

The Response to Elder Abuse in Alberta: Legislation and Victim Focused Services Final Report

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EXECUTIVE SUMMARY

Addressing family violence is currently a priority for the Alberta Government. Previous efforts in this field have focused on child abuse and domestic violence; an area that is often forgotten about or ignored is elder abuse. However, as our society continues to age at an increasingly rapid pace, it is becoming more important to increase community awareness and to develop an effective response to this issue.

This research project was initiated in response to a number of concerns identified by the Action Group on Elder Abuse (AGEA) in Calgary. Concerns included a general lack of knowledge of the issue, the services available, and the mechanisms by which an alleged incident can be reported. There also appears to be deficiencies in Alberta's current legislation addressing the issue.

In order to address these concerns, the project worked to:

- provide information that assists in improving legislation and reporting practices on elder abuse in Alberta;
- provide information that assists in improving access to services for victims of elder abuse;
- provide information that assists in improving the effectiveness of services to meet the needs of victims of elder abuse; and
- provide information that will enhance the knowledge of service providers on legislation, reporting practices, and access and effectiveness of services for victims of elder abuse.

Multiple methods used in this project included a legislative review, service identification in seven municipal locations in Alberta, development of *An Alberta Directory of Victim Services for Older Adults* and user-friendly information cards for seniors, a self-report survey for victims of elder abuse, in-depth interviews with victims of elder abuse, and information and education workshops for service providers and frontline workers.

Highlights of the Findings

While only just touching the surface of the issue, this project assesses some of the strengths and weaknesses that exist within the current system, in an effort to inform recommendations for changes in legislation, reporting practices, and service provision. This project was not intended to determine the incidence or prevalence of elder abuse in Alberta, but rather to take a first step in developing a coordinated and comprehensive response to the issue.

Legislation

When considering the big picture, the legislative review completed for this project concluded that the framework for dealing with elder abuse in Alberta is relatively deficient in terms of its ability to guard against and respond to allegations of abuse and neglect. There is currently no infrastructure available to intervene for the purpose of protecting adults, vulnerable or otherwise, and many legislative areas that place seniors at possible risk of abuse. The legislative review highlights the need for reform to fill the gaps or, alternatively, the adoption of comprehensive adult protection legislation to compensate for them.

People in the field suggested a number of recommendations for changes in legislation:

- Strengthen social infrastructure to support legislation; increased services and supports are needed for both victims and offenders, as legislation is ineffective if the supports to carry out the legislation are lacking.
- Implement provisions to address misconduct of guardians and identified caregivers; a review process or team is needed to monitor and supervise conduct.
- Develop training programs and support systems for caregivers/guardians; resources for offenders after abuse has been identified are also needed.
- Create Emergency Protection Orders that are specific to seniors; there is a need to ensure a safe environment for emergency response and investigation of abuse.
- Create legislation that addresses people aged 50-64 years; some people in this age group have significant issues and are quite compromised health-wise, but have little, if any, access to services for seniors (i.e., similar needs but limited resources).
- Create a provincial program in Alberta, with one central contact number that can be called in cases of suspected or observed elder abuse.
- Provide government-funded legal resources for victims of elder abuse who cannot afford legal services.
- Create a registry for personal directives; it is often difficult to determine the presence of a personal directive if a client is unable to notify others because of cognitive impairment.

Victim Focused Services in Alberta

While working to identify gaps in service, it must be acknowledged that there are many great initiatives currently addressing the issue of elder abuse in Alberta. From programs that provide services specifically to elderly victims of abuse, to community groups that increase education and awareness of the issue, Albertans are coming to realize the importance of addressing elder abuse in their communities.

The identification process in this project highlighted the reality that needs vary throughout the province, and often, different communities require somewhat different responses. However, a few recommendations can be made in reference to all locations:

- Increase public education. Although work is currently being done in this area, the message that elder abuse is out there and that it is okay to talk about it still needs to be conveyed.
- Increase awareness of available services. Victims, service providers, and the community in general need to know what resources and supports are available in order to respond effectively to cases of abuse. This includes making service information more accessible.
- Build strong networks among agencies. Some communities in this study demonstrated comprehensive and coordinated networks amongst agencies from a vast array of fields. These communities appear most effective in responding to the issue. A coordinated response ensures that agencies are building on the strengths of others, people are working together, and services are not being unnecessarily replicated.
- Increase senior-specific services, particularly shelters, for both men and women. This was the most common theme when talking to service providers and seniors alike. There is a lack of services that can accommodate the unique needs of seniors (e.g., health needs). Seniors reported feeling most comfortable accessing services that existed specifically for them; they found support and understanding from other clients of their own generation, and also from staff who were older. The need for these types of services for men, as well as women, also exists.
- Address rural communities. An area for future research is that of services in rural areas. What services exist? If none, where can seniors in rural areas go to access support? Do urban centres need to extend services out to the surrounding communities? There is need to address these questions and more in reference to elder abuse in rural areas.

Victim Surveys and Interviews

This project worked to give seniors a voice. The experiences of victims of elder abuse who had accessed services led to a greater understanding of Alberta's response to this issue. Self-report surveys and individual interviews provided insight into the perceptions and experiences of victims who have gone through the process in an effort to assess whether services are meeting victims' needs. Information collected also addressed how victims were accessing services and reporting practices.

A number of conclusions and recommendations can be made based on the analysis of the self-report victim surveys and the in-depth interviews:

- Educate seniors about what abuse is and what they (as victims) can do. This must include information about family relationships, financial supports, housing, health care, etc. Seniors need realistic and practical information about reporting and accessing support.
- Build and foster positive relationships with the police and other authorities. This will help change attitudes and clarify misconceptions, with the hope of encouraging reporting. Building relationships of trust should eliminate fear around asking for help.
- Educate frontline service providers, health care professionals, clergy, and the community at large about what to do if abuse is suspected, observed, or disclosed by seniors with whom they may be in contact. It is essential that the first point of contact knows what to do and who to call in order to respond appropriately.
- Increase awareness of services. Effective advertising campaigns need to be initiated to get the information to seniors. Some potential avenues include: health care, home care, outreach services, faith communities, T.V., posters, phone books, seniors' centres, and meeting places for seniors (e.g., legions).
- Develop more senior-specific services that can meet the unique needs of this population.
- Develop financial supports to assist seniors in need. One of the biggest fears that hinder elderly victims from reporting is the fear of being homeless. Financial supports around housing, long-term care, and other basic needs would help eliminate some of that fear. Funding for legal services is also needed, particularly when the only option to resolve a case is going to court.

While only addressing a small piece of the bigger issue, a lot can be learned from the findings of this project. Assessing the gaps in Alberta in terms of legislation and victim-focused services for the elderly has allowed us to also see what *does* exist and has helped us realize that people are starting to *do* something about elder abuse. Much work needs to be done to respond effectively to this issue, but learnings from this project provide a foundation from which we can build.

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The authors would like to acknowledge the assistance and cooperation of a number of individuals and organizations who made completion of this project possible. First, we would like to thank the Action Group on Elder Abuse (AGEA) in Calgary, the Edmonton Elder Abuse Intervention Team (EAIT), and the Alberta Elder Abuse Awareness Network (AEAAN). This project would not have been successful had it not been for the cooperation and support of these groups. Our sincerest appreciation goes out to the individuals on these teams.

We would also like to thank all the agencies and organizations working in the field that participated in this project. The representatives who participated as interviewees provided perspectives from the field that enhanced our knowledge and understanding of elder abuse. Others provided program information which made the development of the service directory possible. Agency cooperation and participation was necessary to conduct all aspects of this project and it was inspiring and encouraging to see people come together to address the issue.

We are so appreciative of the agencies and staff who distributed and administered the self-report victim surveys. Finding willing respondents was such a challenge; all efforts made a difference. Senior-serving agencies and those working directly with seniors were the connections needed to make this happen. A special thank you to EAIT and Older Women's Long-Term Survival group for making extra efforts to get the surveys completed.

Thank you to all the individuals who completed the surveys and participated in the interviews. Understanding how difficult it must be to disclose such information, your willingness to share is much appreciated. We believe this will make a difference in the lives of other victims.

We would like to thank all those who participated in the information and education workshops, as well as those agencies that provided the venues. Sharing information and talking about elder abuse is the first step in developing an effective response.

Thank you to Ms Sheryl Pearson for all her hard work on this project. Sheryl took ownership of the study and her contributions were essential to the success of the project. We would also like to acknowledge Dr. Joseph Hornick, Executive Director of the Canadian Research Institute for Law and the Family, for providing supervision on this project. Thanks to Dr. Hornick, Dr. Lorne Bertrand, and Ms Joanne Paetsch for consulting on the project and for reviewing the draft of this report. We would also like to thank Ms Linda Haggett for her assistance with editing and formatting the report.

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1.0 INTRODUCTION

Addressing family violence is currently a priority for the Alberta Government. Previous efforts in this field have focused on child abuse and domestic violence; an area that is often forgotten about or ignored is elder abuse. However, as our society continues to age at an increasingly rapid pace, it is becoming more important to increase community awareness and to develop an effective response to this issue.

In 2001, 4 million people in Canada were 65 years or older; this constituted 13% of the country's total population.¹ This group is growing at a faster rate than any other in Alberta and it is estimated that by 2026, 1 in every 5 Albertans will be a senior.²

Information on the extent of abuse in seniors' populations is limited. There has been a reluctance to report abuse on the part of victims, as well as reluctance among the general public to address the issue. Some elderly victims, even when they are competent, deny or do not realize they are being abused, particularly when the offender is a family member.³ These dynamics need to be kept in mind when developing a systemic response to the issue. It is also important to acknowledge that older victims have different needs than the younger population. Services should be designed in ways that meet those specific needs effectively.

Legislation around elder abuse has been strongly criticized. The provincial legislation that currently exists is not consistent across Canada and provides minimal legal leverage to investigate and intervene. In Alberta, the *Dependent Adults Act* and the *Protection for Persons in Care Act* provide recommendations, but do not encompass legal steps to protect the victim or outline consequences for the offender. In order for legislation to be effective, appropriate interventions and services need to be in place to support the victim.

The emphasis on addressing this issue in Calgary led to the development of the Action Group on Elder Abuse (AGEA). Members of a number of diverse organizations met out of a mutual concern for elderly individuals experiencing abuse, with the purpose of examining ways to effectively engage the community in the issue.

A number of concerns were identified through the working group:

- Seniors must have a voice and participate in all processes of change.
- There is a general lack of knowledge of the issue of elder abuse, the services available, and the mechanisms by which an alleged incident can be reported. This

¹ Statistics Canada (2005). *Family Violence in Canada: A Statistical Profile*. Ottawa, ON: Statistics Canada - Catalogue no. 85-224.

² Alberta Seniors (2004). *Fact Sheet: A Portrait of Alberta Seniors*. Edmonton, AB: Alberta Seniors.

³ Health Canada (1990). *Elder Abuse: The National Clearinghouse on Family Violence*. Ottawa, ON: Health Canada.

lack of knowledge spans the community and includes seniors experiencing abuse, professionals in the field, and the community in general.

- The current response to reports of abuse is inadequate, as is subsequent support for victims.
- There are deficiencies in current legislation, which limit the protection of seniors from abuse.

1.1 Purpose of the Project

This research project was initiated in response to the identified concerns. There is a need to identify gaps in service and legislation, raise community awareness, and gain an understanding of the experiences of victims who access support. It is not completely clear how elder abuse is being addressed in Alberta, and whether services are meeting the needs of victims. The way to answer these questions is to identify the strengths and weaknesses that exist within the current system in terms of legislation and service, and to talk with elderly victims themselves. This project was not intended to determine the incidence or prevalence of elder abuse in Alberta, but rather to take a first step in developing a coordinated and comprehensive response to the issue.

1.2 Objectives of the Project

The specific objectives of this project were to:

- provide information that assists in improving legislation and reporting practices on elder abuse in Alberta;
- provide information that assists in improving access to services for victims of elder abuse;
- provide information that assists in improving the effectiveness of services to meet the needs of victims of elder abuse; and
- provide information that will enhance the knowledge of service providers on legislation, reporting practices, and access and effectiveness of services for victims of elder abuse in Alberta.

1.3 Research Activities

The project was divided into two phases. The timeline for Phase 1 was January 15, 2005 to March 31, 2005. Research activities completed during Phase 1 included:⁴

⁴ For more information regarding Phase 1, please see the report *Victim Focused Services for the Elderly: Access and Effectiveness in Alberta, Phase 1 Update*.

- a review of the legislation and reporting practices around elder abuse in Alberta, including key informant interviews with personnel who work in direct contact with the elderly;
- preliminary identification of services for elderly victims of abuse in seven municipal locations in Alberta⁵;
- key informant interviews with identified service providers in each location to learn more about the services, supports and resources available to victims; and
- development of a self-report survey for elderly victims of abuse, with a focus on reporting, access to services, and effectiveness of services.

The research team for Phase 1 consisted of the project director, Monica Pauls, CRILF's Executive Director, Dr. Joseph P. Hornick, administrator/research associate, Joanne J. Paetsch, legal consultant, Sheryl Pearson, and legal research assistant, Kristen Lewicki. Funding for Phase 1 came from the Department of Justice Canada, through the Family Violence Initiative.

Phase 2 began on April 1, 2005 and ended on March 31, 2006. The following activities were accomplished during Phase 2:

- summary of the legislative review;
- distribution and collection of self-report surveys to elderly victims of abuse in Alberta;
- in-depth interviews with elderly victims of abuse;
- identification of victim services in each municipal location;
- development of *An Alberta Directory of Victim Services for Older Adults* and user-friendly information cards for seniors, specific to each location;
- data analysis of surveys and interviews; and
- development and delivery of information and education workshops for service providers and frontline workers.

The research team for Phase 2 consisted of the project director, Monica Pauls, CRILF's Executive Director, Dr. Joseph P. Hornick, administrator/research associate, Joanne J. Paetsch, legal consultant, Sheryl Pearson, and research assistant, Leslie MacRae. Funding for Phase 2 came from the Department of Justice Canada, through

⁵ Municipal locations include: Calgary, Edmonton, Red Deer, Medicine Hat, Lethbridge, Grande Prairie, and Fort McMurray.

the Family Violence Initiative and from the Alberta Solicitor General, through the Victims of Crime Fund.

1.4 Organization of the Report

Chapter 2.0 of this report discusses the methodology followed in the project. The project had a number of components, which required various methods to complete. Chapter 3.0 documents the identification of services in seven municipal locations in Alberta. The process of identification and the general context of elder abuse in each location are discussed. This chapter also addresses the development of the service directory and the user-friendly information cards. Findings from the analysis of both the surveys and the interviews are presented in Chapter 4.0. Chapter 5.0 describes the development and delivery of the information and education workshops for service providers and frontline workers. Chapter 6.0 concludes the report. The legislative summary, victim survey, interview schedule, and workshop materials are included as appendices.

2.0 METHODOLOGY

2.1 Research Design

The use of multiple research methods provided a more comprehensive understanding of Alberta's response to elder abuse. In order to meet the outlined objectives, the methodology consisted of five components:

- 1) A review of the legislation and reporting practices around elder abuse in Alberta. Material within the following five categories of abuse was reviewed: physical (includes sexual abuse), psychosocial, financial, medication, and neglect. Key informant interviews with personnel who work in direct contact with the elderly, such as staff from seniors' organizations and home care workers, were also conducted.
- 2) Victim focused services addressing elder abuse in seven municipal locations in Alberta were identified. Program descriptions of the services used in this study were documented. Program descriptions included elements such as: service recipients, service providers, goals, objectives, and program activities. Information was obtained through interviews with service providers. A directory of victim services for older adults in Alberta was developed, as well as user-friendly information cards for the older adult population.
- 3) Self-report surveys for elderly victims were developed and distributed through senior-serving agencies in Alberta. The surveys collected information on the type of abuse experienced by the victim, services accessed, points of entry, obstacles encountered, and a general reflection on their experience with services. The surveys also invited participation in an in-depth interview. Only those who indicated willingness to participate were contacted.
- 4) Individual interviews with elderly victims were conducted. This provided insight into the perceptions and experiences of victims who have gone through the process in an effort to assess whether services are meeting victims' needs. Interviews also addressed how victims were accessing services (i.e., points of entry, obstacles, etc.) and reporting practices. Interviews were done in person and by phone.
- 5) Workshops for service providers and frontline workers were conducted in the various study locations. Workshop content included: a comprehensive outline of the legislative guidelines and existing practices for reporting abuse in Alberta; a review of victim services for older adults in Alberta; and lessons learned about reporting, access, and perceived effectiveness of services, based on the experiences of victims.

2.1.1 Research Questions

The following research questions were addressed in this study:

- 1) What is the existing legislative framework in Alberta for responding to and dealing with elder abuse and neglect?
- 2) What gaps or weaknesses can be identified within the existing legislative framework?
- 3) What services are available to elderly victims of abuse in Alberta?
- 4) How are services being accessed by elderly victims? What barriers or limitations exist for elderly victims in accessing service?
- 5) From the perspectives of elderly victims, how effective are services in meeting their needs?
- 6) From the perspectives of victims, what gaps or weaknesses can be identified in service provision?

2.2 Legislative Summary

The legislative review completed in Phase 1 of the project was a very comprehensive and detailed analysis. While it is beneficial and necessary to have this detailed information, it was decided that a summary of the review would be done in order to make the material more accessible and user-friendly to the public. The review was summarized by the project director, in collaboration with the legal consultant, who is the author of the review (Appendix A).

2.3 Service Identification Process

Service identification in this project has been on-going. It started with the project director in Phase 1, and continued with the research assistant hired in Phase 2. The research assistant started with the existing network established in Phase 1, and continued to make contacts and identify services in each of the seven municipal locations of the study. After exhausting all possible avenues of identification, she organized the services into the following framework:

- 1) Victim Focused Services for Older Adults;
- 2) Services for Older Adults - Provides Victim Services;
- 3) Victim Services - Includes Older Adult Victims; and
- 4) Community Initiatives Addressing Elder Abuse.

Not all of the contacts made during the project fit into these categories, but because the project aimed to identify services specifically for elderly victims of abuse, clear definitions had to be maintained. For example, services for seniors, such as home care, that may suspect incidents of abuse among their clients, would not be included in this framework given that their purpose or mandate is to provide daily care to seniors in their homes and not to provide services for victims of abuse. This is not to say home care workers would not assist an individual who is experiencing abuse, but they do not have a program specifically designed for this.

An Alberta directory was created, as well as user-friendly information cards for older adults, specific to each location (discussed in Chapter 3.0). However, the nature of service provision is such that the landscape is constantly evolving and changing. To address future changes, an on-line version of the directory will be posted on the CRILF website. Although CRILF cannot be responsible for monitoring services in each location, significant changes can be made to the on-line version if brought to our attention.

2.4 Victim Survey

2.4.1 Development Process

The overall objective of the victim survey was to gain an understanding of the opinions and experiences of elderly victims of abuse, not to determine incidence or prevalence of elder abuse in Alberta. Four specific areas were targeted:

- 1) Type of abuse experienced by the victim;
- 2) Reporting;
- 3) Services accessed (including points of entry and obstacles encountered); and
- 4) Effectiveness of service.

Survey questions were developed to address each area. A literature search was done to determine if there were any research studies or surveys that could be used as a template or model for this project. Searches were done in the following databases: Social Services Abstracts, National Criminal Justice Reference Service Abstracts, and Social Work Abstracts Plus. The following search terms were used to find studies that were similar in nature and content to the focus of this project: senior services, victim services, victim survey, satisfaction, customer satisfaction, consumer satisfaction, resident survey, and crime victim survey.

The literature search yielded a number of studies and surveys that were related to the topic at hand, but there was nothing that comprehensively addressed the focus of this project and the targeted areas. All the material was reviewed; questions and formatting ideas that could potentially be used for this survey were identified and selected out. Questions were then organized according to the targeted areas. Wording

and content were modified if necessary. The project director created additional questions to fill any gaps that were not addressed by the existing materials.

A particularly helpful survey used in creating the one for this study was *Perceptions and Experiences of Victimization in Alberta: Findings from a Survey of Alberta Adults, 2000-2001*, done by CRILF. The survey was very comprehensive and contained many questions that were applicable to this study. As well, the survey format, cover letter, and information sheet provided solid examples to follow.

There were certain things that needed to be kept in mind when developing the survey, such as font size, survey length, and appropriate language and wording. The project director was conscientious of who would be completing the survey, and made deliberate decisions to ensure that the survey was user-friendly and appropriate for the audience.

A draft of the survey was sent to the CRILF research team for feedback, as well as to the project's advisory groups. Revisions were made and the survey was pre-tested on a subsample of seniors. The pre-testers were given hypothetical situations describing an incident of abuse, and were then asked to complete the survey under that guise. Final revisions were made based on the feedback from pre-test.⁶

2.4.2 Content

The survey began with an introductory letter to the respondent, which included a brief description of the project and a request for participation. The voluntary nature of participation and a confidentiality clause were highlighted in the letter. Directions about what to do when finished and obtaining assistance to fill out the survey were also included. A contact name and number for questions or concerns about the study were listed at the bottom.

The second page provided additional directions and a survey outline. Voluntary participation and confidentiality were reiterated here and the contact name and number were listed again.

The survey started out with a definition of elder abuse, taken from the Kerby Centre brochure, *Elder Abuse is Wrong in Any Language*. This provided a common foundation upon which the rest of the survey was based, and clarified the complexities around the definition.

Part 1 asked about the respondent's experience with abuse. A number of incidents were listed, which encompassed the five types of elder abuse included in the definition. Respondents were asked to indicate if any of the incidents had happened to them since they turned 50 years old, and also to indicate their relationship with the person who did this to them (e.g., son, daughter, spouse, etc.). The respondents were then asked to describe the **MOST SERIOUS** incident that had happened to them, how long ago it happened, and to identify their relationship with the abuser in the incident.

⁶ See Appendix B for survey.

These questions helped set the context for the discussion and also provided a specific focus for the respondent. Although many of the respondents had experienced extensive abuse for many years, asking about the most serious incident allowed them to focus on one time for which they could discuss the reporting process, accessing services, and their experience in service. Often, it is only the most serious incident that causes a victim to report or tell someone about the abuse and to access services for support. Asking about the most serious incident also made it possible to put the abuse into a recent timeframe, ensuring the abuse happened when the respondent was over the age of 50 years.

The questions in Part 2 were developed around reporting. Respondents were asked if they reported the most serious incident, to whom they reported it, and if they reported it to the police. Respondents were asked “why” or “why not” throughout this line of questioning, in order to gain a greater understanding of the motivations and obstacles that are involved in the reporting process.

Part 3 focused on accessing services. This section started out by asking about the first agency contacted. Respondents were asked how they knew about the service and what forms of contact they had with that first agency. This was important because it speaks to education and awareness of services and also highlights what is working and what is not working in terms of making services accessible. Respondents were then asked if they received direct service from their first contact, or if they were referred somewhere else. If they were referred, respondents were asked to describe the other agency/agencies. This was important in terms of understanding what, if any, networks exist and whether sufficient and appropriate supports exist in each community. This section concluded with questions around ease, affordability, and language in relation to accessing services.

In Part 4, respondents were asked about the effectiveness of the services they accessed, in order to understand, from the victims’ perspectives, whether services were meeting their needs. Respondents were asked what kind of services they received, from the first agency accessed and beyond, and generally how helpful the services were to them. If the services were not helpful, respondents were asked “why not?” If the respondent did not access any services, they were asked to skip the questions in Part 3; a question in Part 4 asked the reasons for not contacting any services.

The following open-ended questions concluded Part 4:

- 1) Is there anything at all that could have been done or offered, but was not, that you think would have been more helpful to you in dealing with the incident?
- 2) In your opinion, do seniors who have experienced abuse get enough help from services and agencies? Why or why not?
- 3) What else can be done in your community to assist older victims of abuse?

Questions asked in the survey were in reference to the most serious incident that had happened to the respondent. Thinking about this incident may have caused some

distress in the respondent. An information and resource page, specific to each location, was included at the end of the survey with a list of supports available. Part 5 asked some general demographic information about the respondent.

The last part of the survey was a request for participation in an interview to talk further about the respondent's experience. Again, voluntary participation and confidentiality were highlighted. The respondent needed to provide a name, contact information, and the best way and time to be contacted. Finally, if the respondent was interested in the findings from the research, he/she could include his/her name and address (this was removed from the rest of the survey).

2.4.3 Sampling Strategy

The sampling strategy that was originally proposed was somewhat altered throughout the project. Initially, it was thought that the surveys could be left at victim services or senior-serving agencies with an anonymous drop-box. After consulting with a number of service providers and the advisory groups, the project director realized that the participation rate would be very low using this method. Service providers explained that many seniors are reluctant to acknowledge that abuse is happening or may not even realize that they are being victimized. If a senior has dealt with abuse, he/she most often would not want to admit publicly to such experiences (e.g., taking a survey from a display).

It was then decided that the surveys would be distributed through identified senior-serving agencies and service workers. The majority of agency and program representatives that were interviewed during Phase 1 of the project agreed to distribute the surveys through their workers or the services they provide. For example, Seniors Outreach in Calgary distributed surveys to their clients, if the client was an appropriate respondent and a voluntary participant.

Approximately 500 surveys were sent out to 25 agencies in the municipal locations of the study. However, this does not mean that 500 surveys were distributed to elderly victims, as it was up to each agency to decide who was an appropriate respondent, and only if the respondent was interested in participating. In addition, some surveys were given out but not returned by the seniors.

The timeframe for survey collection was initially set at four months. Reminder emails and phone calls were sent to the various agencies distributing the surveys during this time. At the end of the four months, there were only 20 completed and usable surveys returned. Some agencies reported that their clients were not interested in participating, that the survey was too long, that the issue was too sensitive, or that they did not have appropriate clients. The project director extended the timeline for data collection for another three months and continued to encourage agencies to distribute them to their clients. Only a few additional surveys were returned during the extended time.

The project director felt that alternative resources needed to be tapped in order to get a minimum number of surveys. The Elder Abuse Intervention Team (EAIT) in

Edmonton made extra efforts to distribute the surveys through their intake process. The Resource Coordinator of the team was committed to conducting the survey with any willing clients who had received services from the EAIT. This made a tremendous difference in the number of surveys completed.

The other alternative made available was access to the Older Women's Long-Term Survival group (OWLS) of the Calgary Women's Emergency Shelter. The OWLS Coordinator spoke with all of the women who had participated, or were currently participating, in the group and received permission to pass on their contact information. The project director and research assistant were then able to call each woman and conduct the survey by phone.

Data collection ended in December 2005. A total of 40 surveys were collected and used for data analysis. The struggles of facilitating this process have been many, but it speaks to the difficulty of accessing this population. It also reiterates the need to talk more openly about this issue and raise awareness at every level. While a small sample limits the statistical analysis that can be done and prevents the generalization of findings, the data obtained are valuable and informative; much can be learned from those who did respond.

2.4.4 Data Analysis Strategy

A data set was created with the information in the surveys. Most of the questions were closed-ended and exhaustive; these questions were coded as distinct variables. Where a closed-ended question allowed for multiple responses, each response was coded as a distinct variable. The small sample allowed for a descriptive statistical analysis. Findings cannot be generalized to the greater population because of the sample size and representation bias. Open-ended questions were recorded in a separate file for qualitative analysis.

2.5 Interviews

2.5.1 Description

In an effort to gain a more in-depth understanding of the experiences of older victims who have accessed services for abuse, key informant interviews were conducted with elderly victims. Data from the interviews provided insight into the effectiveness of services, from the victims' perspectives. The interviews also addressed reporting and access to services. Findings from this part of the project were used in conjunction with the self-report surveys to identify gaps and inform recommendations for change. Examples from the interviews were also used in the workshops for group discussion and the application of learning.⁷

A number of respondents who completed the survey indicated that they were also interested in participating in the interview. Respondents were contacted through

⁷ Neither the respondent's name nor any other identifying information was used in the workshop examples.

the information they provided in the survey. In a few cases, the interview was an extension of the discussion initiated when the survey was administered over the phone. Ten interviews were conducted in total.

An interview schedule, outlining the format and content of the interview, was created (see Appendix C for schedule). The schedule followed the structure of the survey, but included prompts and additional questions to encourage discussion. The schedule was reviewed by the advisory groups and the rest of the project team before the interviews were conducted. The interviews ranged from 45 to 60 minutes in length; some were done in person, and some over the phone, depending on where the respondent resided and what format he/she preferred.

2.5.2 Sampling Strategy

The victim survey included a request for participation in an interview, which involved a more in-depth discussion about the victim's experiences. Ten interviews were conducted, by phone or in person. In some cases, the interview was an extension of the discussion initiated when the survey was administered over the phone.

2.5.3 Data Analysis Strategy

Analysis of the interviews was done with the following question in mind: "How can these discussions assist in gaining a greater understanding of reporting, access to services, and effectiveness of services for elderly victims of abuse?" Research questions were used to guide the organization, reading, and interpretation of the data. The notes taken during the interviews were organized to highlight common and recurring themes, which were based on their relevance to the study.

2.6 Limitations to the Study

There are a couple of limitations that should be recognized in this study. First is the focus of the project. Due to the vastness of the topic, elder abuse, it was necessary to narrow down the objectives to something manageable within the given timeframe and budget. This decision was made based on concerns identified by the advisory groups. The project looked only at abuse in the community, with a specific focus on victim services for older adults; this meant that institutional abuse was not addressed, nor were other aspects of abuse, such as causal factors or incidence. It was also necessary to limit the project to seven municipal locations in Alberta; this meant that the rural population of seniors was not addressed. While not feasible in this project, the project director acknowledges the importance of looking at these issues; these may provide direction for future research.

The second limitation is the sample obtained for the surveys. The challenges involved in accessing elderly victims of abuse, and in getting them to share their experiences, resulted in a small sample. This limited the amount of analysis that could be done and did not allow for generalizations to be made. Because, in the end, the surveys were completed by victims attached to two significant agencies, a majority of the respondents came from Calgary and Edmonton, resulting in a biased or non-

representative sample. In addition, the majority of the respondents had accessed some type of service, as they had received the survey from a service agency. This was important information for the study, but we were unable to access that “dark figure”; those who are abused but never access supports.

3.0 IDENTIFICATION OF SERVICES

3.1 Identification Process

A number of avenues were explored in order to comprehensively identify key agencies in each location that are providing services to elderly victims of abuse. The starting point in this process was to connect with the advisory groups selected for the project: the Action Group on Elder Abuse (AGEA) in Calgary, the Edmonton Elder Abuse Intervention Team (EAIT), the Edmonton Elder Abuse Consultation Team, and the Alberta Elder Abuse Awareness Network.

AGEA was a critical resource for identification in Calgary, as most key agencies are represented on this committee. It was, therefore, easy to connect with services and a tremendous amount of information and support was provided by those contacted. Additional contacts with services in Calgary were made through referrals from members on the committee.

The EAIT and the Elder Abuse Consultation Team were the initial contacts made in Edmonton; like AGEA, most key service agencies are represented in these groups. It was beneficial that the project director had attended meetings of both the EAIT and the Consultation Team prior to making individual contact with agencies; members were already aware of the project and more willing to support the research process. Again, suggestions from members to contact other services not represented on these committees were pursued.

The Alberta Elder Abuse Awareness Network was the starting point for connecting with service agencies in the other municipal locations. At least one representative from each city in this study participates in the Network. The project director met with the Network as a whole, prior to starting the research project. Individual members were then contacted to request information on services in each location. Lists of agencies, names of contact people, contact information, and suggestions of additional avenues to follow were provided. This first connection allowed for networking in each city, and led to the discovery of local groups in these communities who were working to address the issue of elder abuse.

The second avenue used in the identification of services was service directories. Both AGEA and the Edmonton Community Action Committee on Elder Abuse have produced service maps for their cities. The service maps provide a list of agencies, services, and resources that address the issue of elder abuse in some capacity, along with contact information. Key agencies in two other cities have also published modified service directories. The Fort McMurray Seniors' Resource Group developed *Elder Abuse: A Community Guide for the Regional Municipality of Wood Buffalo*, and the Elder Abuse Committee of the Lethbridge Senior Citizens Organization developed an elder abuse information sheet, which includes a short list of Lethbridge services. Two government resources were also consulted: *Seniors Programs and Services, Information Guide 2004 – 2005*, from Alberta Seniors; and *Directory of Services and*

Programs Addressing the Needs of Older Adult Victims of Violence in Canada, 2002, from the Government of Canada, Ministry of Health.

The final avenue explored was the internet. Searches were done provincially and by municipal location for any service, agency, program, or initiative that might address the issue of elder abuse. Logical starting points were used, such as victim assistance units, shelters, home care, health regions, police services, seniors' organizations, and city departments (e.g., Family and Community Support Services, Social Planning). These sites sometimes linked to other related work in the area.

Once these avenues had been exhausted, a list of agencies, services and programs in each city was created, and initial contact was made through email or by phone. A project summary was offered to every contact and information on the agency, service or program was requested. In the early stages of the project, a meeting or interview was also requested, to take place during a scheduled site visit to each location. During the site visits, the lists of agencies were reviewed with various respondents and any suggestions on additional contacts were noted. Following the site visits, follow-ups by telephone and email were conducted on any suggestions provided, through which further contacts were often discovered. Although many of the primary services in each community were identified early on, the process of service identification was ongoing as suggestions were made by key contacts. In some communities, new initiatives were developed over the course of the project time span.

As the researchers learned more about each community, it became increasingly challenging to select appropriate services – the unique context of each location needed to be reflected, while maintaining the study's focus on victim focused services for the elderly. Thus, a number of issues arose that required subjective decisions. A few agencies were such that, although they were prominent in providing victim services in the community, they did not deal with or see any incidents of elder abuse, nor did they have the means or resources to support the special needs of seniors. For example, a shelter may provide emergency services to women, but does not encounter, nor have the means to support, elderly women. Other agencies have protocols in place, but refer cases to other services specifically designed to address the issue. Some services work directly with seniors, but do not provide victim services – for example, a health agency might work with seniors, but does not have any programs or services to address the issue of elder abuse. Another unique group of agencies were seniors' activity centres. Although the primary function of these centres is socialization and recreation, the researchers increasingly found that many provide informal support or outreach to elderly victims, and were often first points of contact for many seniors given their level of comfort and familiarity with the centre. Many of these organizations are also actively involved in addressing elder abuse in their community.

The nature of the communities themselves was one factor that featured prominently in choosing services. Given the unique geographical locations, infrastructure, and populations of each community, it was important to recognize the limitations that some communities have in terms of providing victim *focused* services for the elderly (e.g., resources, demand, etc.): where some communities may have the population and resources to provide shelters, counsellors, support groups, and/or

victims' assistance specifically for elderly people, other communities do not, and must draw heavily upon, even modify, their existing infrastructure to support older adult victims.

These challenging issues further reinforced the importance of making direct contact with agencies in each community, in order to determine their target populations, their ability to support elderly victims, and their potential contribution to the community's ability to address elder abuse. Therefore, every effort was made to have direct dialogue with an agency representative, and to confirm the accuracy of information gathered about that agency.

3.2 Service Maps, Directories, and User-Friendly Information

As services continued to be identified, the researchers recognized the need to first, distinguish the types of service, and further, organize them in a way that reflected what was available in each community.

3.2.1 Service Mapping

An important goal of the study was to not only assess the presence of victim focused services for the elderly in each municipality, but to organize them in a way that would be helpful to agencies. Specifically, the researchers sought an effective means to present the types of service, the strengths and gaps in service availability, the potential demand for service in each community, and how cities compare in these ways. It was decided that the best way to reach this goal was through service mapping.

A four-category typology was formulated to reflect community and agency diversity, the agencies' capacity to support elderly victims, and the goals of the project. Identified services were grouped according to the following categories:

- 1) Victim-Focused Services for Older Adults
 - Services (law enforcement, counselling, treatment, intervention, emergency/non-emergency residential) specifically targeting older adult victims of abuse or neglect. Services must have the protection of abused older adults as their primary mandate.
- 2) Services for Older Adults – Provides Victim Services
 - Services (seniors' organizations, seniors' centres, seniors' services, seniors' outreach) that provide activities, care, and/or resources for older adults. Where supporting older adult victims is not their primary mandate, these organizations have the capability to do so due to the availability of counselling, outreach, resources, and/or referral services.

3) Victims Services – Includes Older Adult Victims

- Services (shelters, victims' assistance, family violence/crisis centres) that provide support, counselling, referrals, intervention, and/or care to all victims of trauma (crime, abuse, assault, etc.). These services must be found to both serve, and have the means to serve, older adult clientele.

4) Community Initiatives Addressing Elder Abuse

- Initiatives that bring various members of the professional community and/or the public together to address issues surrounding elder abuse. These community initiatives must have elder abuse as their primary mandate.

Services available in each community were assessed, selected, and categorized based on the above criteria. A bullet-style diagram was used to visually demonstrate the availability of each type of service, and the relationship to victim services for older adults: those agencies that provided the most direct service for elderly victims (victim focused services) were placed closest to the centre, with services in each of the subsequent categories being placed one step further from the centre. Both the name of the service, program and/or agency was provided, as well as a contact number. Further, to demonstrate more quantifiable information on service availability, a pie diagram showing proportions of service type was provided.

The demand for service in each community was also assessed as part of the service mapping. As mentioned, each community differed in resources, population, and geographic location; therefore, it was necessary to examine and present available services in the context of demand. Ideally, the researchers would have liked to show statistics of the incidence of elder abuse in order to make a direct connection between the issue and available response. However, given the inherent difficulties in collecting this type of data (e.g., lack of reporting), these statistics are unavailable. Therefore, population statistics for adults age 55+ were used to demonstrate the *potential* need for services in each community.⁸

3.2.2 Service Directory

Once services were mapped for each community, researchers sought a way in which this information could be distributed to agencies in a useful manner. The original idea was to develop separate service directories for each community; however, as the service identification process progressed, researchers saw the value in sharing information on effective initiatives province-wide. In doing so, not only could agencies learn from successful initiatives in other communities, but an Alberta-wide directory may also expedite the referral process to agencies in other communities, if necessary. Thus,

⁸ Fifty-five was chosen as the cut-off age for "older adults" given that individuals between the ages of 55 and 65 often access services for seniors, and because many of the available services were available to this age group as well.

An Alberta Directory of Victim Services for Older Adults was developed. The directory contains the project background, a profile of older adults in Alberta, a brief definition of elder abuse, and the service profiles for each community under study. Service profiles contain the previously described service maps for quick reference, and a service information section that provides more specific details on each service: service recipients (e.g., age, gender, need), service providers (e.g., police, counsellors, social workers, volunteers, etc.), the goals and objectives of the program/service/agency, the activities performed by the agency (e.g., counselling, outreach, emergency intervention, etc.), and contact information for that agency. As mentioned, every effort was made to consult with agencies to ensure the accuracy of each service entry.

Once the directories were complete, they were distributed to front-line service agencies that may encounter elderly victims of abuse or neglect. It is hoped that this will aid in the referral process, both within their communities and across the province, and provide helpful information on province-wide initiatives that could be adopted in their own communities.

3.2.3 User-Friendly Information for Older Adults

A very important outcome of the project was to develop user-friendly information for older adult victims of abuse or neglect. The objective was to provide elderly victims with something small and discreet that could easily be taken and concealed, while being user-friendly (i.e., large print, non-cumbersome) and helpful. After considering many options, a simple solution was found in a Victim Services for Older Adults information card. The card, measuring 5.5"x 4.25", enabled large print for easy reading, yet was also discreet enough to be concealed, if necessary. A simple definition of elder abuse and its various forms was found on one side, with service information found on the other. Separate cards for each community were developed, having three primary agency contacts for that city. The types of agencies chosen for each community varied depending on its central points of contact: generally, services chosen included seniors shelters, seniors' centres (providing victim support), police-based victim services, and/or seniors crisis lines, depending on availability. The idea was to provide only a select few, non-intimidating points of contact for seniors, presented in a simple, non-confusing manner.

Cards were distributed to agencies that elderly victims may come into contact with regularly, such as medical centres, seniors' organizations or activity centres, seniors' outreach/homecare workers, community support services, etc.

3.3 Community Profiles

As mentioned, each of the seven communities under study presented its own unique characteristics in terms of geographic location, population of older adults, infrastructure, and acknowledgement of the issue. The following community profiles provide general information on service in each community.

3.3.1 Edmonton

Roughly 20% of Edmonton's population of 712,351 is adults over the age of 55, with 9% being age 55-64, 6% being age 65-74, and 5% over age 75 (Edmonton City Census, 2005).

Edmonton has a well-connected network of community agencies (social services, police, and non-profit agencies) who have partnered to address and respond to issues surrounding elder abuse. The cooperation and communication among these agencies was evident throughout the identification process, as the researchers were referred to many relevant services. In connecting with various senior-serving agencies and inquiring about service in Edmonton, the level of awareness of the issue and the services available in Edmonton was very impressive and encouraging.

In terms of service type, Edmonton has a number of victim-focused services for the elderly, including the Elder Abuse Intervention Team (EAIT), Edmonton Senior's Safe Housing, the Seniors' Abuse HelpLine, the Elderly Adult Resource Service (EARS), as well as a support group for women over the age of 55, provided by the City of Edmonton Community Services. There are also a number of seniors' outreach services that are able to provide victim support and referral, as well as many victim services that are able to work with seniors if necessary (e.g., Edmonton Women's Shelter, counselling provided by the City of Edmonton and Catholic Social Services, Aboriginal Counselling and Consulting Services, Edmonton Protection Order Program, etc.). Edmonton also has two strong community initiatives in place, the Elder Abuse Consultation Team, a group of service professionals who gather to address various issues they encounter surrounding elder abuse cases, and the Community Action Committee on Elder Abuse, a group of retired persons who gather to discuss their concerns about the issue.

3.3.2 Lethbridge

Lethbridge has one of the highest proportions of older adults in Alberta, with 23% of its population of 77,202 being 55 years of age or older; 14% are age 65 and older. The location of the city lends itself to being a "retirement community"; there are many small towns and farms nearby and as people age, they tend to relocate in town.

Lethbridge has been making recent strides toward addressing the issue of elder abuse. Although there is not yet a coordinated community response, there are a few victim-focused services in place (e.g., Geriatric Counsellor provided by Lethbridge Family Services; Lethbridge Police Liaison Officer), as well as a number of seniors and victim services which are well aware of the issue. In recent years, Lethbridge has seen the rise of the Elder Abuse Awareness Campaign, an educational initiative developed by the Lethbridge Senior Citizens Organization and the Lethbridge Police Senior (Cultural) Liaison. Lethbridge is very eager to increase its capacity to respond to elder abuse.

3.3.3 Red Deer

Approximately 20% of Red Deer's population of 79,092 is composed of adults over the age of 55. However, despite this relatively high proportion of older adults, the availability of services for elderly victims was quite low. Connecting with resources in Red Deer was somewhat challenging; as identified during the site visits, there seems to be very little awareness of the issue.

However, a very recent initiative aims to improve Red Deer's capacity to both recognize and respond to elder abuse. EARS – Elder Abuse: Resource and Services for Seniors – is a recently funded initiative developed by the Golden Circle Seniors' Centre. The goals of the initiative are to raise awareness of elder abuse amongst the community and social service agencies in the city of Red Deer and surrounding rural areas, improve communication between existing agencies, and develop a coordinated community response to incidents of elder abuse.

3.3.4 Grande Prairie

Grande Prairie has a relatively low population of adults over the age of 55, at about 12% of its population of 44,631; 6% are age 55-64, and 6% are 65 and over.

Grande Prairie was also a more challenging community to connect with. There was no central agency that dealt with elder abuse, nor a coordinated network of services to respond to cases of elder abuse. As discovered in the site visit and from connecting with various senior serving agencies, there is little awareness of the issue and little communication between agencies about how to best address it. Seniors' Outreach appears to have the most contact with elderly victims, and is able to provide information, referral, and support to those individuals. Seniors' Outreach is also working toward enabling communication among agencies serving seniors. Available victim services include Odyssey House Women's Shelter and RCMP Victims' Assistance.

3.3.5 Fort McMurray

The population of adults over 55 years of age in Fort McMurray is extremely low, at approximately 8.5% of its population of 58,150, with only 2% being over the age of 65. However, as the site visit, interviews, and contact with various agencies indicated, elder abuse is an issue that is receiving widespread acknowledgement and response amongst agencies in the community.

Agency representatives were very participatory, and appeared to have strong lines of communication with one another. Facilitating this communication was the Seniors Resource Group, composed of representatives from 14 senior-serving agencies in and around Fort McMurray. This group created a *Community Guide on Elder Abuse*, which provides information on elder abuse, how to identify it, and what to do about it. Seniors' Outreach with Canadian Mental Health and Family and Community Support Services continue to work toward addressing the issue more effectively. A central point for reporting is one gap that agencies identified. Further, they also recognized the importance of raising awareness in the rural areas surrounding Fort McMurray, and of

establishing strong lines of communication with senior serving agencies in those communities.

3.3.6 Medicine Hat

Medicine Hat, like Lethbridge, has a very high proportion of older adults composing its population – 25% of its population of 56,048 is adults age 55 and over, with 16% being 65 and older.

Although Medicine Hat has few victim *focused* services, it is an example of a community that has effectively used its existing infrastructure to formulate a coordinated community response to elder abuse. CRANE, the Community Response to Abuse and Neglect of Elders, provides a central reporting line monitored by the Victorian Order of Nurses (VON). VON assesses the needs of the individual, then draws upon the 15-20 organizations that compose the CRANE network, all with different roles in terms of the services or resources they provide (e.g., housing, counselling, medical assistance, outreach, victim service, police service, etc.), to provide the best response to each unique situation. Medicine Hat continues to work on improving this network.

3.3.7 Calgary

Calgary is a fast growing community. As its population nears one million, the proportion of older adults (55+) in Calgary is approximately 17%, with 9% being 65 and older.

Calgary has many victim-focused services in place, including the Kerby Rotary House Shelter for seniors, the Seniors' Crisis Line, a Senior Liaison program of the Calgary Police Service, and OWLS, the Older Women's Long-term Survival group for abused women age 50 and older. In 2004, Calgary also developed a coordinated community response to the issue. The Action Group on Elder Abuse (AGEA) was established out of a growing concern about abuse of the elderly. The group includes membership from key agencies that provide services to victims of abuse (e.g., Kerby Shelter, Calgary Seniors Resource Society, Seniors Outreach).

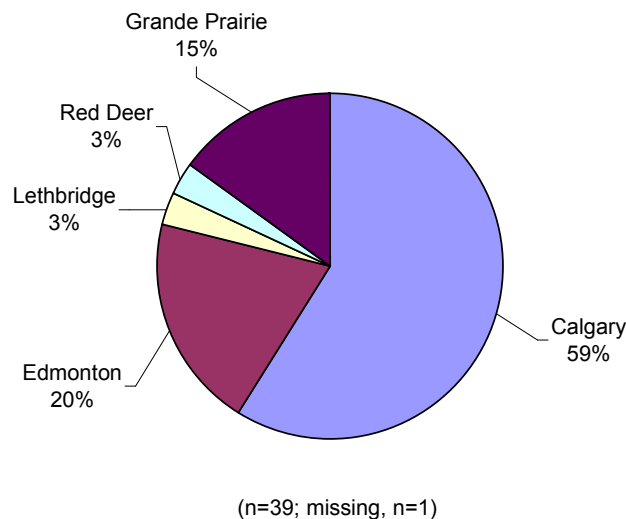
4.0 DATA ANALYSIS

This section presents the findings from the analysis of the self-report surveys, along with the findings from the interviews. The nature of the sample and the data collected allowed for a descriptive statistical analysis. Findings from the surveys are supported by recurring themes identified in the interviews. Summaries are provided for each component of the survey/interview: 1) Type of Abuse Experienced; 2) Reporting; 3) Access to Service; and 4) Effectiveness of Service.

4.1 Demographics

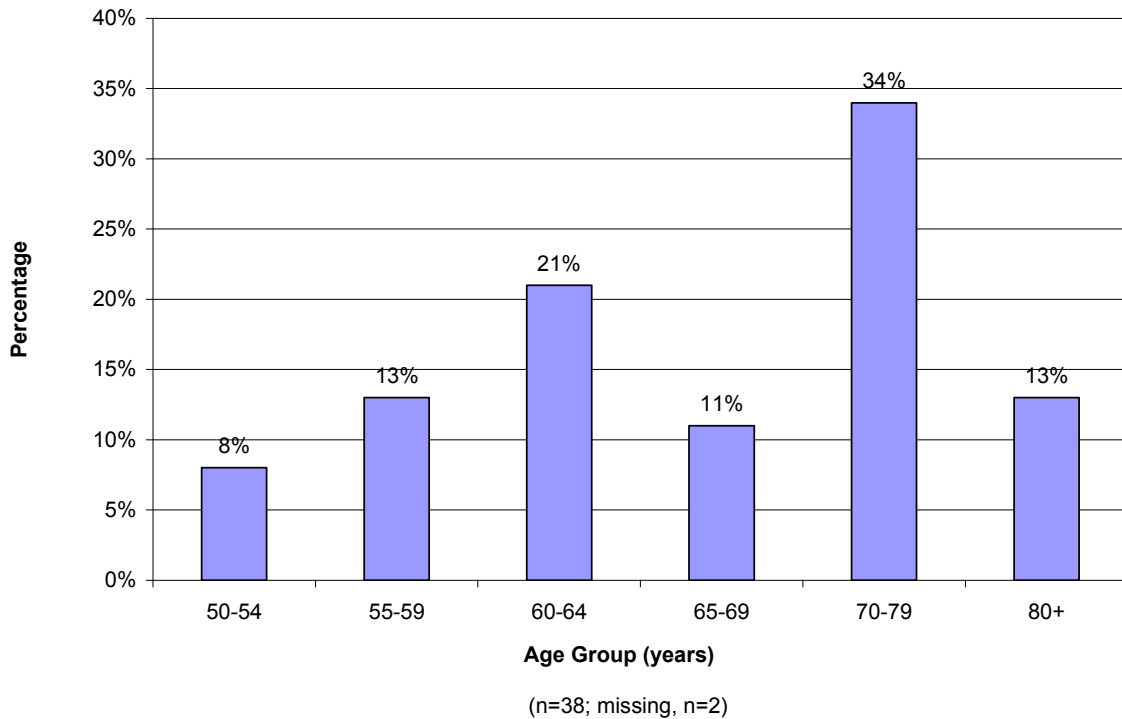
Because of the necessary avenues tapped to obtain respondents, the sample was somewhat biased. The majority of the respondents resided in Calgary (59%), 20% resided in Edmonton, and 15% resided in Grande Prairie (Figure 4.1). The remaining respondents were from Lethbridge and Red Deer. There were no respondents from Medicine Hat or Fort McMurray.

Figure 4.1
Place of Residence of Respondents



The majority of respondents were women; men made up 12% of the sample. Respondents ranged in age from 50 to over 80 years (Figure 4.2). Respondents aged 50-54 years made up 8% of the sample; those aged 55-59 years made up 13% of the sample; those aged 60-64 years made up 21% of the sample; those aged 65-69 years made up 11% of the sample; those aged 70-79 years made up 34% of the sample; and respondents aged 80 years and older made up 13% of the sample.

Figure 4.2
Age of Respondents



When asked about substitute decision-making, only 13% of respondents reported having an order in effect. In terms of marital status, 21% of the sample were married or common-law; 29% were divorced; 24% were separated; 21% were widowed; and 5% were single.

Over half of the sample lived alone (59%) (Figure 4.3). Other living situations included: living with their spouse or partner in their own home (15%); living with their child/children in their children's home (5%); living with their child/children in their own home (2%); living with another relative in their relative's home (2%); and 17% lived in another type of living situation (e.g., with grandchildren, temporary shelter, homeless).

Respondents reported the following gross yearly incomes (Figure 4.4): 64% earned \$20,000 or less per year; 30% earned over \$20,000 to \$40,000 per year; 3% earned over \$40,000 to \$60,000 per year; and 3% earned over \$60,000 to \$80,000 per year.

Figure 4.3
Living Situation of Respondents

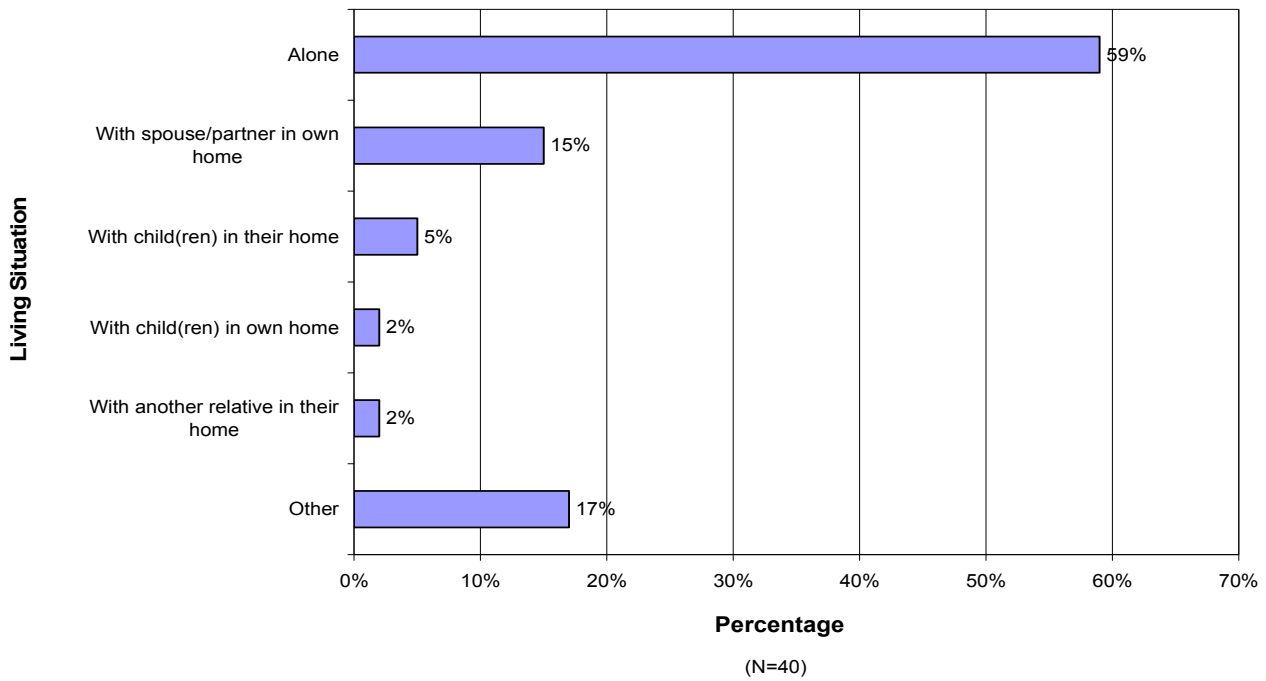
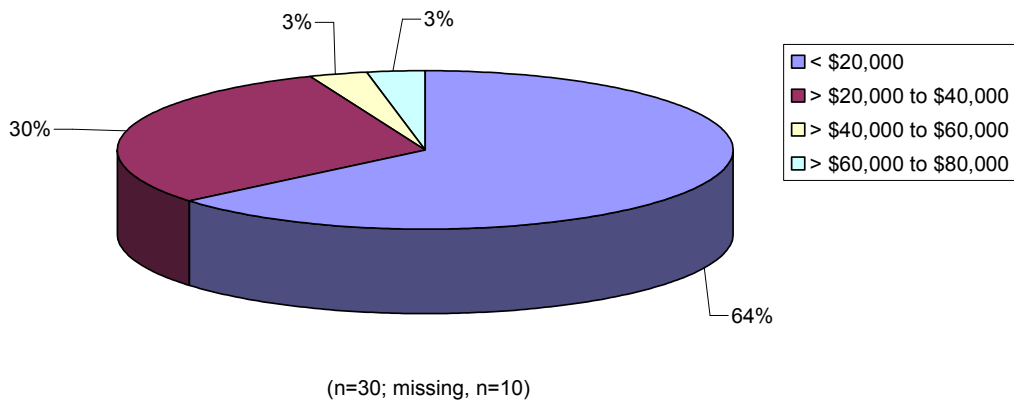


Figure 4.4
Total Gross Yearly Income of Respondents



4.2 Experiences of Abuse: The Most Serious Incident

The first section of the survey and interview addressed the most serious incident of abuse experienced by the victim. These questions helped set the context for the rest of the survey or interview, and also provided a specific focus for the respondent.

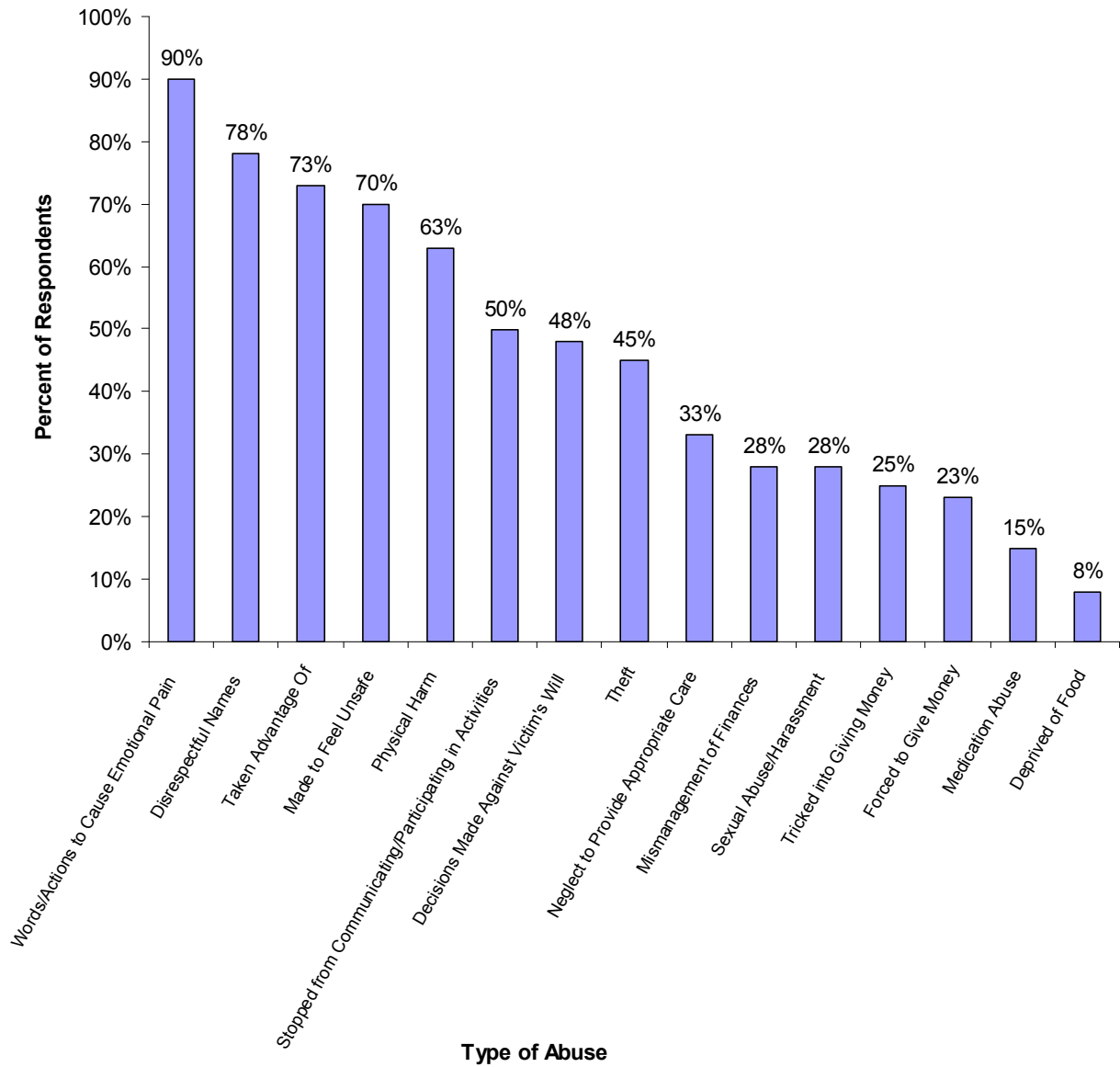
Figure 4.5 presents the types of abuse experienced by respondents. The most common type of abuse experienced was words or actions intended to cause emotional pain (90%). Other common types included: being called disrespectful names (78%); being taken advantage of (73%); being made to feel unsafe (70%); and physical harm (63%). Approximately half of the respondents were victims of theft, had had decisions made for them against their will, and were stopped from communicating with others or participating in activities. Approximately 33% of respondents experienced neglect, and approximately 25% experienced some type of financial abuse.

Respondents were also asked to identify their relationship with the abuser. Figure 4.6 shows the identified abusers by the most commonly reported types of abuse. Perpetrators were categorized as: spouse; children and grandchildren (includes in-law); and other. Other included another relative, a neighbour, a health care worker, etc.

Of the respondents who experienced physical abuse, just over half (56%) were abused by a spouse or ex-spouse, and 40% were abused by a child or grandchild. Psychosocial abuse (being called disrespectful names, words/actions causing emotional pain) was slightly more often perpetrated by a spouse or ex-spouse. In over half of the reported experiences of theft (53%), being taken advantage of (52%), being made to feel unsafe (54%), and being forced to give money (67%), the perpetrators were children or grandchildren. Neglecting to provide appropriate care (69%), making decisions against the victim's will (63%), and preventing communication or participation in activities (70%) was more often perpetrated by the spouse or ex-spouse.

In the interviews, all of the respondents discussed abuse by a family member (child(ren) or spouse). About half of the respondents experienced a specific incident which pushed them to contact the police or have someone else contact the police. In most cases, the incident was physical. The other respondents experienced severe emotional abuse for extended periods of time. Emotional abuse included harassment, insults and put-downs, ignoring and neglect, verbal aggression, monitoring activity, and controlling outside contacts. In these cases, the victims reached a point where they could not handle the abuse any longer and decided to leave the situation. There were also interviews involving financial abuse where the respondents tried to get help, but were unable to due to the financial cost of legal services and limitations within the existing legislation in Alberta.

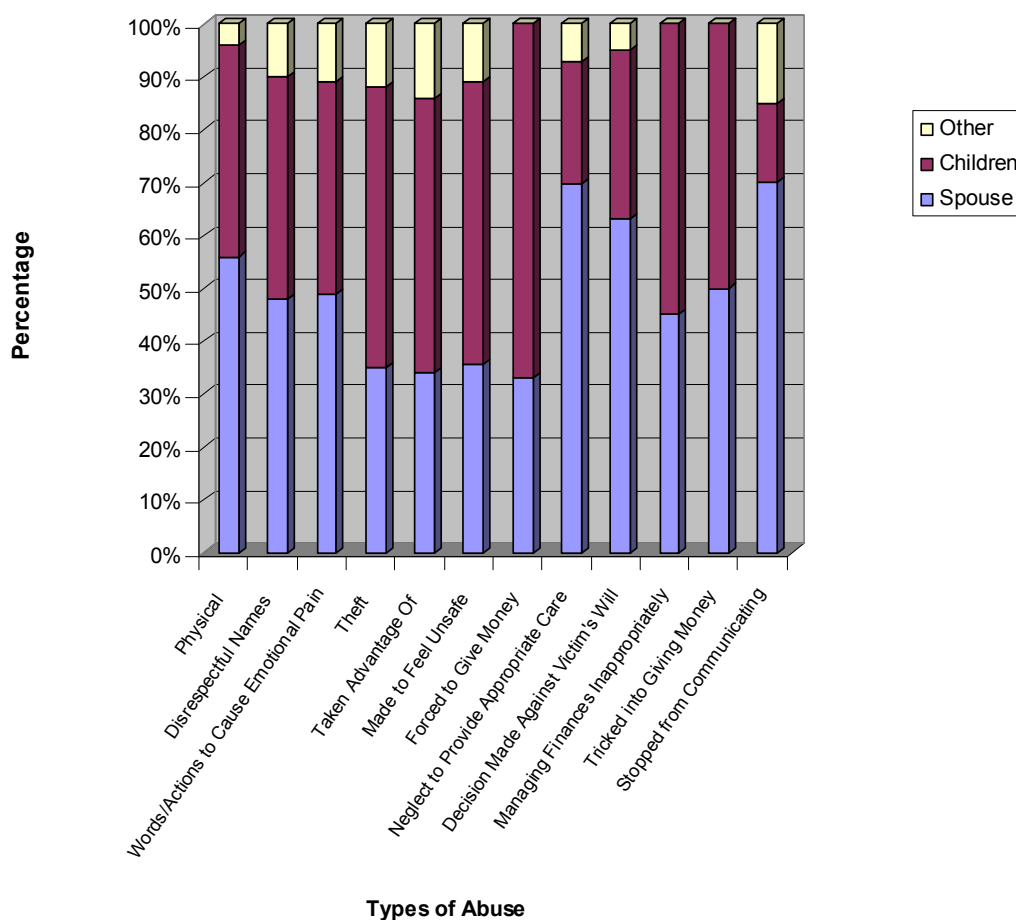
Figure 4.5
Experiences of Abuse by Type



(N=40)⁹

⁹ Multiple responses.

Figure 4.6
Perpetrators of Abuse



(N=40)¹⁰

Responses surrounding the most serious incident were revealing in terms of the amount and severity of abuse elderly victims will endure before they access assistance, particularly when the offender is a family member. In most cases, the victim did not consider the behaviour abusive until it reached a point where there was extreme danger or the abuse was intolerable. Most victims reported that although they did not like the treatment, they did not know there were places to go for help; many thought that this was a part of life that they needed to accept and deal with on their own. Many also feared the repercussions of reporting and/or getting help.

The respondents interviewed only accessed services after the most serious incident occurred. This is indicative of how many other seniors may be experiencing abuse over extended periods of time, but are not accessing services until they can no longer take it. Increased education and awareness may encourage earlier reporting and facilitate service access.

¹⁰ Multiple responses.

4.3 Reporting

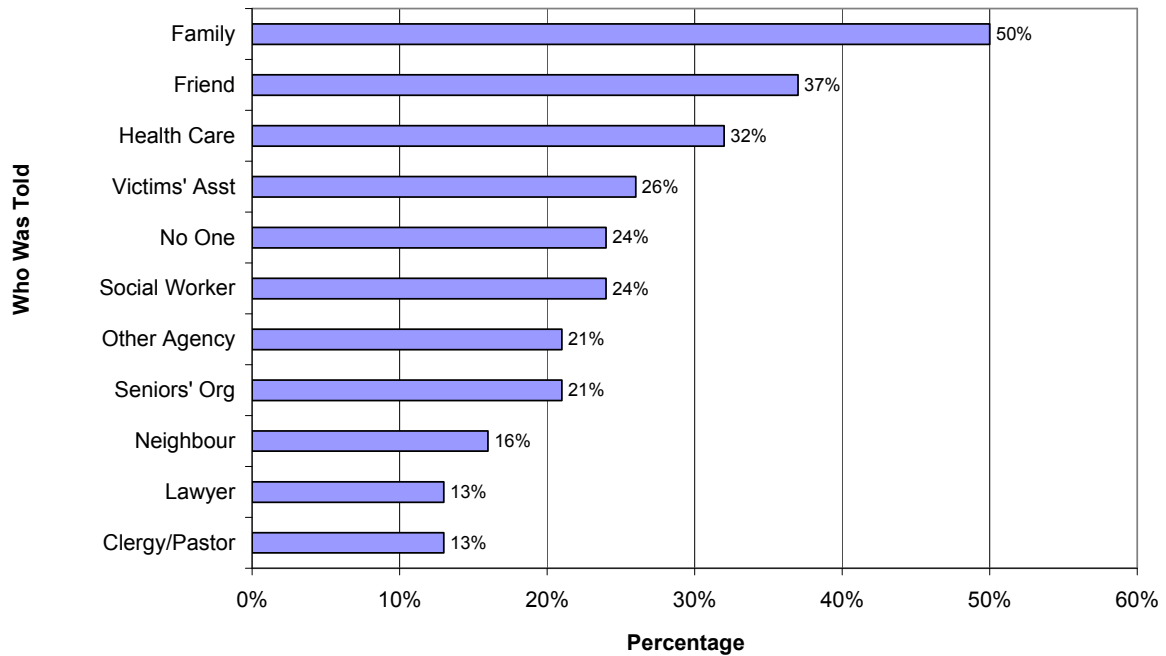
The next set of questions was developed around reporting. Respondents were asked if they reported the most serious incident and to whom they reported it. If they did not tell anyone about the abuse, respondents were asked if there was anything that stopped them from reporting it. In a separate question, respondents were asked if they, or someone else, had reported the abuse to the police; if they had not, respondents were asked their reasons for not reporting. Asking “why” throughout this section was done in order to gain a greater understanding of the motivations and obstacles that are involved in the reporting process.

Figure 4.7 presents who respondents told, if they reported the abuse. Half (50%) of the respondents told a family member, 37% told a friend, and 32% told someone from a health care service (i.e., doctor, nurse). Respondents also reported telling someone at a victims’ assistance agency (26%), a social worker or counsellor (24%), someone at a seniors’ organization (21%), and someone at another agency, such as a women’s shelter or an intervention team (21%). A few respondents (13%) also told a pastor or clergy member, and a lawyer.

Twenty-four percent of respondents did not tell anyone about the abuse they were experiencing. Those respondents stated the following reasons for not reporting:

- they did not realize it was abuse;
- they did not feel it was appropriate to talk about;
- they were afraid of the abuser;
- they wanted to protect the abuser;
- they feared becoming homeless; and
- they felt like it was a hopeless situation.

Figure 4.7
Who Respondents Told About Abuse



(n=38; missing, n=2)¹¹

All of the respondents interviewed had accessed some type of service because of the abuse they were experiencing. Respondents were asked if they told someone about the abuse prior to accessing that service or reporting to the police. Four said they did not tell anyone prior to reporting the most serious incident and accessing services. One of these four felt that her neighbours or other members of her community may have known. She explained that there was a lot of fighting, screaming, and violent behaviour that occurred outside of the house and that a number of times she ran from the house in fear. If the abuse was known or suspected, no one approached her about the situation, offered to help, or reported it to any outside services.

The other interview respondents did tell someone about the abuse prior to accessing service or reporting to the police. One spoke with a seniors' outreach worker about a variety of issues in her life. The respondent reported feeling comfortable and happy with her relationship with the outreach worker and said she really needed someone to talk to during that time. Although the outreach worker suggested supports and services that the respondent could access, no action was taken by the respondent. In two other cases, the respondents talked to a counsellor and a health care worker. Again, resources and supports were offered beyond the discussion, but the respondents chose not to follow the recommendations at that time.

In one disturbing situation, a respondent spoke to a pastor about the abuse she was experiencing. The respondent reported that the pastor told her it was best not to go to the police and/or press charges because the process was very long and abuse

¹¹ Multiple responses.

was very hard to prove. The respondent did end up accessing appropriate services based on a recommendation from a friend, but never did report the abuse to the police.

In another case, the respondent told a friend about the abuse. The nature of the abuse in this situation was emotional, and the offender was very controlling of the respondent. The offender ended the relationship between the respondent and the friend and any contact was prohibited. No further action was taken by the friend.

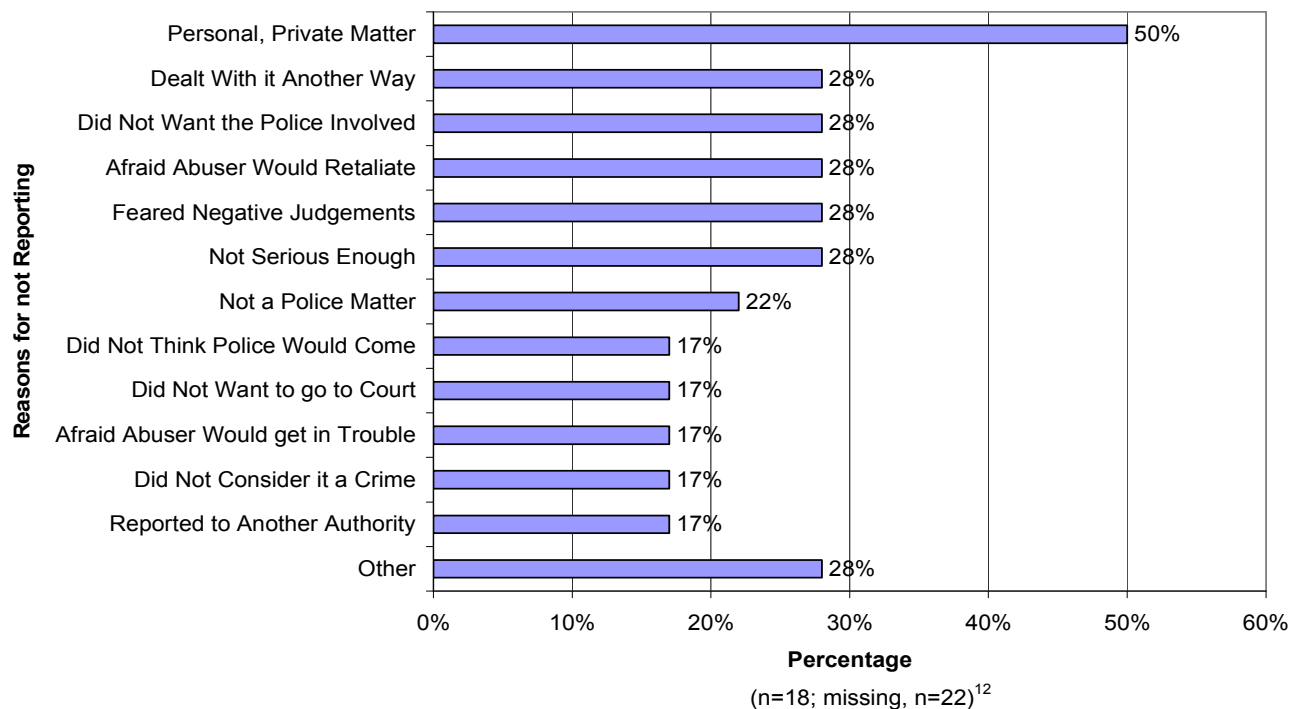
Two of the respondents interviewed (a married couple) were victims of financial abuse by their children. In this situation, the respondents told their other children about the abuse. The other children did not believe the respondents and did not want to be involved. The respondents continued to tell people about the abuse and tried to access support. They contacted an extensive list of agencies and support services, but only received information and further referrals.

Of the survey respondents, 54% said their abuse was reported to the police. Of those, 33% said the report was made by someone other than themselves. This included an adult child, an adult grandchild, a neighbour, a shelter worker, and a doctor. When asked why someone else reported the abuse to the police, rather than the victim, respondents gave the following reasons:

- reporting to the police never occurred to the victim;
- someone else was concerned and took the initiative to call the police;
- the situation was very serious and the victim was incapable of calling the police him/herself;
- the victim feared retaliation by the abuser; and
- the victim was scared of the police.

Figure 4.8 presents the reasons respondents gave for not reporting their abuse to the police. The most commonly stated reason was that it was a personal, private matter (50%). Other reasons were: the incident was not serious enough (28%), the victim feared negative judgements would be made about him/herself (28%), the victim was afraid that the abuser would retaliate (28%), the victim did not want the police involved (28%), and the victim dealt with it another way (28%). “Other” reasons included going to a shelter instead, relying on self-help methods, the abuse was normal, and in one case a language barrier stopped the victim from reporting to police.

Figure 4.8
Reasons for NOT Reporting to Police



Eight out of the ten interview respondents explained that the most serious incident was reported to the police. However, in over half of those cases, the incident was reported by someone other than the victim. In those cases, the seriousness of the abuse was very severe and the victim was either incapable of reporting or resistant to report themselves. Arrests were made in two of these cases, and a restraining order was filed in one case. Arrests were not made in the other cases because of a lack of evidence or the reluctance of the victim to press charges. Charges were not laid in the cases where the victims called the police themselves, again because of lack of evidence or a reluctant victim.

Interview respondents supported the reasons given in the surveys for reporting (or not reporting) the abuse to the police. Many did not consider what they were experiencing as abuse, particularly those who were victims of emotional abuse. For many, abusive behaviour was considered “normal”; they had either grown up in abusive families or had lived for many years, raising their own children, in abusive environments. Especially for those who experienced emotional abuse, the term itself was foreign to them until they were able to receive support. Respondents spoke of feeling ashamed and embarrassed and some also feared that people would not believe them if they told.

For most of the interview respondents who reported to police, there was some element of fear and confusion. A couple of respondents mentioned that they were worried about what would happen and felt they did not know enough about the law and

¹² Multiple responses.

their legal rights. Some respondents feared what would happen to the offender, while others were worried about what would happen to themselves.

Three respondents described their experience reporting to police as negative. The first respondent felt that officers were unsympathetic to her situation and lacked understanding. The respondent reported feeling like she was the one who had done something wrong; she was confused about what was going on and what was going to happen.

The other two respondents went to the police because of financial abuse. The respondents explained that the police were sympathetic to their situation, but did nothing to help. The respondents understood that the lack of legislation in this area impeded the police from taking action, but they felt frustrated by the non-response. Particularly in their case, where threats of violence had also been made against the victims, the respondents were surprised to hear the officers say they could do nothing until something physical happened.

4.4 Access to Services

The third section of the survey addressed access to services. Respondents were asked to name or describe the FIRST service they contacted for help. They were asked how they found out about this first agency and what forms of contact they had with the service. These questions were important because they speak to education and awareness of victims. This information can provide insight into how to improve these areas and how to make services more accessible.

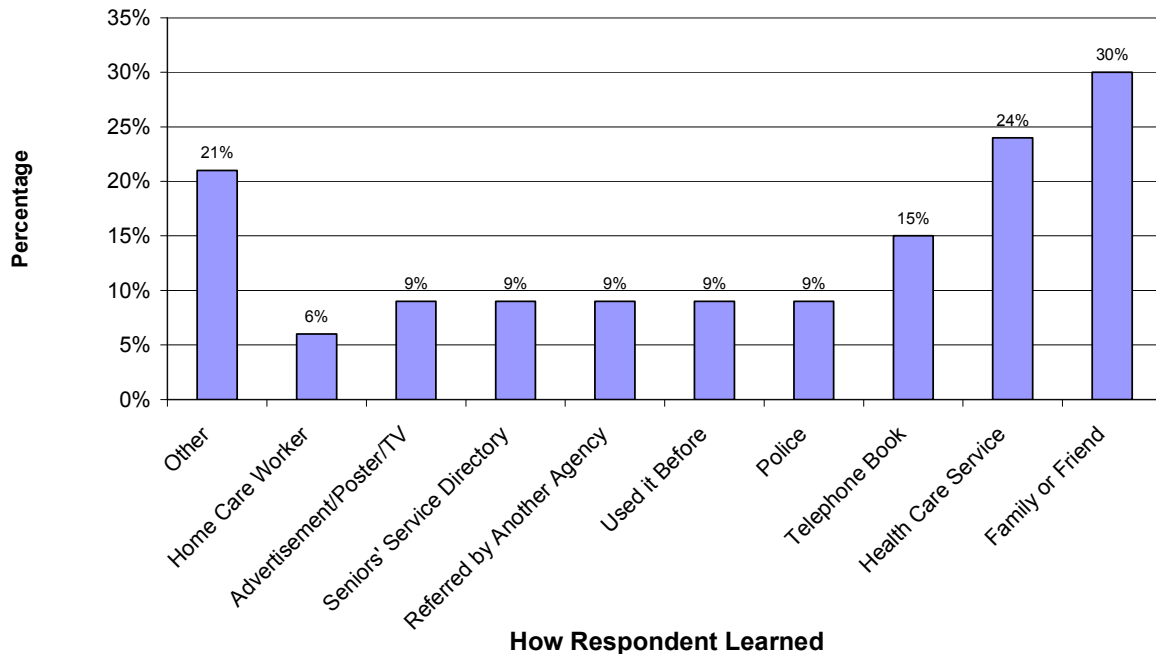
Of those who accessed service, respondents reported the following agencies as first points of contact:

- support groups or counselling services;
- emergency shelters;
- lawyers;
- police;
- seniors' outreach services; and
- doctors or health clinics.

Figure 4.9 shows how those respondents found out about the first agency. Most respondents found out about the service through a family member or a friend (30%). A health care service (e.g., a doctor, a nurse) was the next most commonly reported information source (24%). Nine percent of respondents reported learning about the first agency through police, referral from another agency, through a seniors service directory, through an advertisement/poster/T.V., or because they had accessed the agency previously. Interesting to note, no respondents reported learning about their

first contacted agency through the internet or from a presentation/workshop (both were provided as optional answers). This speaks to how seniors may be accessing information and potential avenues for getting the information out to victims.

Figure 4.9
How Respondent Learned About First Service



(n=33; missing, n=7)¹³

Four out of ten interview respondents were already receiving services from an agency for another reason. Those respondents disclosed and accessed additional services for abuse because of the relationship they had already developed. Half of the interview respondents contacted a women's shelter first; they found out about the shelters through the telephone book, a referral from a friend, a referral from a health professional, or a referral from an outreach worker. Other respondents first contacted support groups; they found out about the groups through an advertisement and referrals. Interview respondents who experienced financial abuse tried to access services, but there were none available or they were not appropriate. They suggested that they had difficulty accessing legal services because of their own lack of knowledge in the area or the cost of services.

Interview respondents discussed how they were far more comfortable disclosing, reporting, and accessing services where a relationship already existed. Respondents were also more comfortable accessing services that were specific to seniors. Many of the interview respondents said that at first, they did not know WHERE to call; they did not realize there were services out there that they could access for help.

Respondents were also asked if they received direct service from their first contacted agency, or if they were referred somewhere else. This question was

¹³ Multiple responses.

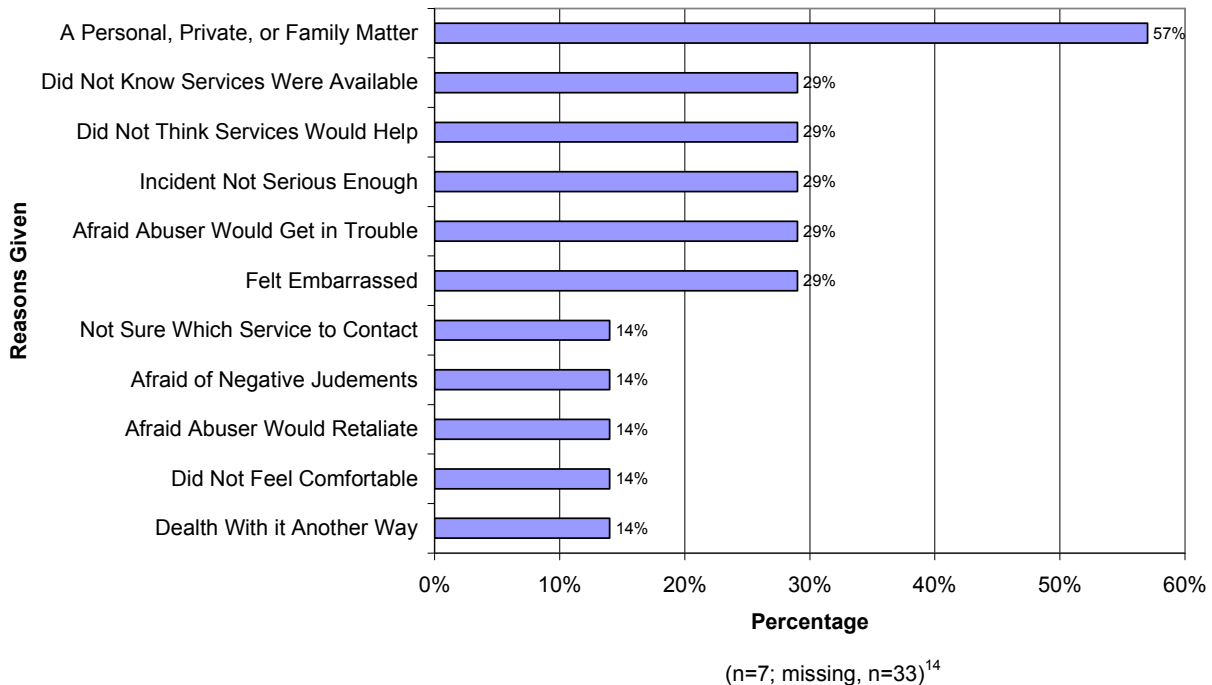
important in terms of understanding any networks that might exist and whether sufficient and appropriate supports exist in the community.

Of the survey respondents who accessed services, 74% were referred to another agency. Of those, 65% of service providers contacted the referred agency on the victim's behalf. This can be very important in terms of connecting victims to appropriate supports, removing a step that a senior would have to do on their own. Many of the interview respondents said that they were given referrals, but chose not to follow through on them. This is a problem with little solution; if a victim chooses not to access help for themselves, that choice must be respected. The most agencies can do in such situations is to provide comprehensive information and offer support, should the victim change his/her mind.

There were some survey respondents who did not access any services for the abuse they were experiencing. Figure 4.10 presents the reasons respondents gave for not accessing service. The most common reason (57%) was that the abuse was a personal, private, or family matter. Other reasons included: the victim did not know there were services available (29%), did not know which service to contact (14%), and did not think services would help (29%). Some respondents worried about the abuser: feared that the abuser would retaliate (14%) or feared that the abuser would get in trouble (29%). Other respondents worried about themselves: feared that negative judgements would be made about them (14%) or felt embarrassed (29%).

In the interviews, respondents spoke of some of the issues involved in accessing services. One respondent in particular had trouble accessing a shelter because of health issues. Even though the shelter was specific to seniors, it still did not have the resources to support someone with more complex health care needs. The respondent arranged for her adult daughter to visit the shelter each day and provide care. Other respondents discussed the costs that are sometimes involved in accessing service. While not extreme, victims are required to pay a minimal amount for temporary residence in some shelters. Another respondent explained that while the service was free, she could not afford transportation costs to access the agency. Finally, respondents explained the fear that often exists for victims accessing service. There can be a lot of confusion around the appropriateness of service and many respondents said they feared the unknown; they did not know what would happen to them after making that first step to get help. Respondents worried about the immediate situation, but were also concerned about the long-term implications.

Figure 4.10
Reasons for NOT Accessing Service



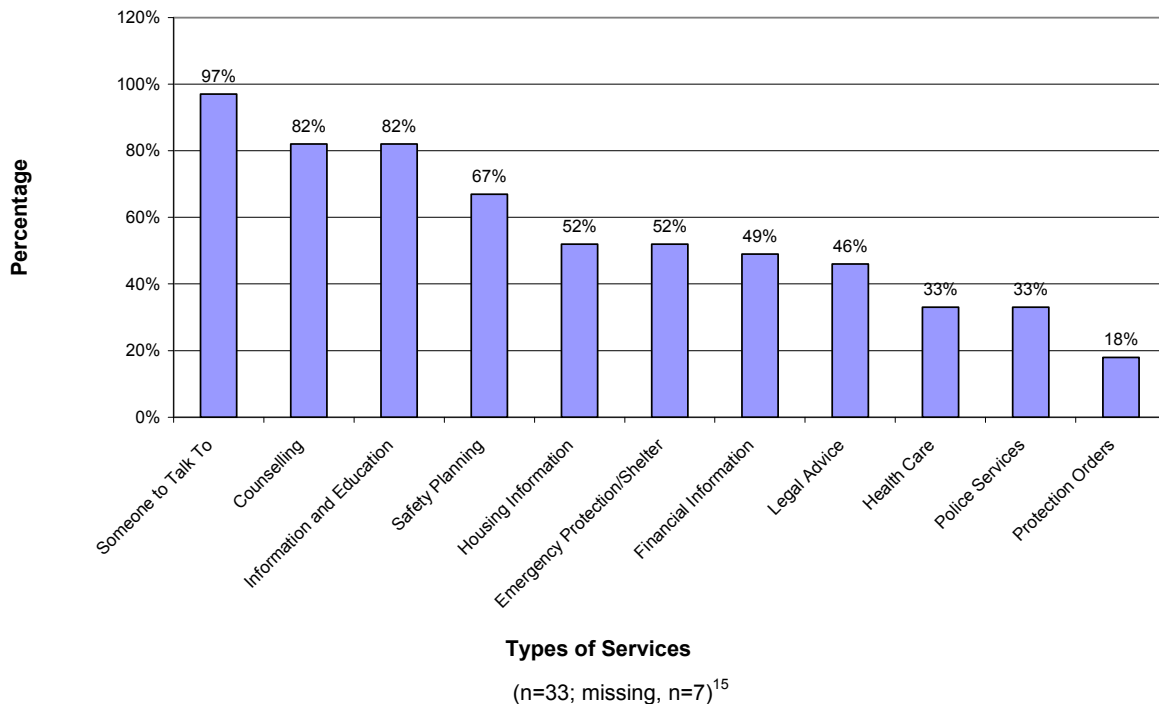
4.5 Effectiveness of Services

Respondents were then asked about the effectiveness, from their perspective, of the services they accessed, in order to gain an understanding of whether services were meeting their needs. It was important to hear about the experiences of victims receiving service; while it can be assumed from an outside perspective that services are meeting the needs of victims, the only way to really know is to hear from the service consumers themselves. This information may also be helpful in identifying gaps and areas for improvement in service delivery.

Respondents were first asked what types of services they received from the agencies they contacted. Figure 4.11 presents the findings. The most common service received was simply someone to talk to (97%). A large number of respondents also received general information and education (82%), counselling (82%), safety planning (67%), and information about housing (52%).

¹⁴ Multiple responses.

Figure 4.11
Types of Services Received



Overall, survey respondents found these services to be helpful. All of the respondents found the services easy to access, 87% found the services affordable, and 97% said that the services were accessible in their desired language.¹⁶

Interview respondents reported having many positive experiences in service. In particular, respondents emphasized the benefits of having services SPECIFIC to seniors; they found fellowship and connections with others, could learn from and relate to similar experiences, and felt that coming from the same generation made talking about the abuse more comfortable.

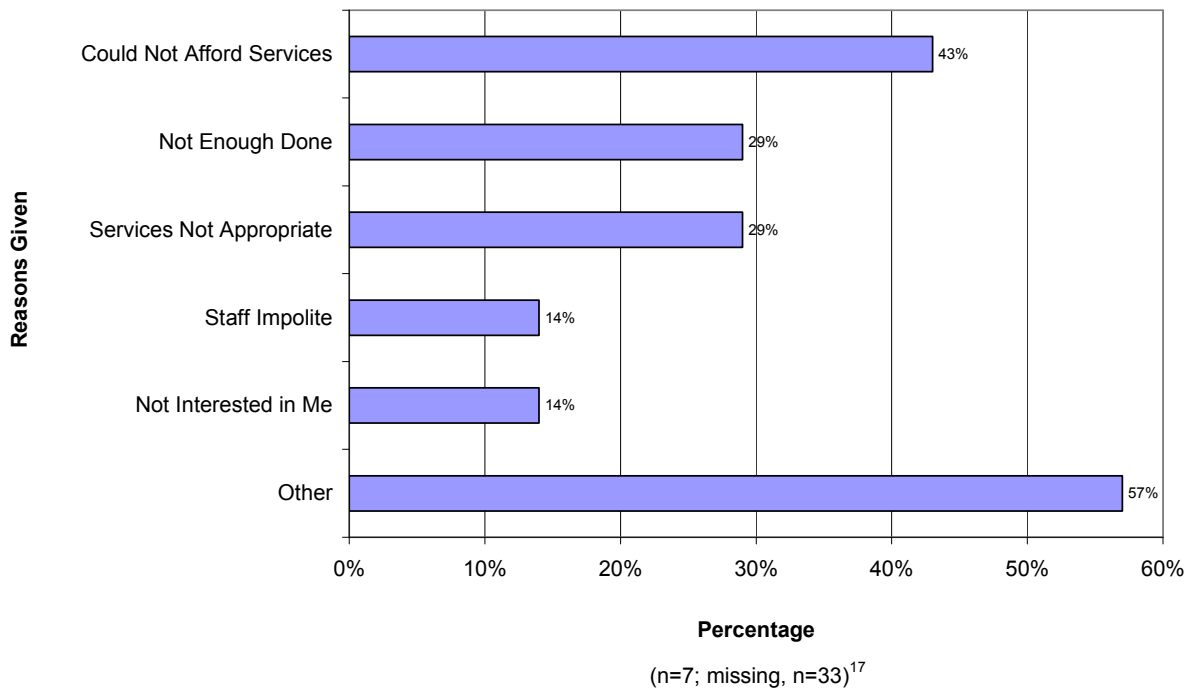
The interview respondents who accessed legal services had very negative experiences. Cost was the biggest issue; two could not afford a lawyer, but their income was too high to access Legal Aid, and one used her RRSPs to pay for legal services. Respondents reported feeling lost in the process and said there was no support available to help them understand.

¹⁵ Multiple responses.

¹⁶ English was the first language for the majority of the respondents, although there were a few respondents who, while able to speak English, had a different first language.

A few of the survey respondents who did access services did not find them entirely helpful. Figure 4.12 presents the reasons provided by those respondents. Three out of the seven respondents who found services not helpful could not afford services (43%). A few respondents said that not enough was done (29%) or that the services were inappropriate (29%). Four out of the seven respondents (57%) listed other reasons they found the services unhelpful: services were limited in what they could do because of the existing legislation, the agency staff were unprofessional, the agency staff were not empathic, and in one case, the police laid criminal charges without the victim's consent.

Figure 4.12
Reasons Service Were NOT Helpful



4.6 Recommendations

Answers to the final set of questions may be used to inform recommendations. Respondents were asked to answer the following:

- Is there anything at all that could have been done or offered, BUT WAS NOT, that you think would have been more helpful to you in dealing with the incident?
- In your opinion, do seniors who have experienced abuse get enough help from services and agencies? Why or why not?

¹⁷ Multiple responses.

- What else can be done in your community to assist older victims of abuse?

While many of the respondents reported feeling well-assisted by the services and agencies they accessed, they were also able to suggest areas that could be improved. Some common themes were identified in the responses:

- 1) More education and information for seniors.

Respondents felt that there needs to be far more education about what abuse is. Many elderly victims are unaware that what they are experiencing is abuse and that there is somewhere they can go to get help. Respondents discussed the importance of getting this information to seniors, along with information about available services. Respondents suggested sharing information through faith communities, through the health care field, and by conducting workshops with seniors themselves.

- 2) More resources.

Respondents talked about a general need for more resources in this area. Depending on the situation, some felt that there was currently very little that could be done for them as victims of abuse. Specifically in the area of financial abuse, respondents had great difficulty in accessing services because of the costs of legal services or the limited ability to “do” anything within the existing legislative framework. One respondent suggested creating a fund to assist victims in this area.

Other respondents expressed the need for more AFTER care resources; supports that will assist victims long-term. Many talked about not knowing what to do after they left a shelter, specifically in terms of housing. Others felt that support groups and counselling were not long enough; they needed support beyond the immediate response to abuse.

- 3) Greater public awareness.

Respondents discussed the need to raise the awareness of seniors and the greater community. Elder abuse is happening. People need to know what it is, that it is wrong, and that there are places to go for help. Respondents felt that responsibility needs to be put back on the community; everyone who has contact with older adults, whether it be a meter reader, an outreach worker, or a neighbour, needs to be able to recognize signs of possible abuse and know what to do about it. Respondents spoke of experiences where they were not believed, where the abuse was minimized or ignored, and where they, as victims, were unfairly judged. General attitudes towards the issue need to change.

- 4) More senior-specific services.

Respondents strongly emphasized the need for services specific to seniors. Seniors have a variety of unique needs, ranging from health and dependency to attitudes that have evolved out of a past generation. Respondents discussed the importance of addressing those unique needs in a comfortable environment; this will

encourage victims to access services and expedite the healing process. On-going care, understanding the needs of an older generation, understanding the long-term effects of abuse, and staffing agencies with older workers were suggested by respondents when considering senior-specific services.

5) Address the vulnerable population.

Often referred to as a vulnerable population, respondents talked about addressing the most vulnerable individuals in their group: isolated seniors and immigrant seniors. Great challenges exist in terms of getting information to isolated, often rural, seniors and providing services that are appropriate to various immigrant groups. Targeting these seniors and coming up with innovative ways to reach people will be necessary in order to comprehensively address the issue of elder abuse.

5.0 INFORMATION AND EDUCATION WORKSHOPS

5.1 Logistics

Half-day workshops for service providers and front-line workers were conducted in the seven municipal locations of the study in March 2006. Venues for the workshops were chosen based on availability, capacity, and cost; numbers ranged from 10 to 40 participants per workshop. The workshops were 4 hours in length (8:00 a.m. to 12:00 p.m.).

5.2 Recruitment of Participants

A brochure was created to provide information and invite participants to the workshop (see Appendix D). An electronic version of the brochure was also developed and emailed to the initial contact at each agency. If the contact requested hard copies to follow, brochures were then sent through the mail.

Invitations were first sent to any agency or individual who had been contacted or participated in the study. Workshop brochures were also distributed to the advisory groups, who were asked to forward the information on. The project director also targeted specific fields where elder abuse may be an issue. For example, home care and Geriatric Mental Health were areas where agencies were targeted. The project director would phone or email a supervisor in the agency to determine interest and possible participation. If permitted, the brochures were then sent for others in the agency. In some cases contacts would suggest other agencies to invite, or would pass on the information about the workshop themselves.

Registration was then done by phone or email. Providing the venue could accommodate the numbers, anyone interested was welcome to participate. There was no cost to participants.

5.3 Workshop Design

Material covered in the workshops included: a comprehensive outline of the legislative guidelines and existing practices for reporting abuse in Alberta; an overview of the service identification process and an introduction to the service directory, highlighting “cool initiatives” in the province; and lessons learned and recommendations related to access and perceived effectiveness of services, based on the experiences of victims.

Content was presented by the project director and the research assistant, following a participatory, interactive format (see Appendix E for PowerPoint slides). This included the application of learning to hypothetical scenarios and case studies, group discussions, and review of existing protocols.

To set the context of the workshop, three personalized stories of elder abuse were read aloud to participants. Participants were then asked to meet in small groups

and discuss questions about the stories, which were provided in their workshop folders.¹⁸ After coming back together, groups were asked to highlight some of the issues that they identified in their discussion for the larger group. The project director also pointed out some issues that essentially led to the development of the research project. This was a highly effective introduction to the topic.

After providing a general overview of the project objectives, the project director discussed the current legislation in Alberta, relevant to the issue of elder abuse. Acknowledging the complexities of legislation, the director worked to highlight the main points of each piece (what it does and what it does not do), and make relevant comparisons to legislation in other jurisdictions. Learning about what currently exists is essential before effective and meaningful recommendations for change can be made. Knowing what is out there allows people to identify gaps and suggest reform.

Participants were first given a “True or False” quiz around legislation. The project director went through the quiz with the participants. This exercise was done to highlight some of the questions that may exist for participants in this area, and to identify topics that would be covered in this component of the workshops. Participants appeared to like this activity and were often surprised by some of the answers.

Part of the legislative review also included perspectives from the field. Findings from the key informant interviews conducted in Phase 1 around legislation and reporting practices were presented, along with recommendations. At the end of the legislative component, participants were invited to provide their own recommendations in this area by filling out a sheet included in their workshop folder and leaving it on their table. The recommendations were considered when writing the final report.

After a short break, participants came back together to hear about service identification; this component was presented by the research assistant. The research assistant talked first about the identification process, and then provided the rationale for developing the service directory. Using an example from the directory, she explained the service map, including the service typology and program information. The research assistant also talked about the user-friendly information cards created for older adults. Participants were given an opportunity to sign up to receive a service directory and/or information cards.

The second part of service identification provided a closer look at each municipal location of the study. The research assistant gave a brief description of each community in terms of the older adult population and the formalized response to elder abuse. A minimum of one key initiative in each location was also presented to raise awareness of what is being done in Alberta. This was important in terms of learning from other communities; the hope was that participants might walk away from the workshop with new ideas that could be modified or adapted to fit their own agencies and cities.

¹⁸ All workshop handouts are provided in Appendix F.

The final component of the workshop entailed presenting findings from the self-report victim surveys and the follow-up interviews. The project director and the research assistant presented this information together. After a brief introduction, the findings were divided into four categories: 1) the most serious incident; 2) reporting; 3) access to services; and 4) effectiveness of services. After an explanation of each section, survey findings were presented through graphs and statistics. Participants also listened to one interview respondent's story; the project director summarized parts of the interview as they corresponded with each category.

The workshop concluded with a look at what participants can do. Participants were provided with five examples of protocols followed by various agencies in Alberta. They were encouraged to consider practices such as these, while it was acknowledged that their own agencies may also have protocols in place for dealing with elder abuse. Participants were then asked to break into small groups and work on some case studies. The case studies were various situations a person may encounter when working with the elderly and participants were asked to consider the options that exist in their own communities and to figure out responses that utilize the available resources.

5.4 Evaluation

Participants were asked to complete a feedback form at the end of the workshop. They were given the following three open-ended questions:

- 1) What aspects of the workshop did you find useful and informative?
- 2) What aspects of the workshop did you find problematic?
- 3) Do you have any suggestions to improve/change the workshop?

Overall, the feedback was very positive. Some common themes were found in the responses. Participants noted the following aspects as useful and informative:

- The legislative review, comparisons to other jurisdictions, and perspectives from the field.
- The review of initiatives in other cities.
- Findings from the surveys, presented through graphs and statistics.
- The use of case studies.
- The "True or False" quiz.
- Service directories and information cards.
- Handouts.

A number of participants felt that, overall, everything was great. The workshop provided a nice overview of many aspects of this issue and a few felt that this was some of the first research of its kind in Alberta. Participants commented positively on the information, the presentation style, organization of the workshop, and the fact that it was free!

Participants did list some areas that were problematic for them:

- While some people liked the review of services, others felt that this component was too detailed, too long, and that reviewing services in other areas of Alberta was not useful for their specific community. The goal of this part of the presentation was to have participants learn from what others are doing; unfortunately, some did not find this relevant or helpful.
- Some participants noted problems with the venue, such as outside noise, not enough room, and inappropriate temperature. The presenters were not familiar with most of the venues prior to the workshops, so such problems were out of their control (but will be kept in mind for the future).
- Particularly in the first two workshops, many participants found the handouts and the PowerPoint slides/overheads difficult to read. The presenters took this into account early on and made changes to both.
- Some participants were critical of the style of presentation, the length of the workshop, and the information covered. However, these are subjective areas and such comments were not consistently made by all participants.

Participants also suggested a number of ways to improve or change the workshop:

- While there were opportunities for small group discussion in the workshops, many participants commented that they would have liked more discussion with the entire group. This was possible in some locations, but difficult in others because of the number of participants.
- Participants were given the opportunity to sign up for a service directory, if they were interested in having one sent to them by mail after the workshop. This was done in order to first assess the demand for directories in relation to the budget constraints, prior to completing the printing. Many participants would have liked to have had a directory to take home with them from the workshop.
- Participants wanted to see more front-line workers, policy-makers, community representatives, and government representatives at the workshops. They suggested increased advertising to a wider audience.
- Many participants suggested addressing the issue of elder abuse in rural communities. The project director acknowledged that this was not covered in the current project, due to time and budget constraints, but agreed that elder abuse in

rural communities is in need of a response. This is recommended as an area for future research.

- Participants suggested changes to the workshop materials, such as easier to read handouts, simpler graphs, and extra folders for participants to take back and share with their own agencies. Suggestions about logistics and presentation style varied from a shorter presentation to a full-day workshop and better venues.
- In reference to the legislative review, participants suggested also looking at the *Health Information Act*, the *Freedom of Information and Protection of Privacy* (FOIP) legislation, and issues of autonomy and ethics.
- Some participants suggested that the legislative review be forwarded to middle managers and decision-makers.

After the workshops were complete, the project director and research assistant followed up on participant requests for the legislative review, the service directory, and the user-friendly information cards. The final report and service directory will also be posted on-line for public access. Feedback in the months after the workshops was positive; there were a number of requests for additional presentations, incorporating project material into other documents, utilizing findings for other research projects, and assistance in distributing directories and cards.

6.0 CONCLUSIONS AND RECOMMENDATIONS

A growing seniors population in Alberta, coupled with inadequate legislation and resources, creates concern around the issue of elder abuse. While only just touching the surface of the issue, this project assesses some of the strengths and weaknesses that exist within the current system, in an effort to inform recommendations for changes in legislation, reporting practices, and service provision. This is a first step in developing a coordinated and comprehensive response to the issue.

6.1 Legislation

6.1.1 A Critical Review of the Legislation and Reporting Practices Concerning Elder Abuse in Alberta

The legislative review completed in Phase 1 of the project provides a critical analysis of the legislation in Alberta with comparisons to other jurisdictions. Considerations for reform are recommended for each act reviewed (see Appendix A for a summary of the legislative review).

When considering the big picture, the review concluded that the legislative framework for dealing with elder abuse in Alberta is relatively deficient in terms of its ability to guard against and respond to allegations of abuse and neglect. There is currently no infrastructure available to intervene for the purpose of protecting adults, vulnerable or otherwise, and many legislative areas that place seniors at possible risk of abuse. A non-interventionist approach, which has been apparently adopted around this issue in Alberta, lacks mechanisms necessary to respond to allegations of exploitation and abuse. The legislative review highlights the need for reform to fill the gaps or, alternatively, the adoption of comprehensive adult protection legislation to compensate for them.¹⁹

6.1.2 Key Informant Interviews

Phase 1 of the project also included 15 key informant interviews with a specific focus on legislation and reporting practices in Alberta. Respondents provided perspectives from justice, social services, health, and government. These interviews provided valuable information from people who work in the field - people who are most affected by the current legislation in terms of delivering effective services. The perspectives and opinions of people working in the field should be taken into consideration when assessing the strengths and weaknesses of what currently exists.

¹⁹ Taken from the report, *A Critical Review of the Legislation and Reporting Practices Concerning Elder Abuse in Alberta*, by Sheryl Pearson, Legal Consultant, March 2005.

Respondents suggested a number of recommendations for changes in legislation²⁰:

- Strengthen social infrastructure to support legislation; increased services and supports are needed for both victims and offenders, as legislation is ineffective if the supports to carry out the legislation are lacking.
- Implement provisions to address misconduct of guardians and identified caregivers; a review process or team is needed to monitor and supervise conduct.
- Legislate consequences or punitive damages for offenders.
- Develop training programs and support systems for caregivers/guardians; resources for offenders after abuse has been identified are also needed.
- Create Emergency Protection Orders that are specific to seniors; there is a need to ensure a safe environment for emergency response and investigation of abuse.
- Legislate the removal of the offender from the home, rather than the victim.
- Create a specialized team, perhaps an extension of police services, with legislative power to investigate incidents of abuse and take action (e.g., lay criminal charges or provide alternative options for the victim).
- Create legislation that addresses people aged 50-64 years; some people in this age group have significant issues and are quite compromised health-wise, but have little, if any, access to services for seniors (i.e., similar needs but limited resources).
- Extend the *Protection for Persons in Care Act* to community situations.
- Create adult protection legislation to address seniors with competency issues.

6.1.3 Workshop Participants

The information and education workshops delivered to service providers and frontline workers in Alberta allowed participants the opportunity to make their own recommendations around legislation and reporting practices. While many echoed the recommendations made in both the legislative review and the key informant interviews, there were a few new ideas that warrant mention:

- Create a provincial program in Alberta, with one central contact number that can be called in cases of suspected or observed elder abuse.

²⁰ Not all respondents agreed with or suggested all recommendations.

- Create a central agency, government-funded or an extension of police services, with the authority to assess and intervene in cases of alleged abuse and neglect.
- Provide government-funded legal resources for victims of elder abuse who cannot afford legal services.
- Develop training around identification, response, and legal education on elder abuse for frontline service providers who work with the elderly (e.g., health care, government, financial institutions, etc.) across Alberta.
- Create a registry for personal directives; it is often difficult to determine the presence of a personal directive if a client is unable to notify others because of cognitive impairment.

6.2 Victim-Focused Services in Alberta

While working to identify gaps in service, it must be acknowledged that there are many great initiatives currently addressing the issue of elder abuse in Alberta. From programs that provide services specifically to elderly victims of abuse, to community groups that increase education and awareness of the issue, Albertans are coming to realize the importance of addressing elder abuse in their communities.

The identification process in this project highlighted the reality that needs vary throughout the province, and often, different communities require somewhat different responses. However, a few recommendations can be made in reference to all locations:

- Increase public education. Although work is currently being done in this area, the message that elder abuse is out there and that it is okay to talk about it still needs to be conveyed.
- Increase awareness of available services. Victims, service providers, and the community in general need to know what resources and supports are available in order to respond effectively to cases of abuse. This includes making service information more accessible.
- Build strong networks among agencies. Some communities in this study demonstrated comprehensive and coordinated networks amongst agencies from a vast array of fields. These communities appear most effective in responding to the issue. A coordinated response ensures that agencies are building on the strengths of others, people are working together, and services are not being unnecessarily replicated.
- Increase senior-specific services, particularly shelters, for both men and women. This was the most common theme when talking to service providers and seniors alike. There is a lack of services that can accommodate the unique needs of seniors (e.g., health needs). Seniors reported feeling most comfortable accessing services that existed specifically for them; they found support and

understanding from other clients of their own generation, and also from staff who were older. The need for these types of services for men, as well as women, also exists.

- Address rural communities. An area for future research is that of services in rural areas. What services exist? If none, where can seniors in rural areas go to access support? Do urban centres need to extend services out to the surrounding communities? There is a need to address these questions and more in reference to elder abuse in rural areas.

6.3 Based on the Findings

Although there was a limited sample, a number of conclusions and recommendations can be made based on the analysis of the self-report victim surveys and the in-depth interviews:

- Educate seniors about what abuse is and what they (as victims) can do. This must include information about family relationships, financial supports, housing, health care, etc. Seniors need realistic and practical information about reporting and accessing support.
- Build and foster positive relationships with the police and other authorities. This will help change attitudes and clarify misconceptions, with the hope of encouraging reporting. Building relationships of trust should eliminate fear around asking for help.
- Educate frontline service providers, health care professionals, clergy, and the community at large about what to do if abuse is suspected, observed, or disclosed by seniors with whom they may be in contact. It is essential that the first point of contact knows what to do and who to call in order to respond appropriately.
- Increase awareness of services. Effective advertising campaigns need to be initiated to get the information to seniors. Some potential avenues include: health care, home care, outreach services, faith communities, T.V., posters, phone books, seniors' centres, and meeting places for seniors (e.g., legions).
- Develop more senior-specific services that can meet the unique needs of this population.
- Develop financial supports to assist seniors in need. One of the biggest fears that hinder elderly victims from reporting is the fear of being homeless. Financial supports around housing, long-term care, and other basic needs would help eliminate some of that fear. Funding for legal services is also needed, particularly when the only option to resolve a case is going to court.

While only addressing a small piece of the bigger issue, a lot can be learned from the findings of this project. Assessing the gaps in Alberta in terms of legislation and

victim-focused services for the elderly has allowed us to also see what *does* exist and has helped us realize that people are starting to *do* something about elder abuse. Much work needs to be done to respond effectively to this issue, but learnings from this project provide a foundation upon which we can build.

APPENDIX A
Legislative Summary

**A Review of the Legislation and Reporting Practices Concerning
Elder Abuse in Alberta:
A Summary Report**

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*The views expressed in this report
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1.0 INTRODUCTION

The existing legislative framework in Alberta for dealing with elder abuse and neglect is seriously deficient. Alberta is one of the few provinces that do not designate a public authority to oversee and respond to concerns about abuse of vulnerable adults. Although limited provision has been made to respond to concerns of agency-related abuse in publicly funded care facilities, there is no broad based scheme in place; the result being that large protection gaps exist in relation to adults who are abused in their homes, in the community, or financially.

While the majority of elderly people do not need any special legal support or protection, there is a significant minority who, because of illness or disability, impaired mental capacity or social and economic dependency do need protection. Further, it is important to emphasize that old age is only one of the reasons why a person may be vulnerable. To a considerable degree, many of the laws relied upon to respond to elder abuse do not apply exclusively to the elderly, but rather apply generally to all adults, or at most may be limited in application to vulnerable adults. Notably, however, there is no legislation in Alberta that applies specifically to the elderly. As a result, none of the legislation in place to deal with abuse contemplates the needs and protection concerns that are unique to the elderly.

The legal framework for dealing with abuse of the elderly is comprised of a mixed bag of statutes, both provincial and federal, including Charter provisions and the *Criminal Code*, as well as the common law and equitable remedies. In this report only provincial legislation that is essential for guarding against and responding to elder abuse has been targeted and analyzed. Further, for the sake of manageability, the scope of this review has been limited in scope primarily to abuse of the elderly that occurs in the community. As a result, the current issues concerning institutional abuse and standards of care are largely unexamined.

The legislation reviewed in this report includes*:

- The *Personal Directives Act*¹;
- The *Powers of Attorney Act*²;
- The *Dependent Adults Act*³;
- The *Mental Health Act*⁴;
- The *Protection for Persons in Care Act*⁵; and
- The *Protection Against Family Violence Act*⁶.

The targeted legislation can be roughly split into two main categories: legislation that pertains to substitute decision-making procedures and legislation that deals with the

¹ *Personal Directives Act*, R.S.A. 2000, c. P-6 [hereinafter PDA].

² *Powers of Attorney Act*, R.S.A. 2000, c. P-20 [hereinafter PAA].

³ *Dependent Adults Act*, R.S.A. 2000, c. D-11 [hereinafter DAA].

⁴ *Mental Health Act*, R.S.A. 2000, c. M-13 [hereinafter MHA].

⁵ *Protection for Persons in Care Act*, R.S.A. 2000, c. P-29 [hereinafter PPCA].

⁶ *Protection Against Family Violence Act*, R.S.A. 2000, c. P-27 [hereinafter PAFVA].

protection of adults. In discussion, these two categories of legislation have been separately considered but in reality they do not operate in a mutually exclusive fashion. Indeed, when considered collectively they reveal a statutory regime for dealing with elder abuse. It is the complementary nature of the legislation, or lack thereof, which contributes to the effectiveness of the regime.

Each of the 6 pieces of legislation listed will be individually reviewed, including a comparative analysis of analogous legislation in other jurisdictions. The comparative analysis will provide a basis for identifying gaps in the Alberta legislation and for assessing the sufficiency of existing safeguards and protection mechanisms. The comparison also highlights some alternatives to the current Alberta model and informs some consideration for reform.

***Please Note:** This paper is a summary of the following report: *A Critical Review of the Legislation and Reporting Practices Concerning Elder Abuse in Alberta*, March 2005, prepared by Sheryl Pearson, legal consultant for CRILF, as part of the project: *Victim Focused Services for the Elderly: Access and Effectiveness in Alberta*.

2.0 SUBSTITUTE DECISION-MAKING PROCEDURES

In Alberta there are several legislative mechanisms in place designed to facilitate decision-making of adults who are no longer capable. Some legislation exists to enable adults to contemplate and plan for their own incapacity. In Alberta, this legislation includes the *Powers of Attorney Act* and the *Personal Directives Act*. Conversely, legislation also exists to deal with situations where an adult has not expressed his or her wishes in advance. The *Dependent Adults Act* provides for a court-regulated process to make determinations of incapacity and to appoint guardians and trustees.⁷ In addition, the *Mental Health Act* provides for the authority to swiftly detain and provide treatment to adults suffering from a mental disorder. These four pieces of legislation will be reviewed under the umbrella of substitute decision-making procedures because each provides a mechanism for decisions to be made on behalf of adults who are incapable or mentally disordered.

While guardianship legislation has been described as the “first wave of reform” in the adult guardianship and adult protection movement,⁸ most of the legislation that is designed to facilitate substitute decision-making procedures does not have a protection focus. Indeed, the purpose of non-court-ordered private arrangements is to promote autonomy and dignity of individuals by enabling them to plan for their own incapacity through the appointment of individuals of their choice. Nonetheless, it is critical that substitute decision-making legislation contemplate the inherent vulnerability of its target populations and incorporate mechanisms to safeguard against the potential abuse and exploitation of those groups.

Through the use of formalities, reliable tests of capacity, and monitoring mechanisms, substitute decision-making legislation can, to a greater or lesser extent, control for and guard against abuse and neglect of persons who rely on the processes and who are, by definition of their reliance, vulnerable adults.⁹ In Alberta, there is a legislative tendency to de-emphasize government regulation in favour of promoting individual autonomy. As a result, the regulatory or administrative role of government is often minimized in favour of “simplicity” and cost-effectiveness. However, the perceived benefits of increased user-ship, reduced costs, and greater individual autonomy must always be measured against the corresponding increased risk for abuse and exploitation of the individuals who use the legislation.

2.1 The *Personal Directives Act*

⁷ At the time this legislative review was written, the Alberta Ministry of Seniors and Community Supports was in the process of developing a consultation guide for the purpose of beginning a review of the *Personal Directives Act* and the *Dependent Adults Act*. Unfortunately, that consultation guide was not available for distribution at the time, but it has since been made available at www.seniors.gov.ab.ca.

⁸ R.M. Gordon, “Adult Guardianship and Adult Protection Legislation in Canada: Recent Reforms and Future Problems” (1995) 14(2) Can. J on Aging 89 [hereinafter Gordon Article].

⁹ This reference to “vulnerable adults” is not intended to suggest any legal status (as for instance, the reference to vulnerable adults in the Manitoba *Vulnerable Persons Living with a Mental Disability Act*, S.M. 1993, c.29, but does refer to a group of individuals who are, by definition of their incapacity, vulnerable.

The *Personal Directives Act* enables an individual to appoint an agent (by means of a personal directive) who can consent to healthcare treatment and make personal care decisions on behalf of the individual. Personal matters may include decisions related to healthcare, accommodation, participation in social, educational and employment activities, and legal matters.

The *Personal Directives Act* also enables individuals to plan for their incapacity and thereby avoid the stigmatizing process of adult guardianship applications under the *Dependent Adults Act*, which is intended to be last resort legislation. This legislation raises concerns of elder abuse because it gives another individual the authority to make health care and personal care decisions on behalf of an individual who lacks capacity and who is, as a result, subject to the whims of the third party. The risk of abuse is further exacerbated because the authority of the third party is not supervised.

Although formalities and supervision mechanisms can help to guard against the risk of abuse, the PDA is scant in the way of these safeguards. For instance, minimal formalities are required to make a personal directive: it need only be in writing, dated and signed at the end by the maker in the presence of a witness and be signed by the witness in the presence of the maker.¹⁰ To be capable of executing a personal directive the maker must “understand the nature and effect of a personal directive.”¹¹ This simple test for capacity requires that a maker understand that someone else will be able to make health care and personal decisions on their behalf. The PDA is void, however, of any particular safeguards to ensure the capacity of a maker and the absence of specific guidelines for assessing capacity may increase the risk of exploitation.

As for supervision mechanisms, upon a personal directive taking effect an agent must, within a reasonable period of time, make every reasonable effort to notify the nearest relative and legal representative of the maker that the directive is in effect (unless the personal directive provides otherwise).¹² This notification mechanism acts as a safeguard to ensure that other family members of the maker are aware of the agent’s exercise of authority. The agent must also keep records of the personal decisions made and provide copies of the record, on request, to the maker, the maker’s lawyer or the maker’s legal representative.¹³ The PDA does not specify any of the duties owed by an agent to the maker and thereby does not provide any guidance to the agent or others about the agent’s obligations.

More significantly, the PDA does not provide any mechanisms for reporting, investigating or intervening in circumstances where an agent allegedly fails to adequately carry out his or her function or is abusing the maker. Instead, the PDA enables the maker or any other “interested person” to apply to the court for a “court review”. The PDA does not make provision for the removal of an agent nor does the PDA set out the circumstances under which the involvement of the Public Guardian is

¹⁰ PDA, *supra* note 1 at s. 5. or, if the maker is physically unable to sign the directive, by another person on behalf of the maker at the maker’s direction and in the presence of both the maker and a witness.

¹¹ *Ibid.* at s. 3(1).

¹² *Ibid.* at s. 9(5).

¹³ *Ibid.* at s. 17.

warranted or required although, arguably, the Public Guardian is an “interested person” for the purpose of the court review process.¹⁴ The absence of supervision mechanisms are notable with the PDA requiring an individual to initiate a private court application—a process that may be both costly and daunting to the average concerned person.

2.1.1 Comparative Analysis

For the purpose of the comparative analysis, relevant sections of the Ontario *Substitute Decisions Act* (SDA) will be considered, as well as the British Columbia *Representation Agreement Act* (RAA).¹⁵

The *Substitute Decisions Act* is comprehensive legislation that is much broader in scope than the *Personal Directives Act*. It provides authority for a person to plan for their own incapacity in relation to both personal care and property decisions,¹⁶ it provides authority to the court to make orders in relation to both personal care and property matters,¹⁷ and it provides for investigation and emergency intervention by the Public Guardian and Trustee. In this sense, the *Substitute Decisions Act* has a dual purpose: not only does it authorize and provide for safeguards with respect to substitute decision-making procedures, it also has a protection function and provides a mechanism for intervening if there is a risk of serious adverse affects due to a person’s incapability to make decisions.

The *Representation Agreement Act* is more limited in scope than the *Substitute Decisions Act*, mirroring only the limited functions of Alberta’s PDA and *Powers of Attorney Act*. Nonetheless, it has numerous characteristics and safeguards that distinguish it from Alberta’s legislative model.

Both the SDA and the RAA provide that the Public Guardian and Trustee may be named as an attorney for personal care or a representative,¹⁸ although written consent of the Public Guardian and Trustee is required in the case of the SDA. In contrast, the PDA does not allow for the Public Guardian to be named as an agent, thereby ensuring an arms distance between the public authority and the operation of personal directives.

Both the SDA and RAA go farther than the PDA for the purpose of establishing whether a person has capacity to grant authority for personal care. The SDA requires: a) that the person has the ability to understand whether the proposed attorney has a genuine

¹⁴ Interested person is not defined in the PDA, but it is defined in the *Dependant Adults Act*, *supra* note 3 as including the Public Guardian or “any other adult person who is concerned for the welfare of the person in respect of whom a guardianship order or trusteeship order is sought or has been obtained” at s.1(1).

¹⁵ The *Substitute Decisions Act*, S.O. 1992, c.30 [hereinafter SDA]; *Representation Agreement Act* R.S.B.C. 1996, c. 405 [hereinafter RAA]; Although authority for enduring powers of attorney is also encompassed by these statutes, any discussion related to financial decision making authority and the safeguards in relation to such authority will be deferred to the analysis of enduring powers of attorney. The *Substitute Decisions Act* is also relevant for the analysis of the *Dependant Adult Act* and will be considered in that context as well.

¹⁶ SDA, *ibid.* at ss. 46 & 7.

¹⁷ *Ibid.* at ss. 65 & 22.

¹⁸ RAA, *supra* note 15 at 5(1), SDA, *supra* note 15 at s. 46(2).

concern for the person's welfare; and b) that the person appreciates that the proposed attorney may have to make decisions for the person.¹⁹ Under the RAA an adult may make a representation agreement unless he or she is incapable of doing so²⁰ and the legislation sets out the relevant factors to be considered in deciding whether an adult is incapable.

While the PDA is silent on the specific duties owed by an agent to the maker, the SDA provides that the powers and duties of an attorney for personal care shall be exercised and performed diligently and in good faith.²¹ The SDA also outlines specific duties of attorneys which may help to safeguard against inappropriate treatment by providing notice and information to attorneys about their role. Similarly, the RAA also sets out some general duties of the representative. Further, the explication of these duties may serve useful in the course of applications to terminate an attorney's authority or in criminal investigations involving abuse.

The SDA provides for emergency intervention by the Public Guardian and Trustee and imposes on the Public Guardian and Trustee a *mandatory* duty to investigate any allegation that a person is incapable of personal care and that serious adverse effects are occurring or may occur as a result²²--regardless of whether a power of attorney for personal care exists. The Public Guardian and Trustee may apply to court for a temporary guardianship order which may suspend the powers of an attorney during the term of the temporary guardianship.²³ The SDA also provides the authority to apprehend the person.

The RAA is even more interventionist than the SDA because it imposes on the Public Guardian and Trustee the function of overseeing the making, changing and revocation of representation agreements. Any person may make an objection (i.e. report) to the Public Guardian and Trustee concerning an RA and the Public Guardian and Trustee has a duty to review the objection and may, in turn, conduct an investigation into the objection.²⁴ The Public Guardian and Trustee may also initiate an investigation in the absence of an objection if of the opinion that grounds for an objection exist.²⁵ If the Public Guardian and Trustee believes the adult may require protection it can then make a report under the B.C. *Adult Guardianship Act*, at which time a guardianship application could be made if necessary.²⁶

2.1.2 Considerations for Reform²⁷

¹⁹ SDA, *supra* note 15 at s.47.

²⁰ RAA, *supra* note 15 at s.4.

²¹ *Ibid.* at s. 67.

²² SDA, *supra* note 15 at s. 62(2).

²³ *Ibid.* at s. 62(9).

²⁴ RAA, *supra* note 15 at s. 30(3): the duty to investigate is discretionary—not mandatory.

²⁵ *Ibid.* at s. 31(1).

²⁶ *Ibid.* at s. 30(3)(g).

²⁷ These are only some of the considerations for reform that are discussed in the complete legislative review, and some of these may not have been discussed in this summary. See the full report for a detailed discussion.

Having reviewed the PDA and contrasted it with comparable legislation in other jurisdictions, a number of options for reform warrant consideration.

Execution Formalities

The limited formalities for making a personal directive no doubt promotes personal autonomy by making personal directives accessible and cost effective, but it is questionable whether they are sufficient to safeguard the personal well-being of the maker. Failure to provide for the appointment of the Public Guardian as an agent may also preclude some people, who do not have a support network of trusted people in their lives, from utilizing personal directives.

- *Consider whether two witness signatures, a lawyer certificate, or a “consultation certificate” should be required.*
- *Consider whether a registry system for personal directives should be developed.*
- *Consider whether the legislation should provide for the appointment of the Public Guardian (with prior consent) as an agent under a personal directive.*

Determining Lack of Capacity

- *Consider whether the PDA should implement a formal process and guidelines for assessing capacity for the purpose of triggering the authority given under the personal directive.*
- *Consider whether PDA should prohibit the designation of an agent under a personal directive as the person responsible for making the determination of incapacity.*
- *Consider whether the PDA should enhance the mechanism for reviewing a determination of incapacity through the establishment of a capacity assessment review board.*

Duties of Agents

- *Consider whether the legislation should include a statutory list of duties of the agent and whether these duties should be incorporated as part of the content of the personal directive.*

Reporting, Investigation, and Intervention Mechanisms

- *Consider adopting a supervision scheme similar to the B.C. Representation Agreement Act that would impose on the Public Guardian a duty to oversee the making, changing, and revocation of personal directives through the provision of a process by which objectives can be registered.*

2.2 The Powers of Attorney Act

Enduring powers of attorney (EPAs), like personal directives, enable people to plan for their own incapacity by allowing donors to choose one or more trusted individuals to

manage their financial affairs and property. Both EPAs and personal directives promote self-determination and autonomy and enhance personal dignity in individuals approaching incapacity. They also function as meaningful alternatives to “last resort dependant adult applications”²⁸ and are therefore designed to be simple, cost effective and accessible to consumers. That being said, the benefits of making EPAs widely accessible and efficient must be balanced against the inherent risks that come when control over a person’s affairs is turned over to another individual (an attorney) whom the person, because of his/her incapacity, cannot effectively supervise.

Upon the introduction of enduring powers of attorney legislation in Alberta in 1991, a number of execution safeguards were adopted to ensure the donor’s awareness of the powers being granted and to ensure that the power of attorney was being created freely and knowingly. These formalities were short lived, however. When personal directive legislation was introduced there was a desire to synchronize the execution formalities for EPAs and personal directives. As a result, the EPA formalities were scaled down to mirror the minimal formalities proposed for personal directives.²⁹

Additionally, the requirements for establishing incapacity to trigger the EPA are also fairly relaxed. For instance, there is no prohibition against designating the attorney as the person to make a determination of incapacity. Further, the person who is designated to determine incapacity (whether it is the attorney or not) is not required to consult with a physician before making that determination.³⁰ The absence of the requirement for an objective assessment or medical opinion as to the capacity of the donor increases the risk of exploitation of the donor.

The monitoring of attorney conduct under EPAs is crucial to safeguard against financial abuse. Nonetheless, the legislation makes limited provision for any party to monitor the activities of an attorney under an EPA. Although the *Powers of Attorney Act* does provide that an interested person can bring a court application to compel production of records, this should not be characterized as a “monitoring process” and, if it is, it is surely insufficient.

The importance of adequate monitoring is exemplified by the fact that attorneys under an EPA are in a position to make unilateral, autonomous decisions (e.g., bank withdrawals) without the direct involvement of the donor and without any personal interaction with a third party. The impersonal nature of financial transactions under an EPA has the incidental effect of shielding attorneys from scrutiny. This shielding effect, combined with the incentive for financial gain, creates a heightened risk of financial abuse under EPAs.

In addition to the sparsity of the monitoring provisions, the PAA does not provide any means for reporting, investigating or intervening where abuse is suspected. This includes the Public Trustee which has no mandate to investigate or intervene where financial abuse is suspected or where an attorney fails to carry out his/her duties.

²⁸ See discussion under *Dependant Adult Act*, below.

²⁹ PAA, *supra* note 2 at s. 2(1).

³⁰ *Ibid.* at s. 9(2).

Although the Public Trustee *may* apply to the Queen’s Bench as an “interested person” to compel an accounting and terminate an EPA,³¹ they are not required to do so.

The absence of any mechanism to report or investigate suspected abuse is problematic for several reasons. For one, if a financial institution suspects a suspicious transaction, there is no one whom they can call to report the concern. Consultations with the donor, who is likely to be incapacitated, will be fruitless, and confidentiality and privacy constraints prevent financial institutions from contacting other family members to advise of the situation. Further, banks are unlikely to be motivated (or even qualified) to bring a court application to compel an accounting or terminate the EPA. In reality, where financial abuse is suspected by a financial institution, they will either do nothing (and face a risk of liability for loss incurred by the donor), or alternatively and more likely, simply deny the validity of the EPA. In the latter situation, donors may find themselves without a valid EPA and incapable of executing a new one.

Financial institutions are not the only third parties who may become suspicious of unusual transactions under an EPA. But again, outside of a private court application by a family member to compel an accounting and terminate the power of the attorney, there is no means of reporting or investigating the suspected abuse. This is arguably a significant gap in the legislative framework for dealing with elder abuse.

2.2.1 Comparative Analysis

For the purpose of the comparative analysis, relevant sections of the Ontario *Substitute Decisions Act*, the British Columbia *Representation Agreement Act*³² and the Saskatchewan *Public Guardian and Trustee Act*³³ will be considered. It should be noted that both Ontario and B.C. have a unique statutory framework and public authority scheme designed to accommodate the legislative provisions. As a result, some of the provisions considered, while appealing on their face, may not necessarily be appropriate in the Alberta legislative context.

As previously noted the *Substitute Decisions Act* in Ontario is comprehensive legislation and is much broader in scope than the *Powers of Attorney Act*. It provides authority for the creation of powers of attorney (for both personal care and property decisions),³⁴ for court ordered guardianship (in relation to both personal care and property matters),³⁵ and for investigation and emergency intervention by the Public Guardian and Trustee where there is a risk of serious adverse effects.³⁶

³¹ PAA, *supra* note 2 at s. 10. Interested person is not defined in the *Powers of Attorney Act*, however, “interested person” as defined in the *Dependant Adults Act* includes the Public Trustee.

³² SDA, *supra* note 15; RAA, *supra* note 15.

³³ *Public Guardian and Trustee Act*, SS 1983, c.P-36.3 [hereinafter Sask. PGTA].

³⁴ SDA, *supra* note 15 at ss. 46 & 7.

³⁵ *Ibid.* at ss. 65 & 22.

³⁶ *Ibid.* at ss. 62 & 27.

The SDA imposes on the Public Guardian and Trustee a *mandatory* duty to investigate,³⁷ and the authority to apply for temporary guardianship of property for a period up to 90 days if there are reasonable grounds to believe that the person is incapable of managing property and that the prompt appointment of a temporary guardian of property is required to prevent serious adverse effects.³⁸ If the court makes an order appointing the Public Guardian and Trustee as temporary guardian, the order may suspend the powers of any attorney under a power of attorney for property during the term of the temporary guardianship.³⁹

The *Representation Agreement Act* in B.C. mirrors the functions of both the Alberta *Personal Directives Act* and *Powers of Attorney Act*. While many of the formalities and safeguards in place for representation agreements dealing with financial matters are the same as those for representation agreements dealing with personal care matters, the RAA also has additional provisions that guard against the pronounced risk of financial abuse under substitute decision-making instruments.

The RAA effectively establishes a public watchdog scheme with respect to RAs and imposes on the Public Guardian and Trustee a duty to oversee the making, changing and revocation of RAs. The RAA provides that any person may make “an objection” (i.e., a report) to the Public Guardian and Trustee in relation to an RA.⁴⁰ The Public Guardian and Trustee is obligated to review the objection and has the discretionary authority to conduct an investigation.⁴¹ The Public Guardian and Trustee may also initiate an investigation if of the opinion there are grounds for an objection.⁴² Where there are protection concerns, the Public Guardian and Trustee may make a report under section 46 of the B.C. *Adult Guardianship Act*.⁴³

In terms of monitoring safeguards, the RAA also requires the appointment of a “monitor” for all RAs containing provisions dealing with “routine management of the adult’s financial affairs.”⁴⁴ A monitor has a duty to make reasonable efforts to determine whether a representative is complying with their statutory duties⁴⁵ and the monitor may require the representative to produce accounts.⁴⁶ The monitor is also obligated to report to the Public Guardian and Trustee any reasonable belief that the representative has failed to comply with the statutory duties.⁴⁷

The third piece of legislation to be compared is the Saskatchewan *Public Guardian and Trustee Act*.⁴⁸ The Sask. PG&T Act was recently amended to provide the Public Guardian and Trustee with the authority to investigate financial abuse of vulnerable

³⁷ *Ibid.* at s. 27(2).

³⁸ *Ibid.* at s. 27(3.1).

³⁹ *Ibid.* at s. 27(8).

⁴⁰ RAA, *supra* note 15 at s. 30(1).

⁴¹ *Ibid.* at s. 30(3).

⁴² *Ibid.* at s. 31(1).

⁴³ *Ibid.* at s. 30(3)(g).

⁴⁴ RAA, *supra* note 15 at s. 12(1).

⁴⁵ *Ibid.* at s. 20(1).

⁴⁶ *Ibid.* at s. 20(4).

⁴⁷ *Ibid.* at s. 20(5).

⁴⁸ Sask. PGTA, *supra* note 32.

adults. For the purpose of the PG&T Act, “vulnerable adult” means an individual who has an illness, impairment, disability, or aging process limitation that places the individual at risk of financial abuse. This broad definition brings adults who are subject to financial abuse under an EPA squarely within the purview of the legislation. The PG&T Act provides a framework for mandatory reporting by financial institutions of suspected abuse, for the freezing of accounts by financial institutions and the PGT, and for the PGT to investigate and intervene in cases of suspected abuse.⁴⁹

2.2.2 Considerations for Reform⁵⁰

Execution Formalities

- *Consider a provision that would allow for the Public Trustee to be appointed as an attorney under an EPA (with prior consent).*
- *Consider whether more than one witness signature should be required or whether witnesses should be limited to a specific class of persons.*
- *Consider whether the donor should be required to consult with a qualified professional, who is deemed qualified to provide a donor with the requisite information about an EPA and to assess the donor’s capacity to make the EPA, prior to executing an EPA.*
- *Consider the establishment of a registry for EPAs.*

The Test for Capacity

- *Consider whether the test for capacity to make an EPA should expound on the factors to be considered in determining whether a donor understands the nature and effect of the EPA.*

Triggering Event Safeguards

- *Consider a provision that an assessment of mental incapacity would require a certificate from a registered medical practitioner.*
- *Consider removing the ability of a donor to appoint an attorney as the person designated to make a determination of incapacity.*
- *Consider adopting a notice of intention to act and require that notice be given to all family members whose whereabouts ought to reasonably be known.*

⁴⁹ *Ibid.* at ss. 40.5-40.9.

⁵⁰ These are only some of the considerations for reform that are discussed in the complete legislative review, and some of these may not have been discussed in this summary. See the full report for a detailed discussion.

Scope of Authority

- *Consider whether the powers conferred under an EPA should be divided into more than one category: authority that is presumed upon the execution of an EPA (unless otherwise provided for) (i.e., routine authority) and authority that must be specifically designated in the EPA (i.e., advanced authority).*

Duties of the Attorney under an EPA

- *Consider adopting a list of statutory duties.*

Monitoring Safeguards

- *Consider a requirement that joint attorneys be appointed under an EPA, or alternatively, a requirement to appoint an EPA “monitor.”*

Reporting, Investigation, and Intervention Mechanisms

- *Consider whether a statutory regime similar to the Saskatchewan PG&T Act should be adopted to provide the Public Trustee with the authority to investigate financial abuse of vulnerable adults.*
- *If adopted, consider whether the authority to investigate should be mandatory.*
- *If adopted, consider whether the duty to report suspected financial abuse should be mandatory and, if so, whether it should be mandatory for all parties or for specific parties only (such as financial institutions).*
- *If adopted, consider whether the investigation authority should apply to all vulnerable adults (see Saskatchewan definition) or whether it should be specific to allegations of suspected abuse under an EPA.*

2.3 The Dependent Adults Act

The *Dependent Adults Act* is a form of substitute decision-making legislation that deals with adult guardianship. Guardianship generally refers to the court appointment of a person or agency with the power and authority to take charge of the property, financial affairs, and physical person of adults deemed to be mentally incapable and, therefore, unable to make decisions on their own behalf.⁵¹ In Alberta, the term “trusteeship” is used in addition to “guardianship” because the *Dependent Adults Act* distinguishes between guardianship of an adult’s physical person and trusteeship of an adult’s property and financial affairs.

⁵¹ R.M. Gordon & S.N. Verdun-Jones, *Adult Guardianship Law in Canada*. (Toronto: Carswell Thomson, 1992 with 1994 and 1995 supplements) at 1-2, 1-3 [hereinafter Gordon & Verdun-Jones].

The underlying philosophy of the *Dependent Adults Act* is that trusteeship and guardianship should be viewed as a last resort and should not be imposed if a less restrictive alternative exists. Proceedings under the DAA can be time-consuming and expensive, and ultimately compromise an adult's right to self-determination. The adult, who is often a passive participant in the process (as signified by the term "dependent adult"), may also experience considerable stigma and emotional distress.

From an elder abuse perspective, there is a definite upside to dependent adult proceedings. The proceedings are court regulated, the conferral of power requires judicial authorization, there are accountability mechanisms built-in to guard against abuse by guardians and trustees, and there are procedures, albeit limited, for responding to adults who are in abusive situations.

In spite of its more interventionist approach, the DAA should not be mistaken for a statutory protection regime. The legislation is still premised on the idea that family members or close friends should provide assistance to the adult in the least intrusive manner. As a result, the statutory authority of the Public Guardian and the Public Trustee has been constrained so that those offices are less often required to become involved in dependent adult proceedings. The "last resort" philosophy of the legislation translates into minimal responsibility of the Public Guardian and Public Trustee for the overall scheme of the DAA when it comes to the appointment, administration and monitoring of guardians and trustees.

There are provisions in the DAA that allow, but do not require, the Public Guardian or the Public Trustee to become involved. For instance, the DAA provides that the guardian, trustee, or any "interested person" may apply for an order discharging the guardian or trustee where the guardian or trustee fails to act in accordance with the order or acts in an improper manner or in a manner that has endangered the estate or the well-being of the adult.⁵² The Public Guardian may also apply for a compulsory care order (separate from a guardianship order). The authority to do both is permissive, not mandatory, meaning neither the Public Trustee nor the Public Guardian has a positive duty to act.

There are emergency provisions in the legislation which expedite the guardianship and trusteeship application process in the face of immediate harm to the adult's person or estate. As will become evident later, emergency guardianship and trusteeship orders can be an essential tool in the Alberta context to protect incapacitated adults who are being abused. However, the "last resort" philosophy of the legislation rears its head in emergency guardianship orders by limiting their use to situations where decision-making authority regarding the person cannot practicably be obtained under another enactment.⁵³

In the application process, the Court relies heavily on the report of a physician/psychologist to determine whether the adult lacks capacity and whether it is in the adult's best interest to appoint a guardian or trustee. The report, which must follow a

⁵² DAA, *supra* note 3 at ss. 27 & 53.

⁵³ *Ibid.* at s. 4(c).

prescribed form, has both positive and negative attributes. On one hand, a prescribed form will help ensure that the physician or psychologist puts his/her mind to the factors considered to be the most relevant by the court. On the other hand, the form is just that—a form. It specifies a legal test for incapacity and requires the physician to state that an order for guardianship/trusteeship is in the best interests of the adult, but provides no guidance as to the factors to be considered. Although the form does require the physician/psychologist to specify his/her observations and identify a diagnosis and prognosis, it is conceivable that forms will be completed without much thought or individualized assessment, particularly where the applicant who is pressing the physician for a statement of incapacity.

The most notable gaps in the DAA pertain to the absence of mechanisms for reporting and investigating suspected abuse of a dependent adult. First, there is no requirement for an “interested person” to take any action upon becoming aware of abuse or neglect of a dependent adult. Second, there is no requirement for a person to report suspected abuse or neglect. Third, even if a person wanted to report abuse, there is no mechanism by which to do so because there is no one to call. And fourth, there is no authority to investigate suspected abuse of a dependent adult. Although the Public Guardian and the Public Trustee have a limited duty to intervene, there is no formal process for reporting concerns or for assessing the validity or degree of those concerns when they arise.

2.3.1 Comparative Analysis

In contrast to the DAA, the British Columbia *Adult Guardianship Act* and the *Adult Guardianship Act Supplement* is comprehensive adult protection legislation.⁵⁴ It not only provides for the court appointment of decision-makers and guardians, it also establishes a comprehensive protection regime for providing support and assistance to abused and neglected adults. It should be noted that Part 2 of the AGA Supplement (the portion dealing with assisted decision-making and guardians), although enacted, is not yet in force and no proclamation date has yet been set. Nonetheless, the legislation should be seen as a useful model for comparison.

The role of the B.C. Public Guardian and Trustee (“PG&T”) under the *Adult Guardianship Act* is very broad in scope, essentially establishing a “gatekeeper” function for the PG&T in relation to guardianship applications. For instance, the PG&T is the first point of contact for all persons who have concerns or information about an adult who may need assistance making decisions. When the PG&T receives

⁵⁴ *Adult Guardianship Act*, RSC 1996 Chapter 6 [hereinafter AGA], *Adult Guardianship Act Supplement* [RSC 1996] C. 6 [hereinafter AGA Supplement].

information, it may request a designated agency⁵⁵ to determine the degree of need and, if necessary, request the agency to conduct an assessment to determine whether the adult is incapable of making decisions.⁵⁶ If the adult does not consent to the assessment, the PG&T may apply to the court to obtain permission for the designated agency to proceed with the assessment.⁵⁷

This gatekeeper function of the PG&T is significant. Although the AGA provides that “any person” may apply to the court for an appointment of a decision-maker or guardian,⁵⁸ all applications must be accompanied by a needs report, an assessment report, and a report of the PG&T.⁵⁹ Thus, although the PG&T does not necessarily initiate all applications it will, nonetheless, always be involved in the process.

The AGA also provides that the PG&T can be appointed as the decision-maker or guardian⁶⁰ and, in contrast to the DAA, the appointment is not limited to last resort situations. Finally, and most notably, the AGA establishes a comprehensive process, regulated by the PG&T, for reporting, investigating, and intervening in cases of suspected abuse and neglect of adults (whether they are the subject of a guardianship order or not).⁶¹

The AGA establishes a hierarchy of decision-making: Associate decision-making; Substitute decision-making; and Guardianship. The specific authority conferred under each level varies in the degree of intrusiveness. The powers of associate decision-makers are restricted to supporting and assisting the adult in making decisions for a maximum period of three years.⁶² The powers of substitute decision-makers are limited to making decisions on the adult’s behalf about matters specified in the application for a maximum period of six years.⁶³ And the powers of guardians include the authority to make decisions on the adult’s behalf, to care for, and to assist and protect the adult up to a maximum period of three years.⁶⁴ In addition to these three levels of decision-making authority, the AGA also adopts a general rule of least intervention.

⁵⁵ A “designated agency” is any public body, organization or person designated as such by the Public Guardian & Trustee: AGA, *ibid.* at s. 61(a).

⁵⁶ AGA, *ibid.* at s. 4.

⁵⁷ *Ibid.* at s. 4(9).

⁵⁸ AGA Supplement, *ibid.* at s.6(1).

⁵⁹ *Ibid.* at s. 8(1).

⁶⁰ *Ibid.* at s. 7(1).

⁶¹ This process will be discussed in passing in this section, but will be considered in more detail in Section 3.0 - Protection Legislation.

⁶² AGA, *supra* note 53 at s. 6.

⁶³ *Ibid.*

⁶⁴ *Ibid.*

Similar to the B.C. *Representative Agreement Act* the AGA includes a mechanism for the appointment of monitors to oversee the activities of decision-makers and guardians.⁶⁵ The role of monitors in the guardianship context is less central than the role of monitors in the context of representation agreements (given that the guardianship process is already court monitored), but monitors nonetheless play an important watchdog function.

The AGA also has extensive provisions for responding to protection concerns by providing for the establishment of designated agencies to investigate and intervene in cases of suspected abuse and neglect of adults. That portion of the AGA will be discussed in more detail in the next section of this review in the context of protection legislation.

2.3.2 Considerations for Reform⁶⁶

On one hand, the DAA has adopted numerous procedural protections to safeguard against abuse and neglect of vulnerable adults. It establishes rigorous formalities for the appointment of guardians and trustees. It itemizes the powers available under orders for guardianship and trusteeship and specifies certain powers as requiring judicial authorization. It also carves out from guardianship the specific authority to confine a person to a place of care and requires a separate application. It is explicit about the bases on which guardianship and trusteeship authority must be exercised, requiring the least amount of intervention possible and consultation to the extent possible to determine the adult's wishes. And finally, it establishes a monitoring system through built-in review periods, so that all authority conferred will be predictably scrutinized by the court.

On the other hand, the legislation is deficient in terms of its ability to deal with suspected abuse. There is an over-reliance on the court process and on "interested persons" to make applications for guardianship/trusteeship and to apply for discharge applications in cases of suspected abuse and neglect when they are under no legal obligation to do so. As with the *Powers of Attorney Act* and the *Personal Directives Act*, there is a dearth of mechanisms in the DAA for reporting, investigating, and intervening in cases of suspected abuse of adults who are the subject of substitute decision-making procedures.

The Role of Public Authorities

- *Consider expanding the role of the Public Guardian and the Public Trustee so as to shift the discretionary authority of those offices to a mandatory duty to apply for a discharge of a guardian or trustee where the guardian or trustee acts in an improper manner, in a manner that may endanger the well-being or estate of the adult, or the trustee is guilty of a breach of trust.*

⁶⁵ *Ibid.* at s. 12.

⁶⁶ These are only some of the considerations for reform that are discussed in the complete legislative review, and some of these may not have been discussed in this summary. See the full report for a detailed discussion.

- *Consider whether there should be a duty on the Public Guardian and the Public Trustee to investigate, and make an application if necessary, cases involving an immediate danger of serious loss or harm.*

Formalities of the Appointment/Application Process

- *Consider whether the desk procedure for guardianship and trusteeship applications should be maintained, or whether a hearing should be required in all instances so that the suitability of the guardian can be assessed.*
- *Consider removing the reference to “best interests” and “substantial benefit” from the test applied by the court in determining whether a guardian or trustee should be appointed and replacing it with a needs-based analysis (like under the AGA).*
- *Consider whether the DAA should make a provision for the appointment of two trustees, each of whom would serve as trustee for a specified part of the property, and two guardians, each of whom could be appointed in respect to a specified period of time.*

The Scope of Authority

- *Consider whether the authority to grant certificates of incapacity (statutory trusteeship) should be retained in the DAA or whether provision to issue a certificate should form part of the Mental Health Act and be closely tied with other assessment procedures under that legislation.*

Assessment of Capacity

- *Consider adopting a specialized, regulated process for assessing capacity. If adopted, consider whether assessors should be required to attend specialized capacity assessment training and, if so, whether the list of persons eligible to perform assessments should be expanded beyond medical doctors and psychologists.*
- *Consider whether the legislation should specify the need to obtain the consent of an adult to conduct an assessment of capacity. If so, consider whether the legislation should identify a statutory list of proxy decision makers who can consent to the medical examination/assessment if the adult refuses.*

Duties of Guardians and Trustees

- *Consider creating a statutory list of duties for guardians and trustees.*

- *In addition to the standard review period, consider imposing on guardians and trustees a positive duty to apply for a review of an order where the adult's needs or circumstances have changed significantly since the order was made.*

Monitoring and Removal of Authority under the DAA

- *Consider providing for the appointment of monitors in guardianship and trusteeship orders.*

2.4 The Mental Health Act

As with the other legislation being reviewed, the *Mental Health Act*⁶⁷ is not specific in application to older adults. In fact, the *Mental Health Act* even applies to persons under 18 years. However, in Alberta the MHA is commonly relied upon by police and service providers as an emergency means of assisting “at risk” incapacitated adults who are unable to make decisions for themselves and who are unable or unwilling to consent to assistance or treatment. For this reason, it is important to review the MHA as it relates to adult protection and guardianship. However, because the mental health legislation applies to a population that includes, but does not exemplify the elderly, a comparative analysis has not been undertaken.

The MHA applies to persons suffering from a mental disorder. It is used to admit persons, involuntarily, to a mental health facility for the purpose of ensuring their safety and providing treatment, if necessary. Persons to whom the MHA applies may or may not be competent for the purpose of consenting to treatment and, that being so, the MHA provides authority for the treatment of patients, with or without their consent. If a physician determines that a patient is not competent to make treatment decisions, the physician may issue a certificate to that effect.⁶⁸ If a certificate has been issued regarding the patient's inability to make treatment decisions, treatment decisions may be made on behalf of the patient by a designated list of substitute decision-makers. It differs from the remedies available under the DAA in that there are strict time limits on remedies under the MHA and custodial remedies under the DAA do not authorize treatment of a person without their consent. In addition, there is a comprehensive review process in place with regard to action taken under the MHA.

The MHA provides mechanisms for apprehending, detaining, and treating persons who are suffering from a mental disorder. These mechanisms include admission certificates (issued by a physician) and apprehensions (which can occur with or without a warrant). In order for a person to be admitted to a facility under the MHA, 3 criteria must be met:

- a) a mental disorder exists,
 - b) a condition presenting or likely to present a danger to the person or others exists,
- and

⁶⁷ MHA *supra* note 4.

⁶⁸ *Ibid.* at s. 27.

- c) the person is unsuitable for admission to another facility other than as an informal patient.⁶⁹

The admission criteria for the involuntary admission of a patient are intended to constrain the application of the MHA to very limited circumstances. First, the definition of mental disorder is limited to “substantial disorders” that result in a “gross impairment.” The severity requirements would exclude from treatment persons with a mild mental handicap,⁷⁰ or mild dementia. As a result, the application of the MHA should only be relevant to the context of elder abuse where the adult being abused is severely disordered with Alzheimer’s or dementia (although the application of the legislation is often stretched due to the dearth of other mechanisms to respond to situations of abuse).

Second, the requirement that a patient presents a danger to himself/herself or others does not include situations where there is a risk of psychological danger or financial harm. Instead, the scope of application is limited to persons who are at risk of *physical danger*. Because “danger” has been interpreted by the Alberta Court of Queen’s Bench to mean “bodily harm”⁷¹ the legislation is only be applicable in situations of physical abuse and extreme neglect.

Third, if a person is willing and capable of consenting to the admission and volunteers to be admitted, then an admission certificate will not be issued because the criteria limits admission to patients who are unsuitable as informal patients.

Review panels are appointed for each facility under the MHA⁷² and provide procedural protections for patients who are detained pursuant to an admission certificate or a renewal certificate, and for patients who have been certified as mentally incompetent to make treatment decisions.

In addition, a Mental Health Patient Advocate has been appointed under MHA.⁷³ The appointment of a Patient Advocate is a significant procedural safeguard for patients under the MHA. However, the Patient Advocate should not be mistaken as existing for the sole purpose of patient advocacy. Instead, the Patient Advocate exists for the purpose of investigating complaints relating to the patient - including complaints from and about the patient.⁷⁴

⁶⁹ *Ibid.* at s. 2.

⁷⁰ J.E. Gray & R.L. O’Reilly, “Clinically Significant Differences Among Canadian Mental Health Acts” (2001) 46(4) *Can. J. Psychiatry* 315 at 316.

⁷¹ *M. v. Alberta* (1985) 64 AR 14 at 27.

⁷² MHA, *supra* note 4 at s. 34(1).

⁷³ *Ibid.* at s. 45.

⁷⁴ *Patient Advocate Regulation*, Alta. Reg. 148/2004, s. 3(1)(d) [hereinafter PA Regulation].

3.0 PROTECTION LEGISLATION

The definition of abuse and neglect varies depending on the context, the purpose of the legislation, and the target population being referred to. Regardless of how it is defined, the focus of protection legislation is on preventing and responding to abuse and neglect. Protection legislation differs from substitute decision-making legislation in several ways. First, responding to and preventing abuse and neglect is the *raison d'être* for protection legislation, whereas the protection function is ancillary to the primary purpose of substitute decision-making legislation. Second, protection legislation may or may not be limited in application to adults who are mentally incapacitated, whereas substitute decision legislation necessarily is.

In spite of their differences, the functions of these two types of legislation overlap—even collide—because adults who are mentally incapable of reasonable judgements respecting their person or estate, are also particularly at risk of abuse or neglect by virtue of their incapacity.

Adult protection laws have been characterized by authors Gordon & Verdun-Jones⁷⁵ as having two main characteristics:

- a) they provide services, or arrange for the provision of services; and
- b) they provide legal authority to act on behalf of the client, irrespective of his wishes.

For the purpose of this review, the term “adult protection legislation” will be used to describe legislation which provides authority for the investigation of, and intervention in, cases of alleged abuse and neglected adults. Based on these criteria, it is clear that adult protection legislation has not been adopted in Alberta. Instead, the legislative framework in place to respond to the abuse and neglect of adults consists primarily of two pieces of legislation:

- the *Protection for Persons in Care Act*;⁷⁶ and
- the *Protection Against Family Violence Act*.⁷⁷

There is a host of other legislative mechanisms which complement or augment the framework in Alberta for responding to and preventing abuse and neglect. For instance privacy legislation,⁷⁸ governance legislation,⁷⁹ and advocacy legislation⁸⁰ help to protect

⁷⁵ J. Regan, *The Aged Client and the Law* (New York: Columbia University Press, 1990) at 128.

⁷⁶ PPCA, *supra* note 5.

⁷⁷ PAFVA, *supra* note 6.

⁷⁸ *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c. F-25; *Health Information Act*, R.S.A. 2000, c. H-5.

⁷⁹ *Health Facilities Review Committee Act*, R.S.A. 2000, c. H-3; *Health Professions Act*, R.S.A. 2000, c. H-7; *Persons with Developmental Disabilities Community Governance Act*, R.S.A. 2000, c. P-8; *Social Care Facilities Review Committee Act*, R.S.A. 2000, c. S-11; *Social Care Facilities Licensing Act*, R.S.A. 2000, c. S-10; *Nursing Home Act*, R.S.A. 2000 c. N-7; *Ambulance Services Act*, R.S.A. 2000, c.A-39; *Hospitals Act*, R.S.A. 2000, c.H-12; *Public Health Act*, R.S.A. 2000 c.P-37.

⁸⁰ *Ombudsman Act*, R.S.A. 2000, c. O-8; *Patient Advocate Regulation*, *supra* note 73.

vulnerable adults by ensuring the compliance of service providers and care facilities with regulations and standards of care, by helping to ensure that vulnerable persons have a voice and that procedural standards are adhered to, and by ensuring the privacy rights of adults are respected. Although any meaningful review of these legislative mechanisms must necessarily be saved for another day, it is important to recognize their role, albeit a peripheral one, in the adult protection legislative framework.

3.1 An Overview of the Alberta Approach to Adult Protection

Alberta does not have comprehensive adult protection legislation or legislation that arranges for the provision of service, and that provides legal authority to act on behalf of the client, irrespective of his/her wishes. Although the *Dependent Adults Act* provides for the guardianship component of comprehensive adult protection legislation, it provides neither the authority nor the mandate to intervene or deliver services to dependent adults who need protection. Similarly, the *Protection for Persons in Care Act*, Alberta's primary adult protection legislation, does not fall within that definition. Although it provides for the mandatory reporting and investigation of alleged abuse involving adults who reside in places of care, it does not establish a framework for service provision, or for the legal authority to act on behalf of abused adults. Finally, the *Protection Against Family Violence Act*, although part of the Alberta framework, cannot accurately be characterized as protection legislation because it applies only to adults who are capable and willing to make a court application to secure their own safety.

The question is then, what exactly is Alberta's approach to adult protection? Not surprisingly, Alberta did not follow the waves of adult protection legislation, instead going its own way and adopting innovative legislation to deal with the growing concern of institutional abuse and neglect of adults—the *Protection for Persons in Care Act*. In keeping with the non-interventionist philosophy of the substitute decision-making legislation considered in Section 2.0, the PPCA also reflects a minimalist government approach and may not go far enough to deal with the issue of abuse and neglect of vulnerable adults.

3.2 The *Protection Against Family Violence Act*

The purpose of the *Protection Against Family Violence Act* (“PAFVA”) is to provide protection and assistance to victims of family violence. It enables victims of family violence to obtain emergency protection orders (EPOs) and Queen's Bench protection orders against the perpetrators of the violence. The PAFVA also enables the police to obtain a warrant to enter residences and other places in order to search for and assist individuals who may have been the victims of family violence.

The PAFVA does not define abuse. Instead, it defines “family violence” and provides remedies for persons claiming to be victims of family violence. For the purpose of the PAFVA, family violence includes:

- intentional or reckless acts or omissions that cause injury (physical abuse and neglect that results in injury);
- intentional or reckless acts or omissions that cause property damage;

- acts or threatened acts that cause a reasonable fear of injury or property damage (risk of physical abuse and property damage);
- forced confinement; and
- sexual abuse.⁸¹

The definition of family violence covers neglect, but only if the neglect causes injury or a reasonable fear of injury. The definition does not cover financial abuse (with the exception of any financial loss that may result from property damage) or emotional abuse. Nor does the act apply to medical abuse (unless it causes injury). Lastly, the definition does not include unintentional acts or omissions that result in injury or harm, unless those acts or omissions are reckless.

The application of the PAFVA is limited to persons who claim to have been the subject of family violence by a family member.⁸² Under the PAFVA, family member means:

- persons who are or have been married to one another;
- persons who are or have been in an adult interdependent partnership with one another (“AIPship”);
- persons who are residing or have resided together in an intimate relationship;
- persons who reside together and are related by blood, marriage or adoption;
- any children within the context of a family household; and
- parents of children.⁸³

Notably, the PAFVA does not apply to:

- persons who reside together but are not married or in a common law relationship or adult interdependent partnership;
- persons who are related but not living together; and
- persons who are unrelated and not living together.

The PAFVA is clearly geared towards violence in families, rather than the special needs of the elderly in relation to abuse. Although it can be utilized in situations involving elder abuse, its applicability is limited for several reasons.

First, it is limited in application to family members who reside together. While it does apply to seniors who are being abused or are at risk of abuse by their spouse, common law partner, or adult interdependent partnerships, it does not apply in situations where an older person is being abused by an adult child who provides care and assistance but who does not reside with the senior. In addition, it does not apply to unrelated caregivers, whether or not they reside with the senior.

Second, the PAFVA requires the victim of family violence to have the capacity to apply for an order under the legislation. Although designated persons, namely police officers, could apply on behalf of the senior, the senior must have capacity to consent to the application being made on his/her behalf. The PAFVA is silent regarding whether a

⁸¹ PAFVA, *supra* note 6 at s. 1(e).

⁸² *Ibid.* at s. 6

⁸³ *Ibid.* at s. 1(d).

guardian can apply directly, or consent to an application on the senior's behalf. The failure of the legislation to make provision for this reinforces its failure to accommodate the needs of vulnerable adults.

Third, the definition of family violence does not include emotional abuse, financial abuse, or neglect (that does not result in injury or risk of injury). These areas of abuse, and neglect in particular, are particularly germane for seniors who may rely on others to meet their personal care needs.

Overall, the PAFVA is not suited to the needs of seniors and, in particular, to the needs of vulnerable adults given the requirement for capacity. Further, many seniors who have capacity may live alone, but may rely on other family members or friends to provide assistance. Abuse that occurs in this context does not fall under the umbrella of the PAFVA.

3.2.1 Comparative Analysis

The Prince Edward Island (PEI) *Victims of Family Violence Act*⁸⁴ is notably distinct from the legislation in Alberta and warrants a comparative analysis.

The definition of violence under the PEI Act is distinct from the PAFVA on several levels. First, it does not have an intention requirement related to acts or omissions that cause physical harm or property damage. Second, it includes threats of sexual abuse in addition to acts. Third, the definition includes both threats and acts of emotional abuse. And finally, it specifically includes and defines neglect. Notably, it does not include financial abuse but the definition is, nonetheless, much broader in scope than the Alberta definition of family violence and arguably, is more relevant in the context of elder abuse.

The definition of "family relationship" in the PEI Act as compared to the definition of family member under the PAFVA is broader on one hand, and narrower on the other. It is more restricted in the sense that it does not apply to same sex relationships, as provided for in the PAFVA by the inclusion of adult interdependent partnerships. Conversely, it is broader in that it applies to "members of the same family" without qualification. Thus, there is no requirement that the family members live together and the definition would therefore include victims who are being abused by their adult children, even if those adult children do not reside with them. As with the PAFVA, however, it would not include abuse by a friend or caregiver, whether or not that person resides with the victim.

The application requirements under the PEI Act specifically contemplate situations involving victims who may be incapacitated and provide for a substitute decision-maker to apply with leave of the justice of the peace. The PEI Act also clearly contemplates situations of elder abuse as it provides for an expanded definition of family member and the ability to apply for a protection order even if the victim cannot consent.

⁸⁴ S.P.E.I. 1996, c. 47 [hereinafter PEI Act].

3.2.2 Considerations for Reform⁸⁵

- *Consider expanding the definition of abuse in the PAFVA to: 1) remove the intent requirement; 2) include threats and acts of emotional abuse; and 3) explicitly include and define neglect.*
- *Consider expanding the scope of persons covered by the PAFVA to include family members generally and eliminate the requirement that family members be residing together.*
- *Consider extending the protection provided under the PAFVA in respect to persons with easy and frequent access to another person's household, regardless of whether the persons are related by blood or marriage or whether they reside or have resided together.*
- *Consider adding a provision that makes explicit the ability for a guardian or agent under a personal directive to be able to apply for an EPO or QBPO with leave of the court if the victim is incapable of giving consent.*
- *Consider broadening the list of designated persons who, with the victim's consent, can make an application on behalf of the victim so that it includes relatives, friends, and social workers.*

3.3 **The Protection for Persons in Care Act**⁸⁶

The PPCA was proclaimed in 1998. It was the first adult protection legislation of its kind in Canada. The main purpose of this legislation is to prevent abuse of adults receiving care from designated agencies by requiring that abuse be reported and investigated. More specifically, the PPCA requires criminal record checks for employees and volunteers, mandatory reporting of abuse and investigation of complaints, and the preparation of investigation reports, including recommendations, to the minister.

The definition of abuse in the PPCA covers physical, emotional/mental, sexual, financial, and medical abuse, as well as neglect. The scope of the definition is limited, however because only intentional behaviour is covered. Further, the definition of neglect does not include self-neglect and these types of concerns would necessarily have to be dealt with under the *Dependent Adults Act*. Because of the difficulties ascertaining the existence of intention (a requirement not even present in all criminal

⁸⁵ These are only some of the considerations for reform that are discussed in the complete legislative review, and some of these may not have been discussed in this summary. See the full report for a detailed discussion.

⁸⁶ PPCA, *supra* note 5. A Legislative Review Committee recently reviewed the PPCA. A report on the findings, along with numerous recommendations for change, was published in March 2003: Legislative Review Committee, Report on the Review of the *Protection for Persons in Care Act* (March 2003) online at: http://www.seniors.gov.ab.ca/CSS/persons_in_care/Leg_Review/ [hereinafter PPCA Report]. The analysis and details of the PPCA Report are considered in detail in the full report of this legislative review: *A Critical Review of Legislation and Reporting Practices Concerning Elder Abuse in Alberta* (May, 2005).

offences), it may be difficult to hold abusers accountable under this legislation, thereby diminishing its deterrent effect.

Currently, the agencies covered by the PPCA are limited to publicly funded agencies, including hospitals, lodges, nursing homes, women's shelters and daycare facilities for the aged or infirm.⁸⁷ Hence, as indicated by its name, the PPCA applies primarily to persons who reside in, or receive service from a care facility. The Annual Report 2003/2004 reveals that close to 55% of the reports under the PPCA involved clients over 65 years.⁸⁸ Thus, the PPCA is being applied to seniors in the majority of cases.

The PPCA applies regardless of who the alleged abuser is (clients, staff, family members, volunteers, third parties, etc.). However, the legislation only has jurisdiction to respond to complaints of abuse if the allegation of abuse occurred *within the context of the agency providing the services to the resident*.⁸⁹ This qualification can significantly limit the application of the legislation. For instance, in cases of alleged financial abuse involving family members in the context of EPAs, there is generally no jurisdiction to investigate because there is not a direct connection to the agency.⁹⁰

Reporting of suspected abuse under the PPCA is mandatory and the reporting requirements, which apply to all individuals and service providers, do not currently allow for the exercise of any discretion by service providers. This is a problem because, as with child protection concerns, a service provider who works closely with the adult and the adult's family may be in a better position to determine the best course of action to deal with suspected abuse. Furthermore, the duty to report abuse under the PPCA is limited to abuse that is occurring or has occurred,⁹¹ meaning that the PPCA does not apply where there is only a risk of abuse. This limits the potential of the PPCA to function in a preventative capacity.

One critic has argued in favour of voluntary reporting, and only where the client consents, if the client is mentally competent. Alternatively, the definition of clients could be altered to remove competent adults from the legislation altogether and to include only persons who are unable to care for themselves. The same critic notes that mandatory reporting is consistent with the *parens patriae* jurisdiction and appropriate only where the client is mentally incapable and therefore unable to care for himself.⁹²

The PPCA also imposes a mandatory duty to investigate as soon as possible upon receipt of a report of abuse. Investigations may proceed in one of three ways: 1) the ministry may appoint an investigator; 2) the complaint must be referred to the police if it is criminal in nature; 3) the matter may be referred to a professional association or college if the alleged abuser is a member. Investigators have authority to access most

⁸⁷ PPCA, *supra* note 5 at s. 1(b).

⁸⁸ Annual Report 2003/2004 on the Activities of Protection for Persons in Care at 3, online at: http://www.seniors.gov.ab.ca/CSS/persons_in_care/reports/2003_04/annual_report_2003_2004.pdf [hereinafter PPCA Annual Report].

⁸⁹ *Ibid.* at 11.

⁹⁰ *Ibid.*

⁹¹ *Ibid.* at s. 2(1).

⁹² N. Inions, "A Commentary on the Protection for Persons in Care Act" (2000) 8 *Health L.R.* 22 at 22.

records of the agency, but are precluded from accessing the client's health information records without the consent of the person being investigated.

Contracted investigators must prepare a final report for the ministry which may include the following recommendations:

- that the funding of the agency be reviewed or altered;
- that the agency take disciplinary action against an employee or service provider;
- that the complaint be dismissed because it was malicious, made without reasonable and probable grounds, or on the basis of insufficient evidence;
- any other recommendations that the investigator considers appropriate.⁹³

While the ministry has a duty to investigate reports of abuse that fall within the purview of the legislation and to report on the investigations, the role of the PPC ends upon the conclusion of the investigation and preparation of the report. The PPCA legislation does not establish an explicit obligation upon the Minister of Community Development to advocate for, protect, or assist the abused person and provides no mechanisms for the ministry to intervene in cases of suspected abuse. Thus, although the ministry is required to investigate, there is no mechanism for the provision of services under the legislation (although the investigation report may include recommendations that the agency provide or ensure provision of support services for the adult).

The PPCA tries to address this gap by imposing duties on the agencies to support and assist. The duties of agencies under the PPCA are ongoing, continuing before, during and after the investigation. The PPCA sets out the duties of an agency which include: 1) the duty to protect the clients it serves from abuse and to maintain a reasonable level of safety for its clients;⁹⁴ 2) the duty to make the provisions of the PPCA available to service providers, employees, and clients;⁹⁵ and 3) the duty to require that every successful applicant for employment and every new volunteer provide a criminal records check.⁹⁶

On one hand, the specification in the PPCA of duties of agencies to protect clients from abuse establishes impromptu "protection agencies" charged with the responsibility of protecting clients from abuse. On the other hand, it is unrealistic to expect all agencies to function in that capacity in the absence of a mandate and additional funding to carry out this function. Agencies may not be equipped with the expertise or human resources to respond to protection concerns. Additionally, in spite of the existence of a duty, agencies have no corresponding authority to conduct a proper investigation or to intervene where the adult does not or cannot consent. Further, there is no recourse against agencies who fail to carry out this duty effectively or at all.

In the end, by limiting the authority of the PPC to investigate only where there is a direct connection between the abuse and the agency, the government is deferring the

⁹³ PPCA, *supra* note 6 at s. 8(3).

⁹⁴ PPCA, *supra* note 6 at s. 5(1).

⁹⁵ *Ibid.* at s. 5(2).

⁹⁶ *Ibid.* at s. 5(3).

financial responsibility and public accountability for dealing with the issue of elder abuse. The agencies which assume this responsibility in turn lack the authority to intervene and may or may not have the expertise and financial resources to adequately respond.

3.3.1 Comparative Analysis

Although many provinces have adopted adult protection legislation,⁹⁷ the B.C. *Adult Guardianship Act* (AGA)⁹⁸ has been selected as the basis for comparison because it is one of the most comprehensive legislative schemes in terms of the scope of its application and its authority to protect, and because it incorporates provisions relating to substitute decision-making. This portion of the review will focus on the protection provisions of the AGA and contrast them, where relevant, to the protection framework in Alberta.

The B.C. *Adult Guardianship Act* has two primary components:

- 1) it provides for a graded substitute decision-making regime (ranging from associate decision-makers to guardianship, inclusive of the authority to confine a person to care), for adults who require assistance or are incapable of making decisions regarding financial matters and personal care; and
- 2) it provides for support and assistance of abused and neglected adults by means of a comprehensive framework that establishes a mechanism for reporting, and the authority to investigate abuse, as well as the authority to provide services, either with consent, or pursuant to support and assistance orders where the adult is incapable of consenting.

The purpose of the protection portion of the AGA is to provide for support and assistance of adults who are abused or neglected and who are unable to seek support and assistance because of physical restraint, a physical handicap, an illness, disease, injury or other condition that affects their ability to make decisions about abuse or neglect.⁹⁹ The AGA is not limited in application to a specific population of adults and it applies whether an adult is abused or neglected in a public place, in the adult's home, a relative's home, a care facility or any other place except a correctional centre.¹⁰⁰ This purpose of the AGA stands in contrast to the purpose of the PPCA which is limited to protecting adults in care from abuse and which lacks the obligation and authority to provide support and assistance to abused adults.

The AGA also sets out guiding principles, which establish that: 1) capable adults should not be subject to intervention without their consent; 2) a policy of least intrusiveness should govern the application of the act; and 3) court orders for guardianship and

⁹⁷ For instance, *Neglected Adults Welfare Act*, R.S.N. 1990, c. N-3; *Family Services Act*, R.S.N.B. c.F-2.2; *Adult Protection Act*, R.S.N.S. 1989, c. 2; and *Adult Protection Act*, R.S.P.E.I. 1988, c.A-5.

⁹⁸ AGA, *supra* note 53.

⁹⁹ AGA, *supra* note 53 at s. 44.

¹⁰⁰ *Ibid.* at s. 45.

decision-makers should only be used as a last resort.¹⁰¹ As such, the application of the AGA is limited to adults whose ability to make decisions about their abusive circumstances is impaired. Although the AGA does not go so far as to preclude its application to adults with capacity, it clearly emphasizes the importance of avoiding any imposition on the right to self-determination of capable adults. In contrast, the PPCA applies indiscriminately to all adults in care (adults both capable and incapable of decision-making).

Reporting of abuse under the AGA is voluntary, and is not limited to adults who lack mental capacity. Rather, any person may report suspected abuse of any adult who is unable to seek support and assistance due to physical impairment or any other condition that affects his/her ability to make decisions. This exemplifies the true breadth of the legislation because it encompasses adults suffering from mental illness, addictions, or battered woman syndrome alike.

The voluntary reporting requirements under the AGA stand in contrast to the mandatory reporting requirements under the PPCA which are mandatory regardless of the mental capacity of the adult. Paradoxically, although reporting is mandatory under the PPCA, there is no authority under the PPCA to intervene or assist the adult.

The remedies of support and assistance under the AGA must be distinguished from the remedies of appointing a decision-maker or guardian. Services for support and assistance (which must be voluntarily accepted by the adult) is the first level of support offered to an adult. Support and assistance may involve a referral to community health and social services, it may involve the preparation of a support and assistance plan by the agency in consultation with the adult or, where the adult is unable to consent to the provision of services, it may involve a court application for a support and assistance order.

A preliminary assessment is conducted by a designated agency to determine whether the adult needs support and assistance. If there is no need, the agency is prohibited from taking any further action. This mechanism functions to prevent the needless, unwarranted intrusion of public authorities into the lives of adults. If there is a need, the agency may refer the adult to community services, may assist the adult in obtaining those services, may inform the Public Guardian and Trustee (which would trigger a review and capacity assessment under the AGA), or may investigate to determine if the adult is abused or neglected and unable to seek support and assistance,¹⁰² in which case an order for a decision-maker or guardian might be warranted.

In contrast, the PPCA does not make provisions for support services. If the adult is capable of consenting, then support services may be arranged by the agency providing service. Otherwise, if the adult is incapable of consenting to support or assistance, then neither the PPC nor the agency has authority to intervene. Although the Public Guardian or the Public Trustee could be contacted, guardianship or trusteeship may be

¹⁰¹ *Ibid.* at s. 2.

¹⁰² *Ibid.* at s. 47(3).

too blunt of an instrument to deal with the adult's needs when a less intrusive service might be sufficient.

The power to investigate under the AGA is discretionary. If an adult is identified as being in need of support and assistance, an investigation of abuse and neglect is one course of action that may follow. As part of the investigation, the designated agency must make all reasonable efforts to interview the adult. If the designated agency is denied entry to a premise for the purpose of interviewing the adult, the agency may apply to the court for an order authorizing entry and/or authorizing a health care provider to enter and examine the adult.¹⁰³

Again, in contrast with the PPCA, the emphasis of the AGA is not on the investigation process, but rather on the assessment of need and provision of service, support and assistance. Conversely, the PPCA emphasizes the investigation process, mandating an investigation in all instances of alleged abuse, to the exclusion of any mechanism to respond to the needs identified in the course of the investigation. Although the recommendations arising from an investigation under the PPCA could specify a support plan that the agency would be required to carry out, in most cases the recommendations will pertain to the modification or creation of a policy or procedure of the agency, rather than the support needs of the adult.

Under the AGA, a designated agency may provide emergency assistance to an abused adult who is incapable of giving or refusing consent if emergency intervention is necessary in order to: 1) preserve the adult's life; 2) prevent serious physical or mental harm to the adult; or 3) protect the adult's assets from significant damage or loss.

Conversely, the PPCA does not provide authority for emergency interventions, either by agreement or by court order. Provision for emergency assistance is available through the DAA in the form of an application for guardianship or trusteeship without a medical report,¹⁰⁴ however, guardianship is a blunt response to an immediate risk of harm. An emergency intervention remedy may be available under the *Mental Health Act*, but this would, again, be limited to very specific circumstances.

3.3.2 The AGA in the Alberta Context

In light of deficiencies in the statutory framework in Alberta for dealing with elder abuse, an adult protection scheme similar to the model in the AGA would appear to be desirable for the Alberta context. The protection afforded by the PPCA in Alberta for vulnerable adults and capacitated adults alike is sorely lacking. The restricted mandate results in substantial gaps related to elder abuse. The PPCA affords no protection for adults who either: a) do not reside in a publicly funded care facility, or b) do reside in a publicly funded care facility, but who are being abused by a third party where there is no direct connection between the agency and the abuse. Even if the definition of agency under the PPCA is expanded to include all publicly funded agencies (as proposed in the PPCA Report), thereby bringing within its purview adults receiving homecare services,

¹⁰³ *Ibid.* at ss. 48 & 49.

¹⁰⁴ DAA, *supra* note 3 at ss. 4 & 32.

the requirement that there be a direct connection between the abuse and the agency will still likely result in the exclusion of most adults who are abused by family or friends in their home.

Although the statutory duties of agencies to protect clients from abuse may help to pick up the slack for the dearth of mandated protection services, the agencies themselves lack authority to intervene and can only provide service to the capacitated consenting adult. Further, when the adult is incapacitated, there is no authority to provide any service at all because the adult is not capable of consenting to such service.

Finally, adults who receive no government-funded service at all fall through the biggest crack of all—namely, that there is no PPCA investigation or agency duty that will come to the aid the adult.

In addition to filling an obvious gap related to the absence of mandated services for abused and neglected adults, incapacitated or otherwise, comprehensive adult protection legislation in Alberta could also compensate for the shortcomings in the safeguards and the deficiency of reporting, investigation and intervention mechanisms under the substitute decision-making procedures. Given that none of the *Personal Directives Act*, *Powers of Attorney Act* or *Dependent Adults Act* provides any mechanism to report, investigate, or intervene in cases of suspected abuse of adults under personal directives, EPAs or orders for guardianship or trusteeship, comprehensive protection legislation would significantly bolster the protection of vulnerable adults subject to those instruments.

If protection legislation similar to the AGA was adopted, the PPCA could be retained specifically to deal with allegations of abuse by publicly funded service providers, but even this limited function may be redundant in light of the parallel investigation procedures under other governance legislation and abuse investigation protocol such as the People with Developmental Disabilities Abuse Prevention and Response Protocol.

There are two formidable obstacles to overcome when contemplating adopting comprehensive adult protection legislation: 1) the ideological climate in Alberta that less government intervention is better and the emphasis on the right to self-determination; 2) the provision of sufficient resources to ensure the adequate functioning of a protection regime. Indeed, the criticism noted by the Manitoba Law Reform Commission, that the stated duties in the AGA may require more investment of resources than society is realistically prepared to provide, is particularly relevant to the Alberta context. An adult protection regime, like a child protection regime, is an expensive and administratively complex undertaking. A government of the non-interventionist persuasion is unlikely to contemplate a model of that nature and, even if it does, is unlikely to put in place the necessary infrastructure, including support and assessment services, residential facilities, and advocacy programs, to ensure that the regime does not unwittingly trample on the rights of abused adults through the provision of substandard and overly intrusive services.

Outside of the adoption of comprehensive protection legislation, the PPCA could be revised to address some of the current gaps and deficiencies. In light of the recent

review of this piece of legislation, however, the likelihood of any significant change to the scope of that legislation is unrealistic. The recommendations listed below, if adopted, could address some of the functional gaps in the PPCA.

3.3.3. Consideration for Reform

There are significant gaps in service for those adults (particularly vulnerable, incapacitated adults) who are being abused but who receive no government service.

The legislation does not provide a mechanism to intervene. Although it may be suitable with respect to abuse carried out in an institutional setting where there is always the ability to reduce funding or revoke the license of an agency who refuses to cooperate, the legislation does not provide for the protection of adults who are abused in their homes by a family member or friend. If there is a disinclination to add authority to intervene in the context of this legislation, then arguably, additional legislation is necessary to protect vulnerable adults who are mentally incapacitated.

- *Consider adopting the recommendation of the PPCA Report to expand the application of the PPCA to include all adults who receive services from agencies or bodies that receive government funding.*
- *Consider adopting the recommendation of the PPCA Report to remove the intent requirement from the definition of abuse.*
- *Consider adopting the recommendation of the PPCA Report to include in the definition of abuse actions that have the potential to cause, or are reasonably likely to cause, serious harm.*
- *Consider adopting the recommendation of the PPCA Report to define alleged abusers in the legislation as including other clients, health care professionals and other service providers, employees, contractors, family members, volunteers and any other third-party individuals. Alternatively, omit any definition of alleged abuser so that there is a presumptive application of the PPCA to all adults who receive services, regardless of who perpetrates the abuse.*
- *Consider altering the mandatory reporting provision so that it applies only in cases where the adult is not mentally competent. Where the adult is mentally competent, consider making reporting voluntary with the consent of the person receiving care. Alternatively, consider making the reporting provision optional so as to provide service providers with the discretion to determine the most appropriate course of action.*
- *Consider adopting the recommendation of the PPCA Report that would require the Minister to review a report of alleged abuse, but that would make the duty to investigate discretionary.*

- *Consider adopting a provision that would require a concurrent or joint investigation by the PPC for alleged abuse of a criminal nature, which results in a referral to a police service. This will help to ensure the abused person receives the necessary support and assistance in the course of the investigation.*
- *Consider removing the qualification that there be a direct connection between the alleged abuse and the agency, in order that the jurisdiction to investigate be triggered. Instead, consider making provision to ensure that all abuse that comes to the attention of the agency or service provider, regardless of where it occurs and who the alleged abuser is, falls within the ambit of the PPC. At a minimum, if the “direct connection” qualification is retained, make the qualification explicit in the legislation.*
- *Consider retaining the provision that creates a legal duty to protect clients, but consider expanding the provision to include a legal obligation to provide advocacy services, resources and support systems for abused adults. Additionally, consider whether the obligation should exist for all agencies, or for agencies designated by the minister only.*
- *Consider making provision for court ordered protection services and establishing the authority for designated agencies to apply for protection orders for abused adults. If adopted, consider whether this authority should be limited in application to adults who are mentally incapable and whose safety cannot otherwise be ensured, and to other adults only with their consent.*
- *Consider adopting provisions, whether in the PPCA or otherwise, that provide for the protection of an adult who is subject to self-neglect.*
- *Consider making the PPCA broader in scope so as to provide for the reporting and investigation of any abuse and neglect against any vulnerable adult receiving a publicly funded service (regardless of whether a direct connection exists between the agency and the abuse).*
- *Consider adopting provisions, in the PPCA or otherwise, that provide for the authority of the Minister to provide support services to adults who are abused and court ordered services for adults who are incapable of consenting to support services.*

4.0 THE BIG PICTURE

The legislative framework for dealing with elder abuse in Alberta can roughly be broken down into two categories: legislation that deals with substitute decision-making procedures and legislation that focuses on protection of adults from abuse and neglect. Having analysed and contrasted the Alberta legislation in both categories with comparable legislation in other jurisdictions, it is fair to conclude that the statutory framework in Alberta is relatively deficient in terms of its ability to guard against and respond to the occurrences of alleged elder abuse. The legislative framework is collectively barren of any infrastructure to intervene for the purpose of protecting adults, vulnerable or otherwise, from abuse.

A common trait throughout the legislative scheme for dealing with elder abuse in Alberta is the absence of any authority or mandate to provide support and assistance to adults who are abused and neglected. This trait of non-intervention is evident in the *Personal Directives Act* and the *Powers of Attorney Act*, both of which favour simplicity and cost-effectiveness over safeguards and regulation with the result that abuse and neglect of vulnerable adults is not adequately guarded against. While the object of these acts is not one of protection, the legislation must still put in place the mechanisms necessary to respond to allegations of exploitation and abuse of the vulnerable individuals who use those instruments. Outside of providing for a privately initiated court review process, however, the *Personal Directives Act* and *Powers of Attorney Act* are vacant of any mechanisms for reporting, investigating, or responding to allegations of abuse and neglect of an adult.

The *Dependent Adults Act*, while properly characterized as substitute decision-making legislation, is unique because it straddles the divide between substitute decision-making and protection legislation. Despite its possible application to protection-like circumstances, protection was not the original intent of the DAA. Indeed, there is no mechanism in the DAA to report or investigate allegations of abuse and the mandate of the Public Guardian and the Public Trustee to make court applications in cases of abuse is limited to situations of last resort. However, regardless of the fact that protection is not the original object of the legislation, the dearth of other legislative remedies for dealing with and responding to the protection concerns of older adults in Alberta results in necessary reliance on the DAA to serve a protection function. This necessity is, however, at odds with the observation that guardianship is too blunt an instrument to deal with protection concerns in support and assistance.

The only mechanism available to respond to imminent risk of abuse or harm involving incapacitated adults is an apprehension (with or without a warrant) under the *Mental Health Act*. Although this mechanism may be relied upon as a means of authority to remove an at risk adult from an abusive situation, this may do violence to the intention of the legislation which is to protect mentally disordered patients who are likely to present a danger to themselves or others.

In terms of legislation that serves a true protection function, the legislative landscape in Alberta is sparse. The *Protection Against Family Violence Act*, although part of the protection framework, cannot accurately be characterized as protection legislation

because it applies only to adults who are capable of making a court application to secure their own safety. While Emergency Protection Orders could be a valuable tool in the context of adult protection, their applicability to situations of elder abuse has been constrained by the mandate of the PAFVA; the PAFVA does not apply in situations of abuse by an unrelated caregiver or in situations of abuse by an adult child who does not reside with the senior, and the PAFVA does not make provisions for a substitute decision maker or any other person to apply for an EPO when the adult lacks capacity to do so himself/herself, or to give consent for another person to apply.

The *Protection for Persons in Care Act* does not meet the definition of adult protection legislation because, although it provides for the mandatory reporting and investigation of alleged abuse involving adults who reside in places of care, it does not mandate the provision of advocacy and support services to those adults, or the legal authority to act on their behalf.

Currently, the jurisdiction to conduct investigations under the PPCA is limited to persons who reside at or receive care from publicly funded care facilities. Although a committee recently reviewed this legislation and recommended expanding the scope of the act so as to include all publicly funded agencies (including home care services), there are still numerous protection gaps that remain unaddressed.

Considered collectively, these legislative gaps reflect a statutory scheme that is deficient in its ability to prevent and respond to concerns of elder abuse. This legislative review exposes the paucity of the current adult protection legislative regime and highlights the need for legislative reform to fill the gaps. The existing legislation in Alberta could be made more effective by incorporating appropriate changes, such as necessary safeguards, public reporting/intervention schemes, and expanding the jurisdiction of the PPCA.

Alternatively, the current gaps could be compensated for by adopting new adult protection legislation. New legislation could include comprehensive schemes for dealing with substitute decision-making (e.g., *Substitute Decisions Act*, Ontario) and for responding to cases of abuse, or it may be omnibus legislation that provides for substitute decision-making procedures and adult protection (e.g., *Adult Guardianship Act*, B.C.). Either way, there is an obvious need for public authorities to play a larger role in responding to elder abuse and for the mandated reporting, investigation and support and assistance related to elder abuse.

APPENDIX B

Self-Report Victim Survey



Dear Sir/Madame,

The Canadian Research Institute for Law and the Family (CRILF) is conducting a study of the existing reporting practices, services, and resources for older victims of abuse in Alberta. This will allow us to identify gaps in service, and will help us gain an understanding of the experiences of people who are accessing supports and resources.

We are asking for your help in this study by completing the attached survey questionnaire. It should take approximately 25 minutes. Your participation is **completely voluntary** and you are free to withdraw from the research project at any time. The information you provide will be kept **strictly confidential**. Answers given in the questionnaire will never be traced back to the individual respondent and will be grouped together with answers given by all the other respondents.

You can place the completed questionnaire in a sealed envelope (provided) and return it to the person assisting you, who will not open the envelope. If you would like help in filling out the questionnaire, the person assisting you can do so. That person has agreed to keep all information confidential.

The questionnaire asks about your opinions and experiences around accessing and receiving services because of unsafe and abusive situations that may have happened to you. Some of the questions are sensitive in nature and may trigger an emotional response. If you would like to talk further with someone or access additional support, contact numbers are provided at the end of the survey. We also ask some questions about you (such as age) in order to be able to gather some general information about the survey participants.

We look forward to your involvement in this project. If you have any questions or concerns about this study, please telephone **Monica Pauls at CRILF** (216-0345 in Calgary; or toll-free 1-888-881-4273).

Thank you for your participation.

Victim Focused Services for Older Adults: Access and Effectiveness in Alberta

For each question, please respond by checking the answer that best applies to you or by writing your response in the space provided. Your participation is totally **voluntary** and will be **confidential**. You are free to skip any question you prefer not to answer. Your answers will be grouped with responses from all the other respondents and will never be analyzed individually.

This questionnaire contains the following sections:

- | | |
|---------------|---------------------------------|
| PART 1 | Your Experience |
| PART 2 | Reporting |
| PART 3 | Services – Access |
| PART 4 | Services – Effectiveness |
| PART 5 | General Information |

If you have any questions about the questionnaire, please phone Monica Pauls at CRILF ((403) 216-0345 in Calgary; or toll-free 1-888-881-4273).

Major funding for this survey was provided by Justice Canada and the Alberta Law Foundation.

**Canadian Research Institute for Law and the Family
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For the purpose of this study, we will use the following definition of elder abuse:

Elder abuse is the maltreatment of an older person by someone in a position of trust, such as a family member or other close acquaintance. Abuse is any deliberate action or lack of action which causes harm to an older adult. Abuse is used to control others and is a violation of rights. It can be in the form of:

- Physical abuse (includes sexual abuse)
- Psychosocial abuse (verbal abuse and behaviour intended to cause emotional pain)
- Financial abuse
- Medication abuse
- Neglect

***taken from the Kerby Centre brochure, "Elder Abuse is Wrong in Any Language."*

Part 1: Your Experience

1. Have any of the following incidents happened to you since you turned 50 years old? **Please check all that apply.**

Please indicate your **relationship** with the person who did this to you, but **not their name**. For example, son, daughter, spouse, service worker, etc.

INCIDENT	<input checked="" type="checkbox"/>	RELATIONSHIP WITH THE PERSON RESPONSIBLE
Someone has physically hurt you		
Someone has called you disrespectful names		
Someone has said or done something that you felt was intended to cause you emotional pain		
Someone has stolen from you		
Someone has taken advantage of you		
Someone has made you feel unsafe		
Someone has forced you to give them money		

Please check all that apply.

INCIDENT	<input checked="" type="checkbox"/>	RELATIONSHIP WITH THE PERSON RESPONSIBLE
Someone has deprived you of food (i.e., kept food from you)		
Someone has neglected to care for you appropriately		
Someone has made decisions for you, against your will or without your knowledge		
Someone has given you too little medication, given you too much medication, or given you medication you did not need		
Someone has managed your finances inappropriately		
Someone has tricked you into giving them money or participating in something that you believe was illegitimate		
Someone has stopped you from communicating with others or participating in activities that you wanted to do		

Please check all that apply.

INCIDENT	<input checked="" type="checkbox"/>	RELATIONSHIP WITH THE PERSON RESPONSIBLE
Someone has made inappropriate sexual comments, suggestions, or advances to you		
Other: _____ _____ _____ _____		

2. Please briefly describe the **MOST SERIOUS** abusive incident or situation.

3. How long ago did this happen to you?

4. What is your **relationship** with the person who did this to you?

Part 2: Reporting

Thinking about the **MOST SERIOUS** incident...

**5. Whom did you tell about the incident?
(Check all that apply)**

I did not tell anyone	<input type="checkbox"/>
Family member	<input type="checkbox"/>
Friend	<input type="checkbox"/>
Neighbour	<input type="checkbox"/>
Police	<input type="checkbox"/>
Home Care Worker	<input type="checkbox"/>
Health Care Services (e.g., doctor, nurse)	<input type="checkbox"/>
Lawyer	<input type="checkbox"/>
Someone at a Victims Assistance Agency	<input type="checkbox"/>
Someone at a Seniors Organization	<input type="checkbox"/>
Someone at another kind of service agency: _____	<input type="checkbox"/>
Clergy or Pastor	<input type="checkbox"/>
Social Worker/Counsellor	<input type="checkbox"/>
Protection for Persons in Care	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

6. If you **DID NOT TELL** anyone about the incident or situation, was there anything specific that stopped you from reporting it?

7. Was this incident ever reported to the police?

- Yes No

If NO, go to question 10.

If YES...

8. Did **YOU** report it to the police or did someone else?

- I did
- Someone else did:
- son/daughter
 - spouse
 - sibling
 - niece/nephew
 - grandchild
 - service worker
 - friend
 - neighbour
 - stranger
 - other: _____

9. If someone else reported it to the police on your behalf, **WHY?**
(e.g., mobility issues, fear of retaliation, language barriers, etc.)

**10. If the incident was NOT reported to the police, why not?
(Check all that apply)**

It was reported to another authority	<input type="checkbox"/>
It was not serious enough	<input type="checkbox"/>
I didn't think it was a crime	<input type="checkbox"/>
I was afraid that negative judgements would be made about me	<input type="checkbox"/>
I was afraid that the abuser would retaliate	<input type="checkbox"/>
I was afraid that the abuser would get in trouble	<input type="checkbox"/>
I did not want to go to court	<input type="checkbox"/>
I don't like the police	<input type="checkbox"/>
I am afraid of the police	<input type="checkbox"/>
It was not a police matter	<input type="checkbox"/>
I did not want the police involved	<input type="checkbox"/>
I did not think the police would come	<input type="checkbox"/>
I dealt with it another way	<input type="checkbox"/>
It was a personal, private or family matter	<input type="checkbox"/>
Other reason: _____	<input type="checkbox"/>

Part 3: Services – Access

If you DID NOT contact any services, please go to question 21.

If you DID contact services....

11. What was the **FIRST** agency you contacted for help? If you cannot remember the exact name, provide a description.

12. How did you find out about this **FIRST** agency?
(Check all that apply)

Police	<input type="checkbox"/>
Used it before	<input type="checkbox"/>
Health Care Services (e.g., doctor, nurse)	<input type="checkbox"/>
Family or Friend	<input type="checkbox"/>
Referred by another agency: _____	<input type="checkbox"/>
Telephone Book	<input type="checkbox"/>
Seniors Service Directory	<input type="checkbox"/>
Internet	<input type="checkbox"/>
Advertisement/Poster/TV	<input type="checkbox"/>
Presentation or Workshop	<input type="checkbox"/>
Home Care Worker	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

13. What forms of contact did you have with this **FIRST** agency? **(Check all that apply)**

Face-to-face	<input type="checkbox"/>
Telephone	<input type="checkbox"/>
Postal Service	<input type="checkbox"/>
Email	<input type="checkbox"/>
Meeting in home	<input type="checkbox"/>
Meeting at agency	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

14. Did this **FIRST** agency tell you about other services that could help you?

Yes No

15. If **YES**, did you or someone on your behalf contact any of these other services?

Yes No

16. If you accessed any other services, please list the name(s) of the agency/agencies you used. If you cannot remember the exact name, please provide a description.

17. Were the services you received:

Easy to access? Yes No

Affordable? Yes No

Provided in your language of choice? Yes No

Part 4: Services – Effectiveness

18. From the agencies you contacted, what kinds of services did you receive? **(Check all that apply)**

Someone to talk to	<input type="checkbox"/>
Information and education	<input type="checkbox"/>
Financial assistance or financial information	<input type="checkbox"/>
Counselling	<input type="checkbox"/>
Information about housing	<input type="checkbox"/>
Legal advice	<input type="checkbox"/>
Health Care	<input type="checkbox"/>
Emergency Protection/Shelter	<input type="checkbox"/>
Safety Planning	<input type="checkbox"/>
Protection Orders	<input type="checkbox"/>
Police Services (e.g., laid charges)	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

19. Generally, how helpful to you were the services you accessed?

- Very helpful Fairly helpful Not helpful at all

20. If any of the services were **NOT** helpful, why not?
(Check all that apply)

Not enough was done for me	<input type="checkbox"/>
They were not interested in me	<input type="checkbox"/>
Their services were not appropriate or suitable for me	<input type="checkbox"/>
They did not give me any information	<input type="checkbox"/>
They were impolite	<input type="checkbox"/>
They were slow to respond	<input type="checkbox"/>
I could not afford the services	<input type="checkbox"/>
Other reason: _____	<input type="checkbox"/>

Now go to question 22.

21. If you DID NOT CONTACT ANY services, what were the reasons? (Check all that apply)

I did not know what services were available	<input type="checkbox"/>
I did not think that services would help	<input type="checkbox"/>
The incident was not serious enough	<input type="checkbox"/>
I could not afford the services	<input type="checkbox"/>
I was not sure which service to contact	<input type="checkbox"/>
I was afraid that negative judgements would be made about me	<input type="checkbox"/>
I was afraid that the abuser would retaliate	<input type="checkbox"/>
I was afraid that the abuser would get in trouble	<input type="checkbox"/>
I felt embarrassed	<input type="checkbox"/>
There were no services that met my needs	<input type="checkbox"/>
The services were not specific to seniors	<input type="checkbox"/>
I did not feel comfortable talking to someone about it	<input type="checkbox"/>
I dealt with it another way	<input type="checkbox"/>
It was a personal, private or family matter	<input type="checkbox"/>
Other reason: _____	<input type="checkbox"/>

22. Is there anything at all that could have been done or offered, **BUT WAS NOT**, that you think would have been more helpful to you in dealing with the incident?

23. In your opinion, do seniors who have experienced abuse get enough help from services and agencies? Why or why not?

24. What else can be done in your community to assist older victims of abuse?

25. Additional comments:



Part 5: General Information

26. Are you male or female? Male Female

27. What is your age?

- 50 – 54 years
- 55 – 59 years
- 60 – 64 years
- 65 – 69 years
- 70 – 79 years
- 80 + years

28. What is the highest level of education you have completed?

- Less than high school
- High school
- Technical or trade school
- College or university

29. What is your present marital status?

- Married/Common-Law
- Divorced
- Separated
- Widowed
- Single

30. Do you have any substitute decision-making orders currently in effect (e.g., guardianship or trusteeship orders, enduring powers of attorney, personal directive)?

- Yes No

If yes, what order(s)? _____

31. What city do you live in?

- Calgary
- Edmonton
- Lethbridge
- Medicine Hat
- Red Deer
- Grande Prairie
- Fort McMurray

32. Do you live alone? Yes No

33. If you **DO NOT** live alone, which of the following best describes your living situation?

- Live with spouse or partner in our home
- Live with child/children in my home
- Live with child/children in their home
- Live with another relative in my home
- Live with another relative in their home
- Other: _____

34. What income level is closest to your total gross yearly income (your income before taxes)?

- \$20,000 or less per year
- Over \$20,000 to \$40,000 per year
- Over \$40,000 to \$60,000 per year
- Over \$60,000 to \$80,000 per year
- Over \$80,000 per year
- Don't know

INTERVIEWS

In order to more fully understand people's experiences in accessing and receiving services for abuse, it would be very helpful if we could discuss the topic further by telephone.

May we contact you to talk further about your experience and how you dealt with the incident(s)?

The interview will be conducted privately, by telephone, at a time that is convenient for you. Only the researcher will talk with you and the interview will not be tape recorded. The interview should take about 30 minutes. Your participation is **voluntary and confidential** and you will be free to withdraw at any time. Your name and telephone number will be used only to contact you for the interview – this information will not be kept or used for any other purpose. We are planning to do interviews in Fall 2005.

If you are willing to be contacted by an interviewer, please print your name, contact information (telephone number, email address), and the best way and time to contact you.

Name: _____

Contact Information:

Best way and time to contact:

THANK YOU FOR COMPLETING THIS SURVEY

Would you like to receive information on the findings from this research?

If you are interested in receiving a summary of the findings from this research, please clearly print your name/address below. The summary will be mailed at the end of the project (Spring 2006).

***Please Note: your name and address will not be matched to your responses in the survey. The information will be used for mailing purposes only.*

INFORMATION AND RESOURCES

If you would like to talk further with someone about being a victim of abuse, or access additional services and/or resources, the following numbers are provided for you:

If you are not sure of whom to contact, please call **Monica Pauls at CRILF** (216-0345 in Calgary; or toll-free 1-888-881-4273) and we will assist you in reaching the appropriate office.

Keep page for your reference.

APPENDIX C
Interview Schedule

Elder Abuse Project: Victims of Abuse Phone Interview Schedule

1.0 Introduction

- Establish context and inquire about appropriate interview time.

*My name is Monica Pauls and I work for the Canadian Research Institute for Law and the Family in Calgary. I'm calling in regards to a survey you completed on victim focused services for older adults in Alberta. (**respondents may need more reminding about the survey) You indicated that you are interested in participating in an interview about your experiences. Is this a good time to talk?*

If no, reschedule for another time.

- Brief description of the project.

The survey you filled out is for a project on the reporting practices, services and resources for older victims of abuse in Alberta. In this study, we are trying to identify gaps in service and resources for older victims. We also want to gain a better understanding of the experiences of people who are dealing with such situations and accessing supports.

The best way to do this is to talk with people who have experienced abuse. We'd like to hear, in your own words, about your experiences in dealing with such situations.

- Outline how the interview will run and set out ground rules.

I have the survey that you filled out in front of me. The questions I'll be asking you are similar to the survey questions.

This interview will not be tape-recorded, but I'll be writing brief notes as we go along.

When we write the final report on the results of the study, we want to be able to capture the wide range of experiences people go through. Sometimes, the best way to describe something is to use an example where we quote what someone has said. We would only write the comment and never identify who said the comment. Are you comfortable with that?

If no, reassure the respondent that his/her comments will not be quoted.

I want to remind you that your participation is confidential and we will never use your name or any personal information that can identify you to other people.

I hope this discussion is relaxed and open. I have certain questions I would like to ask, but also welcome any comments and opinions that you feel are important. If there are any questions you prefer not to answer, please let me know and we can skip them and go on to other questions.

- Icebreaker

The interview will last about __ minutes. Do you have any questions before we get started? Why don't you tell me where, or from whom, you got the survey?

2.0 The Most Serious Incident

2.1 Why were you receiving services from this agency? **(the agency who gave the survey)**

❖ Incident of abuse

PROMPTS:

- Can you tell me a bit more about this incident?
- Is this the same incident you reported in the survey as being the “most serious incident”?
- Can we talk a bit more about the most serious incident that has happened to you?

❖ Other reason for receiving services (e.g., HomeCare)

PROMPTS:

- Why were you asked to complete this survey?
- Can you tell me more about this situation?
- Is this the situation you wrote about in the survey?
- Is this the “most serious incident” that has happened to you?

2.2 When did this incident happen to you?

2.3 What is your relationship to the person who did this to you?

3.0 Reporting

3.1 After this incident happened **(the most serious incident)**, what did you do?

PROMPTS:

- ❖ Told someone
- ❖ Got help... How?
- ❖ Reported the incident to the police
- ❖ Got medical attention
- ❖ Talked to family... friends... others...
- ❖ Nothing

3.2 Why did you decide that this was the best thing for you to do?

- ❖ Encourage respondent to talk about how they felt about reporting – e.g., were they scared to tell certain people, but not others; were they scared of the consequences of reporting; were they knowledgeable about where they could go to report the incident and get help; etc.

PROMPTS:

- ❖ Felt safe
- ❖ Encouraged by someone else

- ❖ Wanted help
- ❖ Didn't know what else to do
- ❖ Physically hurt
- ❖ Scared

3.3 Can you explain what happened next?

- ❖ Encourage the respondent to talk about the reporting process and what happened in terms of getting help, referrals, accessing services, etc. Have the respondent walk you through the process.

3.4 Had anyone previously asked you about the abusive situation you were experiencing? If yes, what did you do?

- ❖ Told them the truth
- ❖ Denied the abuse
- ❖ Got angry and defensive
- ❖ Ended the relationship with that person
- ❖ Asked them for help – followed advice
- ❖ Talked with them if they agreed to keep the information confidential

3.5 If no, did you want someone to ask you about the abusive situation you were experiencing? Why or why not?

4.0 **Services: Access**

4.1 What was the first agency you had contact with?

4.2 How did you know about this agency?

4.3 What kind of contact did you have with this agency?

4.4 Did you receive services from this agency or did they refer you somewhere else?

4.5 Could you please describe your experience in contacting this agency?

- ❖ Easy to contact
- ❖ Met your needs
- ❖ Felt comfortable; safe
- ❖ Appropriate for your situation
- ❖ Helpful
- ❖ Affordable
- ❖ Quick to respond
- ❖ Respectful

5.0 Services: Effectiveness

5.1 What kind of services, from any agency, did you receive in response to the abuse you experienced?

- ❖ The respondent may have answered this in the survey – ask them to expand on the details of what this involved.

5.2a Could you please describe your experience in service (e.g., your time in the Shelter; obtaining legal advice; attending counselling)?

PROMPTS:

- ❖ Did you find these services helpful to you? Why or why not?
- ❖ What did you like about these services?
- ❖ Would you access these services again?
- ❖ **NOTE:** if the services were from another agency, other than the one discussed above, ask how they got connected to that agency.

5.2b If the respondent DID NOT access services, what were the reasons?

- ❖ Encourage discussion.

5.3 What has changed as a result of accessing these services?

PROMPTS:

- ❖ Did the abuse stop or lessen?
- ❖ Did you get out of the situation?
- ❖ Did you get the help you needed?
- ❖ Did the situation improve?
- ❖ Did the services help you long-term? How?

5.4 Is there anything at all that could have been done or offered, but was not, that you think would have been more helpful to you in dealing with the incident?

- ❖ This may have been answered in the survey – encourage greater detail and discussion about this.

5.5 In your opinion, do seniors who have experienced abuse get enough help from services and agencies? Why or why not?

- ❖ This may have been answered in the survey – encourage greater detail and discussion about this.

5.6 What else can be done in your community to assist older victims of abuse?

- ❖ This may have been answered in the survey – encourage greater detail and discussion about this.

6.0 Additional comments

6.1 Is there anything additional you would like to add?

APPENDIX D

Workshop Brochure

APPENDIX E

Workshop PowerPoint Slides

APPENDIX F

Workshop Handouts