



HOUSE OF COMMONS  
CANADA

# **BREAKING THE SILENCE ON THE ABUSE OF OLDER CANADIANS: EVERYONE'S CONCERN**

**REPORT OF THE STANDING COMMITTEE ON HEALTH AND  
WELFARE, SOCIAL AFFAIRS, SENIORS AND THE STATUS OF WOMEN**

J  
103  
H7  
34-3  
H432  
A127

**BARBARA GREENE, M.P.  
CHAIR**

**EDNA ANDERSON, M.P.  
CHAIR  
SUB-COMMITTEE ON SENIOR CITIZENS HEALTH ISSUES**

**June 1993**

BIBLIOTHEQUE DU PARLEMENT  
LIBRARY OF PARLIAMENT



3 2354 00494 801 7

BIBLIOTHEQUE DU PARLEMENT  
LIBRARY OF PARLIAMENT



3 2354 00494 802 5

HOUSE OF COMMONS

CHAMBRE DES COMMUNES

Issue No. 21

Procédure n° 21

Chair: Robert Gooch

Présidence: Barbara Greene

Minutes of Proceedings and Evidence of the Standing Committee on

Procès-verbaux et témoignages du Comité permanent de la

Health and Welfare,  
Social Affairs,  
Seniors and

Santé et du Bien-être  
social, des Affaires  
Troisième

# BREAKING THE SILENCE ON THE ABUSE OF OLDER CANADIANS: EVERYONE'S CONCERN

REPORTING

COMPTERENDU

Chairman of the Standing Committee on Health and Welfare  
Président du Comité permanent de la Santé et du Bien-être social

Chair of the sub-committee on Senior Citizens Health Issues  
Président du sous-comité sur les questions de santé des personnes âgées

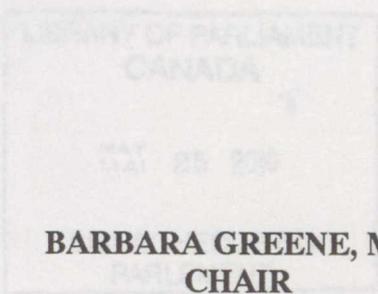
INCLUDING

CONTENANT

Speeches made by the chair of the sub-committee on Senior Citizens Health Issues  
Discussions on the Report of the Sub-committee on Senior Citizens Health Issues

Discussions on the Report of the Sub-committee on Senior Citizens Health Issues  
Discussions on the Report of the Sub-committee on Senior Citizens Health Issues

## REPORT OF THE STANDING COMMITTEE ON HEALTH AND WELFARE, SOCIAL AFFAIRS, SENIORS AND THE STATUS OF WOMEN



**BARBARA GREENE, M.P.**  
**CHAIR**

**EDNA ANDERSON, M.P.**  
**CHAIR**

**SUB-COMMITTEE ON SENIOR CITIZENS HEALTH ISSUES**

June 1993



HOUSE OF COMMONS

CHAMBRE DES COMMUNES

Issue No. 21

Fascicule n° 21

Chair: Barbara Greene

Présidence: Barbara Greene

*Minutes of Proceedings and Evidence of the Standing Committee on*

*Procès-verbaux et témoignages du Comité permanent de la*

## Health and Welfare, Social Affairs, Senior and the Status of Women

## Santé et du Bien-être social, des Affaires sociales, du Troisième âge et de la Condition féminine

RESPECTING:

Consideration of the First Report of the Sub-Committee on Senior Citizens Health Issues

CONCERNANT:

Étude du premier rapport du Sous-comité sur les questions de santé concernant les personnes âgées

INCLUDING:

Seventh report to the House: Breaking the Silence on the Abuse of Older Canadians: Everyone's Concern

Y COMPRIS:

Septième rapport à la Chambre: Rompre le silence sur les mauvais traitements infligés aux Canadiens âgés : la responsabilité de tous



Third Session of the Thirty-fourth Parliament,  
1991-92-93

Troisième session de la trente-quatrième législature,  
1991-1992-1993

STANDING COMMITTEE ON HEALTH AND WELFARE,  
SOCIAL AFFAIRS, SENIORS AND THE STATUS OF  
WOMEN

*Chair:* Barbara Greene

*Vice-Chairmen:* Rey Pagtakhan  
Jean-Luc Joncas

Members

Edna Anderson  
Barbara Greene  
Jean-Luc Joncas  
Jim Karpoff  
Rey Pagtakhan  
Bobbie Sparrow  
David Walker  
Stan Wilbee—(8)

(Quorum 8)

Eugene Morawski

*Clerk of the Sub-Committee*

SUB-COMMITTEE ON SENIOR CITIZENS HEALTH ISSUES  
OF THE STANDING COMMITTEE ON HEALTH AND  
WELFARE, SOCIAL AFFAIRS, SENIORS AND THE STATUS OF  
WOMEN

*Chairman:* Edna Anderson

*Vice-Chairman:* Lawrence MacAulay

Members

Bruce Halliday  
Neil Young—(4)

(Quorum 3)

Eugene Morawski

*Clerk of the Sub-Committee*

Nancy Miller Chenier  
*Research Branch*  
*Library of Parliament*

Published under authority of the Speaker of the  
House of Commons by the Queen's Printer for Canada.

Available from Canada Communication Group — Publishing,  
Supply and Services Canada, Ottawa, Canada K1A 0S9

COMITÉ PERMANENT DE LA SANTÉ ET DU BIEN-ÊTRE  
SOCIAL, DES AFFAIRES SOCIALES, DU TROISIÈME ÂGE  
ET DE LA CONDITION FÉMININE

*Présidence:* Barbara Greene

*Vice-présidents:* Rey Pagtakhan  
Jean-Luc Joncas

Membres

Edna Anderson  
Barbara Greene  
Jean-Luc Joncas  
Jim Karpoff  
Rey Pagtakhan  
Bobbie Sparrow  
David Walker  
Stan Wilbee—(8)

(Quorum 8)

*Le greffier du Sous-comité*

Eugene Morawski

SOUS-COMITÉ DES QUESTIONS DE SANTÉ  
CONCERNANT LES PERSONNES ÂGÉES DU COMITÉ  
PERMANENT DE LA SANTÉ ET DU BIEN-ÊTRE SOCIAL,  
DES AFFAIRES SOCIALES, DU TROISIÈME ÂGE ET DE LA  
CONDITION FÉMININE

*Président:* Edna Anderson

*Vice-président:* Lawrence MacAulay

Membres

Bruce Halliday  
Neil Young—(4)

(Quorum 3)

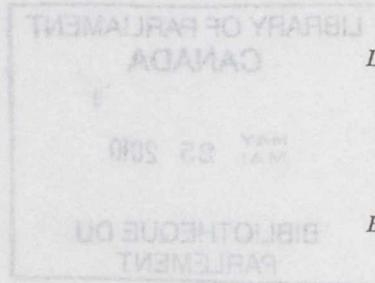
*Le greffier du Sous-comité*

Eugene Morawski

Nancy Miller Chenier  
*Service de recherche*  
*Bibliothèque du Parlement*

Publié en conformité de l'autorité du Président de la Chambre  
des communes par l'Imprimeur de la Reine pour le Canada.

En vente: Groupe Communication Canada — Édition,  
Approvisionnement et Services Canada, Ottawa, Canada K1A 0S9



The Standing Committee on Health and Welfare, Social Affairs, Seniors and the Status of Women has the honour to present its

**SEVENTH REPORT**

In accordance with its mandate under Standing Order 108(1), your Committee established a Sub-Committee and assigned it the responsibility of examining the subject of elderly abuse.

The Sub-Committee submitted its First Report to the Committee.

Your Committee adopted the following Report which reads as follows:

LIST OF RECOMMENDATIONS	ix
<b>BREAKING THE SILENCE</b>	1
I. THE ISSUE AND SCOPE OF THE PROBLEM?	9
II. THE ISSUE OF DEFINITION	9
III. THE MAGNITUDE OF THE PROBLEM	16
IV. WHAT IS BEING DONE AND WHAT MORE CAN BE DONE?	21
IV FEDERAL INITIATIVES	21
V EDUCATION	22
A. Educating Seniors	24
B. Educating Children and Adolescents	26
C. Educating Service Providers	27
D. Educating the Community	30
E. Educating Informal Caregivers	33
VI SERVICES	33
A. General Elder Abuse Services	34
B. Advocacy Services	37
C. Emergency Services	39
VII LEGAL SAFEGUARDS FOR THE VULNERABLE OLDER PERSON	40
A. Criminal Code	40
B. Adult Protection Legislation	42
C. Guardianship Legislation	44
VIII EVALUATING WHAT WORKS	45
SOCIAL, LEGAL AND MEDICAL SOLUTIONS	49
APPENDIX A — Referral Form for Delmarva Power Gatekeeper Program	51
APPENDIX B — List of Witnesses	53
APPENDIX C — List of Individuals Consulted in Washington, D.C.	57



# TABLE OF CONTENTS

---

<b>LIST OF RECOMMENDATIONS</b> .....	ix
<b>BREAKING THE SILENCE</b> .....	1
<b>INTRODUCTION</b> .....	5
<b>WHAT IS THE NATURE AND SCOPE OF THE PROBLEM?</b> .....	9
I THE ISSUE OF DEFINITION .....	9
II RISK FACTORS FOR ABUSE .....	12
III THE MAGNITUDE OF THE PROBLEM .....	16
<b>WHAT IS BEING DONE AND WHAT MORE CAN BE DONE?</b> .....	21
IV FEDERAL INITIATIVES .....	21
V EDUCATION .....	22
A. Educating Seniors .....	24
B. Educating Children and Adolescents .....	25
C. Educating Service Providers .....	27
D. Educating the Community .....	30
E. Educating Informal Caregivers .....	33
VI SERVICES .....	33
A. General Elder Abuse Services .....	34
B. Advocacy Services .....	37
C. Emergency Services .....	39
VII LEGAL SAFEGUARDS FOR THE VULNERABLE OLDER PERSON .....	40
A. Criminal Code .....	40
B. Adult Protection Legislation .....	42
C. Guardianship Legislation .....	44
VIII EVALUATING WHAT WORKS .....	45
<b>SOCIAL, LEGAL AND MEDICAL SOLUTIONS</b> .....	49
<b>APPENDIX A — Referral Form for Delmarva Power Gatekeeper     Program</b> .....	51
<b>APPENDIX B — List of Witnesses</b> .....	53
<b>APPENDIX C — List of Individuals Consulted in Washington, D.C.</b> ..	57



## LIST OF RECOMMENDATIONS

---

### **I THE ISSUE OF DEFINITION**

**The Committee recommends:**

- 1. That the federal government in its literature and programs take the lead in establishing consistent usage and common understanding of elder abuse terminology.**
- 2. That any definitions used be tested in various settings across Canada to evaluate their appropriateness for different disciplines and cultures.**

### **II RISK FACTORS FOR ABUSE**

**The Committee recommends:**

- 3. That the federal government, through the relevant existing federal bodies, provide funding for research aimed at identifying the risk factors for abuse of the elderly in order to develop more focused and targeted prevention interventions.**
- 4. That a portion of this funding be for longitudinal studies aimed at understanding risk factors. This should include studies to clarify the experience of the elderly who are victims of abuse; to determine the role of childhood factors for both the abuser and the abused in cases of abuse toward the elderly; to understand the link between abusive acts toward the elderly and other forms of violence; to expose any link between social factors such as poverty, substance abuse, unemployment, and abuse of the elderly.**

### **III THE MAGNITUDE OF THE PROBLEM**

The Committee recommends:

5. That the federal government, through the Canadian Centre for Justice Statistics and Statistics Canada, undertake a national survey to collect accurate data on the abuse in Canada of men and women over 65 years of age.
6. That this national survey be followed by regular data collection in other national surveys to determine if the problem is changing over time.
7. That data on the extent and nature of abuse in institutional settings be collected as part of any national survey.

### **IV FEDERAL INITIATIVES**

The Committee recommends:

8. That the federal government, through its Interdepartmental Steering Committee set up to coordinate the Family Violence Prevention Initiative, make public the activities related to abuse of the elderly undertaken to date by all departments including the amount of money allocated to each.
9. That the federal government continue to promote partnerships among federal departments, among different levels of government and within the community to address the abuse of older Canadians and that these partnership efforts be supported with appropriate levels of funding.
10. That the federal government ensure that older Canadians representing both sexes and of different ages and ethnicity serve as members of advisory committees.

## **V EDUCATION**

**The Committee recommends:**

- 11. That the federal government, through the relevant federal departments, take the lead in developing and disseminating multimedia educational materials aimed at preventing elder abuse. These materials should be developed in consultation with various target groups and should be based on knowledge of what is most effective for each group.**

### **A. Educating Seniors**

**The Committee recommends:**

- 12. That the federal government, through the Canadian Radio-Television and Telecommunications Commission, develop guidelines on advertising aimed at older people to provide positive images of aging.**
- 13. That the federal government, through the National Advisory Council on Aging, work with the Canadian Bankers Association to facilitate and to promote direct deposit for regular monthly payments such as pensions and for irregular payments such as income tax refunds.**

### **B. Educating Children and Adolescents**

**The Committee recommends:**

- 14. That the federal government, through the relevant federal departments and from their existing budgets, provide funding and evaluation support for educational endeavours on positive images of aging aimed at children and adolescents; and that this funding constitute 10% of the total amount targeted to education of children and adolescents.**

15. That the federal Minister of State for Seniors, through the Council of Ministers of Education, liaise with the provincial ministers of education with a view to ensuring that education related to prevention of elder abuse is incorporated in provincial curriculums.

### **C. Educating Service Providers**

The Committee recommends:

16. That the federal government, through the relevant federal departments and in consultation with other levels of government, work in a coordinated way with the national and provincial organizations responsible for standard-setting and education for physicians, nurses, social workers, police, bankers, lawyers and other service providers in developing guidelines to enhance their ability to detect and to intervene in cases of elder abuse.

### **D. Educating the Community**

The Committee recommends:

17. That the federal government, through the Minister of State for Seniors, actively seek co-investment with other levels of government, business, and labour in neighbourhood-based programs to support older people.

### **E. Educating Informal Caregivers**

The Committee recommends:

18. That the federal government, in consultation with other levels of government and with organizations representing employers and employees, establish ways to provide information to meet the needs of caregivers with elder care responsibilities.

## **VI SERVICES**

### **A. General Elder Abuse Services**

**The Committee recommends:**

- 19. That the federal government, in consultation with other levels of government, continue to provide funding support for existing services for the elderly and that such services be adapted to address abuse of the elderly.**
- 20. That the federal government provide research money to establish pilot projects on community based alternatives to institutional care for the elderly.**
- 21. That the federal government, in consultation with other levels of government, provide appropriate levels of funding for respite care, day care and other services supportive of informal caregivers of the elderly.**
- 22. That the federal government consider methods of providing payments to family members who care for elderly relatives.**

### **B. Advocacy Services**

**The Committee recommends:**

- 23. That the federal government, in consultation with other levels of government, provide funding and other support to facilitate the establishment of seniors advocacy services in the provinces and territories similar to these currently operating in British Columbia, Ontario and Quebec.**

## **C. Emergency Services**

The Committee recommends:

24. That the federal government, in consultation with other levels of government, establish appropriate funding for emergency shelter in homes for the aged, in seniors complexes, and in existing shelters for use by seniors at risk.

## **VII LEGAL SAFEGUARDS FOR THE VULNERABLE OLDER PERSON**

### **A. Criminal Code**

The Committee recommends:

25. That the federal government, through the Minister of Justice, work with the provinces to educate members of the police, the legal community and the general public that the existing provisions in the *Criminal Code* are applicable to abuse of older Canadians and are to be enforced.
26. That the federal government, through the Minister of Justice, review and clarify the effectiveness of the *Criminal Code* in addressing elder abuse.
27. That any section of the *Criminal Code* found during the review to be inadequate either in its provision or in its enforcement for addressing elder abuse be redrafted to enable lawyers, judges and police to respond to suspected abuse.

### **B. Adult Protection Legislation**

The Committee recommends:

28. That the federal government, through the Minister of Justice, work with the provinces to undertake a study of the adult protection legislation enacted in several jurisdictions across Canada in order to

**determine its conformity with the *Canadian Charter of Rights and Freedoms*; its effectiveness in achieving its stated purpose; and its impact on older Canadians.**

---

### **C. Guardianship Legislation**

**The Committee recommends:**

- 29. That the Minister of State for Seniors and the Minister of Justice consult with the provinces and territories on guardianship legislation and ways to strengthen the rights of seniors.**

## **VIII EVALUATING WHAT WORKS**

**The Committee recommends:**

- 30. That the federal government establish mechanisms to ensure that any project involving federal funds include a separate and sufficient amount for evaluations of effectiveness of educational, health, social and legal interventions relating to abuse of the elderly.**
- 31. That the federal government provide guidance on appropriate evaluation methods for different interventions.**
- 32. That annual progress reports on the results of all evaluations, positive and negative, carried out on any federally funded projects be made public.**



## BREAKING THE SILENCE

---

**“Abuse thrives in secrecy and if you can break the silence you often break the abuse.”<sup>1</sup>**

Few cases of abuse of older Canadians become the major newstory of the day. The ones that do are often those sensationalized under the caption of “granny bashing”. The vast majority of incidents where older people are mistreated by someone they rely on for basic needs, both physical and emotional, are not reported.

The Committee heard of many cases where older men and women had been subject to abuse. They provide a grim picture of the experiences of those seniors who face financial, physical, and psychological abuse on a daily basis. The Committee is convinced that breaking the silence that surrounds this issue and breaking the patterns of abuse must be everyone’s concern.

### **Case 1:**

A couple had three children, two sons and one daughter. When the husband died, he bequeathed all his possessions to his eldest son provided that he keep his mother with him. After a few years, the son threw his mother out and kept the house for himself. The mother went to live with her second son who persuaded her to buy a house with the \$10,000 that she had left. He went to see a lawyer, and the title deed was written in the name of the son only. The mother lived with this son for two years and then he too threw her out. She ended up with her daughter who had to have her basement finished and who incurred expenses to keep her mother with her.

In this case, the *New Brunswick Marital Property Act* would allow the woman to avail herself of the law in order to get the marital property, but she didn’t. In the case of her second son, clearly it was robbery. The *Criminal Code* allows for police intervention, or at least the common law allows for cancellation of such

---

<sup>1</sup> McKenzie, 8:6.

fraudulent transactions as this one. Yet, the mother did not want to pursue this course of action and she ended up at her daughter's place.<sup>2</sup>

### **Case 2:**

The public health nurse called and said that they had found a 72-year old woman in Winnipeg in a house where there was no heat, no running water, nothing. The public health nurse brought this woman to the hospital and she was admitted. It soon became apparent that this woman had been sexually abused. Upon questioning, this elderly woman told us that she had been sexually abused by the extended family members and also by other people who were in the house, because of drinking.

This woman was kept in the hospital for several days, but soon the pension cheques arrived and the family asked for discharge of this woman. Within seven days we were notified that this woman had been killed by the extended family because she had refused to turn over her pension cheque.<sup>3</sup>

### **Case 3:**

We had a lady who was being emotionally battered. She had a husband who had a heart attack. This was a lively and alert older woman in her 70s. Every time she left the house, he would say, I'm going to get a heart attack; you're abandoning me; you don't care for me.

We finally persuaded her that we would send somebody to stay with her husband while she came out. She had an artistic background and took part in some silk-screening classes. Gradually, because she was very good at it and liked it so much, we told her we wanted her to teach the class for a nominal payment.

Because we had offered to pay her, her husband thought, well, this is a job. So now he quite happily lets her go out to the silk-screening class every day and the volunteer no longer has to stay with him.

---

<sup>2</sup> Poirier, 9:29

<sup>3</sup> Giesbrecht, 9:19

Her life has been significantly improved. She was on the verge of a nervous breakdown. Two or three years ago we thought she would be in hospital very shortly. Now she's one of our more active and successful volunteers.<sup>4</sup>

#### **Case 4:**

Over ten or eleven years ago I met a woman who in her lifetime had been a strong woman and had settled in the Peace River country with her husband during the Depression years. She has stayed on the family farm through the winter and raised the children all by herself off in the bush while her husband went into town and looked for work to subsidize the farm.

When the time came for her and her husband to retire, they moved to Edmonton. When he died, one of her children came to her and said, "Mother, come live with me. I'll help you look after Dad's estate; I'll help you settle Dad's estate and invest Dad's money." So she came to live in West Vancouver with this adult child.

When I saw her she was living alone in an apartment. She was obviously very depressed. She really didn't know how much money she had. She wasn't really seeing much of her adult children or her grandchildren. She came to see me because she wanted to plan her funeral. She wanted to have her body taken back to Edmonton to lie beside her husband.

She felt that unless she had already paid for the funeral, her daughter and her sons won't respect her wishes when she died. She said, "There is one thing they respect, and that's money." Making the arrangements involved getting two quotes, one to fly her body back to Edmonton and the other to put it on the train.

When I put the question to her, for the first time, she turned and looked me directly in the eye, and there was a real glint in her eye. She asked, "Is that the train that goes through Jasper?"

I realized then that the woman I was talking to didn't want to plan her funeral. She wasn't looking forward to her death. She wanted an adventure. She wanted a life and she was quite capable of having a life. So we went to work on what we should have gone to work on originally, which was how she was going to get control of her own money, how she was going to start making her own decisions.<sup>5</sup>

---

<sup>4</sup> Leon, 9:6.

<sup>5</sup> McKenzie, 8:4

### Case 5:

Just last Friday we had a group of neighbors come to the university. They came with what they thought was an elder abuse problem. It referred to an older gentleman, in the seventies, whose wife six months earlier had been admitted to a mental hospital. The wife was about twenty years younger.

When the wife came back from the mental hospital, she came with a live-in boyfriend. The live-in boyfriend took some exception to the husband. During the winter the neighbors frequently saw the husband out in cold weather wearing slippers and without an overcoat. They began to realize that he wasn't allowed in the house for much of the day but had to live essentially in the basement. He was made to chop wood, do heavy duties, despite the fact that it was known in the community that this fellow had a heart condition and was somewhat frail.

Several of the neighbors called the police in. The police apparently did an investigation but couldn't lay charges. It fell between the legal stools. In this particular instance, the husband died. Two or three months after, the neighbors were still concerned enough to want to try to prevent this kind of thing from happening in the future.<sup>6</sup>

### Case 6:

We have a case of a neighbor harassing a 76-year old. Yesterday evening, this woman called because she was at her wit's end. She was breaking down. She has had four heart attacks since last fall. It is the neighbors, who have been trying for a year and a half to get rid of an easement between two houses. They have done everything imaginable to make that person give up the easement. They have had restaurants make deliveries to the house, they have had taxis sent to the house. They have bothered that person in every possible manner. The person knocked on every door for help and none was given. I think she even had problems with her lawyer who didn't defend her interests properly.<sup>7</sup>

---

<sup>6</sup> Stones, 6:5

<sup>7</sup> Couture, 4:28

## INTRODUCTION

---

The House of Commons Sub-Committee on Senior Citizens Health Issues commenced study on the abuse of the elderly in February, 1993. Over the next three months, members heard from witnesses involved in government, community, academic, business and seniors organizations throughout Canada. Their testimony is found in Issues Nos. 1–10 of the Sub-Committee on Senior Citizens Health Issues for the Third Session of the Thirty-fourth Parliament. Witnesses who met with the Committee members in Washington, D.C. provided useful comparative information from the United States. In addition, several witnesses over the course of the hearings imparted knowledge about approaches used in England and other parts of Europe.

This report highlights the general themes heard by the Committee. It indicates the direction the Committee believes should be taken in responding to the problem of abuse of older Canadians. The current lack of public and professional awareness about the abuse of older Canadians is of major concern. The Committee agrees that there is a need to refocus existing social, medical, and legal services to better address the issue of abuse. In addition to action by governments, Committee members believe that every person in contact with older people has a responsibility.

Elder abuse is an emerging issue. The victimization of older people within the family and within institutions is gaining significance as a crime but, repeatedly, the Committee heard that there is a low level of awareness and of action in the area. As a societal problem, mistreatment of older Canadians is still accorded a minimal profile. Canadians of all ages are reluctant to admit that older adults could be suffering at the hands of family members or other people they should be able to trust.

Elaine Scott from Health and Welfare Canada observed that: "In comparison with other family violence related issues, elder abuse does not appear to be a high priority in the public mind. In fact, the current status of elder abuse as an issue has been described as similar to that of wife abuse ten years ago."<sup>8</sup>

The underlying message from all witnesses was that any mistreatment of older Canadians is unacceptable. It was pointed out that "...the term 'elder abuse'...softens what is a very serious issue..."<sup>9</sup> Again, the comparison with spousal abuse was made: "I draw the parallel to spouse abuse. Years ago we dismissed it and said it was just a family problem, just abuse, not a crime. However, the tide has turned and people are now saying that spousal abuse is a crime. We have to get the same message across for senior citizens. This is not something to be tolerated."<sup>10</sup>

The mere fact of growing old and the societal perception that being older equals being feeble and helpless makes it difficult for seniors to engage support in their defence. Michel Couture of the *Centre de défense des aînés et des aînées du Québec* argued that: "today growing old is hell!...the nightmare that too many senior citizens must live through."<sup>11</sup> Being old is not a reflection of life lived with more years to come but in his view, "old people are just put away as if they were nothing more than useless goods."<sup>12</sup>

The Committee heard that older people are themselves hesitant to come forward: "...seniors themselves are reluctant to identify themselves as victims. Some of the reasons appear to be shame, fear of retaliation, abandonment by their family, or institutionalization."<sup>13</sup> One of the challenges is to increase awareness and involvement among seniors in responding to the issue.

---

<sup>8</sup> Elaine Scott, Health and Welfare Canada, Presentation to the Sub-Committee on Senior Citizens Health Issues Concerning the Subject of Elder Abuse, February 2, 1993, p. 5.

<sup>9</sup> Wahl, 5:21.

<sup>10</sup> Wahl, 5:21.

<sup>11</sup> Couture, 4:20.

<sup>12</sup> Couture, 4:20.

<sup>13</sup> Scott, 1:9.

Several groups within the older population were seen as requiring particular attention: older people in aboriginal communities, seniors in institutional care, and those who are physically or emotionally isolated and hard to reach. Dennis Lewis of the Native Canadian Centre of Toronto confirmed that, in a feasibility study to determine what services were available for off-reserve native people, major communities where native people live in Canada including Vancouver, Edmonton, Winnipeg, Montreal and Halifax had no services targeted at the native senior.<sup>14</sup>

The major activity to date has taken place among professionals and at the local level. One witness spoke for many when she pointed out: "...it still appears today, that the response to elder abuse across Canada is really on an ad hoc basis; it's fragmented and it's generally at the community level."<sup>15</sup> Several witnesses noted that there are barriers among the various service providers. They emphasized that the use of existing health and social and legal services to respond to the elderly must ensure that the approach will not be restricted to one type of response, ie medication by a physician or intervention by the police without backup or complementary support from other sectors.

While the need for multisectoral involvement among service providers was stressed, witnesses were equally emphatic that everyone can help in some way. "Police officers, doctors, nurses, lawyers, social workers, teachers, all of us whose working lives bring us into contact with victims and offenders must play a role. In our personal lives, we can also make a difference. We can no longer look the other way when someone is being threatened or hurt. When we do, we become part of the problem."<sup>16</sup>

---

<sup>14</sup> Dennis Lewis, Presentation of the Native Canadian Centre of Toronto, Elder Abuse Program, Appendix "Seci-3", 6A:14.

<sup>15</sup> Scott, 1:9.

<sup>16</sup> Scott, Presentation, p. 6.



# WHAT IS THE NATURE AND SCOPE OF THE PROBLEM?

---

## I THE ISSUE OF DEFINITION

There is no standard definition of what constitutes abuse of older Canadians. Terms like harm, exploitation, neglect, mistreatment as well as abuse were used by witnesses. While these multiple terms were seen as related, they appeared to have different connotations. It was suggested that abuse involved intent; neglect related to a lack of knowledge of available resources; exploitation was based on greed and a desire to control.<sup>17</sup>

Elaine Scott of the Family Violence Prevention Division of Health and Welfare Canada noted that: "There is no universal agreement on what constitutes elder abuse and the absence of a uniform definition has hindered research in the area." She then stated that: "The term elder abuse is generally interpreted to mean harm caused by an abuser to an adult who is vulnerable primarily or partly due to age. The abuse is not limited to physical harm but also includes psychological abuse, financial or material exploitation and neglect of health and personal needs."<sup>18</sup>

The problem of defining elder abuse was also highlighted by members of One Voice, The Canadian Seniors Network who noted that: "by no means do Canadians agree on how to define elder abuse or even what it should be called." They presented the following definition for consideration by the Sub-Committee:

Elder abuse is any harm done to an older person that is violent or abusive. Elder abuse is often a crime. The abuse can be caused by: a family member, a friend, staff in group residential settings such as rest and retirement homes, and in long

---

<sup>17</sup> Dacosta Mason, American Association of Retired People, Presentation to Sub-Committee, Washington, D.C., April 29, 1993.

<sup>18</sup> Elaine Scott, Health and Welfare Canada, Presentation to the Sub-Committee, February 2, 1993, p. 1-2.

term care facilities such as nursing homes, homes for the aged, public or chronic care hospitals, or anyone the older person relies on for basic need.<sup>19</sup>

Elizabeth Podnieks of the Ryerson School of Nursing, while acknowledging the large number of definitions, suggested that elder abuse is "an act, committed or omitted, by another person, that results in harm to or jeopardizes the well-being or safety of an older person."<sup>20</sup>

Lori Kartes, a member of the Ottawa-Carleton Hospital and Nepean Police Multidisciplinary Project, observed that: "When you look in the literature you see almost as many definitions of abuse as you find studies of the problem." They chose the following definition for their project: "any harm to an older person caused by someone in a position of trust or authority. This could be a family member, neighbor, landlord or professional person, and this harm includes physical, financial, psychological abuse or neglect."<sup>21</sup> Their definition excluded victimization of the elderly by strangers.

While arguing that a change was needed, witnesses generally utilized the four major categories of abuse most common in the literature: physical, psychological, material or financial and neglect. Some noted other concepts such as "emotional and mental cruelty, chronic verbal abuse, violation of rights, self neglect, and active and passive neglect".<sup>22</sup> They also pointed out that older Canadians can be victims of more than one type of abuse simultaneously. In addition, the abuse may take place either in the home of the older person or in an institutional setting.

The four categories or manifestations of abuse were detailed as follows:<sup>23</sup>

**Physical abuse** includes the "wilful, direct infliction of physical pain or injury, rough handling, shoving, slapping, pinching, hitting, kicking, restriction of freedom of movement, and sexual abuse;"

---

<sup>19</sup> Darrah, 2:7.

<sup>20</sup> Podnieks, Presentation to Sub-Committee on Senior Citizens Health Issues, Overhead IIIa, February 16, 1993.

<sup>21</sup> Kartes, 4:7.

<sup>22</sup> Darrah, 2:7.

<sup>23</sup> Elaine Scott, Health and Welfare Canada, Presentation to the Sub-Committee, February 2, 1993, p. 2.

**Psychological abuse** refers to “socially isolating, threatening, yelling at, infantilizing, or withholding affection or denying privileges to a person;”

**Financial or material exploitation** involves “the theft or conversion of money or objects of value belonging to the senior by a relative or caretaker;”

**Neglect** involves “failing to provide the necessities of life, including adequate heat, clothing, hygienic conditions and the denial of social interaction.”

Witnesses strongly agreed that greater uniformity in defining and categorizing the issue would allow for comparability of research findings, would support efforts to assess the effectiveness of new programs, and would enhance attempts to alleviate the problem. As explained by Michael Stones from Memorial University, elder mistreatment cannot be defined and understood in the simplistic way in which it has been treated. According to him, elder mistreatment has multiple meanings depending on the source of the definition and the context in which it is used. In lumping these together, confusion occurs.

In attempting to address the definitional issue, Stones developed a lexicon of terms. He concluded that there are three basic reference standards against which acts of potential or alleged mistreatment are judged. These reference standards are: legislative or statutory, organizational, and normative or community.<sup>24</sup> Legislative standards are “things that are against the criminal law or against the common law”. Organizational standards are how organizations regulate themselves such as a code of ethics of a professional association or the regulations of a nursing home. Normative standards are not necessarily forbidden by law but apply to actions viewed as contrary to community thinking.

Within each basic reference standard, the identity of the protagonist and antagonist and their relationship measured in terms of trust and responsibility are evaluated. The level of intent to commit specific harm and the severity of mistreatment are also rated. Taken together, it was argued, these factors could lead to greater precision in the development of terminology.

The Committee agrees that the absence of uniformity in defining mistreatment of the elderly has hindered the advancement of research.

---

<sup>24</sup> Stones, 6:5.

### **The Committee recommends:**

- 1. That the federal government in its literature and programs take the lead in establishing consistent usage and common understanding of elder abuse terminology;**
- 2. That any definitions used be tested in various settings across Canada to evaluate their appropriateness for different disciplines and cultures.**

## **II RISK FACTORS FOR ABUSE**

The characteristics of the person who abuses and the person who is abused were the subject of considerable discussion. Several witnesses drew attention to the fact that the majority of abusers were family members. They included spouses, adult children, grandchildren, siblings and other relatives. The abused were predominately female; attributed by some witnesses to the fact that the elderly population has more women than men. They were usually over 75 years and often had multiple health problems.

Pearl McKenzie reported that the cases seen at the North Shore Community Services in North Vancouver fall into four categories. According to her, "most commonly, the abuser of an older woman is still her husband and it's usually a continuation of wife assault. It's wife assault gone old, gone grey." The second group, she called opportunists, people who prey on elderly people, often relatives who "situate themselves where there are some assets like property, where there is some assured income." The third group of abusers consisted of people who were dependent on the older woman for help and support, many of them adult children with serious mental illness. Finally, the abusers were caregivers, people providing care for the elderly either in their homes or in institutions.<sup>25</sup>

Witnesses acknowledged that recognition for elder abuse evolved from a concern with family violence and that it shared many of the same characteristics. One Voice told the Committee that "victims tend to be isolated, and are generally powerless and dependent on the offenders. Abuse takes place primarily within

---

<sup>25</sup> McKenzie, 8:7 and 8:8.

families, with most abuse victims being female. Most abusers have a negative social and psychological profile. Sadly, in many cases elder abuse is spousal abuse grown old.”<sup>26</sup>

Pearl McKenzie of North Shore Community Services noted that within this family violence context, the terms tend to differentiate excessively among the victims: “We talk about child abuse, about wife abuse, and about elder abuse; but there are some similarities that go right across all those abuses in our society.”<sup>27</sup> Among the similarities, she noted that the abuser dominates and controls; it involves a betrayal of trust between intimates; the victim is isolated; the adult victims are usually women and the abusers are usually male.

While age was the essential criterion for being considered as elder abuse, witnesses noted that it presented an irrelevant distinction for describing abuse that was continuing from earlier years. As Katrina Johnson of the U.S. National Institute on Aging pointed out, “when you are 55 years old and your husband abuses you, it is called spousal abuse. However, when you are 65 years old and the abuse is still occurring, it is called elder abuse.”<sup>28</sup>

The fact that elder abuse is based on a distinction in terms of age can create a blind spot for service providers and lead them to overlook ways of assisting the older person who is being abused. Judith Wahl of the Advocacy Centre for the Elderly told the Committee of one social worker who called her: “She was trying to assist a senior who was being victimized by her husband. It was a classic case of spousal assault. She described the problem to me and asked how they could assist. I asked if they had thought of various services...I mentioned an emergency shelter for the woman, because she needed to get out of the home; trying to get her financial resources back using our service to help her to deal with some of the legal issues; getting emotional support through counselling services, since this woman

---

<sup>26</sup> Darrah, 2:7.

<sup>27</sup> McKenzie, 8:6.

<sup>28</sup> Johnson, Presentation to Sub-Committee, Washington, D.C., April 29, 1993.

was very active in the church through her church group. The social worker said she'd never thought of any of those things, because it wasn't spousal assault, it was elder abuse."<sup>29</sup>

The question was frequently asked: Why does a person abuse and why does a person tolerate such abuse? The answers from witnesses revealed that the reasons underlying either situation reflect the multi-factorial nature of abuse of the elderly. No single cause has been isolated; no single theory has provided the explanation for all or even a majority of elder abuse cases. Instead, witnesses talked about predisposing factors, about causal indicators, about the interaction of several contributing factors.

Berdie Darrah of One Voice included several factors. She suggested: "the cycle of family violence" that does not end after a certain age. Thus, a family that has solved problems through aggressive behaviour will continue this behaviour as a lifelong pattern. She mentioned "aging dependent children" and the fact that "the pathological behaviour of the problem child has far more reaching consequences on a frail elderly parent, usually a mother. She also pointed to the "negative attitudes of society" toward the elderly.<sup>30</sup>

Podnieks of the Ryerson School of Nursing told the Committee of three basic theories of abuse: the **environmental framework** that views present situations and social conditions as being the main causes of abusive behaviour; the **pathological framework** that views abusive behaviour as being determined solely by the personal or pathological problems of the abuser; and the **developmental framework** that views domestic violence as a learned behaviour which is passed on from generation to generation through established behaviour patterns.<sup>31</sup>

Some witnesses talked about what are sometimes referred to in the literature as "motivating" factors, the most common one being "the abuse of power based on the relative strengths of offender and victim - strengths that may reflect differences in

---

<sup>29</sup> Wahl, 5:20

<sup>30</sup> Darrah, 2:8.

<sup>31</sup> Podnieks, Presentation to Sub-Committee, Overhead IIIg, February 16, 1993.

physical, emotional, social, economic, gender, or age position.”<sup>32</sup> The Committee heard that “the cause of abuse is an imbalance of power.” According to this thesis, “the person abuses basically in order to exercise some power that individual feels they themselves are lacking. That exercising of power is a gradual thing, not an overnight thing. They gradually isolate the victim, and they gradually reduce the victim’s self-confidence.”<sup>33</sup>

Related to this was the discussion about the cyclical nature of abuse, so that “...a child who is abused has a greater likelihood of becoming an abused wife, and a wife who is abused has a greater likelihood of becoming a senior who is abused maybe by her son, who grew up watching his father abuse his mother.”<sup>34</sup> In addition, the age of an abused individual was relevant. Thus, “...as the individual becomes older, they become more isolated, frailer, and more vulnerable. They are less likely to ask for help.”<sup>35</sup>

Witnesses also talked about “aggravating” factors that included unemployment, economic deprivation, the abuse of alcohol, care-giver stress, and social isolation.<sup>36</sup> Winnie Giesbrecht of the Native Women’s Association of Canada told the Committee of the chronic poverty experienced in native communities across Canada and of the immeasurable impact on the aboriginal family: “The absence of a sound economic base and the extremely high levels of unemployment result in overcrowded and substandard housing, which contributes to poor health, but it is the daily stress, the financial hardships, and the chronic despair that poverty inflicts upon its victims that contributes to this widespread abuse of the elderly.”<sup>37</sup>

---

<sup>32</sup> Health Services Directorate, Health Services and Promotion Branch, Health and Welfare Canada, *Guidelines for Establishing Standards: Health Care Related to Abuse, Assault, Neglect and Family Violence*, Report of the Sub-committee on Institutional Program Guidelines, Ottawa: 1989, p. 6.

<sup>33</sup> Scott, 1:18.

<sup>34</sup> Scott, 1:19.

<sup>35</sup> Scott, 1:20.

<sup>36</sup> Scott, Presentation to Sub-Committee, Feb. 2, 1993 and Podnieks, 3:8.

<sup>37</sup> Giesbrecht, 9:17.

The Committee is aware that research findings do not indicate a single cause of abuse of elderly people. They heard of the multiplicity of factors that contribute to or are associated with abuse. In order to prevent abuse of older Canadians, the Committee is convinced that focused research aimed at identifying key risk factors is needed.

**The Committee recommends:**

- 3. That the federal government, through the relevant existing federal bodies, provide funding for research aimed at identifying the risk factors for abuse of the elderly in order to develop more focused and targeted prevention interventions.**
- 4. That a portion of this funding be for longitudinal studies aimed at understanding risk factors. This should include studies to clarify the experience of the elderly who are victims of abuse; to determine the role of childhood factors for both the abuser and the abused in cases of abuse toward the elderly; to understand the link between abusive acts toward the elderly and other forms of violence; to expose any link between social factors such as poverty, substance abuse, unemployment, and abuse of the elderly.**

### **III THE MAGNITUDE OF THE PROBLEM**

Several witnesses presented a general demographic picture in relation to older Canadians that revealed how the problem of abuse may grow as the population grows older. It was noted that: "At the present time, older people (65 years and older) represent 11% of Canada's total population. However, the number of seniors is expected to increase significantly as Canada's population demographics begin to reflect the aging of its "baby boomer" generation."<sup>38</sup> One Voice emphasized that: "Since the number of persons over age 65 is expected to double in the next 30 years, elder abuse is a problem that requires our immediate attention."<sup>39</sup>

The increase in the "old old" population was seen as bringing particular problems for both older women and their female family caregivers:

---

<sup>38</sup> Scott, Presentation to the Sub-Committee, February 2, 1993, p. 1.

<sup>39</sup> Darrah, 2:9.

...current demographic, socio-cultural and economic trends suggest that abuse of the aged will become a problem of even greater proportions in the years to come. In fact, if projections are correct, by the year 2001 there will be in the order of 3.8 million aged men and women who will account for about 14% of all Canadians and 425,000 of these persons will be 85 years of age and over. This latter group of people—characterized as it will be by a proportionately larger number of women—will be almost twice the size of our present “old old” population and will be most vulnerable to abuse in all its forms. At the same time, the supply of family caregivers will continue to be eroded by an increasing number of women in the workforce and declining birth rate.<sup>40</sup>

On the magnitude of elder abuse, the views of Elaine Scott of Health and Welfare Canada were reinforced by later witnesses:

There are few statistics on the incidence and circumstances surrounding elder abuse. And, it is believed that available figures generally underestimate the scope of the problem. Victims of abuse are reluctant to identify themselves due to feelings of shame, fear of retaliation or abandonment. The problem is further hampered by the fact that some aspects of elder abuse are difficult to identify correctly even by professionals and members of the general public who regularly work with older people.<sup>41</sup>

Since the early 1980s, several Canadian studies have attempted to assess the prevalence of abuse among older Canadians. Many studies took place within a single province and collected data from the more accessible service provider or from case reports rather than the potentially affected older person. Only one national survey, the Ryerson study, carried out in 1989 interviewed older people in their homes.<sup>42</sup>

The majority of witnesses were familiar with the Ryerson study and its indication that at least 4 percent of older Canadians living in private dwellings, suffered from one or more serious forms of abuse at the hands of a spouse, relative or other close contact. The Ryerson study identified financial abuse as the most prevalent form,

---

<sup>40</sup> Queensway Carleton Hospital and Nepean Police Service, “An Education Program and Interagency Model for Police Officers on Physical Abuse and Neglect of Seniors,” June 1992, Presentation to Sub-Committee, February 23, 1993.

<sup>41</sup> Scott, Health and Welfare, Presentation to the Sub-Committee, February 2, 1993, p. 2.

<sup>42</sup> Elizabeth Podnieks et al., *National Survey on Abuse of the Elderly in Canada*, Toronto: Ryerson Polytechnical Institute, 1990.

accounting for more than half of the cases. Chronic verbal abuse, the form of psychological abuse measured in the study, accounted for about one-third of the cases. The dominance of financial exploitation was mentioned by several witnesses. A typical statement from witnesses was: "grandma gets her welfare cheque and suddenly the grandchildren are there every welfare day and the cheque disappears."<sup>43</sup>

Couture argued that: "Today what we are seeing is the tip of the iceberg."<sup>44</sup> At the *Centre de défense des aînés et des aînées*, he indicated that "on average, two cases a day are reported."<sup>45</sup> He also presented other data on the prevalence of abuse in the Montreal area: "No reliable statistics exist, but if you pool various local studies, such as the ones done by the Notre-Dame-de-Grâce local community services centre, the Jewish Family and Child Services study and the study carried out by the *Centre des services sociaux Montréal métropolitain*, you'll find that 15% to 80% of all old people are the victims of abuse, exploitation, neglect, or violence. The last figure of 80% was arrived at by the *Regroupement des aînés* in Jonquière, which carried out a survey of its 2,000 clients: 80% of the 400 people who responded to the questionnaire stated that they had suffered from financial exploitation."<sup>46</sup>

The Committee believes that good data collection is an essential base for good policy decisions. The Committee is aware that a national survey on wife assault and violence against women is being undertaken on behalf of Health and Welfare by the Canadian Centre for Justice Statistics and Statistics Canada. This telephone survey will include women up to 70 years-of-age. The Committee believes that the Ryerson study provides an excellent starting point for determining the magnitude of abuse of older Canadians but agrees with witnesses that additional statistics to determine the incidence and circumstances surrounding the abuse are necessary.

---

<sup>43</sup> Scott, 1:8.

<sup>44</sup> Couture, 4:20.

<sup>45</sup> Couture, 4:21.

<sup>46</sup> Couture, 4:20.

**The Committee recommends:**

5. That the federal government, through the Canadian Centre for Justice Statistics and Statistics Canada, undertake a national survey to collect accurate data on the abuse in Canada of men and women over 65 years of age.
6. That this national survey be followed by regular data collection in other national surveys to determine if the problem is changing over time.
7. That data on the extent and nature of abuse in institutional settings be collected as part of any national survey.

Work within Health and Welfare Canada and across the other departments who received funds from the initiative is coordinated by Health and Welfare. Its Assistant Deputy Minister meets regularly in an interdepartmental Steering Committee on Family Violence, composed of the other departmental assistant deputy ministers. The Family Violence Prevention Division in particular works closely with other divisions of Health and Welfare Canada and with the other departments to coordinate federal efforts on mistreatment of older Canadians. In addition, Treasury Board receives an annual report from the Minister of Health and Welfare on activities undertaken by all departments receiving funding from the initiative.

The Committee agrees that elder abuse is a high priority and that the 10% allocation of funds provides a necessary stimulus for initial examination of the issue. Members heard from witnesses about projects related to elder abuse that had received funding and about efforts to consult on this issue along with other aspects of family violence. They did however feel somewhat concerned that, partly because of the number of departments involved in the initiative, there was difficulty in establishing if the money so allocated has been spent on that particular issue.



## WHAT IS BEING DONE AND WHAT MORE CAN BE DONE?

---

### IV FEDERAL INITIATIVES

Although the federal government has since the late 1980s funded various activities to address elder abuse, the 1991 Family Violence Initiative was the first to specifically target elder abuse. Of the \$136 million allocated to help reduce all aspects of family violence, about 10 percent was to be directed to the prevention of elder abuse.<sup>47</sup> The Initiative's funds were to be allocated as follows: \$55 million to Health and Welfare; \$23 million for the Solicitor General; \$7 million to Justice; \$22 million to Indian and Northern Affairs; \$21 million to Canada Mortgage and Housing; \$8 million to be divided between Secretary of State and Multiculturalism and Citizenship.

Work within Health and Welfare Canada and across the other departments who received funds from the Initiative is coordinated by Health and Welfare. Its Assistant Deputy Minister meets regularly in an Interdepartmental Steering Committee on Family Violence composed of the other departmental assistant deputy ministers. The Family Violence Prevention Division in particular works closely with other divisions of Health and Welfare Canada and with the other departments to coordinate federal efforts on mistreatment of older Canadians. In addition, Treasury Board receives an annual report from the Minister of Health and Welfare on activities undertaken by all departments receiving funding from the Initiative.

The Committee agrees that elder abuse is a high priority and that the 10% allocation of funds provides a necessary stimulus for initial examination of the issue. Members heard from witnesses about projects related to elder abuse that had received funding and about efforts to consult on this issue along with other aspects of family violence. They did however feel somewhat concerned that, partly because of the number of departments involved in the Initiative, there was difficulty in establishing if the money so allocated has been spent on that particular issue.

---

<sup>47</sup> Scott, 1:21, see correction.

The Committee is supportive of the elder abuse partnerships among federal departments and also among other levels of government. Members are aware that the provincial governments have the major responsibility for delivering health, social, justice and education services. However, through equalization payments, block funding and cost-sharing agreements, the federal government plays a role in all these areas. In addition, responsibility for criminal law and procedure and for service delivery to particular groups such as on-reserve aboriginal people and military personnel falls within the federal jurisdiction.

The Committee recognizes that the departments participating in the Initiative have facilitated information sharing on abuse of the elderly among various levels of government. In addition, efforts to ensure compatibility with the needs of different communities across the country while enhancing the national perspective are positive signs. The Committee feels that one necessary ingredient to be added to these partnership efforts is that of seniors.

**The Committee recommends:**

- 8. That the federal government, through its Interdepartmental Steering Committee set up to coordinate the Family Violence Prevention Initiative, make public the activities related to abuse of the elderly undertaken to date by all departments including the amount of money allocated to each.**
- 9. That the federal government continue to promote partnerships among federal departments, among different levels of government and within the community to address the abuse of older Canadians and that these partnership efforts be supported with appropriate levels of funding.**
- 10. That the federal government ensure that older Canadians representing both sexes and of different ages and ethnicity serve as members of advisory committees.**

## **V EDUCATION**

All witnesses referred to the need for increased public awareness about abuse of older Canadians. Education of young and old, of male and female, of professional and layperson was seen as essential. Berdie Darrah of One Voice

argued that: "long-term prevention depends on changing attitudes and values that result in abuse."<sup>48</sup> Elizabeth Podnieks of the Ryerson School of Nursing agreed that: "Our biggest thrust should be towards education to prevent elder abuse."<sup>49</sup>

Education was viewed as a crucial factor in dealing with the social, health and legal aspects of the issue of abuse of older Canadians. As Judith Wahl of the Advocacy Centre for the Elderly suggested: "We identified education as a key area in which we should do work, because it was clear that you can't solve, or even approach, this problem by this case-by-case assistance." She went on to point out the need for greater dissemination of accurate information among all sectors of the community:

With education we identified that there was a great deal of misinformation on the issue. Many people thought you couldn't do anything. They weren't identifying that many of these incidents of elder abuse were in fact crimes and could be pursued through the criminal justice system. They were not identifying that many services already existed in the community that were in fact of great assistance to the seniors who were abused, everything from the home support workers to home care, someone's own doctor. There was a range of help already out there that was not being tapped into.<sup>50</sup>

The Committee heard the strong and unanimous message from witnesses that education to increase public awareness is vital to changing attitudes, values and behaviours that result in abuse. Providing information is a major part of this and the Committee commends the Family Violence Prevention Division of Health and Welfare Canada who currently provide advice, information and materials through the National Clearinghouse on Family Violence for individuals who write them or who telephone at 1-800-267-1291.

The Committee agrees that education is the main path to be taken in preventing elder abuse. Information on the issue needs to be developed and when developed, needs to be widely disseminated throughout the population.

---

<sup>48</sup> Darrah, 2:5.

<sup>49</sup> Podnieks, 3:9.

<sup>50</sup> Wahl, 5:19.

**The Committee recommends:**

- 11. That the federal government, through the relevant federal departments, take the lead in developing and disseminating multimedia educational materials aimed at preventing elder abuse. These materials should be developed in consultation with various target groups and should be based on knowledge of what is most effective for each group.**

#### **A. Educating Seniors**

Older Canadians themselves were seen as the number one priority to target for education. To be successful, any prevention strategy needs to ensure their full involvement in design, planning and execution. One Voice, the Canadian Seniors Network, has begun work on the issue of elder abuse and in a series of national forums is seeking input from seniors to be turned into recommendations for dissemination back to seniors across Canada.

Various avenues for reaching older Canadians were suggested. Governments at all levels were urged to educate about existing services and to disseminate any information through pension cheques, in special mailouts by Health and Welfare or Revenue Canada, and through inserts with provincial utilities bills. The television and radio media were to be encouraged to allot space to airing educational videos about abuse of seniors as public service announcements while community newspapers were to publish information inserts. Banks, trust companies and other financial institutions were urged to initiate education and awareness endeavours or to utilize existing material in their contacts with seniors in order to reduce the need for older Canadians to rely on a third party to look after their banking needs. Another suggestion involved using retirement counsellors to educate when giving sessions on retirement planning. Religious leaders and physicians were also viewed as key people in conveying information to the elderly.

The Committee had the opportunity to view several excellent videos related to elder abuse. They were particularly impressed with two videos funded by Health and Welfare that presented very positive images of older people. One called "Even in Our Neighborhood" focussed on different forms of abuse and various ways that

members of a community could help. This was created for the Toronto Mayor's Committee on Aging and the Toronto Network for the Prevention of Elder Abuse. The other video called "Standing Up for Yourself" provided examples of older people taking action to prevent possible financial abuse. This video co-funded by the Manitoba Seniors Directorate won an award in the educational category of an international film and video competition.

The Committee supports the call for education for older Canadians so that they can protect themselves from abuse. The Committee sees a major role for the media in disseminating information about older people that provides positive examples of their lives. Banks also have an important role in making seniors aware of services that can prevent financial abuse.

**The Committee recommends:**

**12. That the federal government, through the Canadian Radio-Television and Telecommunications Commission, develop guidelines on advertising aimed at older people to provide positive images of aging.**

**13. That the federal government, through the National Advisory Council on Aging, work with the Canadian Bankers Association to facilitate and to promote direct deposit for regular monthly payments such as pensions and for irregular payments such as income tax refunds.**

**B. Educating Children and Adolescents**

Reta Deunisch-Turner of One Voice spoke for many older Canadians when she argued that: "A lot more should be done with children in schools, to talk to them, to have seniors come to the schools. A lot of children do not see grandparents anymore. I think that will make us valuable people instead of redundant human beings who can be dispensed with or abused."<sup>51</sup>

The Committee heard about various programs that attempt to provide children and adolescents with opportunities to work together with older men and women in a positive way. At the preschool level, intergenerational programs such as those

---

<sup>51</sup> Deunisch-Turner, 2:16.

associated with Senior Link in Toronto provide opportunities for seniors in an apartment building to interact with children in a day care on the ground floor. In New Brunswick, the Seniors Federation is working with the Department of Education to get seniors involved with the younger grades, kindergarten, grade 1 and 2 in the hope that they will "go in and do story-telling, get the children interested so they will have a different picture of the older person than they do today."<sup>52</sup>

In a similar vein, the Ontario Network for the Prevention of Elder Abuse has developed and distributed a story book and play cards called "Old Friends: A Storytelling Kit about Old Age" and a colouring book called "Helping Granma" as positive imaging tools for children ages 4 to 7. To reach ages 8 to 13, they are now developing an intergenerational kit for children and seniors that will enable them to put on plays together. For teenagers, a program in a technical school where hairdressing is taught, encourages interaction between adolescents and the older people who come to the school.

Committee members are convinced that reaching children and adolescents with positive and enlightening examples of the contributions of older people will help to reduce potentially abusive situations.

**The Committee recommends:**

- 14. That the federal government, through the relevant federal departments and from their existing budgets, provide funding and evaluation support for educational endeavours on positive images of aging aimed at children and adolescents; and that this funding constitute 10% of the total amount targeted to education of children and adolescents.**
- 15. That the federal Minister of State for Seniors, through the Council of Ministers of Education, liaise with the provincial ministers of education with a view to ensuring that education related to prevention of elder abuse is incorporated in provincial curriculums.**

---

<sup>52</sup> Darrah, 2:17.

### C. Educating Service Providers

The importance of post-secondary curriculum development in building an inter-disciplinary approach between all service providers dealing with the elderly was stressed by several witnesses. Elaine Scott observed that "...it's important that all of the professionals are working together so that physicians know what they can receive in the way of services from a social worker or from a nurse, so that nurses and physicians are talking the same language, so the police know what their responsibility is."<sup>53</sup>

Michel Couture talked about "filling a need, which is to build a bridge between social services and the elderly."<sup>54</sup> In addition to the physicians, nurses and social workers, other witnesses mentioned lawyers, accountants, police officers, religious leaders, bank officers, and institutional service providers as groups needing education about elder abuse.

Two professional groups, physicians and lawyers, were repeatedly centred out as needing specialized education about the elderly. Judith Leon spoke for several witnesses when she said: "Clearly we need to train our doctors much more in geriatrics, but the universities that try have a hard time. Geriatrics is not popular. It does not have the appeal that heart surgery or one of those things has."<sup>55</sup> Over-prescription of seniors was viewed as one issue requiring urgent attention. In a survey carried out by Senior Link, elderly residents indicated that many were taking ten to fifteen prescribed medications. It was noted that: "if you're taking more than five drugs, the likelihood of one of them being contraindicated for the other in some way is about 90%."<sup>56</sup> Judith Wahl talked about efforts to encourage specific programs on elder law and also to incorporate issues into existing courses that deal

---

<sup>53</sup> Scott, 1:13.

<sup>54</sup> Couture, 4:23.

<sup>55</sup> Leon, 9:11.

<sup>56</sup> Leon, 9:11.

with mental incompetency.<sup>57</sup> Donald Poirier emphasized the need for lawyers to be aware that “they cannot act for two persons at the same time.”<sup>58</sup>

Physicians and nurses were asked to reflect on ways that the health system could be made more responsive to older Canadians who are abused. They were asked to consider that the person accompanying an elderly person with bruises or breaks to emergency could be responsible for the injuries. During regular office visits, they were to learn ways to detect instances of physical and psychological abuse. They were cautioned to consider neglect when there was evidence of poor care. Interviews with the older person were to take place separately from the caregiver when abuse or neglect was suspected and training in how to listen effectively was seen as vital. Screening for a history of family violence was to be carried out. Checks for over-sedation or drug addiction were also deemed to be important. For suspected cases of abuse, physicians and nurses were to take a photograph or sketch bruises or injuries.

Concerning people who work in financial institutions, witnesses were strongly in favour of a more pro-active role. Bank workers were asked to monitor for sudden or different patterns of withdrawal activity in bank accounts of older Canadians. Bank personnel were reminded that: “Across this country it is very easy to get power of attorney, and it’s not well monitored.”<sup>59</sup> They were asked to assume greater responsibility for advising older clients about the power of attorney which is used when people are unable or unwilling to manage their legal and financial affairs and control is given over to a third party who then has duties toward the donor of the power. The banks were criticized for treating the forms for conferring power of attorney as “a very trivial matter rather than something that really has great consequences.” It was suggested that: “The bank tellers are handing these things out like cotton candy. They hand them out with no information being given or misinformation being given.”<sup>60</sup>

---

57 Wahl, 5:29.

58 Poirier, 9:32.

59 Scott, 1:15.

60 Wahl, 5:29.

In defence of their role, the representatives of the Canadian Bankers Association told the Committee, "The bank is not being given the power of attorney; it is not acting as the attorney or agent on behalf of its customers. The bank simply receives the authorization to permit the donor's representative to act on the donor's behalf. From that point on the bank then deals with the attorney as the duly and legally appointed representative of the donor and cannot be expected to go behind the attorneyship to determine whether the donor is satisfied with the management of his or her affairs. To thrust upon the banks any responsibility to monitor the power of attorney is not practical or even possible."<sup>61</sup>

The role of police in combination with social workers and hospital staff was discussed by Dave Ashton and other members of the Queensway Carleton Hospital and Nepean Police Service Multidisciplinary team. The role of a proactive police chief who emphasizes community links was seen as crucial.<sup>62</sup> This unique model funded by the Solicitor General of Canada and Health and Welfare Canada includes three components: an educational program to provide a comprehensive training package for police officers at all levels of experience across the country; an interagency consultation service available to front-line police officers to assist them in dealing with cases of senior abuse; and a senior abuse protocol to guide police officers from the first contact, through case management, closure and follow-up. Following contact with older people, other social and health services would be involved.

Service providers who care for the elderly in institutional settings were also seen as needing education. It was noted that: "At the present time, it is estimated that about 8% of Canadians in the 65 and older age group live in institutions. But if you look at the age 80 and over, the percentage is about 24%."<sup>63</sup> Various recommendations were made that service providers who work in institutions be properly trained to prevent and to intervene in any incidence of abuse. According to

---

<sup>61</sup> DeLaurentiis, 7:6.

<sup>62</sup> Ashton, 4:11.

<sup>63</sup> Scott, 1:13.

witnesses, further education, training and upgrading were seen as necessary. Language training, if important to the job, was to be available. New staff were to be fully oriented and this orientation was to be repeated at regular intervals.

The Committee recognizes that many people are involved in providing services to older Canadians and that all of them are in a position to detect and to intervene in suspected cases of abuse.

**The Committee recommends:**

- 16. That the federal government, through the relevant federal departments and in consultation with other levels of government, work in a coordinated way with the national and provincial organizations responsible for standard-setting and education for physicians, nurses, social workers, police, bankers, lawyers and other service providers in developing guidelines to enhance their ability to detect and to intervene in cases of elder abuse.**

**D. Educating the Community**

Communities, places where older people live, were seen as crucial to ensuring the maintenance and enhancement of their health and well-being. Many seniors are physically able and socially active as participants in the community. There are however others who are frail, isolated and vulnerable to various forms of abuse. The Committee members heard many examples of ways that neighbors and others in the community can offer assistance when abuse is suspected.

Volunteers can help seniors in the community by assisting with activities such as snow shovelling or grocery shopping. Such informal support networks can complement and enhance an existing network of organized and professional services. The Good Neighbors initiative of the Ontario Office for Seniors' Issues was mentioned by several witnesses as an example of a community-based endeavour that encourages and rewards interdependency among community members while at the same time supporting the independence of more vulnerable members.

Good Neighbors was launched as a pilot program in six Ontario communities in 1989 and by March, 1993, had been adopted or was being planned by more than forty others. The Royal Bank and Shoppers Drug Mart are involved as corporate

sponsors. The central message is to take time to reach out and help one another. The list of people who can do this includes: a neighbor who offers to do an errand; a paper carrier who tells someone when the papers are not being picked up; a utility service person who notices a problem; a bank teller who takes time to explain; an apartment superintendent who changes a light bulb; a store clerk who listens.<sup>64</sup>

Some witnesses mentioned the Gatekeeper program in place in several states in the United States as an example of positive action on the part of the corporate sector. Podnieks noted that: "Gatekeepers are people in the community who have contact with older people such as the postman, the hydro man, bank clerks. All these people are in a prime position to pick up on elder abuse."<sup>65</sup> The Gatekeepers help open the gates between vulnerable older people and the social service or health agencies in the community. They have been described as the "eyes and ears" of community services agencies.

Pearl McKenzie argued that "we have to train the gatekeepers so that anybody who comes in contact with an elderly person has to be alert to the potential or the possibility of abuse. If we do that kind of education, then we can start identifying the abuse that's happening. We can put the whole community on guard to protect and support older people."<sup>66</sup> Gatekeepers learn to recognize certain danger signals such as isolation, confusion, disability, neglect of personal appearance or of property indicating that an older person may need assistance. By making a phone call to a central agency, they obtain assistance from someone able to assess the needs of the older person and arrange for required help.

The original Gatekeeper program was formalized by Puget Sound Power and Light Company in Washington State, USA as a response to utility service workers who saw vulnerable elderly people in need of assistance but who felt inadequate to deal with the situation. This has now been adopted by other utilities including

---

<sup>64</sup> David Moorcroft, Vice-President, Public Affairs, Royal Bank of Canada, Presentation to Sub-Committee, March 30, 1993.

<sup>65</sup> Podnieks, 3:11.

<sup>66</sup> McKenzie, 8:12.

Delmarva Power and Light Company who told the Committee about the high level of satisfaction, both for employees who feel that they are doing something useful and for the company who builds a positive corporate image in the community.<sup>67</sup>

These community initiatives have involved a partnership between the public and the private sector. In the United States, the Committee members were told that the Washington State program was "funded federally to be marketed nationally."<sup>68</sup> The primary message for the corporate sector has been that the Gatekeeper program is easy to implement, involving very little input of time or money and no additional staff or resources. In Canada, the Good Neighbors program was initiated by the government of Ontario with corporate advisers taking part. The government of Nova Scotia is now looking at the program with assistance from the Royal Bank.<sup>69</sup>

The Committee is aware that the concept of partnerships between the public and private sector has been a theme for several federal funding endeavours, including the \$136 million for the 1991 Family Violence Initiative and the \$170 million for the 1993 National Seniors Strategy. The "Ventures in Independence" component of the Seniors Strategy encourages business, labour and other levels of government to initiate projects related to aging and independence in partnership with seniors.

**The Committee recommends:**

- 17. That the federal government, through the Minister of State for Seniors, actively seek co-investment with other levels of government, business, and labour in neighborhood-based programs to support older people.**

---

<sup>67</sup> Martin Duffy, Presentation to Sub-Committee in Washington, D.C. April 29, 1993; see referral form in Appendix A.

<sup>68</sup> Christine Frysztacki, Deputy Director, Delaware Division on Aging, Presentation to Sub-Committee, Washington, D.C., April 29, 1993.

<sup>69</sup> Moorcroft, 7:12.

## **E. Educating Informal Caregivers**

Caregivers are generally persons such as spouses, other relatives and friends who provide care to others on a personal basis outside the formal organizational structures of the health and social services. The stress of caring for an elderly, sometimes physically or mentally disabled, person was noted by witnesses. Education about the aging process and about the availability of support services that would offer a respite from the continuous care were deemed essential.

The Committee heard about several responses to the information needs of people who care for elderly relatives. The Royal Bank provided the example of their Eldercare Information Service. This is a toll-free phone service free of charge to employees and their spouses. It helps callers locate and assess resources for older people related to housing, home support needs, respite care, social and recreational programs, health services, and counselling.<sup>70</sup> At the present time, information about elder care services available in the community occurs on an *ad hoc* basis.

### **The Committee recommends:**

- 18. That the federal government, in consultation with other levels of government and with organizations representing employers and employees, establish ways to provide information to meet the needs of caregivers with elder care responsibilities.**

## **VI SERVICES**

Education to provide more understanding among all segments of society was seen as vital to any effort to prevent abuse of older people. It was recognized, however, that increasing the population's knowledge of the problem might lead to increasing demand for services to solve it. As Pearl McKenzie noted: "Heightening

---

<sup>70</sup> Moorcroft, 7:11.

awareness doesn't cost anything, but you have to be able to respond when someone calls you. You have to have that ability to respond, but right now that's limited. That's what we somehow have to create."<sup>71</sup>

### **A. General Elder Abuse Services**

The need for an "overall coordinated vision and strategy" was seen as important for successful planning and delivery of services in elder abuse.<sup>72</sup> Many witnesses felt that existing services such as police, health, social services, transportation, and housing could be adjusted to meet the needs of these older people: "We need to look at how these different services are responding and orient them to make sure that they can respond to the seniors' needs. That's not creating something new. It's looking at the old and saying, all right, how can we adjust this to make sure it accommodates these people? It's fitting the service to fit the people who have the needs".<sup>73</sup>

The Committee heard repeatedly that appropriate, available and accessible services were the key to success in addressing abuse of older people. Several witnesses spoke about networks of elder abuse services, some about multidisciplinary team approaches. Most efforts to provide elder abuse services involved both paid and volunteer workers. Some suggested that the key to dealing successfully with abuse of the elderly was more focused action by those providing existing services.

Others indicated the need for a focal point in every community, a highly visible place where older people and their families could obtain information about services or where services might be provided. It was suggested that many elder abuse services could be coordinated through the seniors centres already located in nearly every community across Canada. This would facilitate having seniors involved in any program development.

---

<sup>71</sup> McKenzie, 8:20.

<sup>72</sup> Kartes, 4:15.

<sup>73</sup> Leon, 5:23.

Witnesses also noted that both the abuser and the abused should be considered in delivering services. It was suggested that, looking at what caused the problem, not who caused it, might be the most effective way to deal with the situation.<sup>74</sup> Mary Carson supported the idea of having “available necessary resources in the home to meet with the family or the people living together to look at the cause of the problem.”<sup>75</sup> Interventions within the family could identify the source of the problems, perhaps alleviate them, and allow the individuals to live more peacefully together. Citing examples of psychological battering perpetrated by a spouse impaired due to stroke or Alzheimers, Judith Leon argued that: “You don’t always have to deal with the person being battered. Sometimes dealing with a person who is doing the battering is every bit as effective.”<sup>76</sup>

Evidence from studies in the United States revealed that there was “five times more substance abuse among the perpetrators than the victims, but substance abuse services were not offered commensurate with the problem.”<sup>77</sup> In a similar vein, Rosalie Wolf suggested that research findings indicate that each of the common manifestations or categories of abuse may emanate from a different characteristic in the abuser. Thus, physical abuse may be perpetrated by someone with psychological problems; financial abuse by someone driven by greed or need; neglect by someone who is overly dependent on the victim. This, in turn, suggested that different services might be needed for different forms of abuse.<sup>78</sup>

The need for services for the informal caregivers of the elderly is increasingly the focus of various levels of government and of community based organizations. Kathy Yurkowski of the Manitoba Seniors Directorate acknowledged that: “We’re beginning to recognize that the caregiver is under a reasonable amount of stress. We’re looking at a sandwich generation where 40-year-olds who have their own kids to worry about are also looking after their elderly parents... We are looking at respite

---

<sup>74</sup> Katrina Johnson, Presentation to Sub-Committee, Washington, D.C., April 29, 1993.

<sup>75</sup> Carson, 4:17.

<sup>76</sup> Leon, 9:7.

<sup>77</sup> John F. McCarthy, Acting Commissioner on Aging, Presentation to Sub-Committee, Washington, D.C., April 29, 1993, p. 14.

<sup>78</sup> Rosalie Wolf, National Committee for Prevention of Elder Abuse, Presentation to Sub-Committee, Washington, D.C., April 29, 1993.

programs, which will take the senior out of the home for a specified period of time and allow the family to go on holidays or whatever. We have home care that will go in for several hours in the day to allow the care provider some time on their own.”<sup>79</sup>

Another aspect of the informal caregivers’ role is the fact that they provide a wide range of services on a daily basis to older people who might otherwise be in institutions or calling on other services in the community. Committee members felt that this work of informal caregivers should be recognized in economic terms and that a study similar to those carried out on the value of unpaid work in the home needs to be done.<sup>80</sup>

For the abused older person, many witnesses argued that maintaining them in a place of their own in their familiar neighborhood was the best approach. Pearl McKenzie argued that: “Older women often don’t leave because they want to have access to their grandchildren; they want to stay in their own community; they want to be near their doctor, their library — all the things we value as we get older.”<sup>81</sup> Judith Leon talked about Senior Link’s comprehensive services programme, a concept borrowed from England. Maintaining older people in their homes in their communities by providing necessary cleaning, shopping and other social and health services is considered to be less expensive than institutional care in a nursing home. In the program in Kent County, England, the community-based model operated at 60 per cent of the cost of a nursing home.<sup>82</sup>

Committee members heard about a variety of existing services that meet many of the needs of older Canadians. They also heard that these services are often funded on a time limited basis, that they are often not coordinated, and that they require some adjustment to adequately meet the needs of the abused elderly. The Committee believes that the provision of services to prevent and to intervene in elder abuse needs to be accorded a higher priority. They agree that existing centres for seniors could be an effective focal point for both information and services related to elder abuse.

---

<sup>79</sup> Yurkowski, 5:14.

<sup>80</sup> Michael Hanlon, “Women’s ‘unpaid work’ is worth billions” *Toronto Star*, May 9, 1993, p. A1.

<sup>81</sup> McKenzie, 8:7

<sup>82</sup> Leon, 9:12.

**The Committee recommends:**

19. That the federal government, in consultation with other levels of government, continue to provide funding support for existing services for the elderly and that such services be adapted to address abuse of the elderly.
20. That the federal government provide research money to establish pilot projects on community based alternatives to institutional care for the elderly.
21. That the federal government, in consultation with other levels of government, provide appropriate levels of funding for respite care, day care and other services supportive of informal caregivers of the elderly.
22. That the federal government consider methods of providing payment to family members who care for elderly relatives.

**B. Advocacy Services**

Several witnesses called for specialized services comprised of advocates who would stand up for seniors. These advocacy services were to give seniors support in pursuing legal or social resolutions to the abusive situation. Michel Couture argued that: "...we have to show abusers, by our actions, that we will not tolerate this type of violence and that we will get involved in what they call their business, in order to ensure that seniors can freely exercise their rights."<sup>83</sup> He felt that: "Given support, older persons will be able to defend their rights. You can't ask them to do more than we are capable of doing."<sup>84</sup>

In Montreal, the *Centre des aînés et des aînées* is attempting to bridge the gap between social, legal and medical services and the elderly. As explained by Michel Couture, the Centre's role is "to help victims of elder abuse, to act for them and with

---

<sup>83</sup> Couture, 4:24.

<sup>84</sup> Couture, 4:30.

them, to defend them, to help them speak out, to be by their side, to support them, to represent them at various stages—from start to finish...”<sup>85</sup>

Michael Stones agreed: “We do need something like a series of elder abuse or elder mistreatment, or whatever you want to call it, health agencies in the same way that we have shelters or personal advocacy groups for women who are in trouble. We don’t have anywhere for the older folks to go.”<sup>86</sup> As he noted, the seniors resource centres currently in place in Newfoundland were dealing with issues of elder abuse although they require additional resources and training to do this in an adequate way.

Pearl McKenzie of North Shore Community Services recommended the development of advocacy services to meet several needs of the elderly: access to information about rights, services and benefits that enable them to live independently; assistance for victims; responsiveness of other services and the justice system; and a place where the older person’s voice is heard.<sup>87</sup>

The Advocacy Centre for the Elderly in Toronto is one organization that offers this type of support. In addition to providing specialized legal services for the elderly, the Centre’s staff work with service providers in the existing system. They provide education to lawyers who don’t do their jobs in explaining how powers of attorney work to seniors and provide education to doctors, to nurses, to other service providers as to how the laws work and how they themselves sometimes discriminate against seniors.<sup>88</sup>

The Committee members were impressed by these varied approaches to establishing necessary advocacy services for older Canadians.

---

<sup>85</sup> Couture, 4:23.

<sup>86</sup> Stones, 6:16.

<sup>87</sup> McKenzie, 8:10.

<sup>88</sup> Wahl, 5:27.

**The Committee recommends:**

**23. That the federal government, in consultation with other levels of government, provide funding and other support to facilitate the establishment of seniors advocacy services in the provinces and territories similar to these currently operating in British Columbia, Ontario and Quebec.**

**C. Emergency Services**

The issue of shelters for elderly victims of abuse was raised by several witnesses. Three forms of shelter are presently available in all provinces or territories for victims of wife assault—transition houses, “second stage” shelters for longer-term accommodation, “safe” houses in private homes. These are funded at different levels and by different methods including per diem funding for each individual sheltered; by bed space available; by “block” funding for a range of services; or a combination of the above.

Many witnesses argued that the primary focus must be to keep the elderly person in their own home and have the abuser leave. It was acknowledged that there was a place for transition houses but that more creative ways could be found to provide supportive housing for people who couldn't stay in their own homes or who didn't have homes. Nova House, a rural women's shelter in Selkirk, Manitoba, received funding to develop materials and to look at housing alternatives for older victims of abuse.<sup>89</sup> The Committee heard that there are a number of concerns related to the older Canadian and the existing system. For elderly women, limitations on physical access and the psychological environment may create problems. For elderly men, no access to existing shelters set up for victims of wife abuse is possible. For older native people, there is a need for culturally sensitive services in either separate or integrated shelters.

The Committee agrees that elderly people should be supported in their own homes wherever possible. However, the members also recognize that this is not always possible and that emergency shelter may be necessary.

---

<sup>89</sup> Ducharme, 5:8.

The Committee recommends:

24. That the federal government, in consultation with other levels of government, establish appropriate funding for emergency shelter in homes for the aged, in seniors complexes, and in existing shelters for use by seniors at risk.

## VII LEGAL SAFEGUARDS FOR THE VULNERABLE OLDER PERSON

### A. *Criminal Code*

Several witnesses told the Committee that there is enough existing legislation to address elder abuse; that we do have laws but we're not enforcing them. Committee members heard that elder abuse is a crime; that the *Criminal Code* and the common or civil law offer protection against many forms of abuse; and that more efforts must be made to enforce the laws currently in place.

Judith Wahl of the Advocacy Centre for the Elderly in Toronto stated: "We see elder abuse incidents as mostly crimes. They're *Criminal Code* offences. Whether somebody is 20 years old or 80 years old, theft is theft. Physical abuse is assault, or sexual assault or criminal negligence causing death, and not just abuse."<sup>90</sup> Michel Couture in a similar vein argued that: "The *Criminal Code* provides us with enough tools to go quite far. There is no point in developing new legislation. We are still not implementing all the legislation we have. What is missing is the will to intervene..."<sup>91</sup>

As the witnesses noted, the *Criminal Code* R.S.C. 1985, c.C-46 could provide protection against the four commonly used categories of abuse. Physical abuse could be covered by the sections that deal with assault, assault causing bodily harm, aggravated assault, unlawfully causing bodily harm, sexual assault and aggravated sexual assault. Psychological abuse could be addressed by sections on assault by means of threats or intimidation. Financial exploitation could be dealt with by theft, misuse of power of attorney, breach of trust, forgery, fraud, and

---

<sup>90</sup> Wahl, 5:21.

<sup>91</sup> Couture, 4:28.

extortion. Neglect could be provided for by the section imposing a duty to provide necessities of life to a person under one's charge if that person is unable by virtue of age, illness or other cause.<sup>92</sup>

However, in spite of the presence of the *Criminal Code*, there was a perception by the public and by many professionals that the law did not currently provide help for victims of abuse. Part of this was explained by Wahl who noted that elder abuse is "not just a criminal matter. Obviously this is a very difficult and delicate social issue, particularly when we see that many of the abusers are in fact family members or close friends."<sup>93</sup> Pearl McKenzie reported that police officers have told her that judges don't want old men brought into court. The result is that "if an elderly husband is battering his wife, police officers have the belief that they can't charge elderly men for assaulting their wives, that the judge would really look at that as being inappropriate."<sup>94</sup>

Police, lawyers and judges were asked to consider ways that the legal system could be made more responsive to the needs of older Canadians in abusive situations. These included: clearer guidelines for police, lawyers and judges on possible charges under existing laws; options for removing the abuser, not the abused from a home; a quicker response to alleged or suspected abuse; initiatives to remove the burden for laying charges from elderly adults to the police; a separate court system for abuse of the elderly along with other family violence cases.

The Committee heard a strong message that the *Criminal Code* can provide the necessary protection for older people who have been abused.

**The Committee recommends:**

**25. That the federal government, through the Minister of Justice, work with the provinces to educate members of the police, the legal community and the general public that the existing provisions in the *Criminal Code* are applicable to abuse of older Canadians and are to be enforced.**

<sup>92</sup> P. Lynn McDonald *et al.*, *Elder Abuse and Neglect in Canada*, Toronto: Butterworth, 1991, pp. 37-39.

<sup>93</sup> Wahl, 5:21.

<sup>94</sup> McKenzie, 8:14.

26. That the federal government, through the Minister of Justice, review and clarify the effectiveness of the *Criminal Code* in addressing elder abuse.

27. That any section of the *Criminal Code* found during the review to be inadequate either in its provision or in its enforcement for addressing elder abuse be redrafted to enable lawyers, judges and police to respond to suspected abuse.

## **B. Adult Protection Legislation**

In some Canadian jurisdictions, the enactment of adult protection legislation applicable to all vulnerable adults has been used to respond to elder abuse. Newfoundland passed the first such legislation in 1973 (Neglected Adults Welfare Act), followed by New Brunswick in 1980 (Child and Family Services and Family Relations Act), Nova Scotia in 1985 (Adult Protection Act) and Prince Edward Island in 1988 (Adult Protection Act). The laws provide a legal framework for emergency intervention by health and social service personnel in domestic and other settings where abuse might be occurring. In Newfoundland and Nova Scotia reporting of suspected cases is mandatory; Prince Edward Island has adopted voluntary reporting while New Brunswick has no statutory reporting requirement.

Witnesses told the Committee that many seniors are opposed to mandatory reporting. Elaine Scott suggested that: "Seniors fear reporting, because they fear that they are going to be put into a nursing home...Some seniors feel that they should have the right to choose, even if they choose to live in risk."<sup>95</sup> Judith Wahl confirmed this and added that: "...mandatory reporting is a very ageist response to a very difficult problem. It often takes away the power from the senior...Mandatory reporting lets a lot of professionals off the hook, because they pass it on to someone else..."<sup>96</sup>

Many witnesses argued that self-determination by seniors was a primary principle to be respected. Judith Leon cited examples of seniors who had to pull in psychologists from outside the system "to overrule the decisions of some of the

---

<sup>95</sup> Scott, 1:12.

<sup>96</sup> Wahl, 5:24.

public health bodies who say that isolated or reclusive or eccentric senior should be put in a nursing home for their own good. If they do not want to go into a nursing home, they should not have to go into one, if they are of clear mind..."<sup>97</sup>

Poirier told the Committee that the Nova Scotia adult protection legislation has been challenged under section 7 of the *Canadian Charter of Rights and Freedoms* that enshrines the right to "life, liberty and security of the person." He questioned the use of the Nova Scotia law against people who don't want to be served: "What kind of society is that, when, if people don't want any services, you force services upon them, simply because doing so relieves your conscience, as social workers or professionals?"<sup>98</sup>

In the United States, as of November 1990, 42 states and the District of Columbia had adopted mandatory voluntary reporting laws and 8 had made reporting voluntary. Gregory J. McDonald of the General Accounting Office and Sara Aravanis of the National Association of State Units on Aging told the Committee that most experts considered reporting laws — whether mandatory or voluntary — to be less effective than other factors in addressing elder abuse. The GAO survey of state officials showed that public and professional awareness was deemed to be most effective for identification while in-home services were most effective for prevention and treatment.<sup>99</sup>

The Committee agrees that adult protection legislation may not be the most effective way to deal with abuse of seniors. Before any more provinces move in this direction, the members would like a focused study of existing provincial legislation.

**The Committee recommends:**

**28. That the federal government, through the Minister of Justice, work with the provinces to undertake a study of the adult protection legislation enacted in several jurisdictions across Canada in order**

---

<sup>97</sup> Leon, 9:37.

<sup>98</sup> Poirier, 9:31.

<sup>99</sup> Sara Aravanis, National Association of State Units on Aging and Gregory J. McDonald, General Accounting Office, Presentations to Sub-Committee, Washington, D.C., April 28, 1993. Their statements were based on the GAO Report to the Chairman, Subcommittee on Human Services, Select Committee on Aging, House of Representatives, *Elder Abuse: Effectiveness of Reporting Laws and Other Factors*, April 1991.

to determine its conformity with the *Canadian Charter of Rights and Freedoms*; its effectiveness in achieving its stated purpose; and its impact on older Canadians.

### C. Guardianship Legislation

Guardianship legislation has usually applied to situations where there is a perceived long-term need for providing assistance to an elderly person. The guardian provides substitute decision making and assistance in either personal care decisions or property and financial matters or both. All provinces legislate separately and reform in Alberta (1978), Saskatchewan (1989), Quebec (1991) and Ontario (1993) gave greater recognition to individual needs and the reality that some people require total guardianship while others only require assistance for a limited time. New legislation planned by Ontario to address substitute decision-making, guardianship and advocacy was deemed to be of potential assistance to seniors who might be victims of abuse.

Wahl acknowledged that some seniors need greater protection but that this should come in the form of guardianship legislation for those seniors who are judged to be incapable of making decisions. As she told the Committee, "if the agencies are concerned that the senior who is incapable can't reach out for help, then what we are really looking at are issues related to mental incapacity, the inability to decide, the inability to choose options. Then we need guardianship reform..."<sup>100</sup>

She does not see this as an easy thing to sort out: "I would support that there is a difficult balance we have to strike between people's independence, seniors' independence, adults' independence, with the duty of the state to protect and provide for people who are incapable of caring for themselves. How do we strike that balance? I would argue the balance rests on competency. If you are competent to decide, you should be supported in your decision-making. If you are incompetent to decide, then it justifies a greater intervention."<sup>101</sup>

---

<sup>100</sup> Wahl, 5:25.

<sup>101</sup> Wahl, 5:25.

Committee members heard that guardianship legislation can protect vulnerable older Canadians if properly applied.

**The Committee recommends:**

**29. That the Minister of State for Seniors and the Minister of Justice consult with the provinces and territories on guardianship legislation and ways to strengthen the rights of seniors.**

**VIII EVALUATING WHAT WORKS**

Witnesses emphasized the need to evaluate the effectiveness of the various social, legal and health interventions aimed at preventing elder abuse to assess among other things whether they reached the desired audience and whether they achieved the desired outcome. The Committee heard that before more money is spent, “we have to know what’s working, and if it’s not working we should move on and try something else.”<sup>102</sup>

The witnesses indicated that evaluation can mean many different things to different people in different areas. Some examples were suggested by witnesses. For educational materials aimed at young children, evaluation can mean testing the attitudes of children before exposure to the materials and then testing to see if their attitudes changed in any way afterwards. On educational material aimed at adults, it can mean a quiz about the facts contained in a particular pamphlet taken both before and then again after reading it. For educational material generally, it can mean something as simple as finding out how many people took a pamphlet or how many people called an inquiry line.

Witnesses also spoke about some of the difficulties in carrying out evaluations. One of the key elements of any evaluation is the need to do an adequate evaluation of the situation prior to the exposure to a certain program to establish a baseline for future comparison. This can be complicated by the fact that a program may be targeted at individuals or it may be targeted at a broad population. In turn, a program may be delivered by an individual practitioner such as a social worker, physician,

---

<sup>102</sup> Podnieks, 3:15.

lawyer interacting with an individual client or it may be delivered by several members of a team using a community based approach to large populations. In addition, by the time an evaluation of a program can be completed, usually after the end of a project, there may be no money left to complete the evaluation satisfactorily.

Another issue in evaluating a particular program, for example, a school-based program to promote positive feelings toward the elderly, relates to the difficulty of controlling for other factors such as parental or peer influence as well as campaigns in the media. A long-term study would have to be aware of and attempt to control for factors that might change over time.

While the growing number of programs across the country is seen as a positive sign of commitment to a serious problem - abuse of older Canadians - the lack of coordination among various levels of government and various organizations can mean that opportunities to learn are limited. Thus, programs that have demonstrated a positive effect in reducing abuse of the elderly in one community may be unknown to other parts as for example, videos, pamphlets, training manuals for police or other service providers. Efforts by funding bodies such as Seniors Independence/New Horizons to build a requirement for dissemination into the project budget can help to overcome this.

Committee members are aware that most federal departments involved in the Family Violence Prevention Initiative require evaluation of the funded projects. They also heard that additional follow-up is needed to ensure this is done adequately. Careful assessment must be done to ensure that sufficient funds are allocated for evaluation; that the evaluation is properly conducted and that the results are made available to other groups doing similar programs.

#### **The Committee recommends:**

- 30. That the federal government establish mechanisms to ensure that any project involving federal funds include a separate and sufficient amount for evaluations of effectiveness of educational, health, social and legal interventions relating to abuse of the elderly.**

**31. That the federal government provide guidance on appropriate evaluation methods for different interventions.**

**32. That annual progress reports on the results of all evaluations, positive and negative, carried out on any federally funded projects be made public.**

One Voice called elder abuse "an abhorrent social, health, and legal problem in Canadian society."<sup>103</sup> The Committee recognized that the problem cuts across these diverse sectors and acknowledged that any solutions must be both flexible enough to apply to all areas and focussed enough to be effective in addressing the abuse of every older Canadian.

The Committee heard that education for increased public awareness is a major priority. Educating seniors, young people, service providers, community members, and informal caregivers is essential. Members agreed with witnesses that strengthening and focusing existing community based services is another priority area. Winnie Giesbrecht of the Native Women's Association told the Committee that any federal funding related to family violence must go to the people who work in the community. In the case of native people as with many others, "women are the ones who work in the service-providing areas."<sup>104</sup> Using existing seniors centres to provide a focal point for seniors and their families seeking help and organizing existing housing, transportation, financial, legal, social and health services to be aware of and to respond to elder abuse are among the efforts already underway.

The Committee agreed that the key to success in preventing, intervening and treating abuse of the elderly is to involve everyone in breaking the silence. In the words of Michel Couture:

If we can't get in by the left side, we can get in by the right. If that doesn't work, we'll get in by the back. There are many keys that haven't been courted or used.<sup>105</sup>

<sup>103</sup> Darran, 2:6.

<sup>104</sup> Giesbrecht, 9:21.

<sup>105</sup> Couture, 4:28.



## SOCIAL, LEGAL AND MEDICAL SOLUTIONS

Gatekeeper  
Program

APPENDIX A

One Voice called elder abuse “an abhorrent social, health, and legal problem in Canadian society.”<sup>103</sup> The Committee recognized that the problem cuts across these diverse sectors and acknowledged that any solutions must be both flexible enough to apply to all areas and focussed enough to be effective in addressing the abuse of every older Canadian.

The Committee heard that education for increased public awareness is a major priority. Educating seniors, young people, service providers, community members, and informal caregivers is essential. Members agreed with witnesses that strengthening and focusing existing community based services is another priority area. Winnie Giesbrecht of the Native Women’s Association told the Committee that any federal funding related to family violence must go to the people who work in the community. In the case of native people as with many others, “women are the ones who work in the service-providing areas.”<sup>104</sup> Using existing seniors centres to provide a focal point for seniors and their families seeking help and organizing existing housing, transportation, financial, legal, social and health services to be aware of and to respond to elder abuse are among the efforts already underway.

The Committee agreed that the key to success in preventing, intervening and treating abuse of the elderly is to involve everyone in breaking the silence. In the words of Michel Couture:

If we can't get in by the left side, we can get in by the right. If that doesn't work, we'll get in by the back. There are many keys that haven't been counted or used.<sup>105</sup>

<sup>103</sup> Darrah, 2:6.

<sup>104</sup> Giesbrecht, 9:21.

<sup>105</sup> Couture, 4:28.

One Voice called elder abuse "an abhorrent social, health, and legal problem in Canadian society."<sup>103</sup> The Committee recognized that the problem cuts across these diverse sectors and acknowledged that any solutions must be both flexible enough to apply to all areas and focused enough to be effective in addressing the abuse of every older Canadian.

The Committee heard that education for increased public awareness is a major priority. Educating seniors, young people, service providers, community members, and informal caregivers is essential. Members agreed with witnesses that strengthening and focusing existing community based services is another priority area. Winnie Giesbrecht of the Native Women's Association told the Committee that any federal funding related to family violence must go to the people who work in the community. In the case of native people as with many others, "women are the ones who work in the service-providing areas."<sup>104</sup> Using existing seniors centres to provide a focal point for seniors and their families seeking help and organizing existing housing, transportation, financial, legal, social and health services to be aware of and to respond to elder abuse are among the efforts already underway.

The Committee agreed that the key to success in preventing, intervening and treating abuse of the elderly is to involve everyone in breaking the silence. In the words of Michel Couture:

If we can't get in by the left side, we can get in by the right. If that doesn't work, we'll get in by the back. There are many keys that haven't been counted on.<sup>105</sup>

<sup>103</sup> Dahir, 2:8.  
<sup>104</sup> Giesbrecht, 9:21.  
<sup>105</sup> Couture, 4:58.

# GATEKEEPER PROGRAM

## APPENDIX B APPENDIX A

Community support for the elderly

### List of Witnesses

Date of Referral: \_\_\_\_\_ 1st Referral: \_\_\_\_\_

Referral Employee: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Location: \_\_\_\_\_ Dept.: \_\_\_\_\_ Extention: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Directions: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Customer Referred Because:

\_\_\_\_\_ SOCIAL CONDITION  
Older person living alone, or otherwise isolated form social contact. Possible victim of physical abuse, neglect or financial abuse.

\_\_\_\_\_ CONDITION OF HOME  
In need of repair, neglected yard, ild newspapers lying about, offensive odors or unattended pets.

\_\_\_\_\_ COMMUNICATION  
Confused, disoriented, forgergul, excessive reminiscing, angry or hostile.

\_\_\_\_\_ PERSONAL APPEARANCE  
Unkempt, dirty clothes, uncombed hair or unshaven.

\_\_\_\_\_ PHYSICAL LIMITATION  
Severe difficulty in seeing, speaking, hearing or moving about.

\_\_\_\_\_ EMOTIONAL HEALTH  
Excessive statements of rejection, not eating, or sleaking, hearing or moving about.

Briefly Describe Your Concern About The Customer's Situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Customer Indicated Help Would Be:

\_\_\_\_\_ ACCEPTED \_\_\_\_\_ REJECTED \_\_\_\_\_ NOT INDICATED \_\_\_\_\_ ANONYMOUS

Location of Aging Office Contacted: \_\_\_\_\_

Referral Given To: \_\_\_\_\_ Company Representative: \_\_\_\_\_

**Delmarva  
Power**



## APPENDIX B

### List of Witnesses

Associations and Individuals	Issue	Date
<b>Advocacy Centre for the Elderly</b> Judith A. Wahl, Executive Director.	5	Tuesday, March 9, 1993
<b>Canadian Bankers Association</b> Joanne DeLaurentiis, Vice-President and Director, Domestic Banking and Public Affairs.	7	Tuesday, March 30, 1993
<b>Centre de défense des aînés et des aînées du Québec</b> Michel Couture, President and Executive Director.	4	Tuesday, February 23, 1993
<b>Department of Health and Welfare</b> Elaine Scott, Director, Family Violence Prevention Division, Social Services Programs Branch.	1	Tuesday, February 2, 1993
<b>Manitoba Legislature</b> Hon. Gerry Ducharme, Minister responsible for Seniors.	5	Tuesday, March 9, 1993
<b>Manitoba Senior Directorate</b> Kathy Yurkowski, Executive Director.		
<b>Native Canadian Centre of Toronto</b> Dennis Lewis.	6	Tuesday, March 23, 1993

Associations and Individuals	Issue	Date
<p><b>Native Women's Association of Canada (Winnipeg)</b>                      Winnie Giesbrecht,                      Executive Member.</p>	9	Tuesday, May 4, 1993
<p><b>Nepean Police Service and Queensway Carleton Hospital</b>                      David Ashton,                      Police Supervisor;                      Mary Carson, Director of                      Nursing, Geriatric and                      Psychiatric Services;                      Lori Kartes, Social                      Worker;                      Michelle E. Paton,                      Research and                      Programme Analyst.</p>	4	Tuesday, February 23, 1993
<p><b>North Shore Community Services</b>                      Pearl McKenzie,                      Executive Director.</p>	8	Tuesday, April 20, 1993
<p><b>One Voice—The Canadian Seniors Network</b>                      Berdie Darrah,                      Chair NBSCF                      Reta Deunisch-Turner,                      Older Women's                      Network;                      Claudette Légaré,                      Elder Abuse Project                      Manager.</p>	2	Tuesday, February 9, 1993
<p><b>Royal Bank of Canada</b>                      David Moorcroft,                      Vice-President,                      Public Affairs.</p>	7	Tuesday, March 30, 1993

Associations and Individuals	Issue	Date
<b>School of Nursing—Ryerson Polytechnical Institute</b> Elizabeth Podnieks.	3	Tuesday, February 16, 1993
<b>Senior Link (Toronto) for Retired Persons</b> Judith Leon, Executive Director.	9	Tuesday, May 4, 1993
<b>University of Moncton, Faculty of Law</b> Donald Poirier, Professor.	9	Tuesday, May 4, 1993
<b>University of Newfoundland</b> Dr. Michael J. Stones.	6	Tuesday, March 23, 1993
Delaware Private Industry Council Martin F. Duffy Executive Director		
Department of Health and Human Services Alfred Duncker Director of the Division of Research and Demonstration Administration on Aging		
Department of Health and Human Services John F. McCarthy Acting Commissioner on Aging Administration on Aging		
Department of Health and Human Services Moya Benoit Thompson Senior Legal Officer Administration on Aging		
Department of Health and Human Services Carol Thornhill Elder Abuse Project Officer Administration on Aging		



## APPENDIX C

### List of Individuals Consulted in Washington D.C.

---

American Association for Retired Persons

DaCosta R. Mason

Senior Legal Program Coordinator

Delaware Health and Social Services

Christine Frysztacki

Deputy Director, Division on Aging

Delaware Private Industry Council

Martin F. Duffy

Executive Director

Department of Health and Human Services

Alfred Duncker

Director of the Division of Research and Demonstration

Administration on Aging

Department of Health and Human Services

John F. McCarthy

Acting Commissioner on Aging

Administration on Aging

Department of Health and Human Services

Moya Benoit Thompson

Senior Legal Officer

Administration on Aging

Department of Health and Human Services

Carol Thornhill

Elder Abuse Project Officer

Administration on Aging

Department of Health and Human Services

Sue Wheaton

Program Specialist

Administration on Aging

---

General Accounting Office

Gregory J. McDonald,

Director

Human Services and Policy and Management Issues

Human Resources Division

General Accounting Office

James C. Musselwhite Jr.

Senior Social Science Analyst

Human Resources Division

National Association of State Units on Aging

Sara Aravanis

Associate Director for Elder Rights

National Committee for the Prevention of Elder Abuse

Robert Blancato,

Vice-President

Staff Director of House Select Subcommittee on Aging

National Committee for the Prevention of Elder Abuse

Dr. Rosalie Wolf,

President

Medical Center of Central Massachusetts

National Institute on Aging

National Institute of Health

Dr. Katrina Johnson

Health Science Administrator

Behavioral and Social Research Program

National Institute on Aging

Sylvia B. Kniel

Program Analyst

Behavioral and Social Research

New Older Americans Caucus

Bill Johnson-Walsh

Director

Legislative Assistant to Congressman Hughes

Senate Special Committee on Aging

Katherine M. Kellenberg

Health Policy Analyst

U.S. House of Representatives

The Honorable William J. Hughes

U.S. House of Representatives

The Honorable Ralph Regula

BARBARA GREENE,  
*Chair,*



## Request for Government Response

Your Committee requests that the Government table a comprehensive response to this report.

A copy of the relevant Minutes of Proceedings and Evidence (*Issue No. 21, which includes this report*) is tabled.

Respectfully submitted,

**BARBARA GREENE,**  
*Chair.*



## Minutes of Proceedings

THURSDAY, MAY 27, 1993

(27)

[Text]

The Standing Committee on Health and Welfare, Social Affairs, Seniors and the Status of Women met *in camera* at 3:25 o'clock p.m. this day, in Room 208, West Block, the Chair, Barbara Greene, presiding.

*Members of the Committee present:* Edna Anderson, Barbara Greene, Barbara Sparrow and Stan Wilbee.

*Acting Member present:* Lawrence MacAulay for Rey Pagtakhan.

*In attendance: From the Research Branch of the Library of Parliament:* Odette Madore and Nancy Miller Chenier, Research Officers.

The Committee proceeded to the consideration of the First Report of the Sub-Committee on Senior Citizens Health Issues relating to elderly abuse.

It was agreed,—That the Committee ask the Chair to present the First Report of the Sub-Committee on Senior Citizens Health Issues as the Seventh Report to the Standing Committee to the House of Commons.

It was agreed,—That pursuant to Standing Order 109, the Committee request that the Government table a comprehensive response to this Report.

It was agreed,—That the Committee print 4,000 copies of this Report, in tumble bilingual format, with a distinctive cover page.

At 3:28 o'clock p.m. the Committee adjourned to the call of the Chair.

Eugene Morawski,  
*Clerk of the Committee*







