



**Governmental Action Plan
to Counter Elder Abuse
2010-2015**

Governmental Action Plan to Counter Elder Abuse 2010-2015

Production

Ministère de la Famille et des Aînés

Online consultation of this document

This document is available on the
Ministère de la Famille et des Aînés
website: mfa.gouv.qc.ca

ISBN 978-2-550-59125-2 (printed)

ISBN 978-2-550-59124-5 (PDF)

Legal deposit - Bibliothèque et
Archives nationales du Québec, 2010
Library and Archives Canada, 2010
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Message from the Premier



Population aging is one of Québec's most important challenges. Nearly all developed countries have seen a sharp rise in the elderly demographic but in Québec this trend is even more pronounced due to the decline in birth rates over the last decades. Yet population aging is a sign of great progress: the improvement of living standards has allowed a greater number of citizens to age while staying in good health. The challenge is then to learn how to give the elderly a role in our society, to learn how to benefit from the richness of their life experiences and to learn how to care for those who need assistance accommodating their loss of autonomy.

In response to the priority this population represents for our government, we have, for the very first time, appointed a Minister to oversee all matters concerning the elderly. In the wake of this initiative, many other initiatives have been successfully brought to bear, notably allocations made to municipalities to adapt the policies and services related to the elderly, increased support to community organizations which serve them, and the creation of the caregiver support fund "Fonds de soutien aux proches aidants" to assist those providing care to an aging parent.

The *Governmental Action Plan to Counter Elder Abuse* is the next important step towards ensuring the well-being of seniors and towards preventing elder abuse.

This Action Plan envisions increased respect and recognition to those who have been instrumental in building our society. This collective initiative calls upon numerous departments and public bodies and upon the population at large – both individuals and collectives – to work together towards ensuring that our seniors are safe and live in environments free of all forms of abuse.

This is an important step towards making a better Quebec; a society which holds its builders in greater esteem and one that demonstrates a profound respect for the dignity of all individuals.

A handwritten signature in black ink, which appears to read "Jean Charest". The signature is fluid and stylized, with a long horizontal stroke at the beginning.

Jean Charest
Premier of Québec

Message from the Minister



In fall 2007 I had the honour of co-chairing a public consultation on the living conditions of Québec seniors. More than 4,000 individuals came to bear witness to the existence of elder abuse and to the suffering it causes. This experience raised my awareness about the complexity of elder abuse and the diverse forms it can take.

First and foremost, it is essential to speak out about the objectionable nature of elder abuse, particularly in light of our marked reticence to denounce abuse and the prevalent culture of silence that surrounds it. Our first task is to raise awareness among the general population and establish mechanisms that will let us intervene more effectively and assist a greater number of seniors.

Over the last thirty years, the government of Québec has implemented various policies and measures to counter violence against women, against youth and against children. The *2010-2015 Governmental Action Plan to Counter Elder Abuse* follows suit. It reflects our will to promote equality between persons of all ages regardless of their condition.

Spanning over five years, the Action Plan's vision encompasses all seniors, be they autonomous and in good health or vulnerable and losing their independence. It reflects the determination with which our government is committed to improve the quality of life of the elderly and to foster their full participation in our society.

I invite you to read more about the Action Plan. Its success rests on our ability to commit to its principles, both individually and collectively, and to work together to achieve its goals. For my part, I am committed to leading the way.

A handwritten signature in black ink that reads "Marguerite Blais". The signature is fluid and cursive, with the first name and last name clearly distinguishable.

Marguerite Blais
Minister responsible for Seniors

Acknowledgements

The following departments and organizations contributed to the development of this governmental action plan and its proposed measures:

Commission des droits de la personne et des droits de la jeunesse
Curateur public du Québec
Ministère de l'Éducation, du Loisir et du Sport
Ministère de l'Immigration et des Communautés culturelles
Ministère de la Culture, des Communications et de la Condition féminine
Ministère de la Justice du Québec
Ministère de la Santé et des Services sociaux
Ministère de la Sécurité publique
Ministère des Affaires municipales, des Régions et de l'Occupation du territoire
Office des personnes handicapées du Québec
Secrétariat aux affaires autochtones
Société d'habitation du Québec

The following individuals contributed their expertise to the “State of the Evidence” chapter and to the development of the measures contained in this Action Plan:

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Introduction

Québec's elderly demographic is the second fastest growing worldwide, second only to Japan. Québec will see the proportion of its elderly demographic rise from 12 to 24% over the shortest period of time; 29 years¹. Between 1986 and 2009, the number of individuals aged over 65 years went from 657,430 (9.8%) to 1.2 million (14.9%). It is estimated that by 2031 this demographic will represent 25.6% of Québec's population; that is, 2.3 million individuals².

In 1982 in Vienna, Québec was present for the United Nations' First World Assembly on Ageing, at which an international action plan on aging was adopted and a policy was outlined on the rights of the elderly, per the rights guaranteed by international human rights conventions. In April 2002, to further its exploration of these unprecedented demographic trends, Québec took part in the United Nations' Second World Assembly on Ageing, at which representatives from various countries addressed the challenges arising from these significant global demographic shifts. The end of the assembly was marked by the unanimous adoption of the Madrid International Plan of Action on Ageing³, which states that all individuals have the right to grow old in safety and with dignity and to participate in their collectivities as citizens in full exercise of their rights.

With these principles in mind, Québec then undertook various deliberations: The 2004 *Forum des générations*, the 2005 consultations, the report entitled *Full Participation of Seniors in Québec Development – To Build a Québec for all Generations*⁴, and the 2007 public consultation on the living conditions of seniors with its report *Preparing the future with our seniors – Public consultation report on living conditions of Québec seniors*⁵. Each has contributed to Québec's governmental strategy and each is testament to the government's intention to develop a vision that promotes active aging.

Among the issues frequently raised over the course of these initiatives was the need to counter elder abuse more efficiently, and in all its forms, be it violence, abuse, exploitation, negligence or mistreatment.

Pursuant to a mandate handed down from the Conseil des ministres, the Minister responsible for Seniors, Marguerite Blais, began developing the *Governmental Action Plan to Counter Elder Abuse*. Its contents reflect the government's concerns with population aging and the issues it raises. In developing this Action Plan, elder abuse was defined and concrete measures were developed accordingly, based in part on the contributions of thirteen departments and organizations. The Action Plan is divided into two parts: The first surveys the state of the evidence on elder abuse and the second highlights the initiatives the government intends to pursue to counter it.

Our starting point is that elder abuse is a little-known and ill-recognized phenomenon which takes many forms and affects all kinds of people. Many measures aimed at preventing, detecting and intervening in cases of elder abuse are already in place, but to be more effective, increased coherence is needed between the different measures and the agents involved.

PART 1

Definition of a social problem: Elder abuse

Elder abuse
is not a problem
unique to Québec;
it is a problem
shared with many
other countries

1. Context

Elder abuse is a reality in many countries. In 2006, the World Health Organization and the International Network for the Prevention of Elder Abuse jointly enacted World Elder Abuse Awareness Day, held annually on June 15. Many countries, such as the United States, Great Britain, France and New Zealand, have committed to countering elder abuse. Closer to home, we find that Ontario, Manitoba and British Columbia have each developed their own strategies and programs to counter elder abuse and support those touched by it.

Québec has been concerned about elder abuse for more than thirty years. Various think tanks and expert committees have documented the issue, namely the Comité sur les abus à l'endroit des personnes âgées – mandated in 1987 by Santé et des Services sociaux Minister Thérèse Lavoie-Roux to draft the report *Growing Old ... And Remaining Free*⁶ – and the report from the Groupe d'experts sur les aînés *Vers un nouvel équilibre des âges*⁷ made public in 1992 by the ministère de la Santé et des Services sociaux. The recommendations contained in these reports led to the creation of Québec's council of elders, the Conseil des aînés, on December 22, 1992.

In 1995, the Conseil des aînés issued its recommendations regarding elder abuse in its *Avis sur les abus exercés à l'égard des personnes aînées*⁸ in which it concluded that the cruel reality of this abuse had to be brought to light and that initiatives founded on validated field experience ought to be developed in concert with all involved caregivers and with seniors as well. In 1999, in the wake of the International Year of Older Persons, the Secrétariat aux aînés helped bring several projects to term.

That same year, the Commission des droits de la personne et des droits de la jeunesse launched a wide public consultation on the exploitation of the elderly. In 2001 it published an impressive report entitled *The Exploitation of the Elderly: Towards a Tightened Safety Net*⁹. Its recommendations addressed issues such as the dissemination of information, caregiver training, continuity of care, the modification of processes to better respond to the realities of the elderly and the need for concerted efforts amongst all actors. The Commission published a follow-up report in 2005¹⁰.

Without having directly broached the problem of elder abuse, many action plans and policies have nonetheless fostered conditions that have reduced its scope, such as the 2001-2004 Action Plan *Le Québec et ses aînés : engagés dans l'action*, developed by the Secrétariat aux aînés, the home support policy entitled *Home is the option of choice*¹¹, the ministerial policy paper *Quality Living Environments for People in Long-Term Care Hospital Center*¹², and the implementation strategy of the government's equal rights *À part entière* policy¹³. These were followed by the 2005-2010 action plan on services for seniors losing their independence entitled *Un défi de solidarité*¹⁴, which provided for the establishment of an elder abuse multi-sectoral board in each local territory. To date, more than half of health and social services centres have formed committees or local boards on elder abuse, 63% have made training available to their caregivers and nearly a third have put together multidisciplinary abuse intervention teams. Certain

health and social service centres have appointed a caregiver to serve as elder abuse responder¹⁵.

In consultation with these government initiatives was the work of individuals from various settings who helped raise awareness about elder abuse among the general population and amongst seniors. Notably, the SOS-ABUS kit – a collaborative project of the Association québécoise de défense des droits des personnes retraitées et préretraitées and the Réseau québécois pour contrer les abus envers les aînés – was made possible by a grant from the ministère de la Famille et des Aînés. It was launched in January 2010 and contains close to 80 prevention, detection, intervention and training tools. It also presents case studies from various groundbreaking projects from different regions in Québec and includes a directory of training programs. The kit is designed to support caregivers in their efforts to counter elder abuse.

During the 2007 public consultation on the living conditions of Québec seniors, the issue of abuse was raised more than once by seniors, experts and caregivers and it became evident that a governmental plan was needed to establish structured and concerted initiatives.

Several of the Action Plan's measures were announced in late 2009, namely a joint effort of the Commission des droits de la personne et des droits de la jeunesse in sending a specialized team across the entire province to counter the exploitation of the elderly, and the pamphlet entitled *Too good to be true? Beware! Protect yourself from financial fraud* produced by Québec financial market authority, the Autorité des marchés financiers.

The ministère de la Famille et des Aînés also led a sexual assault awareness campaign in collaboration with the Secrétariat à la condition féminine and the Ministère de la Justice du Québec for which a pamphlet aimed at seniors was produced.

This noteworthy progress now serves as the foundation for our forthcoming actions. We must continue to strive for a continuum of services that is able to counter elder abuse effectively on all fronts: prevention, detection and intervention.



Who are the
abusers?
How can we
prevent it?
Shedding more
light on a
taboo subject

2. State of the Evidence

2.1 Definition of elder abuse

Elder abuse is a widely used term used notably by the United Nations and the World Health Organization. The scope of this Action Plan encompasses all forms of elder abuse; violence, abuse, exploitation, negligence and mistreatment.

There are many ways to define elder abuse. The definition adopted by the government of Québec is the one that appears in the Toronto Declaration on the Prevention of Elder Abuse as adopted by the World Health Organization in 2002:

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

* Extract from the WORLD HEALTH ORGANIZATION's *Toronto Declaration on the Global Prevention of Elder Abuse*, November 17, 2002.

A senior's living environment is essentially the place where they live, whether it be in a private home, condominium, rental building, low-cost housing, housing cooperative, home for the aged, subsidized housing or long-term care hospital centre (otherwise known as a CHSLD), etc. According to the Ministère de la Santé et des Services sociaux, as of March 2008, 88.1% of persons aged 65 or older resided in conventional homes, 8.2% in private homes providing services, 3.1% in CHSLDs and 0.6% in family-based and health and social services network intermediate resources**.

2.2 Forms of abuse

Due to the numerous behaviours associated with elder abuse, it is difficult to provide an exhaustive inventory of them. Instead, researchers often rely on the various forms of abuse with which different behaviours and attitudes are associated.

**Sources: Internal form AS-478 and the Registry of homes for seniors

FORMS OF ABUSE

PHYSICAL ABUSE	Hitting, pushing, throwing objects, force-feeding, secluding, bullying, or unduly delaying assistance needed to meet basic needs (such as trips to the washroom).
PSYCHOLOGICAL OR EMOTIONAL ABUSE	Identity theft, attacks on an individual's dignity or self-esteem, humiliation, threats, verbal abuse, infantilizing, ignoring or secluding, degrading remarks, disparaging remarks about one's values, religious beliefs or practices.
SEXUAL ABUSE	Harassment, fondling or touching, being victim of exhibitionism, sexual abuse, being ridiculed for wanting to express one's sexuality.
FINANCIAL ABUSE	Being extorted through emotional blackmail, being robbed of one's jewellery, goods or cash, being pressured about an inheritance, embezzlement of one's funds, identity theft, telemarketing scams, inappropriate use of bank cards or fraudulent preauthorized payment plans.
HUMAN RIGHTS VIOLATIONS*	Being discriminated against due to age, having medical treatments imposed despite one's ability to make informed decisions.
NEGLECT	The omissions of any act required to maintain the well-being of a senior, regardless of whether the omission is deliberate or due to a lack of knowledge or lack of awareness about any given situation.

*A person can however be limited in the exercise of their rights, such as in managing their assets pursuant to a court decision designating a tutor, a curator or legal representative. This is a preventative measure rather than a violation of an individual's rights. Yet, the individual protected by such tutorship or curatorship or by mandate issued in anticipation of incapacity is nevertheless considered as having the ability to give consent regarding the care they receive if they understand its nature and scope, and such ability must be verified each time care is offered.

Seniors can be victims of many kinds of elder abuse and at the hand of more than one person within their living environment. For example, financial or property abuse is often accompanied by psychological and emotional abuse. In fact, rare are the cases that involve merely one form of abuse¹⁶.

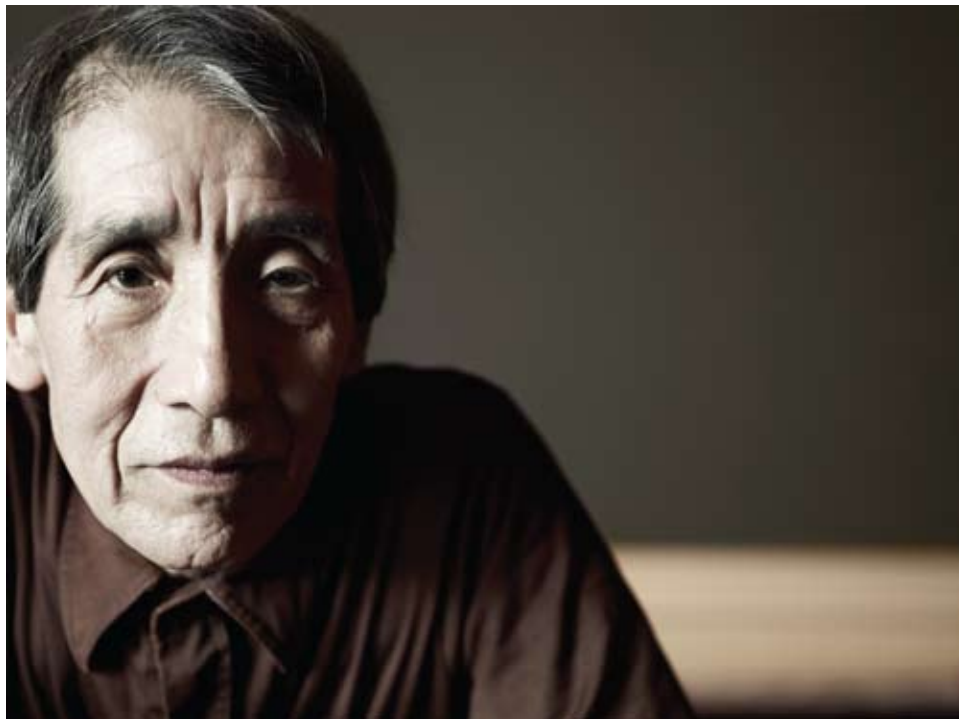
2.3 Signs of elder abuse

Talking about signs of abuse inevitably raises questions about detecting abuse. What should we be looking for? What questions should we be asking, and to whom? There are several ways to uncover cases of abuse, such as:

- Asking direct questions to the person believed to be abused;
- Looking for signs that could reveal important physical changes resulting from abuse;
- With the help of appropriate checklists and tools¹⁷, exploring the demographic and social circumstances and the living conditions of the person, especially if there are other specific circumstances at play.

Since abuse can manifest itself in many forms (physical, psychological, financial, etc.) and occurs in a variety of contexts, it follows that those apt to detect it also come from a variety of different social and professional backgrounds. Though anyone is able to discern signs of abuse, there are those who are better placed to do so: persons working in financial institutions can be vigilant about any unusual account withdrawals and caregivers can uncover signs of physical violence that would ordinarily be hidden by clothing.

Due to the diversity and complexity of elder abuse, it would be presumptuous to draw up an exhaustive list of all signs of abuse, particularly because they are not always indicative of abuse until they appear alongside other signs. It is important to note that a wide variety of signs can arise from different forms of abuse, whereas other signs – such as poor hygiene or depression – can be considered symptoms of abuse*.



*While there is some overlap between the concepts of "sign" and "symptom", it is important to understand the distinction between them. A symptom is an explicit sign of an underlying state (such as an illness) while a sign is a sign of probability about a *possible* underlying state. A symptom is always a sign but a sign is not always a symptom.

POSSIBLE SIGNS OF ABUSE

PHYSICAL ABUSE	Bruises, injuries, defensive or evasive responses to questions about accidents, history of family violence or assaults, changes in behaviour, weight loss, uncleanliness of physical surroundings.
PSYCHOLOGICAL OR EMOTIONAL ABUSE	Dependency, depression, poor personal hygiene, cognitive dysfunctions (particularly rapid onset dysfunctions) ¹⁸ .
SEXUAL ABUSE	Genital or anal wounds or lacerations, genital infections, genital or vesical irritations, sleep disturbances, excessive anxiety during changing or bathing, aggressive or depressive behaviour and mistrust of others.
FINANCIAL OR PROPERTY ABUSE	Rise in number of bank transactions, unusual real estate transactions, accumulation of unnecessary goods, disappearance of objects of value.
RIGHTS VIOLATIONS	Denial of an individual's right of consent or right of refusal regarding care and medical treatment, breach of confidentiality, denial of an individual's right to manage their own assets either independently or with minimal assistance.
NEGLIGENCE	Poor personal hygiene, malnutrition, skin sores, constipation or urinary tract problems, social isolation.

Many seniors, be they men or women, will only begrudgingly denounce or lodge complaints about instances of abuse. In fact, many hide the abuse because they often either feel shame or feel the need to protect someone. This constitutes an important component of the taboo surrounding the subject.

Furthermore, many seniors don't realize they are being abused; when living in a dysfunctional interpersonal relationship, it can be hard to perceive the slow progression from an unpleasant situation to an abusive one. This is why it is important to recognize the principle signs of abuse, so we can refer the elderly to the appropriate resources, and help put an end to it.

2.4 Scope of the problem

Elder abuse is studied by many researchers in many different countries. Recent surveys reveal that negligence is the most frequent form of abuse (8.6% in England¹⁹, 16% in Spain²⁰ and 26% in Israel²¹), although the rates of abuse vary from study to study due to the different study methodologies used. In most surveys, financial and property abuse are typically in second or third place in terms of prevalence.

According to two large pan-Canadian studies which took place at the end of the '80s and again at the end of the '90s, 4% of all seniors living at home are victims of one form or another of elder abuse at the hand of family members, with financial and property abuse being the most prominent form²². The second study, using a stricter methodology, reveals this number to be as high as 7%²³. But we would be wrong to conclude that this means that elder abuse had nearly doubled over those ten years. The increase is partly due to the more rigorous methodologies used in the second study.

Researchers say that these figures are only the tip of the iceberg since the scope of the methodologies used in these kinds of studies is limited: persons must first feel comfortable enough to participate in a phone

interview, and must then feel safe enough to speak freely, which can be difficult if the abuser is nearby.

According to organizations directly serving the elderly, financial and property abuse is the most frequently occurring form of abuse in Québec. A rise in this form of abuse is foreseen in the coming years due to the net growth of the elderly demographic, the significant financial capital of this population, the increased vulnerability associated with aging and the increased sophistication through which money can be extorted²⁵. According to data from DIRA-Laval, an organization that assesses, refers and provides supporting care to seniors in situations of abuse*, 35% of their referrals relate to financial abuse. According to the Info-Abus telephone line of the Centre de santé et de services sociaux Cavendish, this form of abuse accounts for 42% of their calls²⁶.

Various studies confirm that elder abuse very much exists in Québec. Such research efforts must be maintained in order to define its scope and identify its components.

2.5 Recognizing abuse in the elderly

Among studies that outline the characteristics of abused seniors, we find that some pertain to the overall population whereas others pertain more specifically to recipients of direct services. Cases of abuse range from general to specific according to the type of abuse. None of the studies drew the same conclusions since their methodologies and measurement criteria were varied. Nevertheless, we find seniors who have been victims of abuse in all walks of life. Due to their higher number*, we find that women are more often victims of abuse. However, once the data is calibrated to account for this disparity, experts point out that men are nearly as often victims of abuse bearing in mind that abuse aimed at men is often more difficult to detect²⁷. This reality could be the subject of further study in order to adapt intervention programs accordingly²⁸.

*DIRA-Laval is an organization that provides services to seniors in situation of abuse. It lends support to over 4,000 seniors per year.

Though it is difficult to identify the precise characteristics of seniors living situations of abuse, studies show that certain factors, such as level of vulnerability and living environment²⁹, can increase the risk of abuse. This does not, however, constitute a cause-and-effect relationship³⁰. Seniors who are vulnerable will not necessarily be abused, and inversely, seniors showing no signs of vulnerability can nonetheless be victims of abuse if they are surrounded by violent or negligent individuals. Since situations of abuse are a result of interplaying factors, it is essential for caregivers to evaluate not only the senior's health status but to observe the benefits and risks associated with their immediate physical and social environments.

2.5.1 Risk factors

Social and human environmental factors constitute greater risk than factors related to personal traits. Accordingly, when a loved one living with a senior fails to provide care or service, this constitutes a risk of abuse known as negligence³¹. In the literature, the most prevalent risk factors for negligence are conflicts with friends or family members³², cohabitation with one or more loved ones, tension between a senior and a caregiver³³, and cohabitation with the abuser³⁴. Abuse can develop from the burden felt by an exhausted loved one who lives with and cares for a senior, or by a loved one who must manage their own health problems. Yet being isolated and having a limited social network also constitute risk factors.

2.5.2 Factors of vulnerability

Being vulnerable to abuse stems from certain personal traits or behaviours and from an individual's state of health. Seniors are more vulnerable when they suffer from physical³⁵ or mental health problems or have reduced cognitive function³⁶. Taking psychotropic drugs can also play a role, as can a lack of social contact³⁷ and behavioural or emotional problems. Seniors suffering from severe loss of cognitive

*According to the 2008 population report published by the Institut de la statistique du Québec's, women constitute nearly two-thirds of individuals aged 75 years or older. See *Le bilan démographique du Québec* (2008 edition, p. 20).

function, depression or delirium, and those resisting care, are at greater risk of becoming victims of abuse³⁹. Seniors may also suffer from physical or mental illnesses that can impede their ability to adequately communicate their need for care⁴⁰.

2.5.3 Other circumstances affecting specific seniors

Seniors with other specific circumstances (such as living with a disability, affiliation with an aboriginal or cultural community, or homosexuality) can be subject to different forms of elder abuse such as homophobia and racial or cultural discrimination. These cases may require specific approaches in order to effectively counter the specific forms of abuse that can arise from them.

BELONGING TO A CULTURAL COMMUNITY⁴¹

According to census data, there were 149,110⁴² immigrants aged 65 and over (79,565 women and 69,545 men) living in Québec in 2006. Many of them live in seclusion because they do not speak the local language or because their customs vary significantly from those of the host society. Further, if they are not familiar with the health and social services network, the community networks, or the law and their rights, they must rely on others in order to interact with the outside world. Additionally, seniors suffering from senility will tend to forget the local language and will revert back solely to their mother tongue. This is due to the loss of short-term or recent memory which makes it more difficult to remember languages other than one's mother tongue⁴³.

SEXUAL ORIENTATION

The first generation of lesbian, gay, bisexual and transgender persons who came out of the closet and fought for their rights are now reaching their sixties. These seniors not only manage the difficulties associated with aging (such as ageism), but must also face instances of homophobia⁴⁴. Lesbian, gay, bisexual and transgender persons are exposed to further kinds of abuse such as discrimination, negligence and harassment⁴⁵ and can face additional obstacles in obtaining services appropriate for their particular conditions⁴⁶.

SENIORS LIVING WITH A DISABILITY

In 2006, Québec seniors living with a disability represented 32.3% of the population aged 65 and over; that is, 322,240 people⁴⁷. As per the *Act to secure handicapped persons in the exercise of their rights with a view to achieving social, school and workplace integration*, a senior is considered to have a disability if a deficiency is causing a significant and persistent disability, and if they are liable to encounter barriers in performing everyday activities^{48, 49}. Statistics show that a fair number of seniors suffer from mobility, auditory, visual and agility disabilities, and that many also suffer from chronic pain⁵⁰. These disabilities can make a senior more vulnerable to abuse, such that a senior with deafness or macular degeneration due to age* can have a difficult time communicating with their surroundings, which only serves to further isolate them, making them again susceptible to abuse. In fact, some seniors are particularly vulnerable to all forms of abuse, including negligence, because of their dependence on others in the performance of their daily activities. This high level of dependency discourages them to denounce instances abuse. Finally, their ability to adapt and their degree of vulnerability will vary depending on the type of disability and whether or not it has developed with age.

*Macular degeneration is an eye-related illness and constitutes the primary cause of visual impairments in persons aged 50 and over in the West. It is caused by a deterioration of the macula lutea which leads to gradual or sudden loss of one's central vision

INCAPACITATED PERSONS

Citizens declared incapacitated are some of the most vulnerable in our society and thereby constitute a high-risk population. Seniors constitute a large, and growing, portion of these protected persons as we see degenerative diseases now becoming the most frequently stated grounds for protective supervision mandates. Victims from this population typically report that their essential needs had been the focus of the abuse or negligence: nourishment, hygiene, housing, freedom to come and go, medical care, medication, income, etc.

2.5.4 First Nation Elders

In 2007, the First Nations population represented nearly 1% of the total population of Québec; approximately 87,250 individuals distributed over 11 nations (10 Amerindian nations and 1 Inuit nation)⁵¹. First Nation members are considered Elders as soon as they reach 55 years of age. It is estimated that First Nation Elders constitute 14.7% (approximately 12,800 people) of the First Nations population⁵². Certain conditions increase the risk of abuse within these communities such as housing shortages, overcrowding, poverty, isolation, substance abuse, and loss of traditional lifestyles⁵³. Poor knowledge of French and English, about Elders' rights, and about available programs and services constitute additional risk factors. Elders not living within their communities also run the risk of social exclusion.

2.6 Recognizing abusers

It would be extremely difficult to profile the type of person who commits acts of elder abuse. It can be a neighbour, a service provider, a caregiver or any other person that comes into contact with a senior⁵⁴. Most studies reveal that among the most frequent forms of elder abuse found in the home are committed by adult children and spouses⁵⁵. Elder abuse committed by family members is often fuelled by long-standing and complex family dynamics. Among spouses, elder abuse is often a continuation or transformation of prior conjugal violence⁵⁶. Among adult children, elder abuse can be a reversal of prior child abuse or neglect, or a reversal of prior unhealthy co-dependent family relationships⁵⁷.

Statistics from the ministère de la Sécurité publique reveal that the majority of seniors (7 out of 10) who were victims of abuse in 2007 knew the perpetrator of the alleged abuse.



**BREAKDOWN OF VICTIMS OF HUMAN RIGHTS
VIOLATIONS PER RELATIONSHIP INVOLVING PERSONS
AGED 65 AND OLDER**

FAMILY (30%)	Spouses or ex-spouses	8%
	Children	14%
	Other immediate family member	6%
	Extended family	2%
FRIENDS (38%)	Acquaintance	29%
	Friend or close friend	3%
	Colleague	6%
STRANGERS OR UNIDENTIFIED PERSONS (32%)	Stranger	25%
	Unidentified person	7%

Source: ministère de la Sécurité publique, Québec, 2007.

Ageism also plays a role in elder abuse. Similar to sexism and racism, ageism is defined as a set of negative or hostile attitudes towards a person or group of persons due to their age which gives rise to prejudicial acts and social disenfranchisement⁵⁸. Ageism includes all forms of discrimination and segregation based on age. Higher rates of elder abuse tend to be found in societies with a high prevalence of ageism⁵⁹. Since ageism occurs in all spheres of life, some researchers have suggested that it could impact the proper implementation of adequate support services for seniors in situations of abuse⁶⁰. The unwillingness of seniors to denounce abuse may signal that they have internalized a form of ageism into their own behaviour.

2.7 Effects of abuse on those who suffer it

As per the definition retained for the purposes of this Governmental Action Plan, abuse is any behaviour which causes harm or distress to a senior and subsequently, causes them to suffer from temporary or permanent physical ailments, a growing sense of insecurity, withdrawal, weight loss, anxiety, or to develop an illness. Abused seniors also experience depression and confusion. All these can impact their quality of life. The same applies to victims of financial or property abuse whose quality of life and living conditions decline after losing the savings that were essential to guaranteeing their well-being during their end of life years and after finding themselves unable to replenish their savings due to their advancing age⁶¹. A number of studies⁶² have revealed an increase in visits to emergency rooms and in morbidity rates subsequent to violence and negligence. In certain cases, suicide is the ultimate outcome of abuse.

Suicide

Over the past decade, the rate of suicide-related mortality has decreased in persons aged 50 and over, much like in every other age group, though perhaps less significantly. This decrease exists despite the increase in the total number of suicides among those 50 and over, which rose from 378 in 2000 to 449 in 2008. This apparent contradiction can be explained by the fact that the 50 and over age group is increasing in size which therefore increases the total number of suicides despite the overall decrease in the rate of suicide⁶³.

Incidentally, researchers have found that suicide among 64 to 75 year olds, much like among those aged 75 and over, is caused primarily by loneliness, followed by interpersonal conflicts – both of which are related to elder abuse⁶⁴. Yet, very little research has been undertaken to determine the precise link between elder suicide and elder abuse⁶⁵. However, we know that those who have been unable to recover from previous abusive experiences – perhaps because they never received the appropriate support – exhibit more self-destructive behaviours than others, such as contemplating suicide. This highlights the importance of increasing awareness about probing into all previous life experiences, not only into recent ones.

According to a study conducted in Québec, the majority of persons aged 60 and over that committed suicide suffered much less from chronic health problems than from psychiatric problems such as depression. In fact, in half of these cases, seniors had consulted a family doctor or specialist within the two-week period prior to their death⁶⁶.

The 2005-2010 Mental Health Action Plan entitled *La force des liens* ('strength in close ties') intends to dispatch a network of suicide prevention sentinels across the province. These teams will visit locations frequented by seniors to identify those at risk. To this end, the ministère de la Santé et des Services sociaux will work in tandem with the Association québécoise des retraité(e)s des secteurs public et parapublic, which received a grant from the ministère de la Famille et des Aînés to develop this network of suicide prevention sentinels to work amongst individuals aged 50 to 64. The ministère de la Santé et des Services sociaux is also near to completing a guide of best practices for caregivers and directors of health and social services centers to help them identify persons, namely seniors, at risk of suicide. Meanwhile, the ministère de la Famille et des Aînés continues to fund projects addressing suicide prevention.

2.8 Protective measures

There are virtually no studies rigorously documenting the measures geared towards protecting the elderly from abuse. However, according to the experts consulted, psychosocial measures carry much more weight than case-by-case measures and our efforts should therefore be focused on prevention. Seniors will be better protected, regardless of the type of abuse, if the following psychosocial conditions are met:

- Adequate social and support networks allowing seniors to counter isolation;
- Healthy physical and psychosocial environments allowing seniors to feel safe;
- Accessible information about elder abuse geared towards seniors and their representatives;
- Personal networks that have been educated about elder abuse;
- Support networks geared towards family caregivers;
- Awareness among family and professional caregivers about the normal process of aging and its outcomes (such as changes in

eyesight, hearing, speech or balance) and an ability to deal with other symptoms associated with age-related illnesses (such as dementia or Parkinson's disease);

- Proper training for home-based caregivers.

2.9 Best Practices

What recognized and validated approaches have proven effective in preventing of elder abuse?

To be effective, the organization of services must be continuous and coherent⁶⁷ and must provide a place where interprofessional collaboration⁶⁸ and interdisciplinary teamwork can take place. The need for internal and inter-institutional continuity poses challenges in terms of coordination, communication, resource allocation, synchronization of organizational and professional cultures, and jurisdictional and policy questions. This approach must also provide for the fair assessment of an abused senior's ability to communicate and to make informed decisions about their situation⁶⁹.

The training and continuing education of all caregivers, dialogues about cases of abuse within interprofessional teams and the establishment of specialized geriatric teams within certain centers can serve as excellent benchmarks for best practices. Optimally, services should be organized in response to the needs of the elderly: temporary shelters (much like domestic violence shelters), respite units, individual or group counselling, emergency funds, legal assistance, case management, cognitive and affective assessments, direct support programs for abused seniors, various support programs (such as housekeeping and delivery of meals) and the implementation of protective measures for the most vulnerable⁷⁰.

2.10 What can we conclude from the state of the evidence?

The shame and guilt associated with elder abuse makes it somewhat of a taboo topic in our society. Abuse is a complex, multidimensional phenomenon and is much more prevalent than we might currently believe. Many facets of this problem would greatly benefit from further research: its prevalence, the characteristics of those being abused and of abusers, and factors contributing to the vulnerability of seniors living with specific circumstances. We already know that certain conditions –still to be defined or implemented– can prevent incidences of abuse. The work required to establish coherence across various existing services, both internally and inter-institutionally, also merits further exploration.

There are many services already in place. How well-known are they?

3. Current organization of services across Québec

For the last twenty years, and since 1976 in the case of the Commission des droits de la personne et des droits de la jeunesse, various governmental, para-public and private agencies have explored the problem of elder abuse which has resulted in the establishment of resources and services to assist prevention, detection and intervention efforts. In an effort towards improving and optimizing current services, an overview of the entire network will allow us to evaluate how well it responds to the needs of the elderly.

3.1 Legal context

Seniors involved in situations of abuse can avail themselves of the protections provided by the Canadian Charter of Rights and Freedoms. The Charter governs all interactions between the State (federal, provincial and territorial governments) and individuals (persons and corporate entities). The Charter specifically protects seniors through the provision protecting against age-based discrimination, but the Charter only governs interactions between individuals and the State; it does not protect interactions between individuals.

Seniors can also avail themselves of the protections provided by the Quebec Charter of Human Rights and Freedoms which allow an individual to take legal action against any other individual, institution or firm pursuant to a breach of its provisions. Age-based discrimination is counter to the Charter, except where an age distinction is established by law or regulation. Beyond the protections afforded to all persons by the Charter, Article 48 affords specific protections to seniors with regard to being exploited:

« Every aged person and every handicapped person has a right to protection against any form of exploitation.

“Such a person also has a right to the protection and security that must be provided to him by his family or the persons acting in their stead.” ⁷¹

Additionally, the Québec Civil Code allows an individual to take legal action against another individual with regard to assets. Sales agreements and deeds of gift, successions and housing conflicts are all regulated by the Code. Further, when an individual loses their ability to exercise their civil rights, the Code provides four protective measures to accommodate their incapacity: tutorship, curatorship, advisors to a person of full age, and mandates issued in anticipation of incapacity. These measures are applied based on the extent and duration of incapacity, and can involve the individual, their assets, or both. In criminal cases, such as negligence, theft, extortion, breach of trust, or assault, the provisions of the Canadian Criminal Code apply.

Lastly, sets of specific laws govern specific relationships and rights, such as client-professional relationships (the *Professional Code*⁷²), the rights of health and social services network users (the *Act respecting health services and social services*⁷³) and the rights of victims of criminal acts (Québec Criminal Code and the *Victims of Crime Act*⁷⁴). Some of these laws add additional provisions to the Québec Civil Code, such as the *Public Curator Act*⁷⁵ in cases of incapacitated persons,

the *Act respecting the Régie du logement*⁷⁶ in cases involving housing, or the *Consumer Protection Act*⁷⁷ in cases involving breaches in contractual law.

3.2 Administrative context

These legislative foundations are further complemented by policies, action plans, strategic directions, ministerial programs and terms of reference used by departments and agencies serving the public. Without specifically addressing elder abuse, the content of these policies and programs nonetheless foster favourable conditions in the provision of living environments free of abuse.

3.3 Services

The responsibility of developing and implementing the initiatives necessary to foster environments free of abuse falls on governmental agencies and departments. Organizations who serve individuals living in situations of abuse are not always equipped to address the specific needs of the elderly, while other services vary from one region to the next. Such services include abuse prevention and detection, while others focus on intervention efforts by locating resources and assisting victims in lodging complaints through the proper administrative and judicial channels.

The ministère de la Santé et des Services sociaux has put a number of initiatives in place over the last few years to counter elder abuse, such as:

Within CHSLDs

- Orientation tours of CHSLDs and of family-based and intermediate resources;
- Adoption of strategic orientations and of a governmental action plan to better monitor and reduce the need for control measures imposed on individuals residing in CHSLDs;
- Establishment of a training program and terms of reference;
- Institutional obligation to adopt and disseminate a code of ethics;
- Obligation of institutional complaint officers to disseminate information on the rights and responsibilities of users and about the code of ethics, to publicize and to raise awareness about the procedures for lodging complaints;
- Institutional obligation to form a committee of residents whose mandate is to inform users of their rights and responsibilities, foster improvements in quality of life, assess the level of user satisfaction, defend the collective rights and interests of users and provide support to any user in any process they undertake, including the lodging of a complaint;
- Obligation of chief administrators of institutions housing vulnerable persons to inform all members of personnel (managerial and salaried employees) of protocols and terms of reference to use when signalling behaviours.

Within homes for seniors

- Every operator must have a certificate of compliance to operate the residence;
- The Conseil québécois d'agrément is the accreditation council mandated by the ministère de la Santé et des Services sociaux to verify each residence's conformity with socio-sanitary requirements;
- As part of these requirements it is the operator's obligation to provide each resident with an orientation document specifying the procedures for lodging a complaint accompanied by the name and phone number of the regional complaint and quality control officer;
- As part of these requirements it is also the operator's obligation to provide each resident with an orientation document specifying the code of ethics and describing the practices to be followed and conditions to be met by all residence personnel. The document must also list the responsibilities of the residents;
- A review of the regulation governing the requirements for certification will explore amending these provisions to include the obligation to provide information about complaint review procedures alongside the contact information of the regional complaint and quality control officer.

KEY TELEPHONE LINES AND ORGANIZATIONS

CONFIDENTIAL AND ANONYMOUS TELEPHONE LINES*	• Québec's Suicide Prevention Centre (1-866-APPELLE) • Seniors Telephone line, an initiative of the Table de concertation des aînés de l'Île de Montréal et du Centre de référence du Grand Montréal (1 514 527-0007)⁷⁸ • Tel-Aînés Senior Info Telephone line, managed by the Association du personnel retraité de l'Université du Québec à Montréal (1 514 353-2463)⁷⁹ • Telephone line of the Association québécoise des retraité(e)s des secteurs public et parapublic (1 866 497-1548)⁸⁰ • Help line for victims of sexual abuse (1 888 933-9007 or 514 933-9007) • Conjugal Violence Help Line (1-800-363-9010 or 514 873-9010) • 211 Info Service for the regions of Québec and Chaudière-Appalaches⁸¹ • 311 Info Service for Montreal⁸²
ORGANIZATIONS SERVING THE ELDERLY	• Association québécoise des retraitées et retraités de l'éducation et des autres secteurs publics du Québec • Association québécoise de défense des droits des personnes retraitées et préretraitées • Association québécoise des retraité(e)s des secteurs public et parapublic • FADOQ • Regional boards on issues relating to seniors
GOVERNMENTAL AND PARAGOVERNMENTAL AGENCIES	• Autorité des marchés financiers • Crime Victims Assistance Centre • Commission des droits de la personne et des droits de la jeunesse • Curateur public du Québec • Office de la protection du consommateur • Office des personnes handicapées du Québec • Protecteur du citoyen (ombudsman)

*We'd like to recognize the important work of the Centre de santé et de services sociaux Cavendish and its team of volunteers who managed the Info-Abus telephone line for over fifteen years and responded to about 1,000 calls each year.

Making better
use of our services
by better
synchronizing
them and by
focusing on inter-
sectoral efforts

4. Towards a plan of action

To whom can a person turn when faced with a situation of abuse? Fortunately there are many places one can turn and many initiatives have made leaps forward in countering many forms of abuse, specifically within the health and social services network. But the real question is, how many people involved in situations of abuse (seniors, witnesses, caregivers, etc.) use these services? Many of them may fear subsequent abuse or becoming isolated, others may not be cognizant that they are abused, and some may simply not know where to turn to get help.

During the 2007 public consultation on the living conditions of Québec seniors, many participants advocated for improved access to services, better promotion of services and the establishment of services in proximity of the living environments of seniors.

Improving the services available to seniors living with situations of abuse and to those near them requires improved coordination and greater synchronization of initiatives and the development of trans-sectoral approaches. The ability to work in a trans-sectoral setting and to act in consultation is a crucial element of this Action Plan.

The challenges before Québec in countering elder abuse are numerous. The second part of this document describes the initiatives with which to face these challenges and better respond to the needs of seniors living with situations of abuse, and the needs of their loved ones. The Action Plan tackles the issue on two fronts: on one hand, the lack of awareness surrounding elder abuse and the complexity of the problem, and on the other, the pivotal role to be played by strengthening the continuum of prevention, detection and intervention services. This is the first governmental action plan that addresses elder abuse. It will unfold over five years, over which time it may be modified in response to outcomes. The Action Plan will not only encourage new practices but will also seek to foster an increased awareness and an enlightened perspective on the problem.



PART 2 Actions

Elder abuse
is a complex and
poorly understood
problem

5. Essential to success: Two realities to consider and a continuum of services to strengthen

The initiatives the government has adopted to counter elder abuse are anchored in the pivotal role played by the continuum of services – thereby calling on us to strengthen it – and on two inherent realities – that elder abuse is poorly understood and that it is complex.

5.1 Our poor understanding of elder abuse

The pan-Canadian studies⁸³ cited earlier provide some insight into the incidence of elder abuse in Québec. These studies reveal that between 4% and 7% of seniors living at home are victims of one form of abuse or another at the hand of their loved ones, particularly to the material or financial plan. Many researchers claim that these numbers are in fact higher. Elder abuse in Québec is not yet well-documented and further studies are needed to better understand its scope and its many components.

In fact, elder abuse is poorly known and often not well-recognized by seniors themselves, or by their loved ones, their caregivers and by the population at large. Elder abuse remains a taboo subject and is subsequently still often overlooked. Communication strategies, tools and training are thus needed to increase our level of vigilance about elder abuse and its impacts.

In order to reduce the incidence of elder abuse, we must increase the level of vigilance and knowledge about the problem among seniors, caregivers and the population at large.

5.2 The complexity of elder abuse: A problem in itself

Elder abuse can take many forms – physical, sexual, financial, material, psychological and emotional. Neglect and the violation of one's rights are also forms of abuse. Seniors can be victims of many kinds of elder abuse and at the hand of more than one person within their living environment. For example, financial or property abuse is often accompanied by psychological and emotional abuse. In fact, rare are the cases that involve only one form of abuse.

The profile of abused seniors is also as varied. Accordingly, we find seniors who have been victims of abuse in all walks of life, and live at home as much as in institutional settings. Moreover, women and men are equally affected by elder abuse⁸⁴.

Governmental intervention on the issue of elder abuse must consider its complexity and must be implemented in numerous settings in order to address a variety of cases involving both elderly women and men.

5.3 Pivotal...

Better synchronization of the continuum of services

The government and various community organizations currently intervene in cases of elder abuse in all of Québec's regions. The nature of the interventions (prevention, detection or intervention) varies in relation to the nature of the abuse in question.

Preventing elder abuse means reducing, to ultimately eliminate, all incidences of it in all living environments. Prevention involves the promotion of values such as respect for human dignity. It also involves an understanding of the causes and components of elder abuse and calls upon everyone to act in the face of elder abuse. It seeks to increase the collective level of awareness and to foster respect towards the elderly. Prevention efforts aim to create a culture where individuals will feel compelled to break the silence and take the necessary actions to counter elder abuse.

Detection is about uncovering situations of abuse. These types of initiatives allow caregivers to recognize possible signs and physical and/or psychological symptoms of elder abuse and to refer seniors to the appropriate resources. Early detection prevents situations from worsening and fosters a culture of whistle-blowing.

Intervention adapts according to the form of abuse, the living environment, the abuser and the senior in question. The input of varied caregivers is needed to develop multi-sectoral and coordinated approaches that consider the psychosocial needs, the medical needs and the rights of seniors. Accordingly, respect for a senior's ability to make decisions must take center stage.

The scope and coordination of such services varies from one region to the next. Each region must therefore undertake its own initiatives to respond to its own circumstances. However, the continuum of service – its comprehensiveness and effectiveness – is not ensured in all of Québec's regions. Existing mechanisms must be better synchronized to channel all efforts towards a common direction.

Effectively countering elder abuse must involve a coordinated and comprehensive effort, and be founded on prevention, detection and intervention.

6. Who benefits from acting against elder abuse?

The initiatives aimed at countering elder abuse will benefit seniors and their families, caregivers, experts, operators, health and social services network personnel, workers from community and social economy networks, the judiciary, and the population at large. Elder abuse is a social problem and everyone is therefore called upon to take action against it.



7. Guiding principles of the Plan

1. Every senior has the right to have their physical and psychological integrity respected;
2. Acts of elder abuse are unacceptable acts of power and domination and must be censored and denounced by society;
3. The eradication of elder abuse will flow from the egalitarian, equitable and respectful treatment of the elderly;
4. Any and all seniors in situations of abuse must have ready access to mechanisms that will let them regain control of their life as quickly as possible;
5. Making living environments free of abuse is a matter of individual and collective responsibility.

Improving our efforts by better understanding elder abuse, raising awareness among seniors and offering a comprehensive and coherent network of services

8. Structured actions to counter elder abuse

The government will invest 20 million dollars over the next five years to counter elder abuse through the implementation of four structured initiatives which will strengthen and complement partner initiatives in the hopes of gaining new ground in the fight against elder abuse:

- **A public awareness campaign;**
- **A university research chair on elder abuse;**
- **A telephone line of listening and reference;**
- **A team of regional coordinators in all regions of Quebec.**

Additionally, the ministère de la Famille et des Aînés will continue to lend financial support to network-based projects. The 2010-2011 budget has been modified to allocate an additional four million dollars to fund projects addressing the problem of elder abuse.

This additional funding will increase the annual budget allocated to active aging projects to 16 million dollars.

8.1 Because elder abuse is poorly understood

A public awareness campaign

The campaign will be deployed in numerous phases, each taking into account of the changing perceptions surrounding elder abuse. One of its objectives will be to **demystify the problem of elder abuse by reporting its incidences and strip it of its taboo status**. The campaign will illustrate the varied forms of abuse, including those not easily identifiable as such. By helping people better recognize the signs of abuse, the campaign will help people to be more vigilant about detecting abuse and to take action against it.

A university research chair on elder abuse

The government of Québec will fund the creation of a research chair on elder abuse at the Université de Sherbrooke. The Chair will be mandated to **promote the acquisition of new knowledge regarding prevention, detection and intervention among researchers and practitioners**. This will enable researchers to collect theoretical and empirical data on the factors of vulnerability, the risks and the impacts of elder abuse, while also taking into account gender-based analyses where appropriate. Results of such studies will be disseminated to the scientific community.

The Chair will play a pivotal role in this Action Plan since research grants will support efforts towards improving interventions among seniors. A special attention will be given to knowledge transfer to clinical and field settings.

The Chair will make the results of this research public through a **website dedicated to the problem of elder abuse**. Beyond acting as watchdog, the site will focus specifically on making useful data readily available to caregivers to assist them in their interventions and help render them more effective.

The Chair will also be responsible for addressing the problem of elder suicide, and will initiate projects accordingly, such as publishing a state of the evidence on elder abuse and elder suicide.

Lastly, during the last year of the governmental Action Plan, **a symposium for Canadian and international researchers could be organized** by the Chair. Such an event could undertake an initial debrief of the Action Plan and allow researchers to acquire and exchange knowledge.



8.2 Because of the many forms abuse can take

A telephone line allowing seniors to be heard and get referrals

Despite the abundance of resources, abused seniors and their loved ones remain unsure about where to get information, get help and obtain support and services. Centers and services vary from one region to the next and are not well-integrated thus making it difficult to direct individuals to the proper resources. The Governmental Action Plan will support the development and operationalization of a province-wide telephone line providing specialized elder abuse referrals and listening services. This toll-free telephone line will be managed by the Centre de santé et de services sociaux Cavendish in collaboration with the ministère de la Santé et des Services sociaux.

The telephone line will be maintained by professionals who will listen and ensure that individuals are referred appropriately based on the type of abuse. The telephone line will serve the entire province.

8.3 Because regional coordination will improve prevention, detection and intervention efforts

Coordinators will be placed in each region of Québec

Services vary from one region to the next. The presence of loved ones who can lend support and the existence of initiatives to help abused and vulnerable seniors also vary. It is thereby essential to encourage concerted regional and local partnerships between the various institutional, community and private agencies. To do so, a team of regional coordinators will be integrated in all of Québec's regions. Their mandate will be to take inventory of the services and resources available in each region to then establish close ties between these agencies to improve the effectiveness of services geared towards countering elder abuse.

These regional coordinators will take into account the specific realities of certain seniors, notably those belonging to cultural communities or living with a disability. A targeted approach must also be developed for First Nation Elders.

Consolidating our efforts to better prevent, detect and intervene

9. Success through committed partnerships

Additional measures will be introduced to complement the Action Plan's four structured initiatives in offering solutions to the problem of elder abuse. Such measures will seek to improve the state of knowledge on the problem, take into account its complexity and support the development and extension of other initiatives.

9.1 Develop knowledge about elder abuse

Beyond the work of the Chair on elder abuse, others will be called upon to better understand the problem of elder abuse in pursuit of improving intervention efforts.

Disseminate statistics in order to better appreciate the scope of elder abuse

In June 2009, the ministère de la Sécurité publique published a newsletter with police statistics on criminal acts involving seniors between 1997 and 2007. This newsletter will be regularly updated.

Because many seniors hesitate to denounce abuse or to provide the necessary details needed for legal action, these statistics are fragmented at best, but they will nevertheless provide a preliminary view of the scope of the problem, and begin profiling its victims and monitoring its evolution.

Additionally, one or more indicators will be identified by the ministère de la Santé et des Services sociaux to determine the nature and incidence rates of the different forms of abuse in all senior populations including those living specific circumstances. In fact, a summary of current elder abuse indicators will soon be made available.

Improved housing practices through research

As for housing, a sentinel-based project has been developed to monitor isolated or unwell seniors. This project has compelled the Société d'habitation du Québec to take inventory of its social and community housing best practices. These practices will then be disseminated to operators and caregivers in social housing units and to all of their partners.

Documenting the conditions of seniors living with a disability...

Under the supervision of the Office des personnes handicapées du Québec, projects will be implemented to document abuse aimed at seniors living with a disability. These projects will allow for a better understanding of the problem and may help guide future interventions with this population.

... and those living in cultural communities

The ministère de l'Immigration et des Communautés culturelles will share its knowledge and expertise with the Secrétariat aux aînés through various research initiatives focused on seniors living in cultural communities

9.2 Increase information about services and recourses available to abused seniors

The telephone line will allow seniors to be heard and to obtain information on the various services offered in all of Québec's regions. Other initiatives will increase the scope of the telephone line by providing detailed information about specific subjects.

Knowing one's rights

In order to better defend themselves, seniors must be aware of their rights. To this end, information kits have been prepared about the services offered by the Commission des droits de la personne et des droits de la jeunesse and possible avenues for recourse. The ministère de la Justice du Québec will ensure that information on the rights of seniors and the legal services available to them are disseminated (services such as: CAVAC*, the Help line for victims of sexual abuse, the Conjugal Violence Help Line and Juriguide). The Office des personnes handicapées du Québec will inform all seniors living with a disability as well as their families about elder abuse complaint and recourse procedures. The Curateur public du Québec will inform the population about the services and recourses available to incapacitated persons living in situations of abuse, namely by developing communication tools and by attending public events. The Curateur public will also ensure that citizens understand the provisions of mandates issued in anticipation of incapacity in order to ensure that, in the event they become incapacitated, their rights are respected and their assets protected.

Within the health and social services network...

The health and social services centres are the nexus of all local health and social services. Since these centres are one of the first places people should go to obtain information and support, seniors must be better informed about the services they offer with regard to abuse. The ministère de la Santé et des Services sociaux will provide information about prevention, detection and intervention services

*Crime Victims Assistance Centre.

offered throughout the network, and how to make use these services. For instance, local complaint officers will be mandated to provide such information to all home-based and public housing residents.

9.3 Improve training and better preparing caregivers

Caregivers play an undeniably important role in the success of this Action Plan. We must equip them and appropriately train them to allow them to act in all cases of abuse they encounter.

As part of training programs

The various caregivers who are in contact with the elderly have a pivotal role to play in situations of abuse. Their work will be made easier and their interventions more effective if they are made aware – from the very start of their training – of the diverse forms of abuse and practices to adopt to counter them. Accordingly, the ministère de l'Éducation, du Loisir et du Sport will disseminate information aimed at teaching staff and at students from relevant programs of study in all professional, technical and university training institutions. The department will collaborate, where appropriate, with the ministère de la Famille et des Aînés on various awareness and training initiatives within the educational network. It will also collaborate in disseminating to training institutions validated awareness and training tools developed by the ministère de la Famille et des Aînés and its partners.

As part of continuing education

The ministère de la Sécurité publique, the ministère de la Santé et des Services sociaux, le ministère de la Justice du Québec and the Curateur public du Québec will develop network-based caregiver training programs that will allow, for instance, CAVAC personnel to increase their knowledge about elder abuse. The ministère de la Sécurité publique will amend its guide to police practices to include more recent approaches to elder abuse prevention and intervention. These revisions will be widely publicized to ensure all police personnel are made aware of the problem of elder abuse.

By increasing awareness about the terms of professional confidentiality

Certain caregivers are bound to a code of professional confidentiality. The ministère de la Justice du Québec will develop specific training modules on legal provisions allowing the communication of confidential information in cases where the safety of a senior is at risk. This initiative will be lead by the relevant professional orders under a mandate to spread awareness about the applicable regulations enabling whistle-blowing in cases where the integrity of a senior is at risk.

The ministère de la Justice du Québec will also develop tools and case studies to assist professionals who face professional confidentiality conflicts with regard to the safety of a senior.

9.4 Strengthen and extend initiatives to better counter elder abuse

Certain initiatives may be strengthened or implemented on a larger scale in order to better counter elder abuse. Again, these initiatives will bear in mind that elder abuse is not well understood and can take many forms.

Guidelines for improved interventions

Health and social services network institutions are typically on the front lines when cases of elder abuse are uncovered, and their response, be it prevention, detection or intervention, can be decisive in their outcomes. In this regard, le ministère de la Santé et des Services sociaux will develop guidelines relating to elder abuse, ensuring that health and social services centres can undertake an intervention that includes an evaluation, orientation and adequate referral in relation to the form of abuse. These guidelines will be considered when drawing up regional public health plans, regional action plans flowing from the *Perte d'autonomie liée au vieillissement* (age-related loss of independence) initiative, and other clinically-based projects.

Further, the ministère de la Santé et des Services sociaux, as part of its review of regulations governing the certification of private homes, will ensure that – for purposes of risk management – these resources will be obliged to declare, to the appropriate authorities and to the families, any and all incidents involving the security or well-being of any resident.

It is important to note that, regarding the events surrounding the death of any individual, Article 26 of the *Act respecting the determination of the causes and circumstances of death* (L.R.Q. c. R-02) states that "...every person having knowledge of a death must immediately notify a coroner or a peace officer where it appears that the death has occurred in obscure or violent circumstances...". Furthermore, in accordance with the Civil Code of Québec, any death must be accompanied by an

attestation of death duly declared by a physician. Thereby, all deaths are subject to a formal declaration and, in obscure or violent circumstances, are also referred to the coroner.

Increased protection for incapacitated individuals

Incapacitated seniors are some of the most vulnerable citizens and constitute a growing proportion of individuals who are under protective supervision of the law. In order to ensure adequate protection, the Curateur public du Québec will draft a policy and action plan towards more effective monitoring of cases of private protective supervision. Additionally, the Curateur public's team of investigators will benefit from increased support over the next year allowing them to more rapidly intervene in all cases of incapacitated seniors in situations of abuse. This team will also be mandated to support the implementation of the provisions adopted in 2006 by the Curateur public du Québec and the Commission des droits de la personne et des droits de la jeunesse regarding handling complaints and reports concerning vulnerable and incapacitated individuals.

Additionally, the Curateur public du Québec will maintain its review of the safeguards protecting incapacitated persons. Alongside its primary governmental partners and associates, the Curateur public seeks to ensure that persons who are declared incapacitated in the future will benefit from the protections that respond to their needs while still preserving their ability and independence to exercise their rights without compromising the provisions aimed at preventing abuse.

By strengthening interventions and increasing police visibility

The ministère de la Sécurité publique will encourage partnerships and the development of intervention protocols between the police force and various responders to ensure that abused seniors have ready access to the necessary assistance. The department will promote police visibility in the community and within different seniors groups to increase the sense of security among seniors.

By finding new solutions to conflict situations

Elder abuse is a taboo subject and abused seniors have enough trouble speaking up let alone initiating legal action against their abuser. Aware of this fact, the ministère de la Justice du Québec seeks to consider different measures to facilitate management and conflict-resolution procedures for cases of elder abuse. A workgroup will be formed to explore different conflict-resolution approaches, such as mediation, in view of making recommendations as to the creation of such services, particularly outside the principle metropolitan areas.

By issuing directives to prosecutors

The chief of criminal prosecution of the ministère de la Justice du Québec will update the directives issued to criminal prosecutors to include a reference to a senior's right to information during plea negotiations and postponements in the hearing of a case, when applicable. Further, these directives will also include provisions allowing agencies which serve the elderly to qualify as beneficiaries of court-ordered fines.

By improving protections against financial abuse

A workgroup – consisting of stakeholders such as lawyers from the Barreau du Québec, notaries from the Chambre des notaires, the Curateur public du Québec and the financial security advisors of the Chambre de la sécurité financière – has been mandated to study the regulatory framework governing preauthorized payment plans, trust funds and management authorizations in order to improve consumer protection. Accordingly, special attention will be given to seniors. This workgroup will be lead by the Autorité des marchés financiers.

9.5 Leverage coordination to better prevent, detect and intervene

The establishment of a team of regional coordinators is central to this Action Plan. Their goal is to improve the effectiveness of current and future resources by increasing their comprehensiveness and synchronization. A continuum of services will ensure that abused seniors will be able to find the services appropriate to their needs. The following initiatives aim to increase the impact of the work of the regional coordinators.

Local multi-sectoral boards on elder abuse

In its 2005-2010 Action Plan *Un défi de solidarité*, the ministère de la Santé et des Services sociaux provides for the formation of local multi-sectoral boards in each health and social services center region. These boards will be mandated to counter financial breaches, abuse and exploitation aimed at the elderly and to establish local-level prevention, detection and intervention strategies. These boards, or discussion forums, are to serve as leaders in establishing needs and priorities and in assisting seniors in need. The ministère de la Santé et des Services sociaux shall see to the full establishment of these boards with which regional coordinators will work closely to ensure the coherence of regional services.

Forum of partners

The ministère de la Famille et des Aînés will convene a forum of non-governmental partners, composed of elderly representatives and representatives from community and other pertinent groups, to oversee the integration of knowledge and best practices and to oversee the synchronization of initiatives between actors and agencies.

By engaging in dialogue on the ideas proposed by this Action Plan, this forum will allow the government to benefit from discussions and share knowledge with its partners with regard to the Action Plan's implementation and its resulting projects and initiatives.

Interdepartmental committee

The ministère de la Famille et des Aînés will chair an interdepartmental committee comprised of departments and agencies involved in countering elder abuse. Each department and agency will be held accountable for all applicable measures outlined by the Action Plan and will be mandated to examine the problem of elder abuse through a review of their respective sector's policies and initiatives. This Action Plan will unfold over a period of five years and the measures found herein may be modified according to the needs of the evolving project. Such modifications will be subject for discussion by the interdepartmental committee which will play a major role in the integration of the regional coordinators, namely in terms of their role within the respective regional networks.



Concerted efforts against elder abuse have already had an impact

10. Ongoing initiatives

Many initiatives put in place over the last few years have already had an impact on the problem of elder abuse. Some noteworthy examples include:

10.1 Because financial abuse happens... frequently

The Commission des droits de la personne et des droits de la jeunesse has established a specialized elder abuse intervention team. This roving team consists of specialized investigators and a legal advisor. It has the power to investigate and intervene in all of Québec's regions.

The pamphlet *Too good to be true? Beware! Protect yourself from financial fraud* was developed and disseminated through a joint initiative of the Autorité des marchés financiers and the ministère de la Famille et des Aînés. Over 50,000 pamphlets were distributed throughout the province and additional runs were printed.

10.2 Initiatives to counter elder abuse in its many forms

Since 2007, the ministère de la Famille et des Aînés has invested over 3 million dollars into projects addressing abuse and suicide. Such programs have contributed to elder abuse awareness campaigns, the establishment of points of service which provide information and support to abused seniors, and the establishment of the network of sentinels geared towards the prevention and detection of elder abuse.

The department has also supported a pilot training project geared towards sentinel agents to better prepare them in detecting precursors of suicide in the elderly, referring seniors, and in some cases, accompanying them towards appropriate resources. If the pilot project is found to be successful, the project could be extended.

Then, in an effort to counter homophobia, in 2009 the ministère de la Famille et des Aînés invested \$520,000 in projects fostering respect towards, and the fulfilment of, the lives of lesbian, gay, bisexual and transgendered individuals.

In March 2010, the government launched an integrated sexual assault campaign aimed at the general population but also to seniors and to individuals living with a disability. It consequently published the pamphlet *Sexual Assault of the Elderly Happens and is Damaging... Let's be Vigilant*. The pamphlet is geared towards elderly men and women and talks about how best to protect one's self against sexual assault. It lists locations to obtain services and is distributed to various agencies.

11. Follow-up and evaluation

The success of this Action Plan relies on the ability of our provincial, regional and local partners to work together and act in concert to offer services that respond to elder abuse adequately – throughout the continuum of services and across the entire province.

The departments that contributed to the development of this Action Plan will maintain their commitment, each accountable for their respective commitments, progress and evaluation. The results of the different ministerial evaluations will be pooled and will be subject to a latitudinal analysis which will provide a comprehensive view on the Action Plan's implementation as well as provide measurable outcomes. Evaluations will be coordinated by the ministère de la Famille et des Aînés with the support of the interdepartmental committee.

Furthering the initiative of the ministère de la Famille et des Aînés, ad hoc and follow-up meetings will be held with the regional coordinators to share experiences and information. These meetings will provide a space to share progress reports and allow the transfer of information and training to regional coordinators in an effort to optimize their efforts.

Lastly, caregivers working with the elderly are also indispensable in countering elder abuse. In certain cases, they can prevent or uncover it, while in other cases they can intervene and help someone who is at risk. They must therefore have an opportunity to get information and to dialogue with their peers about their work. Consequently, a conference will be organized by the ministère de la Famille et des Aînés. Much like the meetings held with regional coordinators, the conference will seek to strengthen the cohesiveness and quality of elder abuse interventions.

Conclusion

Québec is currently faced with an unprecedented demographic challenge. Its population aged 65 and over is growing more rapidly than in most countries faced with this important demographic trend. Accordingly, it is essential to encourage the full economic, social and civil participation of our seniors.

This Action Plan reflects the government's will to promote active aging. It seeks to increase the state of knowledge and our level of vigilance with regard to elder abuse, to widely implement and strengthen initiatives that address its complexity, and to support a continuum of elder abuse prevention services which are also able to identify victims and enable interventions.

This Action Plan was drafted in consideration of the strategic orientations, policies, programs and interventional measures already in place in the field. In a way, it builds on the efforts already invested provincially, regionally and locally to counter elder abuse. Its purpose is to highlight the important issues surrounding elder abuse and provide a road map towards successfully achieving the desired outcome – the eradication of elder abuse.

Achieving our goals will be impossible without the commitment of all our partners. Thirteen departments and agencies have committed to working together to counter elder abuse, and this level of commitment is significant.

Elder abuse is a societal problem that concerns each and every one of us. This Governmental Action Plan constitutes a roadmap towards successfully countering elder abuse; everyone's commitment to take action will be central to its success.

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