

# Provincial Forum about Abuse of Older Adults on PEI



Abuse of Older Adults on PEI Project  
Centre on Health & Aging  
University of Prince Edward Island  
November 26, 2010

## Executive Summary

The Abuse of Older Adults on PEI – a Network Response Project began as a partnership developed between the Centre on Health and Aging and the offices of Seniors and Family Violence Prevention with Prince Edward Island's Department of Community Services, Seniors, and Labour.

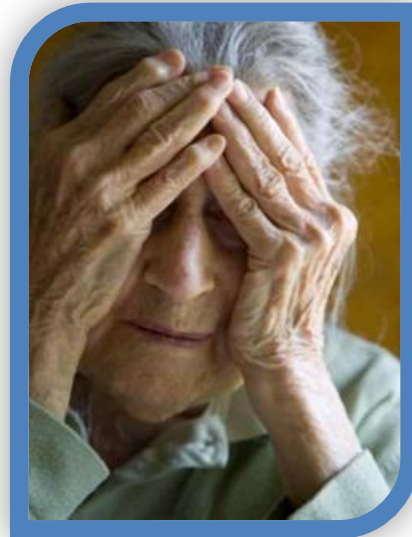
With funding provided by the Government of Canada's New Horizons for Seniors Program, a Provincial Forum was conceived for PEI.

*Forum Objectives: To share information related to preventing and identifying abuse of older adults, to explore appropriate and effective interventions related to abuse of older adults and to determine possible best approaches and/or considerations for creating and advancing a PEI Provincial Network About Abuse of Older Adults.*

Sixty participants, representing seniors, government agencies (for health, adult protection, and mental health), researchers, non-government organizations, law enforcement, and private service providers came together for a day long forum on November 26, 2010. Presenters outlined the state of abuse of older adults on PEI, the resources available to deal with abuse identification and intervention, community resources for prevention, local research initiatives, and local projects.

Participants also received information on other components of the Abuse of Older Adults on PEI Project and had an opportunity to provide feedback on the Asset Map and Gap Analysis, the design and development of a PEI Network, and a senior-led Community Awareness program.

With a Network definition of: *A network is an interconnected system of individuals and organizations willing to assist one another or collaborate towards a mutual objective*, participants outlined their needs in terms of how a network could support meeting these needs. Participants were very supportive of the provincial forum format and wanted to see it expanded next year. In addition, they wanted to see a Network developed that would: express the province's assets in terms of a dynamic-electronic framework as in the Ecological matrix, build evaluation/monitoring factors into a network to keep it relevant, allow for regular sharing of what members have learned, and allow for sharing of best practices and implementation stories. Participants were also interested in seeing Network components integrated in existing systems to ensure sustainability.



## Contents

Executive Summary .....	1
Acknowledgements .....	3
Background .....	4
The Forum .....	5
Abuse of Older Adults Awareness – a PEI Network Response Project .....	5
On the Front Lines: Providing Assistance to Older People in Atlantic Canada .....	7
Morning Panel .....	11
Levels of Prevention and Why We Need Intervention at all Levels .....	11
Abuse of Older Adults and the Law: What Islanders Need to Know .....	13
Scope of Adult Protection and the Role of Adult Protection Workers .....	15
Services and Statistics Related to Older Adults .....	16
Asset Mapping and Gap Analysis .....	17
Project Evaluation .....	18
<i>A Summary of the Forum Evaluation</i> .....	19
Afternoon Panel .....	20
Survivors of Indian Residential Abuse .....	20
Older Women Leaving - Reflections on Escaping Intimate Partner Violence .....	22
Using Elder Mediation as a Positive Alternative to Elder Abuse .....	24
The Role of Mental Health Services in Elder Abuse .....	25
What would a PEI Network Need to Be? .....	27
Community Abuse Awareness .....	28
Appendices .....	i
Provincial Forum Agenda .....	i
The Birch Tree People .....	ii
Provincial Forum 2010 Evaluation Questionnaire Results .....	iii
<i>Overview</i> .....	iii
<i>Questionnaire Respondents</i> .....	iii
<i>Demographics of Forum Questionnaire Respondents</i> .....	iii
<i>Satisfaction with Forum</i> .....	iv
<i>Useful Aspects of Forum</i> .....	iv
<i>Suggested Improvements</i> .....	v
<i>Existing Knowledge</i> .....	vi
<i>Learnings from the Forum</i> .....	vi
<i>Other Comments</i> .....	vii
Contact Information for Presenters .....	viii
Suggested Resources and Readings from Joan Harbison .....	x

## Acknowledgements

This project is funded by the Government of Canada's New Horizons for Seniors Program.

Members of the Abuse of Older Adults Advisory Committee:

- Jeannette MacAulay - Centre for Lifelong Learning, University of Prince Edward Island (UPEI) – Abuse of Older Adults Advisory Committee Chair
- Gloria McInnis-Perry - School of Nursing, UPEI
- Denis Morin or Andrew Blackadar - RCMP Media Relations
- Lori Weeks - Family and Nutritional Sciences, UPEI
- Catherine Freeze - Seniors' Policy Advisor - Community Services, Seniors and Labour
- Wendy Verhoek Oftedahl - Family Violence Prevention & Community Development Coordinator - Community Services, Seniors and Labour
- Donna Langille or Anne Nicholson – Community Legal Information Association (CLIA)
- Tom Stewart – Canadian Mental Health Association (CMHA)/Canadian Health Promotions Network Atlantic (CHPNA)/ Seniors Secretariat
- Jackie Doran-MacLeod - Adult Protection Consultant, Home-Based and Long Term Care, Health PEI
- Casey McGannon – Owner, Home Instead Seniors Care
- Alma MacDougall – Mi'kmaq Confederacy Cultural Support Provider - Indian Residential School Survivors
- Olive Bryanton – Abuse of Older Adults Project and Network Coordinator – Centre for Health and Aging, UPEI



## Background

The Centre on Health and Aging at the University of Prince Edward Island (UPEI) exists to encourage and conduct collaborative research on aging. An opportunity to improve the communications and collaborative work around the abuse of older adults on PEI became possible through the Government of Canada's New Horizons for Seniors Program.

A partnership developed between the Centre on Health and Aging and the offices of Seniors and Family Violence Prevention with Prince Edward Island's Department of Community Services, Seniors, and Labour. This led to the development of the Abuse of Older Adults on PEI – a Network Response Project. To further inform the project development, linkages were created with:

- ∞ Adult Protection
- ∞ PEI Seniors Safety Program
- ∞ PEI Senior Citizens Federation
- ∞ Community Legal Information Association of PEI Inc. (CLIA)
- ∞ The Community Health Promotion Network Atlantic (CHPNA)

This 2 year project seeks to actively engage professionals, community organizations, and seniors to increase the community's capacity to identify and address abuse of older adult issues.

Through a consultative and engagement model, the project seeks to raise the awareness and collaborative practice of more than 40 people working on abuse of older adult issues on PEI. This component of the project culminated in a Provincial Forum for knowledge transfer and provincial planning.

With the current lack of awareness and national level data suggesting that the abuse of older adults is under reported, this project will facilitate the creation of a continuing environment for increased awareness, knowledge and resource sharing; and resources identification that will reduce the abuse occurring in the province.

Forum participant input was needed to design a communications network and for support to broadly share the project information to disseminate information that will be created as a result of the project.

Success of the forum, and ongoing project, will be measured through a qualitative and quantitative evaluation process that will be used to inform the progress of the project as well as measure the impact of final outputs and outcomes.

***Disclaimer: This Report is a documentation of the November 26, 2010, its proceedings and presentations.***

## The Forum

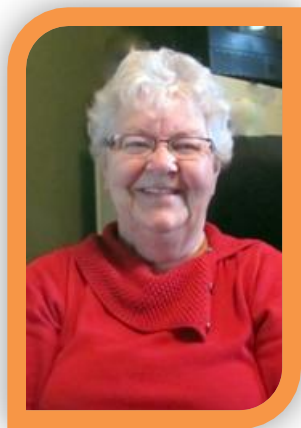
*Forum Objectives: To share information related to preventing and identifying abuse of older adults, to explore appropriate and effective interventions related to abuse of older adults and to determine possible best approaches and/or considerations for creating and advancing a PEI Provincial Network About Abuse of Older Adults*

Dr. Lori Weeks, lead partner for the **Abuse of Older Adults Awareness – a PEI Network Response Project**, welcomed the 60 participants to the **Provincial Forum about Abuse of Older Adults**. Lori also recognized the members of the Management Committee and Project Advisory Committee who had already put many hours of work into the project including the planning of the day's forum.

### Abuse of Older Adults Awareness – a PEI Network Response Project

**Olive Bryanton**, Project Coordinator, presented information on the development of the Project.

The facts that the senior's population is growing, the majority of PEI Adult Protection Program cases are clients 65 years and older, Victim Services cases involve people over 60, and that there is still under-reporting of abuse in older adults all point to a need for intervention.



With the changing population demographic, the incidence of abuse of older adults is likely to rise as well. In 2009, 21,632 Islanders were age 65 years and older comprising 15.3% of the population. (2009, PEI Statistical Report) By 2015, 18% of PEI's population will be over 65. (PEI Department of Health, 2006).

The 147 referrals made to Victim Services in 2007 represent 0.73% of the age 65 and older population. Twelve percent (12%) involved wife abuse, 17% involved other family abuse, 3% involved sexual abuse, and 68% involved other injury or property crimes (CLIA-PEI, 2008).

A partnership between UPEI's Centre on Health and Aging and the Office of Seniors and Family Violence Prevention and Community Development (Prince Edward Island's Community Services, Seniors, and Labour) led to the development of the **Abuse of Older Adults on PEI – a Network Response Project**. To further inform the project development, linkages were created with:

- ∞ Adult Protection
- ∞ PEI Seniors Safety Program
- ∞ PEI Senior Citizens Federation
- ∞ Community Legal Information Association of PEI Inc. (CLIA)
- ∞ The Community Health Promotion Network Atlantic (CHPNA)

The Project's purpose is to bring those working in the field of abuse of older adults together to share updates on current abuse of older adults activities and to explore the creation of a provincial network to:

- Transfer knowledge
- Share resources
- Facilitate collaborative work
- Raise awareness of the abuse of older adults on PEI

The Project Objectives:

**Objective #1**

To facilitate new links, information sharing, and partnerships to work together to reduce the incidence of abuse of older adults in PEI.

**Objective #2**

To increase the awareness and knowledge of Island seniors on how to identify and prevent the abuse of older adults.

To achieve these Objectives, the project hopes to achieve:

- A coordinated and collaborative network developed with the professionals involved in adult protection and seniors services, service providers to older adults/seniors, researchers, and seniors on PEI
- An abuse of older adults provincial prevention plan
- Guiding documents from the creation of a communications network
- A multidisciplinary provincial forum focused on sharing information and promising practices related to the prevention and identification of abuse of older adults
- An asset map and gap analysis of supports for the prevention of, identification of, and intervention for the abuse of older adults
- A sustainability plan for a provincial network

As a result of the Project, PEI will see:

- Increased sharing of information and resources between groups working on abuse of older adults
- Increased awareness across disciplines of the identification, intervention and prevention strategies among people working in adult protection, services to seniors, government officials, and researchers
- Identification of new, targeted activities for dealing with the abuse of older adults on PEI
- Increased awareness and knowledge on how to prevent and identify the abuse of older adults for seniors through peer learning

## On the Front Lines: Providing Assistance to Older People in Atlantic Canada who are Mistreated or Neglected

### KEYNOTE SPEAKER: JOAN HARBISON, ASSOCIATE PROFESSOR AT DALHOUSIE UNIVERSITY SCHOOL OF SOCIAL WORK

*Dr. Joan Harbison was born in Ireland. She received her postsecondary education at Trinity College Dublin Ireland, Edinburgh University in Scotland, and her Ph.D. from the University of Toronto. Her first career was as a social work practitioner. She is currently an Associate Professor at the School of Social Work, Dalhousie University. She has served on many University, Provincial and National Committees including as a member of advisory committees on “elder abuse” within the Nova Scotia Seniors Secretariat and Department of Seniors. For a number of years she has also been involved in work emanating from the social work elder abuse committee of the National Initiative for the Care of the Elderly, (NICE) a federally funded network of excellence, based in the Institute of Life Course and Aging, University of Toronto. Her research and publications address issues of health and social service delivery, legislation and adult protection, and the rights of older people. She leads an interdisciplinary research team including members from the disciplines of social work, sociology and law whose work is currently funded by a grant from the Social Sciences and Humanities Research Council of Canada.*



Joan's presentation intended to:

- ▶ Share what the On the Front Lines research team learned about providing assistance in PEI
- ▶ Give an opportunity for forum participants to comment on the research conclusions so far

When Nova Scotia's **Adult Protection Act** came into force, the anticipated small number of abuse cases turned out to be a large population from a broad range of abuse situations by a variety of abusers. The **Act** had focused on people who were incompetent and the **Act** needed to be broadened to assist people who still had decision-making abilities.

Previous studies indicated that those attempting to assist older people in situations of mistreatment and neglect were presented with a number of dilemmas with very serious consequences.

The current study, *The Relationship between Legislation and Service Delivery*, began in 2007 in order to:

- ▶ identify more clearly dilemmas faced by those offering assistance to community dwelling older people identified as mistreated, neglected or self-neglecting
- ▶ describe how those providing assistance attempt to address these dilemmas
- ▶ explore the meaning of these dilemmas for the individuals involved and the wider society
- ▶ provide information helpful to various groups

Information was gathered through interviews and focus groups with professionals and lay community members (beginning in 2007), a review of relevant provincial and national legislation, a review of the literature and research, and a review of discussions in the media and in personal, academic and professional contexts.

The four inter-related sets of issues uncovered were:

- ▶ Assistance and service delivery
- ▶ The rights and autonomy of older people
- ▶ Risk and safety
- ▶ Capacity and incapacity

Most programs mandated to intervene assume that one of two things will be true: that older people will accept assistance or that their refusal of assistance will be due to their “mental incompetence (and therefore their inability to act in their own “best interests”). Findings from the study did not support these earlier findings as the study found that older people who refuse assistance are frequently “mentally competent”, or “competent” in some aspects of their lives, older people frequently choose to remain in abusive or neglectful situations, and they don’t usually choose to take action against abusers.

Joan praised PEI’s **Adult Protection Act** for its adaptation to these kinds of issues. The Act’s guiding principles include recognition of an older adult’s right to autonomy and self-determination.

Consistent with findings world-wide, when PEI participants were asked why they refused assistance, reasons offered included:

- The importance of “home” and “place” and the threat of removal
- Threats to privacy, autonomy and independence
- Threats to identity and sense of self
- Shame
- Fear that they will be forced to move to a residential care situation
- Loss of connection with family members or other significant others

The study also showed that Adult Protection and Home Support Workers were very well-informed about the provisions of the **Act** and issues of rights and autonomy, risk and safety, and capacity and incapacity.

There were a number of issues around accessing services revolving around home visits, transportation to services, lack of supports for those living with chronic mental illness or addictions, and supportive housing options. Even access to Adult Protection Services was hampered by voice mail systems and lack of contact with humans when the person reached out for help. At the time of the study, it was felt by a number of participants that those needing assistance might not even be aware of Adult Protection Services.

*You’re creative with every single case and you’re looking under every rock and behind every bush in every community to figure out what we could possibly do to assist this person to stay at home safely. And that’s really what we do a lot of the time. – study interview*

Overall, there were fewer services available in rural areas when compared to urban areas (such as Meals on Wheels or access to mail boxes.) Within some rural areas, there was access to community supports but they were only known within the communities and older adults who were isolated might be overlooked.

Low income and poverty continue to be a barrier to services as many people were faced with choosing between medications and food and were seen to be “barely scraping by.”

Joan commented that a recent report shows that the poverty rate among Canadian seniors has increased by 25% in recent years. In addition, new changes in federal government policy around Registered Retirement Income Funds (RRIF) may affect those seniors drawing Old Age Security as it would penalize seniors for large withdrawals from their RRIFs even if it were for unexpected expenses like family funerals.

Provincial services focusing on abuse mainly serve women and children, and the seniors' issues are overlooked. Services that do not take these needs into consideration are not considered viable options by older adults. The fear of residential care is also preventing older people from reaching out for help.

Joan once again focused on the ongoing struggle around the rights and autonomy of older adults. Community and families are reluctant to let their older members live in situations that are perceived as "risky." Poor decision-making that was acceptable when the adult was younger is no longer perceived as acceptable in the older adult.

On PEI, both community members and professionals worked to avoid applying their own or community standards to the older adults that they were assisting.

Assessment and Adult Protection is a long process. There is a resource network of formal services including: income support, disability support, housing services, environmental health, the Public Trustee, the Public Guardian, Provincial Geriatrician, Legal Services, Community Care, and Nursing Homes. Adult protection can also access informal protection services through pharmacists, band managers, and faith leaders.

Even within the Adult Protection services, limitations were recognized in service delivery. At the time, housekeeping services are no longer available under Home Care, there was not enough respite for caregivers and limited caregiver support. Nursing and home support operate on wait lists and although some options were made available, like adult day care, transportation remained an issue.

People, who "don't fit into the box" for care, were also recognized and included:

- ▶ *The people who smoke incessantly*
- ▶ *The people whose homes are not clean enough*
- ▶ *The people with mental health issues*
- ▶ *People with dementias who have behavioural issues or are a bit aggressive, sexually inappropriate*
- ▶ *People with pets and litter boxes that reek [15 cats]*
- ▶ *A snarly dog*
- ▶ *People without enough money for food*

Meeting the needs and wishes and protecting the rights of older people referred for assistance and/or protection requires:

- ▶ Workers who have knowledge about aging and the rights of older people
- ▶ Skills in working with older people in support of their needs, wishes and rights, and
- ▶ Resources and resource flexibility that allow this to happen

In seeking input from the Forum attendees, Judy posed the following discussion points:

- ▶ Adult Protection and home care support workers have demonstrated their commitment to respecting rights and providing supports and services to their older clients. However, based on what was heard from all the groups in the study,

there appears to be service deficits that undermine the well-being of older people in need of assistance or protection.



- Some of the needs for services and supports identified by all groups of study participants as contributing to older people's increased well-being are:
  - ▶ Increased availability of home supports including housekeeping services
  - ▶ Increased support for housing maintenance
  - ▶ A range of options for supportive housing
  - ▶ Adequate transportation services
  - ▶ Increased access to mental health and addictions counseling services
  - ▶ Adequate incomes
- Many of the issues discussed by participants in our study were raised by the Special Senate Committee on Aging in its report entitled *Canada's Aging Population: Seizing the Opportunity (2009)*
- Community participants had noted that many older people were unlikely to become aware of services that were available – including Adult Protection -without specific efforts designed to reach out to them. Has this changed with recent public awareness campaigns?
- Seniors commented especially on telephone answering systems as both frustrating and presenting safety issues
- Former “welfare states” now expect that people will provide for most of their own social welfare services through negotiations with private providers – has too much been downloaded to the community?

Joan concluded that there are many and diverse perspectives on responses to the mistreatment and neglect of older people. Sharing information is very important in addressing the issues. She congratulated all involved in planning and participating in the forum as a great method of bringing together diverse perspectives.

## Morning Panel

The morning panel of the forum focused on current information on the abuse of older adults on PEI.

### Levels of Prevention and Why We Need Intervention at all Levels

**Dr. Wendy Verhoek-Oftedahl** is an injury epidemiologist and the Family Violence Prevention and Community Development Coordinator in the PEI Department of Community Services, Seniors and Labour. She has 15 years of experience working in various aspects of family violence prevention across the lifespan and serves as resource for the Premier's Action Committee on Family Violence Prevention. She is completing work on an exploratory research project entitled *Evaluation of Data Linkage Methodology to Improve Estimates of Elder Mistreatment* funded by the US National Institute on Aging. In June she was an invited participant and session chair at an expert meeting on Elder Mistreatment and Financial Fraud on the elderly sponsored by the US National Academy of Sciences and the National Institute on Aging. She was recently selected by the US Centers for Disease Control and Prevention to review and comment on the Center's newly developed *Uniform Definitions and Data Elements for Use in Elder Maltreatment Surveillance*.

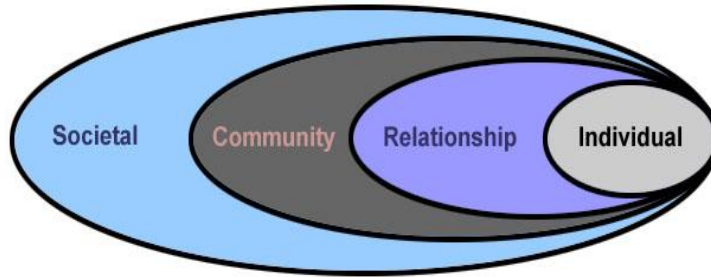


Wendy presented on two primary frameworks: Levels of prevention and the World Health Organization (WHO) Ecological Model.

The Levels of Prevention include:

- **Primary (Universal) Prevention:** Strategies applied to the general population with the purpose of preventing occurrences. Primary prevention attempts to serve those individuals who are not yet part of the problem, and strives to build skills and resiliency so that the problem will not develop. Examples are programs to educate older adults and the public regarding the rights of older adults.
- **Secondary (Selective) Prevention:** Strategies targeting a particular population determined to be at-risk with the purpose of preventing occurrences. By targeting individuals at high risk for the problem or who have displayed some form of high risk behavior, secondary prevention aims to keep these individuals from engaging in violent activity. Examples are anger and stress management programs.
- **Tertiary (Indicated) Prevention:** Strategies targeted to persons for whom adverse outcomes or problems have already occurred with the purpose of preventing reoccurrence. Tertiary prevention is aimed at those individuals who have already become violent and those who are already victims of abuse or neglect. The objective is to prevent the offender from committing future violence and to reduce the severity of the impact of violence on the victim's health and well-being. Examples are programs such as offender interventions, Victim Services, Adult Protective Services.

## Ecological model for understanding violence



The ecological model organizes risk factors according to the following *Four Levels of Influence*.

- **Individual**  
The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use, or history of abuse.
- **Relationship**  
The second level includes factors that increase risk because of relationships with peers, intimate partners, and family members. A person's closest social circle-peers, partners and family members-influences their behavior and contributes to their range of experience.
- **Community**  
The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence.
- **Societal**  
The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society.

A prevention strategy should focus on:

- **Protective Factors:** Characteristics, variables and/or conditions present in individuals or groups that enhance resiliency, increase resistance to risk, and fortify against the development of a disorder or adverse outcome.
- **Risk Factors:** Characteristics, variables and/or conditions present in individuals or groups that increase the likelihood of that individual or group developing a disorder or adverse outcome.

A Framework for effective prevention strategies should include a continuum of activities that address multiple levels of the model. These activities should be developmentally appropriate and conducted across the lifespan. This approach is more likely to sustain prevention efforts over time than any single intervention.

## Abuse of Older Adults and the Law: What Islanders Need to Know

**Anne Nicholson** is a Project Coordinator with Community Legal Information Association of PEI (CLIA). Their project, *The Abuse of Older Adults and the Law: What Islanders Need*



*to Know*, is a three year project funded by the New Horizons for Seniors Program and this project wraps up in the fall of 2011. Anne has worked and volunteered in the field of family violence prevention and social justice since 1984. And she currently represents CLIA on the PEI Seniors Secretariat.

The objectives of this project are:

- to develop a legal information strategy for older adults with a focus on abuse prevention;
- to increase awareness/knowledge of legal responsibilities, obligations and resources, in order to reduce the vulnerability of seniors to abuse;
- and to develop multimedia resources for use in abuse prevention efforts.

The project partners are the Senior Citizens' Federation, Seniors Safety Program, and the UPEI Centre for Health and Aging.

To date, the project has conducted a literature review, interviewed service providers, held focus groups with service providers and seniors, sent out survey questionnaires to seniors and service providers, produced booklets and videos, and field-tested booklets.

The most recent component, the booklets, will soon be available to the public. English booklets are at the printer and French booklets are with the translator.

The public education part of the project will begin soon and run until the fall of 2011.

Research findings showed that service providers identified the following issues for seniors:

- Transportation and isolation
- Under-reporting of abuse and neglect
- Neglect
- Incompetency – not a black and white issue – a person can be incompetent to handle finances but still competent to make decisions about health and who they want to handle their money.
- Financial abuse in families wanting to control the seniors money
- Confusion about power of attorney, health care proxy, heir, next-of-kin, executor and what roles they play
- Lack of respect for seniors who are losing some of their abilities
- Lack of services specifically for seniors in abusive relationships
- Poverty
- Fear of being alone
- Failing health

The service providers had provided support to seniors for the following forms of abuse: financial, emotional, self-neglect, fear of a family member, neglect, physical abuse, isolation (limited access to family members, friends, or community), fear of a paid caregiver, sexual abuse, and scams.

Concerns about the abuse of older adults included:

- The need for early detection - resources/supports
- Caregiver burn-out
- Education
- Support for family while caring for elder in their own home
- Elders' fear of living isolated from family members. They will put up with abuse to have people visit them in nursing home
- Fear of other residents
- Fear of being vulnerable while being bathed or lifted
- That they don't have the proper legal advice or protection – i.e. may not have a will, power of attorney, Health Care Directive etc.
- Decisions left for family members to decide can lead to family conflict

Sixty-eight seniors returned the survey. A few disclosed they had experienced the following forms of abuse: emotional abuse, fear of family member or caregiver, sexual abuse, scams, and physical abuse.

The seniors were concerned about:

- Abuse in nursing homes.
- Financial abuse by family members and caregivers
- Being neglected by the system
- Family neglect when a parent enters a nursing home
- Home invasions, damage to property
- Recognizing abuse and responding appropriately
- Seniors afraid to look for help because the abuser is a family member
- Seniors unaware of the resources available to them

After reviewing research findings, the CLIA staff and advisory group developed a concept to present the information in an appealing format so that the focus would not just be on abuse prevention.

The series is called “Putting Your Affairs in Order at Any Age”. The introductory booklet gives an explanation of how some forms of abuse can be prevented by making sure you are prepared for a time when you may not be able to make decisions for yourself or make your wishes known. There is a section on each topic with reference to the booklet with more complete information. There are nine booklets in all:

- Putting Your Affairs in Order at Any Age (this booklet has an overview of the other booklets)
- Wills
- Powers of Attorney
- Consent to Treatment
- Health Care Directives
- Moving to a Nursing Home or Community Care Facility
- Preventing Abuse and Neglect of Older Adults
- New Relationships: Legal and Safety Concerns
- You and Your Grandchildren

All of these are now available in English on the website at [www.cliapei.ca](http://www.cliapei.ca). A video of the introductory booklets has been produced and three more videos are in the planning stage.

## Scope of Adult Protection and the Role of Adult Protection Workers

**Jackie Doran-MacLeod** is the Provincial Adult Protection Consultant with Health PEI and has been in this position for 7 years. She has a Bachelor of Arts degree from the University of Prince Edward Island and a Master of Social Work from Wilfred Laurier University.



Jackie has 25 years of social work experience and has worked in the Kitchener-Waterloo Hospital as a Medical Social Worker, as a Child Protection Worker in Halifax. On PEI, she has worked as a Family Court Counsellor and Co-ordinator of two Community based programs for Young Offenders.

Jackie presented information on Adult Protection Services on PEI and the **Adult Protection Act (1988)**. The Legislation protects vulnerable adults who are unable to protect themselves from abuse and neglect.

Vulnerability can be due to head injury, intellectual and/or physical disability, cognitive impairment, dementia, or Alzheimers Disease.

The legislation also lays out Guiding Principles that cover the self determination of the individual to make their own decisions, the need

to intervene with the least intrusive methods, to recognize the right to refuse assistance, and the need to offer assistance that must be in the best interests of the person.

Reporting is voluntary (as opposed to mandatory reporting in the case of children and youth) as competent adults have a right to live at risk. All referrals are confidential.

Statistics for PEI:

- In 2009 there were 130 referrals to Adult Protection Services
- 75% of these referrals were over the age of 65 (98 of the 130)
- Elder abuse and neglect is an issue on PEI

Primary reason for referral (as % of referrals):

- Self-neglect – 40%
- Caregiver Neglect – 18%
- Emotional & Verbal abuse – 18%
- Financial Abuse - 15%
- Physical Abuse – 7%
- Sexual Abuse – 2%

Who are the abusers? In most cases, 24%, the children of the abused adult are the abusers.

Spouses account for 16%. Staff in Public/Private Nursing Homes, Community Care Facilities, and Hospitals accounted for 10%. Seven percent are parents of the abused adult. Siblings are responsible in 5% of the cases with other relatives making up a further 9%. Paid Caregivers were identified in 4% of the cases with friends or neighbours accounting for 3%. None of the referred cases involved strangers.

Unique to only a few provinces, including PEI, Adult Protection is a part of Home Care which connects them to a broader group of older adults living in their homes. In addition, Adult Protection has a strong connection with the Provincial Geriatric program.

Adult Protection always works in the best interests of the person.

## Adult Protection Services On Prince Edward Island



## Services and Statistics Related to Older Adults

**Susan Maynard** is the Provincial Manager of Victim Services with the PEI Department of Justice and Public Safety. She has worked in various capacities in government over the past 20 years, including Senior Policy Analyst with the Department of Health, and prior to that, she worked as a Probation Officer. Susan has a Masters of Education in Counselling from Acadia University.

Susan presented on Victim Services in the province. Victim Services is a program of the Department of Justice and Public Safety and assists victims of crime at all stages of the criminal justice process. Use of the services is voluntary. Referrals can come from any source.

There are many services offered and include such things as:

- Providing information about case status, the criminal justice system, court procedures (information is available in a number of different languages)
- Helping to prepare for court
- Providing support and short-term counselling
- Linking with other agencies
- Helping to prepare a victim impact statement
- Assisting with applications for Criminal Injury Compensation
- Providing information to help recover financial losses
- Helping to assess risk and make a safety plan
- Assistance under the ***Victims of Family Violence Act***



Persons aged 60+ represent 4-5% of referrals to Victim Services. On average, 58% of referrals age 60+ are female and 42% are male.

## Victim Services Referrals 2007-2009 Persons Age 60+

	2007/08	2008/09	2009/10
Wife Abuse	9	2	7
Other family abuse	8	5	4
Sexual Abuse	1	1	0
Other property or personal injury crimes	29	24	20
<b>Total referrals of persons age 60+</b>	<b>47</b>	<b>32</b>	<b>31</b>

The PEI ***Victims of Family Violence Act*** provides emergency protection for victims of family violence. Emergency Protection Orders are available 24 hours/day by application to a designated justice of the peace. Orders can be in effect for up to 90 days. Police officers and victim services workers can apply on behalf of the victim.

## Asset Mapping and Gap Analysis

Consultant, **Vicki Bryanton**, presented a report on the Asset Mapping and Gap Analysis that is underway with the Abuse of Older Adults on PEI Project. The creation of an Asset Map database of what is available on PEI is meant to provide ongoing information to those who are interested in a network of information.

An Asset Map's value can be measured in its ability to:

- find key sources, opportunities and constraints to network creation and flows.
- encourage re-use and prevent re-invention, saving search time and acquisition costs
- highlight islands of expertise and suggest ways to build bridges to increase knowledge sharing and exchange
- discover effective and emergent communities of practice where informal learning is happening
- provide baseline data for measuring progress
- reduce the burden on experts by helping stakeholders to find critical solutions and information quickly
- improve stakeholder response, decision making and problem solving by providing access to applicable information, internal and external experts
- provide an inventory of intellectual and intangible assets



This Asset Map identifies resources available on PEI but does not assess them. The process will also identify gaps in availability of resources to prevent, identify, and intervene in the abuse of older adults (but will not assess their scope or content).

The search has included individuals as resources – those working to reduce the incidence of abuse of older adults in PEI, researchers, adult protection and support organizations, policy makers (including those in government departments and agencies), and seniors and their organizations - all these have a role to play in working to reduce the incidence of abuse of older adults in PEI.

Data collected includes:

- Basic Contact Information
- Forms of Abuse Covered
- Human Capital
- Legal and Regulatory Authorities
- Informal Services
- Financial Supports
- Physical Infrastructures
- Connective Organizations
- Research and Development
- Tools - for awareness raising and training
- Events - awareness and training
- Utilization Factors – the resource usage

Forum participants were asked to review the resources identified to date (see below) with a view to including more information during group sessions during the day.

Prevention	Identification	Intervention
<ul style="list-style-type: none"> <li>• Centre on Health and Aging</li> <li>• Department of Community Services, Seniors and Labour</li> <li>• Researchers</li> <li>• EPWIC ( East Prince Women's Information Centre )</li> <li>• Home Care &amp; Support</li> <li>• PEI Seniors Safety Program</li> <li>• Premier's Action Committee on Family Violence Prevention</li> <li>• Community Legal Information Association of PEI - CLIA</li> <li>• UPEI - researchers</li> </ul>	<ul style="list-style-type: none"> <li>• Department of Justice - Canada - Research and Statistics Division</li> <li>• Researchers</li> <li>• Home Care &amp; Support</li> <li>• UPEI - School of Nursing</li> <li>• Home Instead Senior Care</li> <li>• Health PEI - Adult Protection Services</li> </ul>	<ul style="list-style-type: none"> <li>• RCMP</li> <li>• Adult Protection Act</li> <li>• Adult Protection Services</li> <li>• Criminal Code</li> <li>• Family Violence Prevention Eastern PEI</li> <li>• Home Care &amp; Support</li> <li>• Mi'kmaq Confederacy</li> <li>• PEI Family Violence Prevention Services, Inc.</li> <li>• PEI Legal Aid</li> <li>• PEI Rape and Sexual Assault Centre</li> <li>• Provincial Housing Services</li> <li>• Public Trustee Act</li> <li>• Victim Services</li> <li>• Canadian Mental Health Association - PEI Division</li> <li>• Health PEI - Adult Protection Services</li> </ul>

Community potential was also identified with groups such as the Provincial Geriatric Program, Prince Edward Island Senior Citizens' Federation, and with the current project - the Abuse of Older Adults Awareness: A Network Response.

In small groups, the forum participants were asked to identify any gaps in the current asset information. They were also asked to focus on individuals in the community that should be considered human capital – holders of expertise in areas that are important to the prevention, identification, and intervention issues; those with expertise in seniors' issues; and those researchers or research groups that carry out research in the field. In addition, participants were asked to identify “tools” used in the community to raise awareness or educate groups.

Resources identified will be added to the Asset Map.

### Project Evaluation

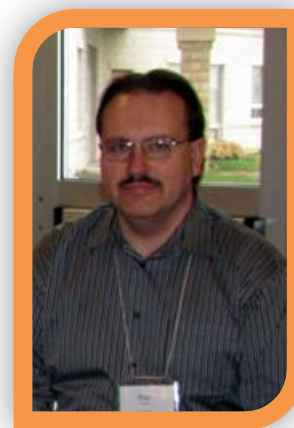
**Paul Chaulk**, of the Atlantic Evaluation Group, is the Project Consultant for the evaluation of the Abuse of Older Adults on PEI. Evaluation Committee members include Lori Weeks, Gloria McInnis, and Olive Bryanton. Others members are welcome!

The evaluation will measure the success of the project through a qualitative and quantitative evaluation process that will be used to inform the progress of the project as well as measure the impact of final outputs and outcomes.

Information will be used to write an evaluation report for the funder, Advisory Committee, network members, and other stakeholders (and will be available on the Network website.)

During the life of the project, the consultant will share feedback with the project coordinator and Advisory Committee to allow for improvements to the project.

In connection with this evaluation, an academic paper will be written on what motivates various types of participants to take part in issues about the abuse of older adults.



A participatory approach will be taken with input from the Advisory Committee, project coordinator, and project participants will be used to improve and clarify the evaluation methods and reports.

Data will be collected by:

- Surveys of network members
- Questionnaires for program participants
  - Forum participant questionnaire (today)
  - Speaker training session questionnaire
  - Awareness session participant questionnaire
- Interviews of speakers recruited
- Interviews of network members

The Project and evaluation components have been approved by UPEI's Research Ethics Board and include the overall evaluation and forum questionnaire as well as the method for handling of data.

An information letter and consent form was shared with all participants as well as a feedback form for the day's forum.

### **A Summary of the Forum Evaluation**

A detailed report on the Evaluation can be found in the Appendices.

A three-page hard-copy Forum questionnaire was circulated to all participants during the Forum, along with an ethics information sheet. The questionnaire covered demographics of respondents, satisfaction with various aspects of the Forum, the most useful aspects of the Forum, potential improvements, learnings, and other comments.

Forty of the sixty participants completed the questionnaire for a 68% response rate. One-half of respondents (i.e., those who completed the questionnaire) were under age 55 and one-half were age 55 or older. About one-fifth participated as an older adult, about two-fifths as a service provider and the remainder in a variety of other capacities. Respondents represented all counties of PEI.

Satisfaction with most aspects of the Forum (% satisfied or very satisfied) was high including the organization of the Forum (95%), the Forum facilitators (100%), opportunities to provide input (87%), opportunities to network with other participants (88%), and the overall usefulness of the Forum (85%). Two areas of lower satisfaction were with the meeting room (58%, mainly due to temperature and room size) and the handouts (56%, hard copy handouts were not available for most presenters though the information was made available later in the Forum report).

Respondents were asked to list the three most useful things about the Forum in an open-ended question. The most common responses were the opportunity to network and make contacts; to share information and learn what others are doing; the presentations and speakers delivering them; and information on available resources, services and assets.

Respondents were also asked to list three things that could be done to improve next year's Forum in an open-ended question. The most common responses related to the pace of the Forum (some wanting more time with each presenter and a few wanting a shorter Forum), improvements to the meeting room, and better availability of handouts.

A large majority (94%) of participants had 'some' or 'good' existing knowledge of elder abuse prior to the Forum. However, at least 83% of respondents increased their knowledge and/or awareness of most issues related to elder abuse included on the questionnaire by participating in the Forum. The two exceptions were types of abuse of older adults and how to report abuse of older adults, where about two-thirds of respondents increased their knowledge or awareness.

## Afternoon Panel

### Survivors of Indian Residential Abuse and the Proactive Approach to Prevent Abuse for Those Receiving Compensation

**Alma MacDougall** is an Aboriginal Health Nurse from the Abegweit First Nation community, who has experience in the Aboriginal health and community health nursing within a First Nations Community. Alma graduated from Dalhousie University with a Bachelor of Science in Nursing in 2001.



Alma has experience working with Elders and has worked in Long Term Care for the past five years. She has worked at the local and national levels for Aboriginal and government organizations on various health issues. She has presented to numerous health forums and classes and she has also presented at the National Truth and Reconciliation Commission, June 2010.

Alma is also known for her work in promoting Mi'kmaq culture and health issues in PEI. She is passionate about Aboriginal Health issues and her main goal of training as a nurse was to help improve the health of the Mi'kmaq people of Prince Edward Island.

Alma reviewed a brief history of abuse as it relates to the Mi'kmaq people. In the past, the Mi'kmaq people had highly developed systems of education, justice and spirituality. Children were educated by family and community. They were taught all aspects of their cultures and traditions.

Families took care of each other and their community. The children learned how to thrive in their harsh environments. The Mi'kmaq lived off the land and sea.

Although the warriors of Mi'kmaq society would protect the land from warfare, they were not abusive.

The Government of Canada developed a strategy of forced acculturation whereby all of the First Nations and Inuit children of Canada would be assimilated into Canadian culture by the forced removal of children from their families, homes and communities. Every September, the Indian Agent, The RCMP and Residential School representatives would round up the children in the communities and take them to the Residential School.

Atlantic Canada's only Indian Residential School was located in Shubenacadie, NS. It opened in 1922 and closed in 1967.

After being removed from their community, life as the children knew came to a grinding halt. Instead, they were met with:

- Punishment
- Each child was given a job to do
- Separation of sexes (even brothers and sisters) was strictly enforced
- Alienation felt by the children
- Foreign and harsh treatment compared to their life at home

The resulting predominant complaints described by residential schools survivors were of the physical, psychological and sexual abuse as well as hunger and loneliness.

Many of the First Nations' social ills can be directly linked to their days in residential school. The instance of alcoholism among the native population is widespread across the country. Along with the alcoholism came the mental, physical and sexual abuse. Another horrible effect of the residential school was the

absolute feeling of self loathing, worthlessness and loss of personal identity. It should also be noted that not all children in Residential School suffered abuses; some have positive memories of their experiences.

Additional losses include:

- Loss of Identity, culture, language and spirituality
- Death from disease
- Family where no nurturing was present for generations
- Spiritual splits and factions (Traditional vs. Catholic vs. Anglican, etc.)
- Mental illness/emotional disorders
- Unhealthy coping, social and life skills
- Flashbacks

There are two compensation avenues available to most Residential School Survivors. The Common Experience Payment (CEP) is a payment due to all Residential School Survivors for common harms they endured while attending Residential School. The Independent Assessment Process provides for additional compensation to individuals who can establish specific abuses at residential school above and beyond those covered by the CEP.

For further information on this compensation:

- [www.iap-pe.ca](http://www.iap-pe.ca)
- [www.servicecanada.gc.ca/eng/goc/cep/index.shtml](http://www.servicecanada.gc.ca/eng/goc/cep/index.shtml)

What is happening today and how is it effecting elder safety? Many of the Residential School Survivors are in the process of making financial claims to the government for the abuse they had to endure. Some of the Residential School Survivors will receive a substantial amount of money.

What this could mean to the individual and the community:

- It could mean many survivors are open to abuse (financial, physical, psychological)
- For the community, it could mean break-ins, assaults and theft
- To date there have been no formal complaints to law enforcement but there have been victims of abuse who refuse to complain

To protect the Elders, Indian Residential School Working Group consists of a number of member organizations that work toward keeping our Elders safe. There are local Aboriginal people to assist Survivors with the process of making their claims and to provide emotional support.

Alma concluded her presentation with a story of *The Birch Tree People* which can be read in the Appendices.

## Older Women Leaving - Reflections on Escaping Intimate Partner Violence

**Lorraine Begley** studied Gerontology at MacMaster University and completed a M.Ed. in Leadership and Learning at UPEI. She works in research in UPEI's Department of Psychology with sensitive and marginalized populations. These include pregnant teens who smoke, those who smoke as it relates to socio-economic status, the NunatuKavut (formerly the Labrador Métis Nation), and with rural women who have left a situation of intimate partner violence.

With funding from the Atlantic Rural Centre, the Research Team, including: Lori Weeks (UPEI), Colleen MacQuarrie (UPEI), Carmen Gill (UNB), and Lorraine Begley (UPEI,) began interviews with women aged 50 and older.

Lorraine's presentation information arose from a pilot study. The study examines the experiences of women living in rural areas who have left a situation of intimate partner violence (IPV). The study examines the differing experiences of older women, those age 50 and older, and younger women who were between the ages of 18 and 30 when they left their relationship. And specifically, it looks at the services women used to help them leave their situation of IPV. It also touches on the services they would have used, had these services been available.

This presentation was based on results of interviews with six women, over age 50 (two of whom live in Prince Edward Island, two in Nova Scotia, and two in New Brunswick) and what they had to say about the services they used, or would have used, had they been available, to help them leave a situation of intimate partner violence with a male partner. The participants who were in crisis and who were helped by a service, person, or agency responded to that help by becoming very loyal to the helper.

Perhaps it is due to an active response from women who had contact with the victim services offices in the three provinces, that the role of the police and the justice system figures large in their stories. Some participants' stories tell of finding great support and solace from the police presence or police responses to their dramatic situations of struggling with or leaving a situation of violence.

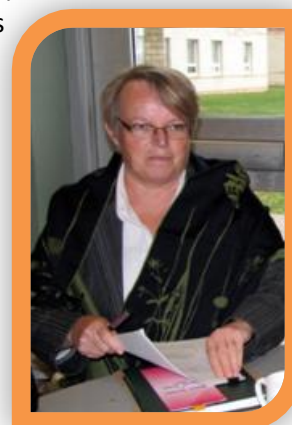
Many times the stories of the women's lives were coloured and exacerbated by drugs and alcohol abuse by the violent male partner. In these situations, the woman may find her way into services through AAnon, an organization for families and friends of problem drinkers.

The services women often expressed gratitude for were those of counselling that helped them to repair their damaged self image and rebuild their self confidence that had been eroded or sometimes annihilated by their long term marriages of between 13 and 37 years. Rebuild them to the point that they could image another better life and open a moment in their lives where they have the confidence to leave the violence behind.

Their supports were frequently the s at the hospital where several had been admitted to the psychiatric ward, their s at victims' services or AAnon and their friends. It was the courage instilled in them by their therapists that allowed them to take the first step.

Although most went through either the police/criminal justice/victims services or the addictions services route some reported being so isolated and controlled by their male partners that fleeing was an act orchestrated with the support of family members in-the-know and only a heads-up to the police force. All the participants report that the institution of the family was the first place they turned in plotting or making their leaving possible, either with the active aid of sisters, sister-in-laws, sons or daughters as their homes were either a planned or an emergency destination when fleeing the violence.

Other services women used were the medical system, by requesting admission to psychiatric wards for reprieve and treatment for the stress of living with a violent partner, asking family doctors to allow them to remain in hospital past their release date to avoid returning to an abusive husband, and one woman who



was taken from her home by police was given the option of jail or the hospital. Clearly the acute care system is expending resources to address the failure of society to deal with intimate partner violence. Medical doctors also dealt regularly with abused women in their offices, some took care to provide the women with encouragement and information about services that they could access, others continued to book husband and wife appointments together.

Services that were problematic, did not serve their needs well, or were not within the ken of women in an abusive relationship were social services being unresponsive or too restrictive for the needs of the women to provide adequate financial assistance, legal aid for being unhelpful to women when aid and advice were sought—until a professional called in their stead, and safe houses which were, according to this small sample of women who had not accessed those services, were alright for somebody else without family to which to turn. Safe houses were seen as a last resort if you have nowhere else to go, no family to help you, they were places where you wouldn't know the staff or the other residents, places of depression, isolation, and loneliness. Being with family was seen as a more desirable option.

There was a very rudimentary knowledge of the services provided by women's shelters. Most didn't know where the closest women's shelter was located, how to access or even contact a shelter, if they would be accepted or eligible at their closest shelter, how they would get to the shelter with no transportation at hand, that the shelter allowed women to take their pets, and how they could cover the costs of staying at a women's shelter.

In addition, the women didn't want to leave their homes to go to a women's shelter. They had invested decades of their lives in the creation of their homes, gardens, and communities and they didn't want to leave them. Neither did they want to leave their pets which were objects of their love, and their accoutrements of a lifetime. They wanted the violent partner gone from the home and from their lives, but they wanted their home.

Finally, there appears to be a pervasive deficit of information and awareness available in the popular culture about the normalization of non-violent relationships, about the services that are available, the rights of women leaving abusive relationships, and where to go for help. How can there be women whose situation of IPV should make them keenly aware of services that might help them as they plot their escape, yet they aren't? These are women whose access to services came through formal services, police, addiction groups, the medical system and counseling and through the informal route of family care. Their praise for the counsellors, who helped them as they stumbled into and through justice and addiction services, is lavish but their knowledge of services for abused women and an understanding of a woman's rights in a relationship are frequently minimal.

One isolated woman experiencing a high level of abuse by a controlling partner suggested the need for counseling that could be accessed without a prior connect with justice or addictions. She suggested a phone line.

Some of the lessons learned early on about domestic violence such as MDs not booking appointments of couples together and allowing both partners to be present in the examining room, seem to have been forgotten. But the most striking issue that emerges from the stories of this small group of six women is the widespread lack of knowledge about IPV, the weakly articulated social censure of IPV, and the formal help that is available through the services of women's shelters and family violence programs.

Lorraine concluded by passing on the numerous kudos to the work the counsellors supporting these women as they struggle to remake their lives in their later years.

## Using Elder Mediation as a Positive Alternative to Elder Abuse

**Viola Evans-Murley** received her Bachelor of Social Work Degree from Dalhousie University in NS and her Masters of Social Work Degree from Memorial University in Newfoundland. In 2009 Viola received her National Certification in the specialty of Elder Mediation from Family Mediation Canada at the International Elder Mediation Summit in Ireland.

Viola is the Provincial Health Education Consultant with the Provincial Diabetes Program in Prince Edward Island. She has been working with multi disciplinary teams at the five sites across the Island providing mental health services with expertise in diabetes self care.

Elder Mediation is a specialty of Mediation PEI Inc. Elder Mediation is a co-operative process in which a professionally trained elder mediator helps facilitate discussions that assist people in addressing the myriad of changes and stresses that often occur through the family life cycle.

Mediators are not s. They are invited in to talk with families and each player has a voice and a plan is built through mutual agreement.

Elder mediation is recognized as a process that:

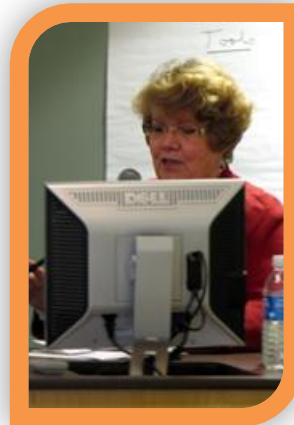
- Promotes wellness, develops prevention strategies and enhances quality of life for families
- Promotes an important step in the continuum of care of the older person
- Focuses on addressing concerns and issues of the older person
- Maintains and strengthens relationships critical to the well being of the older person
- Strengthens family and community relationships

People living with disabilities or chronic disease often have multiple health issues that make them more vulnerable to abuse.

The mediation process ensures respect and dignity, builds trust and relationships, is an early intervention for conflict and abuse, and is less costly than other interventions or outcomes.

Common issues for families are: sharing of care giving roles, family disputes, living arrangements, remarriage, grand parenting roles, religion, and change in health or functional status, end-of-life decision-making, and financial and estate issues.

There are five people on PEI currently trained and available for Elder Mediation.



## The Role of Mental Health Services in Elder Abuse

**Dr. Shabbir Amanullah** became a MD in Psychological medicine in 1999. Looking to pursue further training, he moved to the UK where he completed his MRC in Psych in 2002 and worked as a locum consultant before joining as a specialist registrar in the Wessex Rotation.



He moved to Canada in 2008, where he completed his Fellowship of the Royal College of Physicians and Surgeons of Canada. He is a member of the Royal College regional advisory board and Fellowship Advisory Committee. He is also on the research and education standing committees of the Canadian Psychiatric Association. He holds an appointment with Dalhousie University's Faculty of Medicine.

Dr. Amanullah discussed the impact that changes to health and economics have in creating difficulties during aging. Areas impacting the individual include: living environment, personal supports, biological changes, financial stability, and societal expectations.

Societal expectations may question an older adult's autonomy and right to make decisions for themselves. These expectations are exhibited by comments that would not be considered appropriate to make of other adults, such as:

- 'Act your age'
- She dresses 'young'
- 'Go on, drive faster'
- 'They should not be on the road'
- 'What do they need the money for?'

On The Canadian Network for the Prevention of Elder Abuse's website ([www.cnpea.ca](http://www.cnpea.ca)), the 1999 Canada General Social Survey identified that women who had experienced spousal violence were two to three times more likely than women who had not been victimized to have trouble sleeping/ use medications to help them sleep, calm down/ deal with depression.

Dr. Amanullah encouraged people to recognize the warning signs of abuse. Research on older battered women points out that they may seek medical treatment for:

- Gastrointestinal problems
- Headaches
- Physical injuries that occurred during an assault
- Psychosomatic complaints such as nervousness
- Depression/ anxiety
- Symptoms of post-traumatic stress disorder

Depression is much more common among abused older adults than other people who are similar in age but who are not living with abuse. American and Canadian research indicates that between 44% and 62% of abused older adults experience some level of depression, with 6% of abused older adults being severely depressed.

Other signs of abuse that he has seen in his practice include:

- Patient appears scared or very quiet
- The accompanying person does all or most of the talking and talks about the person being on the go "all the time" or "Tries to leave the house"

- Neglect symptoms including: weight loss, skin- dry and cracked, appears dehydrated, signs of malnutrition, hair quality/cleanliness, clothing –tattered/has patches

He encouraged professionals to not be fooled by negative behaviours. If the patient is irritable, don't feel it's because of you. They are probably angry at the accompanying person, they may be hungry, or they may be tired.

Always remember– they were like us once.

Dr. Amanullah recommended some “dos and don'ts” for practice that could help to uncover abuse. These include:

- See them individually
- If there is concern about a abuse, try bringing the caregiver in and ask questions around caregiver burn out
- Encourage community involvement including attendance at faith-based centres
- DO NOT stigmatize the victim or abuser
- Ensure there is always respect.
- Establish trust and be honest
- If there are memory issues and safety concerns, address residential home placement
- Remote or distance involvement are not appropriate if it is compromising care
- Where a home placement may be necessary, he encouraged site visits
- Encourage living wills (health care directives)

Abuse in institutional settings does occur. Younger workers in health care and institutional settings may not have learned the skills to engage older people and need to be trained to recognize the needs of older adults.

## What would a PEI Network Need to Be?

Vicki Bryanton led the group through discussions on the need for a network for the Prevention, Identification, and Intervention in the Abuse of Older Adults on PEI.

A network was defined as:

- ⌘ an interconnected system of individuals and organizations willing to assist one another or collaborate towards a mutual objective

After small group discussions, participants identified that they needed or wanted a provincial network to:

- ⌘ Help in finding networking partners who can provide current, pertinent knowledge
- ⌘ Provide for interesting solutions
- ⌘ Remind us of diversity and needs across the lifespan
- ⌘ Have a network name and purpose to be collaborative with minimal duplication
- ⌘ Provide contact information
- ⌘ Use the Ecological Model matrix to define roles
- ⌘ Build connections between experts, clinicians, and the front line people
- ⌘ Allow for sharing resources and materials
- ⌘ Be a place to offer help
- ⌘ Allow others to learn about best practices
- ⌘ Allow the sharing of stories
  - the lived experience, the research experience, and the clinical experience
- ⌘ Influence policy
- ⌘ Influence how we do our work
- ⌘ Provide an opportunity to meet face-to-face
- ⌘ Hear the voices of the lived experience
- ⌘ Have self-advocates involved
- ⌘ Have participants who are willing to engage

Groups were also asked to reflect on what they did NOT want a network to do or be and reported that a Network should:

- ⌘ Not overwhelm with too many messages
- ⌘ Not be about competition
- ⌘ Not bombarded with “useless” information
- ⌘ Not be a network in name only – must be functioning
- ⌘ Not be labour intensive (tons of emails or create useless meetings)
- ⌘ Be exclusive – don’t exclude seniors, other groups
- ⌘ Not have face-to-face meetings without an agenda
- ⌘ Keep irrelevant information
- ⌘ Not rely on only a few people
- ⌘ Be provided necessary resources; don’t minimize the amount of work it takes to create and maintain a network

An effective network functions to create and maintain a shared vision, to provide ways to communicate among members, to identify and promote productive attitudes and perceptions, and to serve as a discussion forum for complex issues.

Participants were asked what they would like to see the network do over the next year. Participants liked the format of the forum and were very interested in seeing it repeated. They wanted to see the following covered in an annual face-to-face meeting:

- Highlights of abuse of older adults work and research
- Trends and discussion on the view for tomorrow
- Cultural history of the Island – where we were, are, and where we're going
- Tools and materials sharing
- Information on new cultures to Canada – what does that mean for a PEI response
- More information on mental health issues, substance abuse and their connection with abuse of older adults
- Impact of increasing chronic disease on abuse; care-giver burnout
- Case studies to help forum participants “see” what is happening on the front lines

In addition to the meeting forum, participants would like to see a network that promotes:

- Communication in planning for meetings
- Uses a dynamic-electronic framework for the Ecological matrix
- Built-in evaluation/monitoring factors to keep the network relevant
- different perspectives in its structure
- Sharing of “what I learned this month”
- The development of a project and research question “wish list”
- The use of existing tools for communication such as the Premier’s Action Committee – website and newsletter – investigate as a tool
- Best practice and implementation stories; linkages
- Asking the potential network members about where/how the electronic network is housed



## Community Abuse Awareness

Project Coordinator, Olive Bryanton, presented information on the development of the other major component of the Abuse of Older Adults on PEI Project which will seek to use seniors as peer educators in building community awareness about abuse of older adults.

The rationale for this part of the project lies in:

- a lack of available, consistent, educational materials that can be used by seniors to create abuse awareness in their communities. (***Since the development of the proposal, some materials are now available.***)
- currently no older adult led programs exist to increase abuse awareness in local communities
- In response, a basic awareness program on abuse of older adults will be developed

The purpose of this component would be to:

- Increase awareness of the abuse of older adults
- Educate seniors about the different types of abuse
- Educate seniors on the signs and symptoms of abuse
- Educate seniors on who they can contact if they suspect abuse
- Direct seniors to available resources on abuse prevention

Seniors will be recruited, screened and trained, and at the end of the training, these presenters will:

- have a basic understanding of the issues of abuse of older adults
- have a resource package to use in their presentations
- know their limitation
- be prepared to respond to disclosure by referring to professionals
- be trained to deliver PowerPoint presentations

Post training, presenters will be supported through their initial presentation and evaluations, be responsible for setting up presentation opportunities, be connected to the network, and be provided with resource materials.

The presenters will be challenged to raise awareness about abuse of older adults, schedule presentations in their own and surrounding communities, know their role in preventing abuse of older adults, be knowledgeable about local abuse prevention resources, and in recognizing the positive contributions they can make in their community.

Olive presented some needs of the project to the forum participants and will be communicating again with the larger group to get help in finding:

- Seniors who are interested in becoming community peer educators
- Professionals to review materials being developed
- Organizations willing to support community awareness presentations
- Communities seeking presentations
- Senior groups networking with other groups in their communities promoting awareness presentations

Participants were asked to share their immediate responses to, and suggestions for, this component of the project. Suggestions and offers of support included:

- To communicate with CLIA to ensure no unnecessary overlap in community contacts & materials
- Opportunities with Justice Options project – which is developing a video and workbook; facilitators have been trained and the Justice Options project is willing to share information
- Participants offered to share resources for the selection process for speakers and input on screening processes
- Members can assist with training
- Speaker trainer that accesses professionals for certain aspects like “handling disclosure”



## Appendices

### Provincial Forum Agenda

- Welcome, Introductions and Project Overview 9:00 am - 9:30
- KEYNOTE SPEAKER Dr. Joan Harbison - "On the Front Lines: Providing Assistance to Older People in Atlantic Canada Who Are Mistreated or Neglected" 9:30 am - 10:15 am
- BREAK 10:15 - 10:30
- PANEL: 10:30 - 11:30 (10 to 15 minutes per person includes questions)
  - **Dr. Wendy Verhoek-Oftedahl**, Family Violence Prevention and Community Development Coordinator - *Levels of Prevention and Why we Need Intervention at all Levels*
  - **Anne Nicholson**, Community Legal Information Association - *Abuse of Older Adults and the Law: What Islanders Need to Know*
  - **Jackie Doran MacLeod**, Provincial Coordinator Adult Protection - *The Scope of Adult Protection and the Role of Adult Protection Workers*
  - **Susan Maynard, Provincial Manager Victim Services**, *Services and Statistics Related to Older Adults*
- ASSET MAP & GAP ANALYSIS - 11:30 to 11:45
- SMALL GROUP DISCUSSION - *Experts and Tools for Prevention, Identification and Intervention of Abuse of Older Adults* - 11:45 - 12:00 noon
- PROJECT EVALUATION PROCESS - Paul Chaulk 12:00 - 12:15 pm
- LUNCH 12:15 - 1:15 pm
- PANEL: 1:15 - 2:15 pm (10 to 15 minutes per person includes questions)
  - **Alma Macdougall**, Mi'kmaq Confederacy of PEI - *Survivors of Indian Residential Abuse: Proactive Approach to Prevent Abuse for Those Receiving Compensation*
  - **Lorraine Begley**, UPEI Researcher - *Older Women's Experiences of Leaving an Abusive Relationship in Rural Places*
  - **Viola Evans-Murley**, Mediation PEI, *Using Elder Mediation As a Positive Alternative to Elder Abuse*
  - **Dr. Shabbir Amanullah**, Chief of Psychiatry, *How Mental Health Services Can Respond to Abuse of Older Adults*
- SMALL GROUP WORK 2:15 - 2:45 PM - *Considerations for establishing an Abuse of Older Adults Provincial Network*
- BREAK 2:45 - 3:00 pm
- SMALL GROUP WORK - *Exploring Approaches for Networking* 3:00 - 3:20 pm
- PRESENTATION - *Community Awareness Component of Abuse of Older Adults* - 3:20 - 3:30
- GROUP DISCUSSION - *Community Awareness Feedback* 3:30 - 3:50
- NEXT STEPS & EVALUATIONS

## The Birch Tree People

It is a story of our relatives the Birch Tree People.

Have you ever been out on a cold stormy, cold winter's day? Look at the Birch Family; the mothers, the fathers, the children, the brothers and sisters are all affected by the harshness of the winter. Some are straight and tall while others bend with the weight of ice and snow. Occasionally and only occasionally, you see that one of the Birch Families is bent and broken.



Photo by Angus Sark

But as the spring and warmth approaches, the mighty Birch Family resumes its straightness and once again reaches for the sky. The weight of the world has been lifted from their sturdy, tall, proud backs. The others who have broken slowly wither away to death or start to regain some of shoots and begin slowly begin its long journey back to life.

The Birch Tree people love and support their fellow trees, but is powerless to stop the abuse nature has given its brothers or sisters and children. All they can do is hope and pray that at the end of that long, cold winter, their children, brothers and sisters can cope until they are returned to their loving warm embrace. The ones who have died are the ones who could no longer bear the weight of nature's wrath. It was not through any weakness that birch tree had broken or died, it had but only the weight, the neglect and the sorrows it felt during this trying time.

This is where the lessons from the Birch Tree Family come to the Mi'kmaq People who have had to endure the Indian Residential School system. Once a tall, sturdy and proud people, the Survivors have had to endure that winter- like times while away at Shubenacadie Residential School.

A great many of the Survivors have returned home tall, straight and proud but carry the scars left by the damage done to them during those dark days. A few of those who bent to the point of breaking carry deep scars of those dark winters, but now have those tender shoots of life and the long journey of re-growth. Those who had crossed over to live with the Ancestors did so only as a result of neglect, abuse and illness. Not of their own choosing or perhaps as a result of the Creator's mercy.

Here is where the Residential School Survivors receive their strength to carry on; it comes from our relatives the Birch Trees and the Ancestors.

**Mn'st Nogemaq, Alma MacDougall**



## Provincial Forum 2010 Evaluation Questionnaire Results

### Overview

A three-page hard-copy forum questionnaire was circulated to all participants during the forum, along with an ethics information sheet. The questionnaire covered demographics of respondents, satisfaction with various aspects of the forum, the most useful aspects of the forum, potential improvements, learnings, and other comments.

### Questionnaire Respondents

About two-thirds of forum participants completed the questionnaire, as follows.

- Number of forum participants = 60
- Number of completed questionnaires = 40
- Response rate = approximately 68%

### Demographics of Forum Questionnaire Respondents

One-half of respondents (i.e., those who completed the questionnaire) were under age 55 and one-half were age 55 or older. About one-fifth participated as an older adult, about two-fifths as a service provider and the remainder in a variety of other capacities. Respondents represented all counties of PEI. Specific detailed responses are as follows.

What is your age category?

- 50% were under 55 years of age
- 26% were between 55 and 64 years of age
- 24% were 65 years of age and older

*Note: 5% of respondents did not answer question and were excluded from above percentages.*

Are you participating as?

- 21% as an older adult
- 13% as a service provider (legal, law enforcement)
- 18% as a service provider (health)
- 8% as a service provider (social services, financial, other)
- 37% as “other” which included academics, educators, researchers, committee members, community organizations, and mediators

*Note: Total does not equal 100% as respondents could choose more than one response*

Where do you work/volunteer or live?

- 14% Prince County
- 43% Queens County
- 3% Kings County
- 41% All of PEI

*Note: 8% of respondents did not answer question and were excluded from above percentages.*

*Note: Total does not equal 100% as respondents could choose more than one response*

### Satisfaction with Forum

Satisfaction with most of the following aspects of the forum was high (at least 84% satisfied or very satisfied). Two areas of lower satisfaction were with the meeting room (open-ended comments below were related to temperature and room size) and the handouts (open-ended comments below were related to lack of handouts for most presenters).

Statement	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied	Satisfied + Very Satisfied	Total	Missing*
<b>The rooms, facilitator, organization, etc....</b>							
The meeting rooms	5%	37%	53%	5%	<b>58%</b>	<b>100%</b>	5%
Food and beverages	0%	16%	47%	37%	<b>84%</b>	<b>100%</b>	5%
The length of the forum	5%	11%	74%	11%	<b>84%</b>	<b>100%</b>	5%
The organization of the forum	0%	5%	60%	35%	<b>95%</b>	<b>100%</b>	0%
The forum facilitators	0%	0%	45%	55%	<b>100%</b>	<b>100%</b>	0%
<b>The content and opportunities</b>							
The information provided by speakers	0%	3%	48%	50%	<b>98%</b>	<b>100%</b>	0%
The handouts at the forum	3%	41%	49%	8%	<b>56%</b>	<b>100%</b>	3%
Opportunities to provide input	0%	13%	62%	26%	<b>87%</b>	<b>100%</b>	3%
Your input was respected and listened to	0%	6%	63%	31%	<b>94%</b>	<b>100%</b>	13%
Opportunities to network with other participants	0%	13%	50%	38%	<b>88%</b>	<b>100%</b>	0%
The overall usefulness of the forum	0%	15%	55%	30%	<b>85%</b>	<b>100%</b>	0%

\* Not included in totals

### Useful Aspects of Forum

Respondents were asked to list the three most useful things about the forum in an open-ended question. The most common responses were the opportunity to network and make contacts; to share information and learn what others are doing; the presentations and speakers delivering them; and information on available resources, services and assets. The following table provides additional detail on useful aspects of the forum.

Most useful aspect	% of respondents who completed question*	Sample responses
Networking/making contacts	70%	<i>"Opened new networking opportunities"</i> <i>"Contacts and networks"</i> <i>"Seeing faces and connecting with names"</i>
Information sharing/learning about what others are doing/useful content	60%	<i>"Sharing information"</i> <i>"Lots of info presented"</i> <i>"Opportunities to learn what people are doing"</i> <i>"Very good information/broad coverage"</i> <i>"Useful content and data from research"</i>

Most useful aspect	% of respondents who completed question*	Sample responses
Presentations/speakers	33%	<i>"The panel presentations"</i> <i>"The variety of presentations and resources"</i> <i>"Good presenters"</i>
Information on resources/services/assets	30%	<i>"Learning of new services/groups"</i> <i>"Raising awareness of assets"</i> <i>"Information on what is available on PEI"</i> <i>"Learning about existing programs and services that work"</i>
Awareness	10%	<i>"Awareness"</i> <i>"Bring seniors issues to the forefront"</i>
Other useful aspects	33%	<i>"Very much enjoyed the brief reports of 10 minute duration."</i> <i>"Just long enough - very helpful"</i> <i>"Round tables for small groups"</i> <i>"Good pace of agenda and facilitation"</i> <i>"Well organized"</i> <i>"Inspiration: To ensure my work connects"</i>

\*Total does not equal 100% as respondents could choose more than one response. Only 30 of 40 respondents answered this question (25% missing data).

### Suggested Improvements

Respondents were asked to list three things that could be done to improve next year's forum in an open-ended question. The most common responses related to the pace of the forum, the room, and handouts. The following table provides additional detail on potential improvements.

Aspect to improve	% of respondents who completed question*	Sample responses
Need more time with presenters/too rushed	38%	<i>"Some presentation/events were too rushed"</i> <i>"...would have liked more discussion time with a variety of participants"</i> <i>"Agenda today is too packed"</i> <i>"Two day session - greater opportunity to learn" **</i>
Room temperature (too cold)	33%	<i>"Space: hard to control temp"</i>
Would like handouts for presentations	25%	<i>"Handouts from each [presentation] being given right away"</i>
Better room/equipment	17%	<i>"Bigger room"</i> <i>"Sound system was a little shrill"</i>

Aspect to improve	% of respondents who completed question*	Sample responses
Need opportunity for participants to introduce themselves	13%	<i>"Opportunity for people to introduce in beginning"</i>
Need more networking/interaction	13%	<i>"Have a designated networking exercise"</i>
Need shorter forum **	8%	<i>"Perhaps a half day would be more productive"</i>
Need more senior presenters	8%	<i>"More actual senior presentations"</i>
Other potential improvements	54%	<i>"Unfortunate that some had to leave before end of meeting"</i> <i>"Invite wider audience"</i> <i>"Small group talks were not that effective"</i>

\*Total does not equal 100% as respondents could choose more than one response. Only 24 of 40 respondents answered this question (40% missing data).

\*\* One respondent asked for a two-day session and two respondents asked for a half-day session.

### Existing Knowledge

Respondents were asked to rate their existing knowledge related to the issue of 'elder abuse' or 'abuse of older adults' (e.g., preventing abuse, identifying a abuse, implication of reporting abuse, etc.) prior to the forum. A large majority of participants had some or good knowledge, as follows:

- 5% had "Little knowledge" related to the issue of abuse of older adults
- 43% had "Some knowledge" related to the issue of abuse of older adults
- 51% had "Good knowledge" related to the issue of abuse of older adults

Note: 8% of respondents did not answer question and were excluded from above percentages.

### Learnings from the Forum

Respondents were asked to indicate the extent to which the forum increased their knowledge and/or awareness of the following issues. At least 83% of respondents increased their knowledge and/or awareness of the issues listed. The two exceptions were types of abuse of older adults and how to report abuse of older adults where about two-thirds of respondents increased their knowledge or awareness.

	Increased your knowledge and/or awareness				
	Not at all	A little	A great deal	Total	Missing*
Occurrence of abuse of older adults	16%	55%	29%	<b>100%</b>	5%
Types of abuse of older adults	32%	45%	24%	<b>100%</b>	5%
Sources of information about a abuse of older adults	8%	36%	56%	<b>100%</b>	10%
Organizations and services related to abuse of older adults	5%	40%	55%	<b>100%</b>	5%
How to report abuse of older adults	37%	47%	16%	<b>100%</b>	5%

	Increased your knowledge and/or awareness				
	Not at all	A little	A great deal	Total	Missing*
Promising practices in how to identify abuse of older adults	11%	54%	34%	100%	13%
Promising practices in preventing abuse of older adults	9%	63%	29%	100%	13%
The PEI network on elder abuse being created	9%	51%	40%	100%	13%

\* Not included in total

Respondents were asked to list other things they learned in an open-ended question. The most common responses and sample comments related to 'learnings' are as follows.

- Info about brochures/resources (6 comments)
  - *"So much from other resources I haven't been exposed to."*
  - *"Where and how to acquire information brochures and video"*
  - *"Victim Services role on the Island."*
- Statistics on elder abuse (3 comments)
  - *"Percentage of reported cases on PEI"*
  - *"Stats for PEI"*
- Other learnings (8 comments)
  - *"Learned about the legislation relevant to this topic."*
  - *"How to be more aware."*
  - *"Level of under reporting of abuse."*

### Other Comments

Respondents were asked to share any other comments about the forum in a final open-ended question. There were no consistent themes. Sample individual comments are as follows.

*"A very well organized and useful day. Thank you."*

*"Excellent and most informative day"*

*"Good start. Should continue to build practical networks to provide better care to seniors."*

*"I wish I would have had this kind of opportunity to leave an abusive partner..."*

*"It would be nice to have a list of contact info on individuals who. we can give out to those seeking information."*

*"Met a number of very interesting people and feel there is a great deal of hope for the future for seniors"*

*"Seating could be designated with good mix of people in groups."*

*"There was a lot of info presented today. Very tight schedule."*

*"Very supportive group."*

*"Great to make a significant number of good contacts."*

## Contact Information for Presenters

**Joan Harbison, Ph.D., RSW**

Dalhousie University School of Social Work  
harbison@Dal.Ca

**Olive Bryanton, Project Coordinator**

Abuse of Older Adults Awareness – a PEI Network Response Project  
(902) 894-2841  
obryanton@upei.ca

**Wendy Verhoek-Oftedahl, Ph.D.**

Family Violence Prevention & Community Development Coordinator  
Dept of Social Services & Seniors  
161 St. Peters Rd., PO Box 2000  
Charlottetown, PEI C1A 7N8  
1-902-368-6712 (tel)

**wverhoekoftedahl@gov.pe.ca**

**Anne Nicholson, Project Coordinator**

Community Legal Information Association of PEI (CLIA)  
P.O. Box 1207  
1st floor Sullivan Building  
Fitzroy Street  
Charlottetown, PE C1A 7M8  
(902) 368-4098  
annenicholson@cliapei.ca

**Jackie Doran-MacLeod, Provincial Adult Protection Consultant**

Health PEI  
16 Garfield Street  
Charlottetown PEI C1A 6A5  
(902) 368-6717  
jmdoran@ihis.org

**Susan Maynard, Provincial Manager, Victim Services**

Justice and Public Safety  
P.O. Box 2000  
Charlottetown, PE C1A 7N8  
Phone 902-368-4584  
smaynard@gov.pe.ca

Queens and Kings Counties – (902) 368-4582

Ev Marshall, Linda MacAulay, Joy Coffin, Georgina Bowness, Charlotte Jewell

East and West Prince – (902) 888-8217

Jean Profit and Darlene Oatway

**Alma MacDougall, Aboriginal Health Nurse**

200 Read Drive  
Summerside, PE  
C1N 5N7  
Tel: (902) 436-5101  
Fax (902) 436-5655  
mail@mcpei.ca

- **Health Canada Toll Free Information Line: 1-866-414-8111**
- **Regional Resolution Health Support Workers:**

- **Mary Moore Phillips**, RHSW- Cell:(902)439-0427 or Office(902)368-1446 (Aboriginal Survivors for Healing, PEI)
- **Andrea Coffey**: RHSW (Atlantic Region)- Office (506)523-1996 or cell (506)523-5337
- **Connie Nevin**, RHSW- (506) 532-6632 or (506)523-3530 ( Atlantic Policy Congress of First Nations Chiefs)
- **Cultural Support Provider: PEI**
  - **Alma MacDougall**, CSP- (902)436-5101 or Cell: (902) 626-9068 ( Mi'kmaq Confederacy of PEI)
  - **Dale Sylliboy**, CSP (ASH Traditional ) Phone: (902)368-9068 or cell (902)314-5647
  - **William Nevin**, CSP (NB Traditional ) Phone: (506)523-6632

**Lorraine Begley**, Coordinator of Studies, Socio-behavioural Cancer Research

Department of Psychology  
University of Prince Edward Island  
Charlottetown, PEI  
C1A 4P3  
(902) 894-2833  
lbegley@upei.ca

**Viola Evans-Murley**, Elder Mediator

www.eldermediation.ca  
902-892-7667  
ereagh@eastlink.ca

**Dr. Shabbir**, MD

Chief of Psychiatry  
Hillsborough Hospital  
P.O. Box 1929  
Charlottetown, PE C1A 7N5  
(902) 368-5411  
kalecky@ihis.org (nurse: Kathy Lecky)

**Paul Chaulk**, Consultant

Atlantic Evaluation Group Inc.  
P.O. Box 355, Charlottetown, PE C1A 7K7  
(902) 566-1237  
paul@aegroup.ca

**Vicki Bryanton**, Consultant and Facilitator

Vicki Bryanton – Practical Solutions  
725 Riverdale Rd  
Bonshaw, PE COA 1C0  
(902) 940-6605  
vicki@vickibryanton.com

## Suggested Resources and Readings from Joan Harbison

Harbison, J, Coughlan, S., Karabanow, J. VanderPlaat, M. (2005). A clash of cultures: Rural values and service delivery to mistreated and neglected older people in Eastern Canada. *Practice: A Journal of the British Association of Social Workers*, 14 (4), 229-246.

Harbison, J. (2008). Stoic heroines or collaborators: Ageism, feminism and the provision of assistance to abused old women. *Journal of Social Work Practice*, 22(2), 221-234.

Special Senate Committee on Aging (2009). Final Report: Canada's Aging Population: Seizing the Opportunity. <http://www.senate-senate.ca/age.asp>

Canadian Network for the Prevention of Elder Abuse (CNPEA) [www.cnpea.ca](http://www.cnpea.ca)