiatives.

Several provinces have begun allocating dedicated funding to abuse of older adults. Manitoba has established an elder abuse strategy including two provincial positions (an elder abuse consultant and an elder abuse resource coordinator); the Seniors Abuse Line; education and awareness; and community development to ensure that resources are available and accessible to abused older adults.

In March 2002, Ontario allocated $4.33 million to a five-year Elder Abuse Strategy, concentrating on three priority areas:

- co-ordination of community services;
- training for frontline staff working with seniors; and
- education to raise public awareness about elder abuse.70

The Strategy included the hiring of eight Regional Elder Abuse Consultants, one Provincial Elder Abuse Coordinator, and one Public Education and Training Developer.

Drawing from diverse federal and provincial sources, Quebec community groups have obtained funding for the Quebec Network for the Prevention of Elder Abuse and a provincial conference, and have embarked on two major research endeavours.

These efforts, as well as those in other jurisdictions, are valuable first steps. For community programs to be effective, they require sustained political commitment demonstrated with both government and community level funding and personnel dedicated to the issue. Governments increasingly recognize the need for key starting points to have abuse and neglect of older adults addressed in a more comprehensive and coordinated manner over the long term.

Abuse and neglect of older adults is a multi-layered, multi-disciplinary and multi-sectoral
issue crossing many mandates within provincial, territorial, and federal governments. As a result, comprehensive interventions to address abuse and neglect of older adults require various ministries to recognize how their policies and priorities affect the likelihood of abuse and the success of mitigation when abuse occurs.

Appendix C illustrates a number of ministries with mandates that provide opportunities to address facets of the problem of abuse and neglect of older adults.

B. Community commitment

During the past decade, many Canadian communities have had a long standing commitment to addressing abuse of older adults, leading to promising developments in prevention and assistance by grassroots and frontline organizations. However, some of this community potential was diminished by recent broad sectoral restructuring (e.g., in health care, social services and legal services), which reduced key staff at both the government and community levels. Community programs endeavour to maintain some level of services to abused and neglected older adults but their efforts would be much more effective with sustained commitments from all levels of government.

C. Volunteer commitment

Volunteers are the backbone of many Canadian programs and services geared to helping abused or neglected older adults. Those working in the volunteer sector to provide supports to older adults note the pool of volunteers in Canada has been decreasing seriously.

Among seniors, the percentage volunteering decreased from 23% in 1997 to 18% in 2000, and among younger groups the decrease was even more pronounced. The average number of hours that the remaining seniors volunteered increased from 202 hours to 269 hours annually. In addition, 55- to 64-year-olds volunteered on average an extra 21 hours annually in 2000 compared to 1997. In other words, fewer people are carrying on more of the volunteer workload, often resulting in burnout. This is a dismaying trend as much of abuse prevention and intervention work is done by senior volunteers.

The volunteer commitment remains, but needs to nurtured. Non-profit organizations point out that there is an ongoing need to actively recruit and retain volunteers, and to monitor and support them in their work. To be successful requires paid volunteer coordinators.

D. Key legal approaches in Canada

Legal approaches to abuse and neglect focus on stopping or reducing harms after abuse has occurred.

1. The current national situation

The main legal approaches to the protection of older adults from abuse and neglect that have evolved in the common law provinces and territories of Canada are:

- adult protection and adult guardianship legislation;
- family violence statutes; and
- criminal law.

The Province of Quebec relies upon the curatorship provisions of its Civil Code and, to some extent, provincial human rights legislation.

Laws are applied in a wide range of circumstances, from situations where abused or neglected older adults have no difficulties with mental capability, to situations where it is in flux, deteriorating, or minimal.
The scope of the laws and the ways in which they are operationalized are important factors in their effectiveness in preventing abuse or addressing it if it occurs. Appendix D provides an outline of legislation across Canada, scope and coverage, and principal remedies.

Following are descriptions of the principal types of legislation and how they are used in various jurisdictions.

(a) Adult protection

In general, adult protection legislation provides for both emergency and more gradual intervention in the lives of abused or neglected adults so that a range of health, social and other services may be provided, preferably on a voluntarily received basis. These initiatives first appeared in the mid 1970s (beginning in Newfoundland and Labrador), and there has been extensive legislative development since, particularly over the past 10 years.

Interventions under adult protection laws are the responsibility of a statutorily designated service, usually a provincial health and social service department. Services may include the kinds of short-term, financial management services provided by a provincial public guardian and trustee service without the need to go through the expensive, time-consuming and stigmatizing process of applying to a court for a guardianship order.

As a last resort, health and personal care services may be imposed upon an abused or neglected adult for a limited period of time (usually up to 12 months). The services must be needed, the adult has to be mentally incapable of making decisions about the services, and a court must grant an order for the services to be provided without consent.

The orders may include provisions that restrain the person responsible for the abuse of a mentally incapable adult, and may require adult children to pay maintenance to their abused parent. Adult protection statutes may be strengthened by new public guardian and trustee legislation that sets out clear powers for personnel to conduct investigations, especially in cases of financial abuse.

(b) Adult guardianship

Under adult guardianship laws, if an abused or neglected adult is mentally incapable of protecting him or herself, or property from an abuser and needs health, social, legal, and perhaps financial services, then a temporary guardianship order may be obtained by an interested party (e.g., a near relative, or a provincial public guardian and trustee service). The temporary order may be converted into a long-term order, depending upon the needs of the incapable adult. As an alternative, provincial legislation governing “substitute consent” to health care, personal care, and admission to a care facility may be used to secure these services without a guardianship order. An increasing number of jurisdictions are adopting “substitute consent” legislation, including Yukon, British Columbia, Saskatchewan and Ontario. The family or domestic violence legislation discussed below may be used in conjunction with the protection provisions of the new adult guardianship statutes to provide for restraint of abusers.

(c) Human rights law in Quebec

In Quebec, although curatorship (guardianship) may be imposed in emergency situations to protect an adult’s property, there is no provision under curatorship for the protection of the physical person. Instead, there may be some recourse through article 48 of the Quebec Charte des Droits et Libertés de la Personne, which recognizes an older person’s right to protection against exploitation and abuse. An abused older adult or someone acting on the adult’s behalf, may lay a complaint with the Commission des
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droits de la personne et des droits de la jeunesse, which in turn may lead to an investigation and mediation. If mediation is unsuccessful the Commission can propose other measures including the cessation of the abusive act and the payment of an indemnity. The matter may be referred to the Human Rights Tribunal, or to a court with appropriate jurisdiction, if enforcement measures are required.  

The scope of the Charter section and the process required have several limitations that may reduce the potential effectiveness of the remedy.  

(d) Family violence statutes

Family violence or domestic violence intervention statutes are a relatively new approach to the issue of abuse and neglect of older adults. The provisions of the intervention statutes vary slightly between jurisdictions but, generally, follow the same basic approach: a court can issue protection orders directing an abusive family member (usually, a spouse) to stay away from the target of his or her violence (e.g., the other spouse), as well as the abused individual’s property. Restraining orders are issued at the discretion of the court, on the application of any affected party or the police. Temporary emergency intervention orders (restraining orders) may also be obtained from a justice of the peace. In either case, if an abuser defies the order, he or she may be arrested by the police.

The primary focus of family or domestic violence intervention legislation is on safety and physical protection (although some of the laws also cover threats, intimidation). The legislation does not deal with other forms of abuse such as financial abuse, one of the main categories of abuse affecting older adults, although some victim assistance orders deal with certain kinds of financial matters. Domestic violence intervention legislation is crisis oriented and used only in domestic abuse situations.

Domestic violence directed at older adults may come from the person’s spouse, a new or former partner, the adult’s grown children, grandchildren or other relatives. The abusive person may be living with the older adult, or in a separate residence. Depending on the jurisdiction, the legislation may or may not cover the types of domestic violence relationships that older adults can experience. (See Appendix D for details.)

For example, some jurisdictions do not provide for interventions if the abuse is committed by someone other than a spouse. Other jurisdictions may include abuse by someone outside the victim’s family, but most do not cover an abusive relative or other person who is not residing in the same household. Manitoba has proposed amendments to its domestic violence legislation to make it more applicable to situations of abuse of older adults.

The legislation provides for emergency and longer-term restraint of an abuser, but does not address the need to provide a victim with support, assistance and services, especially when the abused adult is incapable and would benefit from such services. These services, at least for incapable older adults, may be obtained in other ways; for example, through a guardianship application, mental health legislation, or substitute consent legislation (where it exists) for health care, personal care and care facility admission.

One danger associated with the use of temporary guardianship orders to provide services is that the adult may be subjected unnecessarily to a more permanent guardianship order.

(e) Criminal law

It is widely recognized that many forms of abuse or neglect may constitute violations of the Criminal Code of Canada. These include
sexual and physical assaults, and crimes of dishonesty such as theft and fraud. At the same time, it is acknowledged that:

- the criminal law is not used very often to address abuse and neglect of older adults;
- charges are laid only infrequently compared to domestic violence for other age groups; and
- prosecutions are difficult.

The victims may be reluctant to co-operate with criminal prosecutions that may result in a close relative (often an adult child) being convicted and punished. In particularly serious and protracted criminal cases, the abuser can simply outlast the victim, whose health may deteriorate in the interim. In other instances, the primary witness (the victim) may experience mental incapacity.

Barriers exist within the justice system that effectively “shut out” many older adults from having their abuse situations treated as crimes, including:

- lack of police training to recognize and appropriately respond to abuse of older adults;
- lack of appropriate interviewing techniques to draw the best and most reliable information from older adults;
- under-utilization of collateral information from those with direct knowledge of abuse;
- under-development of special skills for lawyers regarding the needs of older clients and aging issues;
- an unsupportive legal environment which may ignore older adults or treat them in a paternalistic way, and lacks appropriate victim services to help older adults in the legal process;
- policies that divert cases of abuse of older adults;
- lack of recognition of abuse issues affecting older adults by the Crown and judges.

Many of these existing barriers have been identified in other areas of family violence such as wife abuse, with ongoing efforts to reduce the barriers through training, education and policy development. However, progress has lagged in addressing attitudes and practical barriers that older adults can experience.

2. Discussion

There are many challenges with the current systems of legislative approaches:

(a) Limited scope in adult protection

Adult protection provisions focus on meeting the needs of mentally incapable victims of abuse. The intervention that occurs through adult protection legislation seldom includes all or even most of the forms of abuse or neglect that the older adult may experience, and the provisions of the law may be selectively applied.

The adult protection statutes do not preclude use of the Criminal Code to deal with those responsible for abuses but, in reality, they are seldom used together. Adult protection legislation and protection provisions in criminal law can and should work in combination, and in some jurisdictions, significant efforts have been made to ensure that they do so effectively.

(b) Paternalistic over-reach in adult protection

Adult protection legislation has been criticized as an overly paternalistic form of interference that inappropriately parallels child protection legislation leading to an infantilization of abused older adults. The problem may be particularly acute when the personnel intervening in abuse cases have not been sensitized to the need to respect an abused adult’s right to autonomy and self-determination.
(c) Inadequate resourcing at all levels

The lack of availability and use of appropriate assistance and support services following an intervention in a situation of abuse or neglect of an older adult continues to be a matter of concern. With shrinking health and social service budgets in most jurisdictions, any intervention that occurs may not be followed up with the provision of appropriate services and support because they are non-existent or have been drastically reduced. This casts doubt on the value of intervening at all.

3. A glimpse at mandatory reporting

The issue of whether the public or certain professions should have a responsibility to report abuse of older adults (similar to child abuse) frequently surfaced in community and legislative discussions in the 1980s, and continues to arise in community discussions from time to time. The arguments for mandatory reporting typically centre on the need to demonstrate to society that abuse of older adults is important, and to move service providers to action. Critics of mandatory reporting highlight the potential breach of confidentiality, the cost of a reporting system, and potential undermining of trust in the relationship between the service provider and the older adult. They also emphasize that abused older adults are not children, and they have the right to control and make decisions about their lives.

Only Nova Scotia and Newfoundland and Labrador (which has legislation dealing with neglect rather than abuse) have general mandatory reporting requirements. Manitoba has enacted mandatory reporting for the members of the helping professions and other key individuals when dealing with abuse of persons with developmental disabilities. In Alberta, the Protection of Persons in Care Act makes it a requirement to report any suspicion of abuse in publicly funded care facilities, including hospitals, nursing homes, and seniors’ lodges. The legislation in Prince Edward Island, New Brunswick, and British Columbia provides for voluntary reporting for specific forms of abuse and neglect. In the remaining provinces and territories, either no legislation exists or it is silent on the matter of reporting.

4. Possible new directions

A comparative analysis of the effectiveness of the legislative approaches in Canada is long overdue. Very little data are publicly available at this time although some information undoubtedly could be recovered by researchers from the operational statistics of the departments, ministries, and other agencies responsible for interventions. As Gordon (2001) points out, with the possible exception of Nova Scotia where an evaluation has been undertaken, no one really knows what works and what does not, beyond the anecdotal. A comprehensive, national analysis is warranted especially since the legislative field is sufficiently settled to allow research of this kind to be undertaken.

(a) Justice training needs

A need exists for special awareness and skills training on abuse and neglect issues affecting older adults, and the handling of such cases, at all levels of the criminal justice system. Community experience in several parts of Canada has shown that training for police and related services (victim services) is most effective when it:

• originates from within (an internal and supportive peer approach) and
• has the support of management to legitimize the police officer’s work.

Adding other community partners to the training sessions provides additional perspectives and can be the impetus for a team or interdisciplinary approach to helping.

Protocols and templates are also helpful. British Columbia has established a “Criminal Justice System Working Group,” established
under the auspices of the provincial Public Guardian and Trustee and comprised of representatives of justice and other agencies and groups. The Group has recently produced policy and practice templates for all R.C.M.P. detachments and municipal police departments in the province to aid the handling of cases of adult abuse and neglect.

(b) Looking for alternatives

(i) Restorative justice

The restorative justice approach holds potential for the future management of certain types of abuse cases. Restorative justice responds to crime in ways that build community. The approach requires a rethinking of how crime is understood and how accountability is defined. It focuses on dealing with the harmful effects of crime by engaging victims, offenders, and the community in a process of reparation, healing and peace through communication and joint problem solving.

Restorative justice can be achieved through various practices including victim-offender mediation, sentencing circles, or community conferencing. In the process, community members can become more competent to respond appropriately when harm occurs. They learn to handle more problems effectively on their own before an issue becomes a criminal matter.99 Pilot projects in Ontario’s Restorative Justice Program are contributing to the knowledge base.90 In the pilot projects, approximately 148 people were involved in eleven completed cases. While the restorative justice model may be a way of providing an opportunity for change and healing to older adults affected by abuse and neglect, some concern has been expressed that it is easy for the abused to be re-victimized and the process may be another way that abuse of older adults is defined as something less than a crime.91

(ii) Family violence and domestic violence courts

These courts, established as branches of courts of summary jurisdiction (e.g., the Yukon Territorial Court), are now in operation in a number of centres in Canada including Whitehorse, Calgary, Winnipeg and many parts of Ontario. The courts deal solely with the different forms of family violence, and focus on offenders’ problems, and related solutions, rather than their culpability.

In Winnipeg, the court recognizes the special nature of family violence and looks for ways of tackling the issues and dynamics that have produced violence. The court also expedites the processing of cases and ensures that family violence cases are prosecuted. Cases are dealt with by specially trained personnel at all levels (including judges).

In 2003-2004, Ontario will expand its domestic violence courts program with an additional 23 sites for a total of 54. Teams of specialized personnel including police, Crown Attorneys, and staff from Victim/Witness Assistance, Probation Services, Partner Assault Program and other community agencies, work together to intervene early in the cycle of domestic violence, improve support to victims, and more effectively investigate and prosecute domestic violence cases.

Any expansion of special family (domestic) violence courts to deal with cases of abuse of older adults should meet two essential preconditions:

• proper court and community resources to meet older adults’ needs, and
• proper training on aging and abuse for the judiciary and others in the judicial system.

The Winnipeg court has dealt with some abuse cases involving victims over 60 years of age, and abusers have included spouses, adult children, and caregivers. It would be beneficial to have evaluations of the use of
domestic violence court initiatives for abuse cases involving older adults.

Abuse against seniors was mentioned in only 1% of the responses of 2100 Canadians. While three out of five Canadians surveyed correctly identified failing to provide food, shelter or medical attention as “family violence”, far fewer identified financial abuse, one of the most common forms of abuse for older adults, as family violence. Only 1 in 10 people in the survey considered “abuse of elderly” as the greatest cause for concern in family violence. Most of those who did were older adults or residents of Quebec.

Significant community and government effort has taken place in the past three decades to raise the visibility of child abuse and wife abuse, so that now far fewer people consider these to be personal matters but rather important social concerns. Similar efforts concerning abuse of older adults will ensure that harms across the lifespan are recognized and addressed in an equitable manner.

(a) What is the purpose of prevention and education in this area?

The importance of educating older adults about abuse and neglect, as well as providing information about where to turn for help, cannot be overstated. Knowledge is power and can help people to help themselves. Reliable information allows victims (or potential victims) to protect themselves and their rights. This, in turn, contributes to feelings of increased control and self-efficacy.

Reliable information for service providers about abuse and neglect of older adults is pivotal as well. Often it is service providers in contact with older adults who help in early identification and intervention, so that further harms do not occur. Again, education alone is not sufficient – service providers who give older adults information about abuse and neglect must be prepared to offer support or refer a person disclosing abuse to appropriate support services.

E. Key program approaches in Canada

1. Prevention and education

The primary program approach taken in Canada to address abuse and neglect of older adults understandably has been on prevention and education.

Abuse of older adults as a social issue is a relative latecomer having only been recognized as such in the early 1980s, with preliminary education efforts beginning about the mid 1990s. People are frequently unaware of abuse of older adults, or they may see harms happening but not identify them as abuse or neglect. Abuse and neglect of older adults typically happen in the family, hidden from public view because older adults tend not to have the same social contacts that arise for children (schools) or younger adults (workplace).

Those working in the area of senior abuse prevention note the overlap between prevention work and intervention – prevention programs must be prepared to intervene with assistance if a senior discloses abuse and wants help. A recent national survey on family violence highlights the relative lack of visibility of abuse and neglect of older adults. The report notes:

“Violence between spouses and by parents toward their children are the types of relationships Canadians tend to think of most when thinking about violence occurring in the immediate family. (Violence among siblings is considerably less likely to come to mind when Canadians think about violence within the immediate family and abuse of elderly parents is rarely mentioned.)”

Reliable information for service providers about abuse and neglect of older adults is pivotal as well. Often it is service providers in contact with older adults who help in early identification and intervention, so that further harms do not occur. Again, education alone is not sufficient – service providers who give older adults information about abuse and neglect must be prepared to offer support or refer a person disclosing abuse to appropriate support services.
What Canada is Doing to Address Abuse of Older Adults

(b) What are the key prevention and education approaches being used?

In Canada, the focus has been a de-victimization approach directed at changing the abused older adult’s sense of self blame, rather than a responsibility approach which tries to change the abuser’s actions.98

Appendix E summarizes prevention and education approaches that are being used in Canada with specific examples.

Following are some of the special directions that are being taken for specific audiences. Different types of prevention messages may be a needed depending on whether the audience is the general public, older adults who have been abused or those who have not.

i. Prevention education for older adults

Effective provision of information on abuse and neglect increases self awareness and helps abused older adults recognize that they are not alone. Prevention education encourages people to consider, “Are the problems I am struggling with ‘abuse’?”. Education and awareness help to de-stigmatize being abused. Older individuals and their families begin to recognize that abuse is not a private matter of personal shame.

However, increased information is seldom sufficient to bring about change. A Health Canada (2000) report points out “…knowing one's rights is one thing – acting on them is another.”99

The following are considerations for prevention education:

A shift in delivery: Initially prevention education tended to be small community presentations on abuse given at senior centres using videotapes, brief talks and brochures. This approach tends to reach those who are aging well, and it is less likely to reach more isolated older adults.

The past decade has seen a shift in how prevention education is being delivered to older adults. Increasingly, creative alternatives are developing. In some communities, older adults are taking on the responsibility of delivering abuse prevention information in a peer-to-peer approach such as plays and skits developed by seniors’ theatre groups such as:

- AQDR Granby “Des secrets bien gardes” and “Parmi Nous” in Quebec,
- Health Action Theatre by Seniors (“HATS”) in Ontario.100

In the HATS approach, opportunities are built in for the audience to actively identify key issues and dynamics, as well as offer alternatives. Such interactive approaches replace “talking at” older adults to “talking with them”. Abuse and neglect are often two of many issues that these groups present under the broad topic of aging.

More information available about legal rights: Recently, more abuse prevention education has focussed on improving older adults’ knowledge of their legal rights and of community resources. Much of this is being provided through community and public organizations such as:

- Older Adults Knowledge Network (OAKNET) in Alberta;
- BC Coalition to Eliminate Abuse of Seniors;
- the Advocacy Centre for the Elderly (ACE) in Ontario;
- DIRA and Ligne info-abus in Quebec; and public legal education in several provinces. For example, OAKNET includes specialized information on the Internet about emergency protection orders.

The Internet: The Internet is a useful source of information on abuse and neglect for family and others who want to know more in order to help older adults: “Since many older people live on low income, family and community resources are important ramps on to the information highway for older generations.”101
In terms of reaching abused older adults directly, it is important to recognize that many of those who are abused may be among the least likely to have access to the Internet, because of poor health, isolation, and lack of technological skills, literacy skills and interest. Also, the Internet lacks the personal contact which is essential for helping abused older adults.

**Reaching beyond the mainstream:** Canada is becoming increasingly ethnically diverse. One in three older adults has an ethnic origin other than British, French, Canadian or Aboriginal.102

The challenge of diversity for abuse prevention work is much more than simply translating generic materials into another language. Successful multicultural prevention work involves:

- capturing the essence of abuse and neglect within the context of the particular culture;
- framing the messages and education approach in a way that is understandable to that community;
- finding respected leaders to legitimize and begin the education work;
- moving at the community’s pace, taking the time to do it right;103 and
- working with one ethnic community at a time.

Successful multicultural work also requires appropriate community resources to meet the support needs of abused or neglected older adults whose first language is neither English nor French. Education and awareness without locally available help does little to change the status quo.

**ii. Prevention education for family**

Family is an important target group to reach concerning abuse of older adults. Aging spouses and other family provide 80% of caregiving for older adults in Canada. Prevention messages can help to set and reinforce social norms of acceptable and unacceptable behaviour toward older adults. However, little prevention education exists for families in Canada. Some schools offer intergenerational approaches teaching about respect, aging and abuse. Manitoba is working with the Girl Guides, RCMP and the Addictions Foundation of Manitoba to establish a guiding badge for Seniors Safety and Security. Part of earning the badge involves education about abuse of older adults. The initiative includes use of Manitoba’s *Seniors Are Cool* video which promotes positive views of aging for youth.

The issue of abuse or neglect by family members giving care is seldom addressed head on – the focus of education messages for family members providing care to older adults tends to be more on reducing stresses, and encouraging them to take better care of themselves.

**iii. Prevention education for business**

Overall only modest efforts have been made to increase awareness about abuse and neglect in businesses serving older adults. Some introductory work has been done in the financial industry through the “Money Matters” video and training produced by the B.C. Coalition to Eliminate Abuse of Seniors funded by Health Canada in the mid 1990s.

Private legal practice is another important business for consideration in this area. The National Elder Law Section of the Canadian Bar Association was officially inaugurated on September 1, 2002. It formally recognizes “elder law” as a legal speciality in Canada and opens up opportunities to build the skills and expertise of formal advocates about legal issues affecting older adults, including abuse and neglect.104 The Quebec Human Rights Commission also has made specific recommendations on the role and training of notaries in abuse prevention.105
iv. Prevention education for the media

The media constitute one of the important sources of positive and negative images of older adults in Canadian society. Abuse prevention education often involves working with the media to change negative images, raise awareness, and educate the general public about abuse of older adults.

Recent social marketing campaigns provide an opportunity to further raise public awareness and increase commitment to better address abuse of older adults in the community and in the political sphere. Alberta is undertaking a broad social marketing campaign on abuse of older adults in the Fall, 2003. In 2002, the Mayor of Toronto dedicated the month of June as Elder Abuse Awareness Month.

v. Prevention education for service providers

A wide variety of service providers are in contact with older adults at some time. Each of these groups needs education about aging and about abuse of older adults. Training is a means not only of imparting information, but also of building community capacity and enhancing critical relationships among players. Training contributes to a common understanding of the problem and of the appropriate means of intervention, as well as to a shared sense of responsibility. The common components of education and training about abuse of older adults focus on recognizing abuse, expressing concern in a genuine caring manner and helping the person link to appropriate community resources.

All professionals and service providers in contact with older adults and their families should know about aging and should have a good understanding of abuse of older adults. They include professionals such as physicians, lawyers, clergy, social workers and nurses, and also seniors organization staff, speech therapists, Meals on Wheels, home support and many more. An example can be seen in faith communities. A survey in Ontario revealed that two-thirds of faith leaders were aware of elder abuse among their congregants. Although clergy are one of the most likely groups of caregivers to encounter cases of abuse of older adults, they are the least likely to refer cases to helping agencies and have not been effective at intervention. Barriers to their effective involvement include lack of training, increased workload, and unfamiliarity with social and health care systems.

What training resources currently exist?

Health Canada is currently updating an inventory of the training resources, updating an earlier resource publication. Those developing the inventory note the diverse range and quality of the training materials currently available.

What are the current challenges in prevention and education?

Although education and training is occurring, information is lacking about who is providing the education and training, who is receiving it, who is being missed, and the depth of the information provided.

Challenges include difficulty reaching diverse Canadian cultures, and lack of time among service providers to take part in education and training.

Education and training takes time, money, and resources. Employers’ and employees’ resources are often stretched, and in a time of fiscal restraint, education and training are often treated as luxuries. When they occur, they tend to be a “one shot deal”. Community educators find that basic awareness information is not enough, and increasingly service providers are seeking practical strategies, sets of indicators, helpful resources, and local contacts.
vi. Other learning opportunities

Some Canadian jurisdictions have created valuable opportunities to share information on abuse through conferences and “stakeholder meetings” such as the Ontario Stakeholder Networking Days. Provincial conferences dedicated to abuse issues for older adults are often a valuable means of sharing information about progress made elsewhere in the province. Recent provincial conferences include Ontario (November 2002) and Quebec (April, 2003). Newfoundland and Labrador and Ontario are planning elder abuse conferences for 2004.

The Canadian Association on Gerontology (CAG) holds an annual scientific and educational meeting, where researchers, seniors’ groups and community service providers present on abuse issues. Other professional organizations, such as the Aboriginal Nurses Association, Gerontological Nurses Associations, as well as some seniors organizations, have ongoing opportunities to share abuse information.

2. Network Development

During the past five years, there has been growing recognition among service providers, seniors organizations, researchers and others, of the critical need to network at a local, provincial, national and international level on abuse and neglect issues in order to:

- identify key issues and highlight new ones that arise;
- collaborate on developing strategies and approaches;
- ask questions, share information what works well in different parts of a province or the country;
- develop an ethical framework for helping;
- use the best information available;
- compare approaches and continually improve practice;

- support each other in efforts in this complex and difficult area; and
- advance the issue of abuse and neglect of older adults as a policy and resource priority.

To that end, regional and provincial networks such as the Quebec Elder Abuse Prevention Network, the Ontario Network for the Prevention of Elder Abuse and the International Network for the Prevention of Elder Abuse have been created. Canada has a nascent national network, the Canadian Network for the Prevention of Elder Abuse. In some provinces, it has been difficult to place abuse and neglect issues affecting older adults on “the family violence agenda”. It is not uncommon to find family violence reports that make little or no mention of older adults.

Other jurisdictions report greater success in bridging abuse of older adults and other types of family violence. In the Northwest Territories, the 2003 Family Violence Week campaign focuses on older adults (“Respecting elders, respecting others”). Bill 21, Family Violence Protection Act, introduced to the Northwest Territories legislature in June 2003 expressly offers family violence protection to older adults, including those who are being harmed by their children or grandchildren.

Support for networks will create many opportunities to build on the promising practices and growing knowledge gained from existing programs and pilot projects. In this way, new initiatives will not be forced to continually “reinvent the wheel”.

3. Support and assistance for abused and neglected older adults

(a) What we are trying to accomplish when assisting abused older adults?

The type and degree of abuse creates substantially different kinds of needs for the abused older adult including immediate and
longer term needs. Where resources are scarce, the assistance available to abused or neglected older adults tends to have a crisis focus – services become involved when the abuse reaches an “unacceptable” level rather than focussing on working to reduce harms earlier or prevent the abusive situation from escalating to a crisis.

(b) What key assistance approaches are offered?

Appendix E provides descriptions of various types of assistance available to abused and neglected older adults in Canada with specific examples. Below are details about some of those assistance approaches.

i. Adult Protection approaches

The adult protection approach described earlier under key legal approaches usually involves a combination of legal, health and social services that are primarily available to “incapable adults”. Although sometimes described in the literature as “allowing the widest array of interventions”, in Canada the “array” of services available for adult protection in some jurisdictions is narrow. However, some provinces using an adult protection approach have developed other models for assisting abuse or neglected older adults (e.g. peer support, expansion of family violence approach to include older adults).

ii. Domestic Violence programs

According to Health Canada (2000), the domestic violence response to abuse and neglect of older adults consists of:

“a multi-pronged approach that includes crisis intervention services, such as telephone hotlines; a strengthened role for police in the laying of charges; court orders for protection; the use of legal clinics; emergency and secondary sheltering; support groups for both the abused and the abuser; individual and family therapy; and the use of a whole range of health, social, and legal services. An integral component of domestic violence services is educating the public, and especially, educating the abused about their rights.”113

Family violence approaches, which five years ago might have been met with resistance by older adults and service providers, are increasingly being well accepted. They include specialized support groups for abused older adults (e.g., OWLS in Calgary, Edmonton Elder Abuse Peer Support Program run through the YWCA) and “empowerment strategies”.114 This growing acceptance may reflect differences from one generation of seniors to the next or differences in the way the programs are being delivered (i.e., a developing sophistication based on experience of what works and what does not work).

Nahmiash & Reis (2000) found that age-specific groups were more helpful than general support groups.115 Peer support – visiting, or telephone support to break the isolation – is another important component of the family violence approach in several Canadian communities, helping to rebuild the abused person’s self-esteem and to develop new supportive relationships. Little is available in most Canadian communities to help the person committing the abuse.

Concerning sheltering, recent reviews of the housing needs and shelters for abused older adults have identified many gaps. The report “Silent and Invisible” on B.C and Yukon transition houses identified significant barriers to older women.

The Kerby-Rotary Shelter located in Calgary, Alberta, is the only “purpose built” shelter for abused older adults. In Edmonton, the Elder Abuse Intervention Team utilizes “safe suites”, specific apartments allocated to meet crisis and short-term needs of abused or neglected older adults.
Throughout the country, there are significant gaps between need and capacity to meet it in terms of crisis, short- and intermediate-term housing for abused older adults. This in part reflects the overall lack of affordable housing across the country. As a result of the shortages, staff in many programs are forced to prioritize daily which abused older adults they can help. Older men and older adults with complex needs, such as mental health or substance use problems, are more likely to “fall through the cracks”.

### iii. Advocacy programs

Health Canada (2000) notes:

> “Advocacy refers to the actions performed on behalf of an individual or group to ensure that their needs are met and their rights are respected. …There can be two types of advocates, informal and formal. Informal advocates are usually volunteers, such as friends or family, who do not take part in a structured program; formal advocates are professionals, and are paid for their services within the context of a structured program.”

Examples of formal advocacy programs include the Advocacy Centre for the Elderly (ACE) in Toronto, which has been operating since 1984 and funded through Legal Aid Ontario, and British Columbia’s relatively new Legal Advocacy Project which is coordinated by the B.C. Coalition to Eliminate Abuse of Seniors and funded by the B.C. Law Foundation. Formal advocacy programs fulfill an important function offering specialized legal services. Formal advocacy programs also produce materials and resources that enable service providers and community organizations to work with older adults in a more knowledgeable manner around legal issues, an important detail in helping to overcome the myths and fears that often exist.

The “Seniors and the Law” project funded by the B.C. Law Foundation is a blend of formal and informal advocacy. The objective of this project is to build a system of advocacy and legal services for seniors throughout the province. The project focuses on strengthening the knowledge and skills of advocates for older adults and building the capacity of communities to respond to the legal needs of older adults. “Advocates” in this context includes peer counsellors, senior citizen counsellors, community support workers, and natural advocates.

Informal advocates are essential to many Canadian programs geared to helping. Increasingly they are part of structured programs, and receive training to carry out their work.

### iv. The integrated model

This approach refers to the development of multidisciplinary teams of workers from a broad array of agencies such as a lawyer from legal aid, a community police representative, a hospital social worker, a social worker from community services, and representatives from other community services, e.g., Meals on Wheels.

In some cases, community-based teams or committees are organized to:

- provide consultations on difficult cases of abuse,
- help to resolve agency disagreements, and
- provide services not readily available in the community, such as legal and medical consultations.

One of the challenges to the integrated model and the coordinated community response described below is that in large centres, the geographical boundaries of the different agencies and services at the table may not always be the same, which means that agencies are pressed to send two or three representatives to the table, which is not seen as a good use of personnel.
The integrated model, as it has traditionally been seen, treats professionals as the key to helping abused or neglected older adults. This is considered as one of its primary strengths as it involves discussion about issues and specific abuse situations at a professional level. However, some teams exclude key individuals who are not professionals (such as peer support and members of the faith community) as part of the “solution-building”.

The case conferencing model is still in its infancy. The model is slowly becoming more sophisticated in the ways that issues such as client confidentiality are respected, and the ways that decision making and case management occur to help avoid a tendency to treat the proposed “solutions” as a shopping list of actions.

v. A new direction: a coordinated community approach

One of the primary challenges for older adults seeking help is constantly having to repeat the details to yet another service provider in the hope that someone may be able to help. Consequently, many Canadian communities are taking a coordinated community response to providing support and assistance to senior experiencing abuse and neglect. It begins with the proposition that the responsibility for addressing abuse and neglect does not lie with one agency – it is a general social responsibility in which many community partners have complementary roles and responsibilities.

To a large extent it is a community development approach involving the mapping of community resources, building common understandings of abuse and neglect of older adults, building trust among agencies and organizations, and knowing what each is able or not able to do. The process is collaborative and, over time, leads to the development of interagency protocols and coordination of prevention and intervention efforts. The coordinated community approach also creates a supportive network for service providers.

The coordinated community support networks approach is actively used by approximately 20 communities in B.C. The approach is also being used in sites in Ontario and Alberta and has been used among First Nation people, in urban centres, and in rural communities. Community development is underway or in the beginning stages in many regions throughout Manitoba.

F. What is known about the success of legal and program approaches in Canada?

Both formal reports and key informants indicated that very little research exists on the effectiveness of the various legal and program approaches used in Canada.

Any assessment of program effectiveness depends on how "effectiveness" is conceptualized. Whether or not an intervention is deemed useful is a matter of perspective. For example, to a clinician, the removal of the senior from an abusive situation may constitute “success”, while the victim may regard this as an unsuccessful approach.

“Success” in addressing abuse or neglect of older adults often depends on the broader resources and supports available to older adults and family members from community services and local, provincial or federal governments.

The following is what is known about effectiveness of approaches.

1. The impact of legal approaches

(a) Raising awareness

Adult protection legislation and protection provisions have improved professional awareness of the abuse of older adults. However, it is unclear to what extent this has
occurred, and within which agencies and professions. Both formal reports and key informants point out the need for more training in this area for professionals who are in contact with older adults, as well as more specialized training. Currently training and education occurs infrequently with few opportunities for refresher or upgrading programs.

(b) Utilization and impact

Little is known about the utilization and the impact of adult protection legislation in Canada, and nothing is known about the comparative effectiveness of adult protection and family violence legislation in the common law jurisdictions. Virtually no empirical research has been undertaken in the area and the agencies responsible for interventions maintain few, if any, accessible statistics. Agencies have neither evaluation funds, nor the time to conduct such research, primarily because of higher priorities, particularly delivering effective services with shrinking budgets.

Personnel responsible for intervening in abuse cases frequently have no need to use the legislation beyond the initial contact and investigation phase. As previously mentioned, research indicates that one half of all abused older adults routinely decline help currently being offered20 and there is often a process of further inquiries and negotiated adjustments to plans for support. In most jurisdictions, it is only in unusual circumstances that personnel will seek a court order, or temporary guardianship order, to impose services. In the main, these last resort cases tend to be self-neglect situations involving mentally incapable and aggressive individuals.

2. The impact of program approaches

Because abuse and neglect of older adults are framed as “harms”, the primary objective is to stop harm completely or reduce its frequency and its immediate and longer term effects. At a conceptual level, the literature on abuse and neglect of older adults is noticeably quiet on what is meant by effectiveness or success related to this objective.

Where evaluation has occurred, it is more often process evaluation than outcome evaluation. Outcome evaluations are usually of pilot projects and, consequently, tend to look at only short-term outcomes. The Family Violence Prevention Initiative at Health Canada is currently developing a database of all evaluated family violence programs, including those for “elder abuse”.

(a) Process measures

Key informants were asked to identify features that they felt were necessary for the success of community programs addressing prevention in abuse and neglect. Their responses included the following:

• assured core funding
• continuity of key staff and leadership
• perceived legitimacy of the approach within the community and at government levels
• community awareness of the program
• reasonable community expectations or a match between expectations and what can be delivered
• “proof that it works”
• continuous quality improvement
• recognition and support from decision makers including funding sufficient for the responsibility and scope of program
• it makes sense to the users.

(b) Outcome measures

Identifying and measuring successful outcomes for individuals is difficult because there are multiple forms of abuse, and more than one form can occur at the same time. Abuse is also multi-factored, and no approach is likely to work for all persons or even most persons.
Key informants made the following suggestions for outcome measures to assess the success of interventions:

- **Acceptance of help** - Is the person willing to accept the service being offered? For example, a review of 128 cases coming to the attention of CLSCs (local community service agencies in Quebec) noted the greatest obstacle to intervention was refusal of services either by the victim or the perpetrator. The victim declined help in 58% of the cases and the perpetrator declined help in 47% of the cases they studied.⁷¹ The high rates of refusal may reflect what is offered and the way in which it is offered.⁷²

- **Changes in harm** - Has the specific harm stopped or is it occurring less often (a reduction of harm)? Does the older adult feel as if she or he has more control over the situation? And, very importantly, have other unintended harms occurred?

- **Sphere of control and autonomy** - Has the approach been implemented in a way that is least intrusive in the person’s life but still accomplishes the desired ends? If the person stays in the harmful situation, does she or he feel greater control of the situation?

- **Ethical principles** - Which ethical principles are given prominence and which are given less weight? How is a balance between different values achieved?

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- See for example, Alberta.


- Manitoba is currently considering removing the cohabitation provisions so that the law can be used by extended family members. See: http://www.umanitoba.ca/resolve/Newsletter/Volume%2035/vol35%20%5D303.pdf

- “Protection Notes”, *Resolve News*, 5 (2) (June, 2003), p. 3


- See, e.g., Gordon & Verdun-Jones (1992), supra, n. 4; Poirier & Poirier (in press), supra, n. 7.


- Beaulieu & Spencer (1999), ibid.

- In some jurisdictions (e.g., Nova Scotia), the legislation does not provide for interventions in financial abuse cases. In Manitoba, the adult protection legislation is intended only for those with developmental disabilities; other vulnerable groups such as mentally incapable older adults would not be excluded unless the person has grown old with a developmental disability.


- See for example, Re J.J. [2003] NSJ No. 57 (N.S.C.A.) where a Nova Scotia family court ordered particular services requested by an adult who was under adult protection. The Court of Appeal upheld the government’s appeal, noting that the family court cannot dictate the services to be given to an abused or neglected adult: this was a matter for the provincial adult protection service to decide. Leave is being sought to appeal the Court of Appeal decision to the Supreme Court of Canada.
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86 See Gordon & Verduin-Jones (1992), supra, n. 4; also:
87 Gordon, (2001), supra, n. 5.
92 Ibid, p. 8
93 Ibid, p. 10
97 See for example, Damant, (2001). The process d'empowerment des femmes victimes de violence conjugale à travers le système judiciaire. Montréal: Centre de recherche interdisciplinaire sur la violence familiale et la violence faite aux femmes, Collection: Études et analyses / Centre de recherche interdisciplinaire sur la violence familiale et la violence faite aux femmes; no 14, 130 p.;
- Guide: The Lies that the Horror Told me; Regroupement Provincial des Maisons d’hébergement et de transition pour femmes victimes de violence conjugale
101 Palmar, I. & Nascimento, O. (Fall 2002). Health Action Theatre by Seniors: community development and education with groups of diverse languages and cultures. Generations. 26 (3), 65-67. Information on HATS is also available online at: Also online: http://www.seniorstheatre.org/
105 Ward-Hall, C. Educating seniors and Others about Abuse: A Decade of Experience from a Provincial Organization. Presentation to International Association on Gerontology. 17th World Congress, July 1-6, 2001, Vancouver, B.C.
111 E.g. in the Fall, 2003 the focus of the annual general meeting for B.C. Coalition to Eliminate Abuse of Seniors will focus on housing and community care issues in the context of abuse. See: http://www.bcceas.bcceas.htm
112 E.g. through the use of the best information available, such as detection or screening tools that have been determined to be valid and reliable.
113 See for example, Russell & Ginn, supra, n.56.
118 Macdonald, & Collins (2000), supra, n. 46
119 Advocacy Centre for the Elderly Online at: http://www.advocacycentreelderly.org/
120 See http://www.bcceas.ca/project.htm
123 Lithwick, Beaulieu, Gravel, & Straka, supra, n. 3.
V. Conclusions

Abuse and neglect of older adults have many health, social, economic and legal dimensions. Canada’s progress to date reflects the commitment and efforts of individual seniors and other concerned people, seniors organizations, service providers, and private industry. In many cases, local, regional, provincial/territorial and federal governments, as well as foundations and researchers, have supported the efforts.

Canada has every reason to be proud of the significant strides it has made to address abuse and neglect of older adults. Internationally, Canada is considered one of the leaders in terms of understanding and responding to the complexity of the issues. Nonetheless, abuse and neglect of older adults remains a significant social problem that requires a long-term and concerted effort by governments and organizations at all levels.

A recent report from the Family Violence Prevention Unit of Health Canada (2001) states:

"A great deal more knowledge now exists, and many more programs and resources have been developed across Canada in the past decade. However, more needs to be done to ensure all communities have an organized and coordinated response to this important issue."

Over the past decade, Canada has produced excellent reports on abuse of older adults with recommended prevention and intervention options and curriculum guidelines for professional education. Some of these recommendations have been adopted in innovative initiatives underway in several jurisdictions including Ontario’s 5-year Strategy to Combat Elder Abuse, Manitoba’s Elder Abuse Strategy and the recent creation of the Quebec Elder Abuse Prevention Network.

However, the need still exists to share information and raise awareness of the issue in order to stimulate development of more programs and policies. Canadian research has found that, at all levels – local, regional, provincial/territorial and national – governments, organizations and service providers often lack awareness of what is happening in other jurisdictions. This may lead to the loss of important knowledge about the issues surrounding the abuse and neglect of older adults and to duplication of efforts. Information sharing across jurisdictions is an important way to keep informed and to learn from promising initiatives and strategies.

Knowledge about the lives of older adults suggests that they are often vulnerable to abuse and neglect because of ageist attitudes. A key gap in awareness education exists in the private sector. Education is needed for businesses serving older adults, about the aging process and ways that ageism creates harms in the lives of older adults.

In addition, it is important that the general public become more aware of abuse and neglect issues for older adults, know how they can help to prevent and address abuse issues, and know whom they can turn to if more help is needed.

For any level of government to develop sound policy on a complex social issue such as abuse and neglect of older adults requires a good understanding of the extent of the problem and the far-reaching impact it has on society. Recognition exists in Canada of the lack of surveillance of abuse of older adults and the critical need for quantitative and qualitative information knowledge of abuse of older adults and how it can best be addressed.

There is still a long way to go before Canada can reach the goal of being abuse-free, "where older adults not only feel secure but
also integral and respected members of the community. To meet that goal will require both community and political will, balanced by the necessary resources to make it happen. It is possible to make this a reality.


Appendices
Appendix A - Definitions of Abuse and Neglect

**Physical abuse** is the non-accidental use of physical force for coercion or to inflict bodily harm. May include the use of restraints, or over or under-medication.

**Psychological (emotional) abuse** is any act including confinement, isolation, verbal assault, humiliation, intimidation, infantilization, or any other treatment which diminishes the sense of identity, dignity, and self worth. Psychological abuse attacks a senior’s feelings of self worth or self esteem. Use of verbal abuse by taunts, put downs, withdrawal of love and affection, or withdrawal of emotional support by the abuser, over a period of time, affects how a senior feels and is extremely harmful to his/her wellbeing.

**Financial abuse** is the misuse of a senior’s funds and assets, loss of or damage to an older person’s assets or property, obtaining property without that person’s knowledge and full consent, or in the case of a senior who is not mentally capable, not representing or acting in that person’s best interests. The abuser is usually a trusted person in the senior’s life (such as spouse or partner, family member (often an adult child), caregiver, or friend). Financial abuse is often accompanied by other forms of abuse, such as psychological abuse, physical abuse or denial of rights.

**Sexual abuse** is any kind of sexual behaviour directed toward a senior without that person’s full knowledge and consent. It includes sexual assault, sexual harassment, and rape. Sexual abuse can happen to mentally capable seniors by spouses, partner, family member or trusted people in their lives.

**Neglect** is a failure to live up to responsibilities to support and care for another. Neglect can be physical or psychological in form. It has two forms:

- **Active neglect** is the intentional withholding of basic necessities of life (including care).
- **Passive neglect** is not providing basic necessities of life because of lack of experience, information, or ability.

**Self neglect** is not a form of harm discussed in this paper, but is mentioned in the Adult Guardianship Act. However, it refers to a person’s inability to provide care and support to self. Self neglect can result from an individual’s choice of lifestyle, depression, ill health, cognitive ability, or physical inability to care for self.

**Violation of civil/human rights** is denial of a senior’s fundamental rights as an adult, and includes the negation or disregard for the human and legal rights of an individual. For example, withholding of information, mail censorship, denial of privacy, denial of visitors, restriction of liberty and freedom. Unless the older adult has agreed to the restrictions, or has been found at law to be mentally incapable, no one has the right to deny the human rights of another person. When someone is denied their human rights, it affects their self-esteem and confidence, and demoralization sets in.
Systemic abuse refers to
- rules, regulations and policies developed for an apparently neutral purpose but which significantly harm or discriminate against older adults in their effect, or
- when the social responsibility to meet the needs of older adults is not being met.

Adapted from B.C. Coalition to Eliminate Abuse of Seniors “Facts Sheets on Elder Abuse”, which in turn were based on the Interministry Committee on Elder Abuse (1992) Principles, Procedures and Protocols for Elder Abuse
Appendices

Appendix B - Interview Protocols

French Protocol

Mesdames, Messieurs,

Dans le cadre d’un projet subventionné par Santé Canada, nous sollicitons votre expertise dans le domaine des mauvais traitements envers les personnes âgées. L’objectif de ce projet est d’obtenir un point de vue critique sur ce qui se fait, ce qui a été ou non validé ou évalué, ce qui va, ce qui va moins et ce qui devrait ou pourrait être mis en place :

- Lois
- Règlements
- Politiques formelles
- Politiques informelles
- Programmes
- Actions ciblées
- Actions concertées
- Formation
- Information
- Intervention auprès des victimes
- Interventions avec les personnes qui les maltraitent, etc.

Nous aimerions avoir vos commentaires et recommandations en lien avec votre expérience dans le domaine des abus et de la négligence envers les personnes âgées. Voici une liste de questions pour guider votre réflexion :

1. t-ce que l’abus et la négligence dans la vie des personnes âgées est vu comme étant primordial au Québec? Pourquoi est-ce le cas?
2. ’est-ce qui semble bien fonctionner au Québec en rapport avec l’abus et la négligence des personnes âgées? Pourquoi?
3. ’est-ce qui ne semble pas bien fonctionner en lien avec ce que les gens auraient souhaité? Qu’est-ce qui freine l’avancement?
4. ’est-ce que les gens au Québec entendent par «une approche efficace ou réussie » pour les aînés abusés ou négligés?
   - Quels sont les indicateurs des programmes de prévention efficace?
   - Quels sont les indicateurs des programmes efficaces pour aider les aînés abusés ou négligés? Comment déterminer que ce qui est fait est bénéfique? Est-ce qu’il y a des standards ou des principes directeurs?
   - Est-ce qu’il y a des groupes de personnes âgées abusées ou négligées dont les besoins ne sont pas comblés?
5. Où devrions-nous être en train de se diriger par rapport à la problématique des personnes âgées abusées ou négligées? (En d’autres mots, pouvez-vous nommer quelques recommandations en lien avec les politiques et les pratiques?)
   - À un niveau local
   - À un niveau provincial
   - À un niveau national
Serait-il possible pour vous de nous faire parvenir vos impressions, commentaires, questionnements et recommandations en lien avec cette problématique? Vous pouvez aussi me rejoindre par téléphone au numéro indiqué ci-dessous. Veuillez profiter de cet occasion pour être entendu au sein du gouvernement du Canada ainsi que faire valoir nos forces ici au Québec en matière de mauvais traitements envers les aînés! Une réponse dans les plus brefs délais serait grandement appréciée!

Sincères salutations,
English Protocol

My colleagues and I have been asked to prepare a report for a federal/provincial/territorial working group on safety and security issues about abuse and neglect issues affecting older adults. The report is an overview ("environmental scan") of what is happening in Canada.

In light of your work in this area, we invite you to be a key informant for this overview. We are asking about 25 people across the country for their ideas about “successful” and "effective” approaches in this area, as well as for some policy recommendations.

We have been asked to describe what is working well, identify gaps and challenges, and offer some recommendations where the federal and provincial/territorial governments might be able to work together to advance the issue in the future.

These are the questions we are asking for your consideration:

1. Is abuse and neglect in later life seen as a priority issue in your province? Why or why not is that the case?

2. What seems to be working well in your province/territory in terms of addressing abuse and neglect of older adults (and why)?

3. What's not working the way people might have hoped (what holds things back)?

4. What do people in your province/territory mean by “effective” or “successful” approaches for abuse and neglect in later life?

5. What are the indicators of effective prevention programs?

6. What are the indicators of a successful program to aid abused or neglected older adults? How do you tell that what is being done to help is “successful”? Any standards, guiding principles?

7. Are there any groups of abused or neglected seniors whose needs are not currently being met?

8. Where do we need to be heading on the issue of abuse and neglect of older adults? [In other words, can you offer some key policy and practice recommendations]
   - at a local level
   - at a provincial level
   - at a national level

Thank you
### Appendix C - Governmental and Intergovernmental Opportunities to Address Key Aspects of Abuse of Older Adults in Canada

<table>
<thead>
<tr>
<th>Ministry Responsible for…</th>
<th>Issues</th>
<th>Examples of Opportunities to Address Key Aspects of Abuse of Older Adults</th>
</tr>
</thead>
</table>
| Seniors                   | Seniors needs often cross several ministries, and decisions in one area can have an impact in another. | - Working with other ministries in consultative and leadership role  
- Dissemination of information on aging issues  
- Addressing societal ageism |
|                           | Addressing ageism in society may be an important factor to reducing abuse.                                                   |                                                                                                                                      |
|                           | Older adults are often unaware of benefits and options available to them.                                                   |                                                                                                                                      |
| Adult Protection          | The protection of vulnerable older adults needs to be done in a manner that promotes choices, and does not intrude in the person's life more than is necessary. | - Developing a provincial approach to standards of care and intervention with older adults that is consistent among the health regions  
- Working in close collaboration with ministry and community groups dealing with family violence issues to develop a range of resources to meet the needs of capable and incapable older adults |
| Health                    | Abuse and neglect in later life can lead to poor physical or mental health.                                                     | - Increasing the availability of appropriate mental health and substance abuse services for those who commit abuse and for abused seniors; promoting cross training on abuse and substance use/mental health problems  
- Expanding the abuse education/training available for health service and community service providers on abuse issues  
- Increasing appropriate level of services in continuing care; long-term care to meet the needs of older adults and families providing care  
- Having adequate mechanisms for easy access to respite care to prevent abuse; and access to affordable long-term care when community care needs become too high for the available community services  
- Promoting abuse screening by staff in health facilities  
- Developing collaborative approaches with ministry responsible for housing for increasing supportive housing opportunities that combine health and housing services |
| Justice                   | Older adults often do not know their legal rights, know when to turn to the legal system, and may not have equitable access to the legal system. | - Establishing and increasing police training on aging and abuse issues affecting older adults  
- Improving data development and collection on crimes against older adults  
- Monitoring the diversion of abuse cases from the justice system  
- Developing plain language public legal education information on later life abuse as crime; consumer issues;  
- Reviewing domestic violence policies in light of the types of abuse situations experienced by older adults  
- Developing / increasing legal aid, victim services for abused older adults [including those requiring capacity assessments] |
| (Attorney General & Solicitors General) | Many forms of abuse are crimes but are not treated as such.                                                               |                                                                                                                                      |
### Family Violence
- Abuse of older adults may not be given the same level of attention as other forms of family violence.
  - Increasing awareness of abuse of older adults as an important and under-recognized form of family violence
  - Promoting freedom from violence across the lifespan
  - Developing a provincial/territorial/national public education strategy directed to older adults, families, and communities. The public education strategy should be specific to older adults.

### Housing
- Crisis and longer term affordable housing is often the key to security for many abused older adults.
  - Setting abuse or neglect of older adult as criteria for priority placement
  - Improving overall availability of affordable housing for seniors, for families
  - Increasing training for housing providers on aging issues and abuse prevention
  - Increasing availability of short-term housing options
  - Enhancing availability of a continuum of affordable housing that can meet changing needs of older adults

### Higher Education
- Education is needed by professionals and other service providers who may not be aware of abuse issues.
  - Encouraging more curriculum development on aging and abuse issues for post secondary education

### Education
- All levels need to counter anti-old perspective and promote respect for all ages.
  - Increasing intergenerational information on abuse; increasing younger generation's understanding of and respect for older adults

### Human Rights
- Some abuse and neglect are also forms of discrimination.
  - Reviewing provincial and business policies re: age discrimination; intersection of age discrimination and other forms
  - Reviewing "duty to accommodate" in terms of service provision to seniors

### Women
- Older women may be at greater risk of abuse and may experience greater impact.
  - Gender-based review of government policies
  - Supporting projects/programs geared to needs of abused older women

### Aboriginal
- Some risk factors may be different; e.g., systemic issues
  - Reviewing policies, practices and laws that negatively affect wellbeing of older native persons

### Immigration & Multiculturalism
- Immigration policies on family-sponsored immigrants may leave older members dependent and at risk; they are often isolated because of language and other barriers.
  - Reviewing current immigration policies and provincial social assistance criteria to assure older immigrants are not forced to stay in abusive situations
  - Enhancing availability of services and resources to reduce isolation of older immigrants and to enhance integration
### Appendix D - Adult Protection Statutes and Provisions: Canada 2003

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Type of Adults Affected</th>
<th>Coverage</th>
<th>Emergency Intervention</th>
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<th>Court Ordered Services if Incapable</th>
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<th>Reporting Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BRITISH COLUMBIA</strong>&lt;br&gt;Adult Guardianship Act R.S.B.C. 1996, c.6, P1.3</td>
<td>All if incapable</td>
<td>All forms of abuse/neglect</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Health Authority; Min of Child and Family Development; Public Guardian and Trustee</td>
<td>Voluntary</td>
</tr>
<tr>
<td><strong>ALBERTA</strong>&lt;br&gt;Dependent Adults Act R.S.A. 2000, c.D-11</td>
<td>All if incapable</td>
<td>Harm to physical person or property</td>
<td>Yes</td>
<td>Further intervention occurs through the guardianship/trusteeship provisions of the Dependent Adults Act.</td>
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<tr>
<td><strong>Protection Against Family Violence Act</strong> R.S.A. 2000, c.P-27</td>
<td>Spouse, person residing in the same household and related by blood or marriage; person residing in same household who has care and legal custody over another.</td>
<td>Harm to physical person, property (1)</td>
<td>Yes</td>
<td>Yes</td>
<td>—</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td><strong>SASKATCHEWAN</strong>&lt;br&gt;Adult Guardianship and Co-Decision-Making Act. S.S. 2000, c.A-5.3</td>
<td>All 16+ if incapable</td>
<td>Harm to physical person or property</td>
<td>Yes (expedited temporary guardianship order)</td>
<td>Further intervention through the guardianship provision of the Act.</td>
<td>—</td>
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<tr>
<td><strong>Victims of Domestic Violence Act</strong> S.S.1994, c.V-6.02</td>
<td>Persons who reside or resided together in a family, spousal or intimate relationship.</td>
<td>Harm to physical person, property (1)</td>
<td>Yes</td>
<td>Yes</td>
<td>—</td>
<td>Yes</td>
<td>No</td>
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</table>

(1) Includes physical abuse, sexual abuse, forced confinement
(2) Includes emotional/psychological abuse
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<tbody>
<tr>
<td><strong>MANITOBA</strong></td>
<td>Adults with mental disabilities</td>
<td>Abuse or neglect</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td>Substitute decision maker can be processed</td>
<td>Supported Living Program, Manitoba Family Services</td>
<td>Yes, limited to service providers, Substitute Decision Makers and Committees</td>
</tr>
<tr>
<td>Vulnerable Persons Living with a Mental Disability Act S.M. 1993, c.29</td>
<td>&quot;Cohabitants&quot;: reside or have resided together in a family, spousal or intimate relationship [under review]</td>
<td>Harm to physical person, property (1), (2)</td>
<td>Yes</td>
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<tr>
<td>Domestic Violence and Stalking Prevention Protection and Compensation Act C.C.S.M., c.93</td>
<td>[under review]</td>
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<td><strong>ONTARIO</strong></td>
<td>All incapable adults</td>
<td>Harm to physical person or property</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>—</td>
<td>Temporary guardian-ship order</td>
<td>Public Guardian and Trustee of Ontario</td>
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<tr>
<td>Substitute Decisions Act S.O. 1992, c.30 (as amended)</td>
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### Environmental Scan of Abuse and Neglect of Older Adults in Canada

**September 2003**

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<th>Intervening Agency</th>
<th>Reporting Requirement</th>
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<tbody>
<tr>
<td><strong>QUEBEC</strong></td>
<td>Those in need of protective supervision</td>
<td>Property</td>
<td>Yes</td>
<td>—</td>
<td>Curatorship/tutorship provisions apply</td>
<td>—</td>
<td>—</td>
<td>Public Curator</td>
<td>No</td>
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<td>Civil Code of Quebec</td>
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<td>L.Q. 1991, c.64 Chapter III, Section II</td>
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<tr>
<td>Charte de Droits et Libertés de la Personne</td>
<td>Handicapped person or vulnerable older adults</td>
<td>Harm to person or property</td>
<td>Yes</td>
<td>—</td>
<td>Yes</td>
<td>Yes</td>
<td>—</td>
<td>Commission des Droits de la Personne et des Droits de la Jeunesse</td>
<td>No</td>
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<td>L.R.Q. c. C-12</td>
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<tr>
<td><strong>NEW BRUNSWICK</strong></td>
<td>Disabled or elderly adults</td>
<td>Harm to physical person</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes/ removal of abuser</td>
<td>Yes</td>
<td>Department of Family and Community Services</td>
<td>Voluntary, for professionals</td>
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<td>Family Services Act</td>
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<td>S.N.B. 1980, c.F-22 (as amended)</td>
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<tr>
<td><strong>PRINCE EDWARD ISLAND</strong></td>
<td>All incapable adults</td>
<td>Harm to physical person and property</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Ministry of Health and Social Services</td>
<td>Voluntary</td>
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<td>Adult Protection Act</td>
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<td>R.S.P.E.I. 1998, c.A.5</td>
<td>Those in spousal or sexual relationship; members of same family</td>
<td>Harm to physical person or property (1), (2)</td>
<td>Yes</td>
<td>Yes</td>
<td>—</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Victims of Family Violence Act</td>
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</thead>
<tbody>
<tr>
<td>NOVA SCOTIA</td>
<td>All incompetent adults</td>
<td>Harm to physical person</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Adult Protection Services (Ministry of Health)</td>
<td>Mandatory</td>
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<tr>
<td></td>
<td>Those &quot;cohabiting in a conjugal relationship&quot;</td>
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<td>Domestic Violence Intervention Act</td>
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<td>S.N.S. 2001, c.29</td>
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<tr>
<td>Newfoundland and Labrador</td>
<td>Neglected, incapable adults only</td>
<td>Physical person only</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>—</td>
<td>Director of Neglected Adults (Ministry of Health and Community Services)</td>
<td>Mandatory</td>
</tr>
<tr>
<td>NORTWEST TERRITORIES</td>
<td>Incapable adult</td>
<td>Harm to physical person or to property</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Further intervention occurs through the guardianship/trusteeship of the Act</td>
<td>Public Guardian</td>
<td>--</td>
</tr>
<tr>
<td>NORTHWEST TERRITORIES</td>
<td>Spouse, former spouse, persons who resided or</td>
<td>Harm to physical person, property</td>
<td>Yes</td>
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<tr>
<td>Family Violence Protection Act, Bill 21</td>
<td>are residing together in a family or intimate</td>
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<tr>
<td>Introduced June 10, 2003</td>
<td>relationship, parents, grandparents</td>
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<tr>
<th>Jurisdiction</th>
<th>Type of Adults Affected</th>
<th>Coverage</th>
<th>Emergency Intervention</th>
<th>Access Orders/ Warrant</th>
<th>Investigative Powers/Authority</th>
<th>Orders to Restrain Abusers</th>
<th>Court Ordered Services if Incapable</th>
<th>Intervening Agency</th>
<th>Reporting Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUNAVUT</td>
<td>All, if incapable</td>
<td>Physical person only</td>
<td>Yes</td>
<td>Further intervention occurs through the guardianship/trusteeship of the Act</td>
<td>Public Guardian</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>YUKON</td>
<td>&quot;Cohabitants&quot; persons who resided or are residing together in a family, spousal, or intimate relationship [under review]</td>
<td>Harm to physical person, property (1)</td>
<td>Yes</td>
<td>Yes</td>
<td>—</td>
<td>Yes</td>
<td>—</td>
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</tr>
</tbody>
</table>

(1) Includes physical abuse, sexual abuse, forced confinement  
(2) Includes emotional/psychological abuse
**Appendix E - Prevention Education: Methods of Disseminating Information and Raising Awareness about Abuse of Older Adults in Canada**

<table>
<thead>
<tr>
<th>Method of Education (Alphabetically)</th>
<th>How Commonly Used</th>
<th>Who has Access (Key Audiences)</th>
<th>Strengths</th>
<th>Limitations</th>
<th>Funding Requirements</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community presentations</strong></td>
<td>May be combined with video, print resources</td>
<td>Older adults, service providers, general public</td>
<td>Can tailor information to the audience (older adults, general public, schools) Information can be generic or very specialized Relatively inexpensive to deliver</td>
<td>Smaller than conference, audiences tend to be smaller; but training can be more Targeted, but only reaches small audience each time Most geared to mainstream Needs to be repeated, reaching new audiences each time; needs to be refreshed Unlikely to reach isolated seniors or isolated service providers Community presentations as part of pilot projects are at risk of discontinuing once pilot ends</td>
<td>Much of the community education work is provided by non-profit organizations that have no core funding If delivered by volunteers, requires $ for coordination If geared to specific groups of service providers, $ for this education need to be integrated into continuing education</td>
<td>Regularly provided community presentations: Scotiabank ABCs of Fraud Money Matters for Older adults Projects: New Brunswick Third Age Centre “Senior Educators Enhancing Community Safety” (1998)</td>
</tr>
<tr>
<td><strong>Conferences</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Special conferences</td>
<td>Special abuse conferences tend to occur irregularly (e.g., 10-year gap between 1st and 2nd national conference)</td>
<td>Depends on conference, and subject matter; tend to focus on professionals, service providers, researchers; less on older adults (type of information delivery, and cost factors).</td>
<td>Excellent opportunities to learn and share promising practices; network; develop connections Opportunity for policy and strategic planning Special conferences may be developed locally, regionally, provincially Materials from conference can be developed into Proceedings or other resources for broader dissemination in print, internet</td>
<td>Relatively high cost compared to other methods (requires cost sharing) Limited to those who can afford to attend (registration and travel costs) Need to occur regularly to maintain value Time to organize Assumes that attendees are able to share info; not always the case Special conferences Most provinces and territories have not had one</td>
<td>Usually through combination of funding from federal and or provincial ministries; and occasionally private sector sponsorship</td>
<td>1989 Elder Abuse Conference (following publication of Ryerson study) 1999 National Elder Abuse Conference 2002 Ontario Elder Abuse Conference 2003 Quebec Elder Abuse Conference Yukon “Respect Our Elders” Conference 2004 Newfoundland Elder Abuse Conference (planned) 2004 Ontario Elder Abuse Conference (planned)</td>
</tr>
</tbody>
</table>

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September 2003
<table>
<thead>
<tr>
<th>Manner of Educating</th>
<th>How Commonly Used</th>
<th>Who has Access (Key Audiences)</th>
<th>Strengths</th>
<th>Limitations</th>
<th>Funding Requirements</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directories of Services or Programs</td>
<td>Unknown [but see note under Examples]</td>
<td>Usually as resource to service providers</td>
<td>Provide quick information on what's available locally or regionally; focuses specifically on abuse and neglect; may be available in print (e.g., National Clearinghouse) or Internet</td>
<td>Very quickly out of date (government or program reorganizations); tends to identify only more visible resources or those that self-identify; no control on the accuracy of info</td>
<td>$ to survey and collate the information; publish</td>
<td>Directory of Services and Programs Addressing the Needs of Older Adult Victims of Violence in Canada (National Clearinghouse on Family Violence) Many communities and provinces also produce senior resource directories or guides to benefits, which may carry some abuse resource information B.E.A.R. Building Elder Abuse Resources [out of date]</td>
</tr>
<tr>
<td>Internet</td>
<td>Newer development, although some information has been available on the Internet for several years</td>
<td>Only 13% of older adults use the Internet Free access at libraries, some senior centres but still limits those older adults that have access Significant % of frontline workers do not have access to internet at work</td>
<td>Is an adjunct to and not a substitute for resources that provide support and assistance to older adults in planning, deciding what to do Information can be added to and updated fairly easily</td>
<td>Information currently available is often basic Cost of maintaining and revising the information (especially if substantial amount of information) Variable quality of the information Needs to be well linked to other sites so more visible</td>
<td>Website (usually shared with other resource) and website development and maintenance; Initial development of the material; promotion</td>
<td>Specialized information: Older Adults Knowledge Network OAKNet (2003) Legal Information Society of Nova Scotia Abuse Info provided by seniors or service provider organizations: BC Coalition to Eliminate Abuse of Seniors</td>
</tr>
<tr>
<td>National Clearinghouses</td>
<td>Variable</td>
<td>Service providers, community organizations, students, educators, researchers</td>
<td>Central point of information; opportunities to share written and video resources across country increases access</td>
<td>Highly dependent on the infusion of new material Need to promote existence</td>
<td>Need structure for cataloguing, maintaining and distributing; promotion</td>
<td>National Clearinghouse on Family Violence; Alberta's Office for the Prevention of Family Violence, and Nova Scotia's former Family Violence Prevention Initiative</td>
</tr>
<tr>
<td>Manner of Educating</td>
<td>How Commonly Used</td>
<td>Who has Access (Key Audiences)</td>
<td>Strengths</td>
<td>Limitations</td>
<td>Funding Requirements</td>
<td>Examples</td>
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</tr>
<tr>
<td>Networks - provincial, regional,</td>
<td>Developing (most</td>
<td>Service Providers, community organizations, professionals, students</td>
<td>Opportunities to create partnerships between the various stakeholders</td>
<td>Cannot be done on a volunteer basis; needs infrastructure, ongoing support</td>
<td>Requires some paid staff for administration; developing sources of information to share on a regular basis; promotion</td>
<td>Canadian Network for Prevention of Elder Abuse (no secure funding at present)</td>
</tr>
<tr>
<td>national</td>
<td>very new)</td>
<td></td>
<td>involved in senior mistreatment; can promote collaboration among seniors</td>
<td>and visibility</td>
<td></td>
<td>Ontario Network for the Prevention of Elder Abuse (funded to 2004)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>and community groups, police, justice services, health and social service</td>
<td>associating; work to prevent senior mistreatment by increasing awareness</td>
<td></td>
<td>International Network for the Prevention of Elder Abuse (funded internationally)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>providers and educators; work to prevent senior mistreatment by increasing</td>
<td>through a coordinated effort; develop strategies to intervene with senior</td>
<td></td>
<td>Also community response networks developing in Ontario, Manitoba, British Columbia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>awareness through a coordinated effort; develop strategies to intervene</td>
<td>mistreatment through a coordinated effort to maximize the impact of initiatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Legal Information</td>
<td>Variable</td>
<td>Older adults, service providers</td>
<td>Pamphlets can be produced on special topics on legal issues affecting</td>
<td>Information tends to be on death (wills, estate planning) not other legal</td>
<td>Funding to public legal services has been reduced in some jurisdictions;</td>
<td>Advocacy Centre for the Elderly, ON</td>
</tr>
<tr>
<td>Print and Internet resources</td>
<td></td>
<td></td>
<td>older adults</td>
<td>issues important to older adults</td>
<td>information on abuse or other legal info for older adults may not be available in all jurisdictions; promotion</td>
<td>Legal Information Society of Nova Scotia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Some information may still be above functional literacy level of many</td>
<td></td>
<td>Saskatchewan's Public Legal Education Association</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>older adults</td>
<td></td>
<td>Public Legal and Information Service, NB</td>
</tr>
<tr>
<td>Social marketing and other</td>
<td>New to most parts</td>
<td>General public or may be more targeted audience</td>
<td>Broadly visible</td>
<td>“One shot deal” Needs to be regularly repeated</td>
<td>Funds to organize campaign; develop key social marketing messages; working with</td>
<td>Alberta's Social Marketing Campaign (Fall, 2003)</td>
</tr>
<tr>
<td>public campaigns</td>
<td>of Canada [but see note on &quot;examples&quot;]</td>
<td></td>
<td></td>
<td></td>
<td>community that will be identified; promotion</td>
<td>Northwest Territories 2003 Family Violence Week</td>
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<tr>
<td></td>
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<td></td>
<td>Cannot operate in isolation; needs funding for supportive community</td>
<td></td>
<td>Television and radio public service announcements have been used in smaller</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>services once the awareness campaign is in place</td>
<td></td>
<td>communities in different parts of Canada for at least the last 10 years; use varies</td>
</tr>
<tr>
<td>Theatre presentation</td>
<td>Type of community</td>
<td>General public; or specifically, older adults</td>
<td>Can present information in interesting, thoughtful and less threatening</td>
<td>Reaches smaller audiences (however that is usually a strength)</td>
<td>If delivered by volunteers, requires $ for coordination; material development;</td>
<td>Parmi Nous</td>
</tr>
<tr>
<td>presentation</td>
<td>presentation</td>
<td></td>
<td>manner</td>
<td></td>
<td>travel; promotion</td>
<td>Health Action Theatre for Seniors</td>
</tr>
<tr>
<td>Manner of Educating</td>
<td>How Commonly Used</td>
<td>Who has Access (Key Audiences)</td>
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<td>Limitations</td>
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<tr>
<td>Workshops</td>
<td>Occasional</td>
<td>Most are geared to professionals, service providers</td>
<td>Can provide very good information</td>
<td>Time to organize Must recognize the range of knowledge needs of audience (basic to very skilled)</td>
<td>$ to deliver workshops; material development; travel; time off to participate; promotion</td>
<td>Some form of workshops are available in many jurisdictions, but need to know where to look</td>
</tr>
</tbody>
</table>
### Appendix F: Approaches Used to Assist Abused or Neglected Older Adults in Canada

<table>
<thead>
<tr>
<th>Type of Approach (alphabetically)</th>
<th>Purpose</th>
<th>Service Delivery</th>
<th>Strengths</th>
<th>Limitations</th>
<th>Funding Source</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Protection Services</td>
<td>Geared primarily to incapable or incompetent older adults</td>
<td>May deliver service directly or negotiate with home support and other community services</td>
<td>Formal system; has a structure; receives operational funding</td>
<td>Have been under-funded for years; in some regions, AP workers must split time between child abuse and abuse of adults</td>
<td>Generally health and social services or family services</td>
<td>Atlantic Canada</td>
</tr>
<tr>
<td>Advocacy (Formal)</td>
<td>Enforcement of legal rights and entitlements; advocacy and system negotiation; legal research; public education</td>
<td>Varies: Specialized service of non-governmental organization (Advocacy Centre for the Elderly) or Component of other legal services (poverty law) or Pilot project (Seniors and the Law)</td>
<td>Specialized knowledge of legal issues</td>
<td>Limited resources can affect # of clients served</td>
<td>Varies: Legal Aid Ontario (Advocacy Centre for the Elderly) BC Law Foundation (Seniors and Law)</td>
<td>Advocacy Centre for the Elderly, ON Seniors and Law, BC Elder Law, QC</td>
</tr>
<tr>
<td>Advocacy (Informal)</td>
<td>Information on rights; advocacy and aiding self advocacy</td>
<td>Varies</td>
<td>---</td>
<td>---</td>
<td>Varies, usually project funding; may receive grant</td>
<td>BC Coalition to Eliminate Abuse of Seniors</td>
</tr>
<tr>
<td>See also Peer Advocacy</td>
<td>See also Peer Advocacy</td>
<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>Type of Approach (alphabetically)</td>
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<td>Funding Source</td>
<td>Examples</td>
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</tr>
<tr>
<td>Consultation teams</td>
<td>Collaboration and “brainstorming” on complex cases</td>
<td>Varies</td>
<td>Draws the skills of professionals from diverse fields</td>
<td>Lack of promotion. Service providers may not be aware of team’s existence/role</td>
<td>Varies. May be “donated time”</td>
<td>Elder Abuse Consultation Team (Edmonton, Toronto, Kingston)</td>
</tr>
<tr>
<td>Coordinated community response network</td>
<td>Developing a broad integrated approach to helping; developing links among agencies and organizations; sharing skills, protocol development</td>
<td>Agency by agency, but in coordinated manner</td>
<td>Builds on skills in community; often finds variety of resources</td>
<td>May be more difficult to develop in more complex environments</td>
<td>Seed funding</td>
<td>BC, Ontario, Manitoba</td>
</tr>
<tr>
<td>Counselling</td>
<td>Psychosocial support; information about options; safety planning; advocacy</td>
<td>Transition homes, shelters may have counsellors</td>
<td>Rebuilds person's strengths</td>
<td>One to one</td>
<td>Usually through existing health or social service</td>
<td>Special elder abuse counsellor, VISTA: Elderly Outreach Services, Victoria, BC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Several health and social programs have social worker counsellor attached to other programs</td>
<td>One to one</td>
<td>Takes time</td>
<td></td>
<td>Age and Opportunity, Winnipeg, MN</td>
</tr>
<tr>
<td>Information and Education</td>
<td>May be through family violence programs or specialized abuse education organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Alberta Office for the Prevention of Family Violence</td>
</tr>
<tr>
<td>Hotlines</td>
<td>Provide information and referral to older adults on available services and resources</td>
<td>Service can be delivered by paid staff or trained volunteers</td>
<td>Confidentiality; ease of access; useful if concerned about</td>
<td>Public often unaware of the resource; there also needs to be “people resources” in the community</td>
<td>Varies</td>
<td>Seniors Abuse Line, MN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Only a few of these have a follow up process to see if resources were useful to person</td>
<td></td>
<td></td>
<td></td>
<td>Info-Abus (Quebec) receives about 1200 calls a year</td>
</tr>
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<td></td>
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<td></td>
<td></td>
<td>BC Coalition for the Elimination of Elder Abuse</td>
</tr>
<tr>
<td>Type of Approach (alphabetically)</td>
<td>Purpose</td>
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</tr>
<tr>
<td>Multidisciplinary Teams</td>
<td>Multiple skills and knowledge to deal with various aspects</td>
<td>See &quot;Funding&quot;</td>
<td>Multiple skills and knowledge to deal with various aspects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Various disciplines develop expertise in the area</td>
<td>Can sometimes be stretched thin</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Some programs aid community development with broader skills building in the community</td>
<td>A lot of variability in the philosophical approach of the teams</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Various programs offer a broader range of services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer Support and Advocacy (individual)</td>
<td>Emotional support, practical assistance; information on rights; advocacy and aiding self advocacy</td>
<td>Usually tied to another service; can be through seniors organization or other services that work with older adults</td>
<td>Trained volunteers</td>
<td>Volunteer base is dwindling; need volunteer coordinator to sustain</td>
<td>Varies, may be pilot project, or grant, or &quot;borrowing&quot; services of volunteer coordinator from other service</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Can &quot;stick with&quot; person for longer period than service providers often can</td>
<td></td>
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</tr>
<tr>
<td>Peer Support (groups)</td>
<td>Emotional support and information; rebuild self esteem; break social isolation</td>
<td>Organized/facilitated by service provider; may be run by peers</td>
<td>Addresses many of the risk factors for staying in or returning to an abusive relationship; not expensive to run.</td>
<td>Need often outstrips availability; lack of transportation can be barrier; requires trained facilitator (can be senior) to operate</td>
<td>Usually funded in conjunction with other services provided by an agency</td>
<td></td>
</tr>
<tr>
<td>Shelters</td>
<td>Crisis or short term housing and support</td>
<td>Varies</td>
<td>Crisis housing; deals with physical safety first</td>
<td>Often under-funded Crisis housing only one part of greater housing needs</td>
<td>May draw from different pockets of money for different components of program, e.g., public housing</td>
<td></td>
</tr>
<tr>
<td>Resource Centre</td>
<td>Provides information and resources to older adults, service providers, public</td>
<td>All the information is in one place</td>
<td>People may not be aware of its existence</td>
<td>Varies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

An Environmental Scan of Abuse and Neglect of Older Adults in Canada
September 2003
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Appendices


Appendices


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Appendices


Appendices

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Appendices
