



## Canadian Network for the Prevention of Elder Abuse

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Réseau canadien pour la prévention des mauvais traitements envers les  
aîné(e)s

## Abuse in Institutions

FAQs about Abuse in Institutions

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# Abuse in Institutions

## FAQs about Abuse in Institutions

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Across Canada, there are many different kinds of institutions where older adults may live together to receive health care, supportive services or assistance. These include "board and care homes", "care facilities", "care homes", "personal care homes", "seniors' lodges", "assisted living", "retirement homes", "campus of care", or "nursing homes". Some will provide skilled nursing care (e.g., registered nurses) and others will rely on staff with other types of skills and experience.

### 1. [What Percentage of Seniors Live in Institutions?](#)

According to the Statistics Canada 2001 Census, 9.2% of senior women and 4.9% of senior men, or approximately 287,000 seniors aged 65 and over lived in health care institutions (long term care facilities).<sup>(1)</sup> This includes a wide range of institutions, for example, personal care homes, nursing homes, homes for the aged, complex care facilities.

In 1996, there were approximately 254,000 seniors in long term care facilities in Canada. Most older adults in institutions are elderly; the majority is in their late 80s or 90s. Approximately 20-30% of all seniors will spend their last years in some form of care facility.<sup>(2)</sup>

### 2. [What Are the Rights of People Living in Long Term Care Facilities?](#)

Residents of nursing homes and other institutional settings have all the rights of other adults. They do not "leave their rights at the front door".

Just as in the community, there can be some limits to their rights. For example, people live together in long term care facilities, so some of their rights may be affected by the rights of other people living there.

Many residents are unaware that they have the same rights as people in the community, and should not have to experience, abuse, neglect or violation of their rights.

## Clearly Identified Rights:

Ontario developed a "Nursing Home Bill of Rights" in the 1980s as part of its *Nursing Home Act*. Saskatchewan has a similar type of "bill of rights" incorporated into the regulations which cover its personal care homes. Laws and regulations may list some of the specific rights and freedoms that residents have. They are not extensive lists of those rights.

For example, the regulations of Nova Scotia's [Homes for Special Care Act](#) identify that residents continue to have religious freedom, the right to have visitors; freedom to work and freedom from being forced to work; the right to choose a doctor; and the right to not be locked in a room.

Even where provinces' or territories' legislations are silent around rights or freedoms, people living in institutions can expect to have

- the same rights of the person (such as privacy, dignity, respect), as other people in the community do.

They can also expect to have

- rights to make their own health care and personal care decisions,
- rights in visiting,
- freedom from discrimination etc.

Their rights are only limited if they do not have the necessary mental capability to make decisions in those areas, or if they are shown to infringe on the safety or rights of other people. Even then, the restrictions on rights should be as narrow as possible ("less restrictive") and actually be shown how they address those other concerns ("most appropriate").

Although the percentage of people who have some degree of mental impairment is higher in long term care facilities than in the community, in many facilities the majority of the residents are mentally capable of making decisions. Even where some residents may have difficulty or may be incapable of making kinds of decisions, they are often still mentally able to make other kinds of decisions.

An abuse free environment recognizes that many rights will have limits, and that residents may have specific responsibilities as well.

### **3. Does Abuse or Neglect of Older Adults Ever Occur in Long Term Care Facilities?**

Yes. Abuse or neglect of older adults can occur in a community setting or an institutional setting. See question #7 below, "How common is abuse in institutional settings?"

### **4. What Types of Abuses May Occur in Long Term Facilities?**

Any type of abuse or neglect of older adults that occurs in the community may happen in institutional settings too. This includes:

- physical abuse or neglect,
- emotional abuse or neglect,
- financial abuse,
- sexual abuse,
- violation of rights, or
- systemic abuse.

In institutions, the specific forms of abuse may be somewhat different than in the community. See [What is Abuse?](#) for information and examples of different types of abuse.

### **5. What is Systemic Abuse?**

In institutional settings, some forms of abuse are not always obvious. Subtle emotional harms may occur such as treating older people like children (infantilization) and disregarding their wishes.<sup>(3)</sup>

In facilities, everyday practices ("the way things are done here") and lack of sensitivity may create abusive or neglectful situations for older adults. Systemic forms of abuse or neglect may occur in these settings (e.g., "routine use" of incontinence briefs instead of helping the senior to the washroom because the facility does not have enough staff, or for staff convenience).<sup>(4)</sup>

In some institutional settings, systemic neglect may occur where there is not sufficient number of staff to meet the residents' needs. There are other types of abuse or neglect that may occur in institutions, such as

- abuse by over-medication or under medication, <sup>(5)</sup>
- abuse by inappropriate use of physical or chemical (medication) restraints, <sup>(6)</sup>
- thefts of residents' personal property because of lack of security. <sup>(7)</sup>

Some forms of institutional abuse violate people's rights to accept or decline treatment. Some examples may include requiring that all seniors sign advance directives before being admitted to a long term care facility; placing a "do not resuscitate" order on medical records without consulting with the senior or family, <sup>(8)</sup> and overriding a mentally capable senior's personal health decisions.



#### **6. Does the Staff or Other Person Have to Intend to Harm the Person for their Action to be Considered "Abusive" or "Neglectful"?**

No, the focus should be on the effect on the older adult (i.e., Does it harm or degrade the person? Does it violate the person's rights?) and addressing the harm.

A staff member or other person's intention can be important in determining the appropriate response to the abuse or neglect, but not for determining whether the situation is abuse or neglect.

Alberta's Protection for Persons in Care law only covers "intentional" harms.

#### **7. How Common is Abuse in Institutional Settings?**

There has been virtually no Canadian systematic research on how common abuse or neglect of older adults is in institutional settings (that is, its "prevalence"). However, an increasing number of sources suggest abuse and neglect in institutions is not isolated.

In a Quebec survey in the early 1980s, professionals were asked about violence that they knew about in institutional or home settings <sup>(9)</sup>:

- Of the 974 abusive incidents they identified, 35.5% were observed in residential centres or hospitals.
- Another 28.4% were observed in institutions, which included private institutions receiving government aid.

The Ontario College of Nurses in the early 1990s surveyed 804 nurses and 804 nursing assistants. That study found that

- 20% of the nursing staff reported witnessing abuse of patients in nursing homes.
- 31% reported witnessing rough handling of patients.
- 28% reported witnessing workers yelling and swearing at patients.
- 28% reported witnessing embarrassing comments being said to patients.
- 10% reported witnessing other staff hitting or shoving patients.<sup>(10)</sup>

Two American researchers <sup>(11)</sup> surveyed 577 nurses and nursing aides from 31 New Hampshire nursing homes. The staff reported that in the year before the study took place, the following behaviours were observed:

- 36% of staff had witnessed physical abuse.
- 21% of staff had witnessed excessive use of restraints.
- 17% of staff had witnessed pushing, grabbing, shoving or pinching of residents.
- Slapping or hitting was witnessed by 15% of staff.
- Psychological abuse was observed by 81% of staff and included yelling at the resident in anger, insulting or swearing at the resident, and isolating the resident inappropriately.

Abuse and neglect situations are often identified by advocacy groups and by concerned family members, as well as people making reports to facility licensing bodies or other authorities.<sup>(12)</sup>

## **8. Who Is Likely to Be Abused in Institutional Settings?**

Increasingly, the oldest seniors in Canadian society are the ones most likely to live in a long term care institution; the majority of those seniors are women. Women on average tend to live longer than men, and women are more likely to be widowed so they do may not have support to live in the community.

In 1996, nearly forty percent (38%) of all women aged 85 and over lived in an institution, compared to one quarter (24%) of men aged 85 and over. Even at younger ages, there are many more older women than older men in long term care facilities.

More older women may experience abuse or neglect in institutional settings, in part because more older women live there.

Some studies suggest that seniors who are the most impaired are the most vulnerable to being abused in this setting. They display greater capacity for dependence and it may be harder for staff to relate to them. Other studies conclude the opposite- that the seniors in care who are the most active (and therefore, the least "compliant") run a greater risk of harm.<sup>(13)</sup>

## **9. Why Might Abuse or Neglect Occur Here?**

There are many factors:

**A. Isolation/ Hidden:** Many care facilities are separate from the community. Other than family members who may visit, few outsiders may have contact with seniors who are living in care facilities. That may make it easier for abuse or neglect to remain hidden or go undetected.

**B. Mismatch of Skills:** Seniors in care today are much more physically frail and much more likely to be cognitively impaired than seniors who moved into long term care facilities 10-15 years ago. Staff members giving care today need considerable skills in assisting seniors who are physically or cognitively impaired. Without these staff skills, the risk of abuse or neglect of the residents in care can increase.

**C. Ageism and Ablebodied-ism:** Sometimes a society places considerable value on being young and active. When people grow older or develop conditions that impair their abilities, they may become devalued. Their preferences and wishes are given less weight than other (usually younger) people's needs or interests.



For example, it has been suggested that some financial abuse of people in institutions, such as theft of a resident's personal property occurs because a person views the resident as "less deserving" (e.g., "because they really won't miss it" , "Oh, they don't need it anymore, they are in a home" or "Oh, they really don't need nice things").<sup>(4)</sup>

Because people in institutions are often physically disabled and dependent on others to help them, they may be treated as if they are mentally incapable, and may be treated as if they are children. They lose their ability to have their opinions listened to and respected.

Many people consider institutional care as the last place people will live before they die. Being infirm and being much closer to "the end of life", residents' lives may be valued less by some people.

**D. Systemic Problems:** "It's just the way things are here" <sup>(14)</sup> This is an aspect of an unsupportive environment.

- The **facility's culture** and organization. An abuse-free environment starts from the top. The development and maintenance of a respectful environment that recognizes the inherent dignity and worthy of each individual requires organizational work and attention.
- **Insufficient consensus:** There can be different definitions of abuse because of professional perspectives, personal values/ beliefs, cultural differences, attitudes of staff towards patients/residents. Some staff may begin to see the people living there as not so much as people, but as "duties" and objects they give care or assistance to, particularly if the person has dementia or difficulty communicating.
- **Staff minimization and rationalization of abuse:** Some people may have a tolerance for certain kinds of disrespect, or verbal aggression towards residents or the staff because of the institutional culture, or lack of training.
- **Policy deficiencies:** An abuse-free environment starts from the top. If the staff members or volunteers do not know what to do or how to handle situations in a positive manner, they will rely on what they do know.
- **Financial constraints** within the facility which may contribute to poor quality care.
- **Poor enforcement** of nursing home standards or inadequate standards.
- **Difficulty recruiting** and retaining qualified and well trained staff. This may be related to wages or working conditions.
- Work related **stress** and professional **burnout**.
- **Powerlessness** and **vulnerability** of residents in general.
- **Staff retaliation** for a resident's actions (such as aggressiveness by people with dementia). Often this reflects lack of proper training, ongoing education and support; lack of understanding of the nature of the condition and ways of de-escalating aggressive behaviour.

**F. Personality traits** of staff, volunteers, administration or other persons in the environment may lead to abuse or neglect. Like any other setting, some people working or volunteering in a nursing home, personal care home, assisted living or other institutional setting may not have the personality best suited for helping frail

older adults. For example, some people may be authoritarian or punitive in their approach, and some may not like being around older people. In many cases, the way that a person is trained affects the way they respond to others.

Some may be experiencing personal problems, including family pressures, mental health problems, or substance use problems that affect they act on the job. This may be a factor in only a small percentage of the abuse cases in institutional settings, and these problems can often be addressed by having appropriate workplace support and resources for staff and volunteers.

## **10. Who Might be an Abuser?**

Abuse or neglect occurring in institutional settings may be perpetrated by people who work or visit in that setting. This may include: nursing or care staff, volunteers, doctors, support staff, family, or other residents.<sup>(15)</sup> In some cases, abuse by family which had been occurring in the community will continue after the older adult moves into a facility.

## **11. What Is Being Done in Canada to Prevent or Address Abuse Institutional Settings**<sup>(16)</sup>

Abuse in institutional settings is dealt within a variety of ways across Canada. Gradually, a growing number of facilities have focussed their efforts on

1. prevention and education (training staff to identify and recognize abuse; training staff so they have proper skills to avoid becoming abusive)
2. intervention (steps to deal with the problem).

One of the major Canadian prevention initiatives is the "Abuse Prevention in Long Term Care" training program (See Resources) developed in the late 1990s. It focuses on fostering a respectful environment for residents and staff.

The process of proper care and abuse prevention through training, assessment, investigation, and response is part of assuring that seniors in care are protected from harm and that they can live in a safe and respectful environment.

Increasingly, Canada is recognizing that abuse and neglect issues cannot be considered separate from quality of care. Also, external advocacy and health care coalition groups are increasingly becoming involved by identifying the situations they see, bringing these to the attention of authorities and the public.

## 12. Are There Laws Against Abuse Occurring in Institutions?

Yes, there are. Harmful and abusive situations that would be considered a crime in the community, are also a crime if they occur in an institution, and they should be treated as such. Some examples of crimes that may occur in institutions include theft, assault, and neglect.

Beyond the criminal law, there are other laws as well that prohibit harming residents and can be to prevent or address against abuse or neglect in institutions. These include special protection laws, general "vulnerability" laws, and laws specifically covering long term institutions, such as a nursing home act. In addition, a Ministry of Health may have specific policies regarding abuse or neglect in long term care facilities.\* [[See endnote](#)]

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### **A. Examples of General Laws that Protect People in Institutions from Abuse**

In some jurisdictions, laws designed to protect "vulnerable" people who are being abused or neglected may cover adults living in the community and those in institutions.

For example, in British Columbia, Part 3 of the [Adult Guardianship Act](#) provides support and assistance to people who are unable to seek support and assistance because of a condition or circumstance that limits their ability to seek help, or affects their ability to make decisions about the abuse or neglect. This section of the British Columbia law covers abuse and neglect occurring in the community and in institutions.

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### **B. Examples of Abuse Protections in Institutional Laws**

Some jurisdictions include abuse protections in their nursing home or care home laws. In Ontario the [Nursing Home Act](#) identifies the right of every nursing home resident to be free of physical and mental abuse.

The [regulations to Saskatchewan's Personal Care Home Act](#) identify abuse and neglect as "serious incidents" that must be reported to the resident's "supporter" or family member; physician; the department responsible for personal care homes and the health authority.

The laws in some jurisdictions will require that all staff being hired must have criminal records checks. (See Saskatchewan, [www.gp.gov.sk.ca/documents/English/Regulations/Regulations/P6-01R2.pdf](http://www.gp.gov.sk.ca/documents/English/Regulations/Regulations/P6-01R2.pdf))

In some cases, a nursing home law will also prohibit operators or staff from engaging in specific kinds of behavior. For example, in Ontario the *Nursing Home Act* prohibits the licensed operators from persuading a resident to

(i) make or alter a will,

(ii) make a gift,

(iii) provide a benefit for the licensee, the licensee's spouse, relative or friend.

These may be seen as ways of reducing the likelihood of specific kinds of exploitation from occurring.

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## C. Examples of Special Protection Laws

### Alberta Protection for Persons in Care

Alberta has a 1-888 telephone line for reporting abuse of people in certain types of care (Phone: 1-888-357-9339). These include publicly funded hospitals, nursing homes, seniors' lodges and nursing homes. This protection law has a mandatory investigation process.

Alberta's legislation for the protection of adults in care covers physical, emotional, sexual and financial abuse, as well as abuse by inappropriate use of medication, and neglect.<sup>(17)</sup> Protection of Person in Care consultant investigates reports of abuse or safety concerns for adults in these care facilities in Alberta.

The focus of the Alberta legislation is on "intentional abuse", however a 2003 review recommended removing this requirement.<sup>(18)</sup> See: [www.cd.gov.ab.ca/helping\\_albertans/persons\\_in\\_care/index.asp](http://www.cd.gov.ab.ca/helping_albertans/persons_in_care/index.asp) The focus of the legislation is prevention and education, not punishing offenders.<sup>(18)</sup>

Criminal cases are diverted to the police. The remaining cases are vetted through the legal department for interpretation and then investigated by existing staff from whichever department is responsible for that particular facility (Community Development, Health or Municipal Affairs). After investigation, the situation (if it is considered "substantiated") is addressed.

The Alberta legislation has mandatory reporting and requires staff to report abuses that come to their attention. There are fines for not reporting. At the beginning of the PPCA program, Alberta initiated an education program for informing seniors, their families and service providers about the Act. Approximately 900 people were trained about the new legislation in workshops in 1998.

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### **Manitoba [Protection for Persons in Care](#)**

As of April 30, 2001, it became mandatory for everyone who becomes aware of abuse or neglect of a person receiving care in a Manitoba personal care home, hospital or any other designated health facility, to report it to authorities as soon as possible. This law also applies if a person reasonably suspects abuse may be happening there. There is a [local and a toll free number](#) to call.

Manitoba's law focusses on several different types of "harms" and does not limit the protection to "intentional acts".

See: [www.gov.mb.ca/health/protection/](http://www.gov.mb.ca/health/protection/)

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### **Saskatchewan [Protection of Persons in Care Act](#)**

A private member's bill with legislation similar to Alberta's was drafted in Saskatchewan in 2002, but it has not been enacted. <sup>(17)</sup> It would have applied to public and private facilities, including hospitals, personal care homes and special care homes, as well as facilities operated by district health boards.

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### **[13. What Happens When Abuse or Neglect Occurs or Is Witnessed in Facilities?](#)**

All facilities should have a specific process (a "protocol") for dealing with abuse or neglect situations if they occur.

#### **Abuse Protocols:**

These protocols help staff and administration know how to recognize abuse and instruct them on what to do when they encounter it.

Protocols typically set out a number of steps for investigating the situation internally, and reporting to external authorities such as licensing. They also identify reporting other persons who should be informed of the situation. This may include family, the resident's advocate or a person with legal authority to speak on the resident's behalf.

The resident is assessed for safety. The incident should be reported to the police where it involves a criminal matter. The response needed in the institution will depend on the type of abuse and who the perpetrator is.

Protocols tend to be incident focussed. They are based on the assumption that the abuse or neglect is the result of an individual staff member. Protocols may not deal with systemic problems such as inadequate staffing or policies that violate senior's rights.

### **Intervention:**

The immediate intervention in a suspected abuse case is typically left to the facility's operator and the care team.

Some jurisdictions (for example, Ontario, Alberta and Manitoba) have mandatory reporting, where abuse in an institution must be reported to an outside authority.

In British Columbia, the adult care regulations include "abuse" and "neglect" as a "reportable incident" that must be reported to licensing authority. There is a similar requirement in the law governing Saskatchewan's personal care homes.  
(19)

In many cases, the circumstances may look like abuse or neglect, but the facts of the situation may not have been determined. It is very important that the intervention process supports the resident, and is fair to the staff.

### **14. Is It Mandatory to Report Abuse in an Institution? If So, Who Must Report?**

Most Canadian jurisdictions have some form of mandatory reporting. This requirement recognizes the special vulnerability of the people living there and the responsibility of the operators to provide proper care.

When a problem arises, residents may be reluctant to say anything out of fear that the situation may worsen, e.g., abuser may retaliate or the staff may not provide good care. Sometimes, because of vision loss or memory impairment, a resident may be unable to identify the abuser. Sometimes residents are unable to tell someone about the situation because they have a condition that affects their ability to communicate (such as a stroke or Parkinson's disease).

Family members note that even if they do report abuse, older adults in care are also more likely to have their credibility or reliability questioned. Many times people may erroneously assume that because the residents are physically disabled, that they are also mentally incapable. That is not accurate.

## 15. [Is There Protection for Staff Who Report?](#)

Some Canadian jurisdictions provide legal protection for staff or others who report suspected abuse or neglect in an institution, as long as they are making the report in "good faith". For example, in British Columbia, the reporting protections for anyone reporting abuse and neglect are identified in Part 3 of the [Adult Guardianship Act](#). There is a similar protection under the [Community Care and Assisted Living Act](#) for staff reporting abuse of people residing in licensed complex care facilities.

Having legal protection and internal supports for staff and others reporting abuse or neglect in institutional settings is very important. It recognizes the importance of addressing the harm early, helps to encourage people to raise their concerns without fear of retaliation. It is necessary to avoid the person who is reporting the problem or concern having to risk the loss of his or her job.

This is very important. Staff may be reluctant to speak up. Some may view reporting abuse or neglect as a futile effort, because the problem is systemic. Others may feel intimidated, have divided loyalties, or want to protect their co-workers.

## 16. [Is There Protection for the Resident When an Abuse Report is Made?](#)

Many residents and their families are concerned that if they report abuse, neglect or other serious matter, that this will negatively affect the care that the resident receives.

In better run facilities, operators and staff will work hard to make sure this does not happen. They understand and try to reduce any concerns the residents or family members may have about possible retaliation or negative changes in services.

At present, most Canadian jurisdictions do not have a specific law or regulation prohibiting retaliation or threats of retaliation, although it would obviously be a standard of quality care. Manitoba's [Protection for Persons in Care Act](#) prohibits any interruption in the care and services provided to patients and residents.

As of 2004, British Columbia's [Community Care and Assisted Living Act](#) expressly prohibits a residential care operator from

- interrupting or discontinuing service to a person in care, or
- threatening to do so as result of a report.

This protection does not extend to residents living in assisted living facilities.

### **17. What Happens When Facility Staff or Administration Suspect Abuse Has Occurred?**

During the process of investigation, if a staff member is suspected of abuse or neglect, he or she may be asked to go home or may be suspended (with or without pay). In serious cases, the staff member may be dismissed.

If the accused staff person is a union member, he or she may contest the facility's "punishment", leading to arbitration of the case. If the abuse involves a family member, the facility may have to take extra steps to assure the resident's safety. This might include asking the resident if he or she wants to have the person visit, and in the case of resident who wants continued contact with the person, making sure the resident and perpetrator visit in more visible locations.

### **18. Are Protection Laws Adequate?**

Nursing home, personal care home legislation and the protection laws for people in care have come under criticism in several jurisdictions. Among the criticisms:

- operators or staff may not recognize or report abuse;<sup>(20)</sup>
- the focus tends to be on abuse by individuals and not systemic problems;
- the legislation may not cover all types of abuse or neglect that can occur in that setting;<sup>(21)</sup>
- the lack of standards (e.g. for levels of staff needed) to give proper care; and
- existing standards may be inadequate to increasing complex types of care being required of the staff.

The special person in care protection laws have also come under special scrutiny. These are some of the concerns that have been expressed:

- the scope of the law may be too limited and the interpretation may be too narrow (e.g., Alberta's law focusses on intentional abuse, does not cover psychological neglect, or violation of rights, or financial abuse by family members);<sup>(22)</sup>
- consultants or others doing the investigations may not have the proper skills, and they may minimize the effects of the abuse or neglect (particularly from the perspective of those living there);

- the laws may not have adequate enforcement mechanisms to change behaviour or the ways of doing things.

### **19. What Are Some Roles for Family and Friends in Abuse Prevention?**

In several Canadian jurisdictions (Ontario, Alberta and British Columbia in particular), families and friends of people in institutional settings are becoming actively involved in abuse prevention and early intervention. In some instances, they may be an advocate for the person, helping to identify problems and sometimes aiding staff and administration to find solutions to individual or systemic problems. Others work together through family councils to achieve these same goals.<sup>(23)</sup>

Recently, Ontario initiated a long term care strategy that would include requiring long term care facilities to have resident councils and family councils.<sup>(24)</sup>

### **20. What Are Some of the Other Ways of Encouraging Abuse Prevention and Improving Quality of Care?**

There are many ways.

For example, in Quebec, each year the Quebec Network for the Prevention of Elder Abuse recognizes initiatives that reflect promising practices. In 2003, they awarded Maimonides Geriatric Centre in Montreal honourable mention for the most innovative project concerning the prevention/intervention of elder abuse. The restraint-reduction program at Maimonides won an Honourable Mention from the Prix d'excellence de l'administration publique Québécoise that same year.

In 2004, Maimonides also received an Honourable Mention for its encouragement and support of nurses wanting to receive Gerontology Certification. The award is given by the Canadian Nurses Association (CNA).

## **A Supportive Environment**

An abuse free environment is seldom created by simply having a non-abuse policy. It is created by developing an entire living environment that is supportive of the rights of residents, promotes quality of care, and addresses the residents' needs. It is also created by having a positive working environment for people who work there, so that they can provide the needed care and assistance.

Creating an abuse free environment becomes an integral component of all the policies and practices of the facility.

### Endnote

Ontario has recently developed a new draft policy on abuse and neglect in long term care facilities, which among many other things includes provisions for screening and criminal record checks. The draft policy is currently under consultation.

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[www.hc-sc.gc.ca/hppb/familyviolence/pdfs/Abuse%20and%20Neglect.pdf](http://www.hc-sc.gc.ca/hppb/familyviolence/pdfs/Abuse%20and%20Neglect.pdf)
- (15) Spencer, C. (June, 1994). Abuse of Older Adults in Institutional Settings. (Ottawa: Health Canada, Mental Health Division) p. 21.
- (16) Ibid. p. 54.
- (17) Protection of Persons in Care Act, Bill 205. See:  
[www.qp.gov.sk.ca/documents/english/Opposition/2002/bill-205.pdf](http://www.qp.gov.sk.ca/documents/english/Opposition/2002/bill-205.pdf)
- (18) Alberta Legislative Review Committee. (March 2003) Report on the Review of the Protection of Persons in Care Act. Online at:  
[www.cd.gov.ab.ca/helping\\_albertans/persons\\_in\\_care/Leg\\_review/CommitteeReport\\_March2003.pdf](http://www.cd.gov.ab.ca/helping_albertans/persons_in_care/Leg_review/CommitteeReport_March2003.pdf)
- (19) BC Adult Care Regulations. Online at:  
[www.qp.gov.bc.ca/statreg/reg/C/CommuCareAssisted/536\\_80.htm](http://www.qp.gov.bc.ca/statreg/reg/C/CommuCareAssisted/536_80.htm)
- (20) Protection for Persons in Care, 2nd Quarterly Report, 2003-4, July- September, p. 7. Online:  
[www.cd.gov.ab.ca/helping\\_albertans/persons\\_in\\_care/quarterly\\_reports/PPC\\_2nd\\_Q\\_Report%202003-2004.pdf](http://www.cd.gov.ab.ca/helping_albertans/persons_in_care/quarterly_reports/PPC_2nd_Q_Report%202003-2004.pdf)
- (21) In Ontario, for example, the nursing home law only refers to the residents' rights to be free from physical or emotional abuse. It does not include neglect.

(22) For example, in 1998, there were 939 reports to the Alberta system. Only approximately 20% were interpreted as being covered by the legislation, and considered founded ("substantiated"). In 2002, 68% of the reports involving allegations of abuse in seniors' lodges were dismissed due to insufficient evidence of intent or harm.

Protection for Persons in Care, 2002-3 Annual Report. p. 10.

[www.cd.gov.ab.ca/helping\\_albertans/persons\\_in\\_care/quarterly\\_reports/annual\\_report\\_2002-2003.pdf](http://www.cd.gov.ab.ca/helping_albertans/persons_in_care/quarterly_reports/annual_report_2002-2003.pdf)

Protection for Persons in Care, Fourth Quarterly Report. 1998.

(23) See for example, Dent, L. & Matresky, E. [Family Council Project Panel Presentation](#) Ontario Elder Abuse Conference Proceedings.

(24) "McGuinty government launches comprehensive strategy to protect seniors in long-term care" May 11, 2004 press release.

[www.newswire.ca/en/releases/archive/May2004/11/c1603.html](http://www.newswire.ca/en/releases/archive/May2004/11/c1603.html).

In the Fall, 2003, Ontario undertook a top-to-bottom review of the long-term care system in the province and to recommend needed reforms. To download a copy of Smith's report, go to: [www.health.gov.on.ca](http://www.health.gov.on.ca).

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## Resources

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[Respecting Your Rights: A Guide to the Rights of People Living in British Columbia's Long Term Care Facilities](#) (Gerontology Research Centre, Simon Fraser University). Online:

[www.harbour.sfu.ca/gero/grcMISCpdfs/respecting\\_your\\_rights\\_booklet2.pdf](http://www.harbour.sfu.ca/gero/grcMISCpdfs/respecting_your_rights_booklet2.pdf)

[Nursing Homes and Homes for the Aged](#) (Advocacy Centre for the Elderly). Online: <http://www.advocacycentreelderly.org/nursing/index.htm>

[Findings of the March 15th 2000, Community Consultation on the Protection of Persons in Care Act](#), (Fair ElderCare, Alberta) Online:

<http://faireldercare.org/accomplishments/cconsultfind.html>

[Elder Abuse: The Hidden Crime](#). (Advocacy Centre for the Elderly). This is the 2002 (seventh) edition of this popular publication. Written in plain language and with Ontario information, but useful in other provinces. Online:

<http://www.cleo.on.ca/english/pub/onpub/PDF/may02/elderab.pdf>

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**Charpentier, M.** (July, 1999) The Law and the Relationships of Dependency Experienced by Seniors: the case of privately operated homes for the aged. Law Commission of Canada. [www.lcc.gc.ca/en/themes/pr/oa/charpentier/charpentier.pdf](http://www.lcc.gc.ca/en/themes/pr/oa/charpentier/charpentier.pdf)

**Gates, K.** (2002) [Visioning a Just Community Without Elder Abuse: Visioning Solutions for the Problem of Elder Abuse in Nursing Homes](#) Ontario Elder Abuse Conference Proceedings.

**Spencer, C.** (2002) [Is What We Have in Canada Working? A Look At The Use Of Special Legislation To Protect Older Persons In Care From Abuse and Neglect](#) Ontario Elder Abuse Conference Proceedings

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**Abuse of Older Adults in Institutions — Overview Paper (1999).** A Health Canada publication written by I. Enns. Available at the National Clearinghouse on Family Violence Website:

[www.hc-sc.gc.ca/hppb/familyviolence/age\\_e.html](http://www.hc-sc.gc.ca/hppb/familyviolence/age_e.html)

**Abuse and Neglect of Older Adults in Institutional Settings (1994).** A Health Canada publication written by C. Spencer. Available at the National Clearinghouse on Family Violence Website:

[www.hc-sc.gc.ca/hppb/familyviolence/html/ageinstituten\\_e.html](http://www.hc-sc.gc.ca/hppb/familyviolence/html/ageinstituten_e.html)

**Elder Abuse In Residential Long-Term Care Facilities: What Is Known About Prevalence, Causes, and Prevention.** C. Hawes, Testimony Before the U.S. Senate Committee on Finance, June 18, 2002. Online:

<http://finance.senate.gov/hearings/testimony/061802chtest.pdf> American resource: "succinct, clear discussion of the issues."

**Report on the Review of the Protection for Persons in Care Act (Alberta),** (March, 2003). Online:

[www.cd.gov.ab.ca/helping\\_albertans/persons\\_in\\_care/Leg\\_review/CommitteeReport\\_March2003.pdf](http://www.cd.gov.ab.ca/helping_albertans/persons_in_care/Leg_review/CommitteeReport_March2003.pdf)

**Returning Home: Fostering a Supportive and Respectful Environment in the Long-Term Care Setting.** (2001). A Health Canada publication written by J. Kozak & T. Lukawiecki. Available at the National Clearinghouse on Family Violence Website:

[www.hc-sc.gc.ca/hppb/familyviolence/age\\_e.html](http://www.hc-sc.gc.ca/hppb/familyviolence/age_e.html)

**Stand by Me: Preventing Abuse and Neglect of Residents in Long-Term Care Settings. (2001).**

A Health Canada publication written by J. Kozak & T. Lukawiecki. Available at the National Clearinghouse on Family Violence Website: [www.hc-sc.gc.ca/hppb/familyviolence/age\\_e.html](http://www.hc-sc.gc.ca/hppb/familyviolence/age_e.html)

**When Home is Not a Home: Abuse and Neglect in Long-Term Care - A Resident's Perspective. (2001).**

A Health Canada publication written by J. Kozak & T. Lukawiecki. Available at the National Clearinghouse on Family Violence Website: [www.hc-sc.gc.ca/hppb/familyviolence/age\\_e.html](http://www.hc-sc.gc.ca/hppb/familyviolence/age_e.html)

**Saskatchewan Personal Care Home Act** C. 6.01 Reg. 2

[www.qp.gov.sk.ca/documents/English/Regulations/Regulations/P6-01R2.pdf](http://www.qp.gov.sk.ca/documents/English/Regulations/Regulations/P6-01R2.pdf)

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**More Specific Information for Manitoba**

Parkland Regional Health Authority Policy, Protection for Persons in Care from Abuse

[www.prha.mb.ca/regpolicies\\_files/protection.pdf](http://www.prha.mb.ca/regpolicies_files/protection.pdf)

The Protection for Persons in Care Act, C.C.C.M. 114.

<http://web2.gov.mb.ca/laws/statutes/ccsm/p144e.php>

Support for Staff During an Investigation (Manitoba)

[www.gov.mb.ca/health/protection/staffsupport.html](http://www.gov.mb.ca/health/protection/staffsupport.html)

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Provincial Advocacy Groups

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Concerned Friends of Ontario Citizens in Care Facilities

140 Merton St, 2nd Floor

Toronto, ON

M4S 1A1

Phone: (416) 489-0146 (Please leave a message)

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Families Allied to Influence Responsible Elder Care (FAIRE)

Box 969

Cochrane, AB

T4C 1B1

Email: [faire1@telus.net](mailto:faire1@telus.net)

Phone: (403) 932-5557

Website: <http://faireldercare.org/>

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Advocates for Care Reform

3348 West Broadway

Vancouver BC

V6R 2B2

Phone: (604) 732-7734 (Please leave a message)

Website: [www.vcn.bc.ca/acr/](http://www.vcn.bc.ca/acr/)