

***Project: The Community and Justice System Working Together
as Partners***

Learning More About Best Practices
When Working Together to Address Criminal Offences
Against Seniors

Summary Report on Research Findings

Prepared by Pearl McKenzie, February 2005

B.C. Coalition to Eliminate Abuse of Seniors (B.C. CEAS)

Summary Report on Research Findings

B.C. CEAS received funding from the Community Mobilization Program of the National Crime Prevention Centre to look into how policy guidelines and relationships between police, designated agencies¹ and people in communities are working to prevent and address crimes against seniors.

During interviews with people during this project, we asked questions that would tell us about what happens when people become aware of criminal abuse and neglect of a senior, what actions are taken and what are the relationships and understandings between people in communities that work well. This information was used to develop educational material for seniors and the people helping seniors, including members of the justice system, and to make recommendations for training and collaboration between police and designated agency staff and for further protocol or guideline development.

The interviews were conducted in three communities with members of community response networks, designated agency staff, police, victim service workers, seniors living in the community, members of a support group and people providing services to seniors. The interviews took place in October and November 2004. Responses to the questions were documented verbatim. This summary report contains some direct quotes but is mainly a review and analysis of what informants told us.

Some Background:

In February 2000, Part 3 of the *Adult Guardianship Act* came into force. It focuses on supporting and assisting adults who may be abused, neglected or self-neglected and gives designated agencies a mandate:

- to look into situations of abuse, neglect and self-neglect of adults
- to involve the adult as much as possible, and
- to report criminal offences against an adult to the police

The designated agency staff that look into reports of abuse and neglect of seniors are usually people who work in Home and Community Care or Mental Health programs for the health authorities in the province. When there are situations that involve crime or safety issues, for themselves or the senior they are helping, they rely on support from police. The police have no additional powers or responsibility in the *Adult Guardianship Act*; their role to keep the peace and investigate offences falls under the *Criminal Code*. Prior to the implementation of the *Adult Guardianship Act*, most designated agency staff and police had little experience in working together.

¹ Designated Agencies are Health Authorities and Community Living Services of the Ministry of Children and Family Development. They have a mandate to look into reports of abuse and neglect of "Adults" as defined by the *Adult Guardianship Act*.

In 2002, a Justice System Working Group, convened and supported by the Public Guardian and Trustee, produced a policy framework document, “Designated Agencies and Police Working Together”. Fifteen workshops were held throughout the province and designated agency staff and police in many communities developed local inter-agency protocols to guide their working relationships. And, because a person who is being abused or neglected usually needs support from many community resources, other members of the community response networks have also developed protocols for working with each other as well as with police and designated agencies.

Research activities for this project

We sought partnership with three communities who could represent experiences from these perspectives:

- urban, rural and suburban
- served by municipal police and RCMP
- active community response networks
- established protocols/guidelines for designated agencies and police working together

Consultation process:

- All of the interviews or consultations were conducted in person with the same person doing all of the interviews and recording the responses to the questions.
- There were six one-on-one or person to person interviews with key informants such as municipal and RCM police officers, staff who work in Home and Community Care or Mental Health in Health Authorities, other staff who use the legislation and seniors living in the community.
- There were two additional interviews with a senior police officer and victim service worker/coordinator responding to the questions asked.
- The “Questions for Group Consultations” were asked at meetings of designated agency staff in one community, community response networks in all three communities and an older women’s support group.
- Altogether, there were eight interviews with one or two individuals and five group consultations for a total of 13 interviews.
- Comments were documented verbatim.

Summary Report on Research Findings

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Available upon request:

- Summary of responses to all one-on-one interview questions
- Summary of responses to all group consultations

And

- Interview Guide: Questions for One-On-One Interviews
- Interview Guide: Questions for Group Consultations

Acknowledgments

B.C. CEAS and the project Advisory Committee are very grateful to the people in the three communities who answered our questions so thoughtfully and spoke so openly about their experiences and observations. Thank you for sharing your experiences and observations with us. To protect the privacy and confidentiality of people who took part in the interviews and the seniors they serve, the communities are not identified in this report.

Thank you also to Yvonne Kennedy for the care and skill she brought to the work of researcher. Her ability to capture in their own voice the thoughts, ideas and concerns of people she interviewed is evident throughout the material she recorded.

Please contact me or BC CEAS (ceas@telus.net) if you have any questions or comments about this report or would like more detailed information about these research findings.

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What is Working and What is Not Working in Communities

In the interviews, people were asked: “With regard to working relationships between police, designated agencies, and community representatives:

- (i) What’s working? Why is this working?
- (ii) What’s not working? What would you change?”

The information that follows is a review and analysis based on how informants answered that question as well as what they volunteered about what is working well (and not so well) as they responded to other interview questions. The text boxes contain direct quotes, printed in italics.

1. What is Working Well?

Building awareness and community networking

In answering our interview questions, people gave numerous examples of education in communities about abuse and neglect and sources of help or information. They spoke of outreach to critical people like building managers, physicians, financial institutions, service clubs and faith groups. Community networks (often called community response networks or CRNs) have been the driving force behind most of this activity.

The members of the CRN here include: Mental Health, BC Government agent, Alcohol and Drug Program, AA and NA, Hospice, Employment Services, Long Term Care, Ministerial Association, RCMP, Victim Services, Library Outreach, Town Council, Seniors Advocates, Notary Public, Recreation Centre, the Legion, Suicide Awareness, Indian Band, Emergency Social Services, Community Centre, Save Our Community Coalition.

The concept of a network to coordinate activities and share information is not new; related to this work are the longstanding coordinating committees for wife assault and elder abuse committees.

Small town stuff – it’s been going on for years. And the CRN has helped. I think it is a slightly more official thing but it’s been going on for years.

However, CRNs have brought together individuals and groups representing a broader spectrum of people living in the community. These networks are successfully building relationships and understandings among disparate groups and organizations to foster a collaborative approach to abuse and neglect. In these three communities it is clear that people want to work together and are coming together to address abuse and neglect of seniors and other adults.

Lessons learned from violence against women and work with police

Principles and values learned from violence against women initiatives are being applied to situations of abuse and neglect of seniors in spousal as well as other relationships. Informants report good relationships with their local RCM and municipal police and, in at least one community, there is support for that relationship within the health authority.

... very good relationship between the police and, with higher levels in the health system, there is support for those relationships. The police try the best they can to help out and are supported to do that because of that relationship.

Reporting and sharing information

People like the protection of confidentiality when reporting abuse and neglect to designated agencies under Part 3 of the Adult Guardianship Act. One person spoke of the fear associated with reporting to illustrate the need for this policy.

Probably because of the relationship building and trust that has been created, people share information if it could help or protect a senior. They either ask permission of the person they are helping or exchange information under “consistent purpose” provisions of the Freedom of Information Act.

Sometimes we have to pass along medical information because they need to understand that if they (the police) walk away when someone says they are just fine – that may not be the appropriate thing to do – their judgement may be impaired. But, that is for consistent purpose. I can run a scenario past the police contact and see if a situation is a crime before I make an official report. We respect confidentiality quite a bit that way.

Designated agencies and police working together

In all three communities there are protocols between community organizations and between designated agencies and police.

If (looking into a report of abuse or neglect) indicates there is criminal activity we have a form to fill out and we send it to the police. It is something we developed – it’s a police friendly form. And on the other side they have a form they can fill out to send referrals to us. That was part of our going around and talking to all the police departments.

Designated agency staff and police are working together effectively to ensure staff safety.

The police are very ready to go along and keep the peace when Designated Agency staff ask them. On one occasion I phoned to ask the police to stand by and they wanted to know where I was going and how long it would take me to get there. He met me down the block and he asked what I needed; I quoted Sec. 59 of the AGA and said I needed to get a doctor in to see the lady. The police talked through the door and stood by. He called backup. Another time I had a warrant to enter and the police came with 3 cars to back me up.

Criminal justice system response to abuse

Part 3 of the Adult Guardianship Act does not change the traditional role of police or give them any new powers however police officers who were interviewed indicated that, in practice, police are sensitive to the needs of vulnerable people.

Depending on the type of crime: if violent, the information would be sent to the serious crime unit. If it is ongoing or needs attention right away it would be done right away. If it is ongoing and the victim is out of the home or in the hospital for example I would take it down to the watch commander and turn it over to him. If it were a financial situation it would go to our economic crime unit or sexual abuse - it would go to that unit.

In these three communities, there is a sense that police respond differently to financial abuse than they would to physical abuse but they do respond.

There is not the urgency – it goes to a different department – there is not that sense that you have to get out there and protect the person. We then negotiate the response. What we can do is put the protective measures in place with the OPGT and then the police will do a forensic audit. In some ways they respond better because there is something they can do because they can get information like a credit card that has been used. They can do a lot of collection of evidence. I feel we do get quite a lot of help in financial abuse cases – it's tangible evidence. With physical assault – the bruises don't last forever and if you are dealing with someone with a mental illness or dementia – they are not reliable witnesses.

One officer thought that financial abuse is probably more common than physical abuse, and sometime would go hand in hand, but less likely to be reported, at least not until it becomes serious

The incidents that have been reported have been about substantial amounts of money so it seems they wait quite awhile to report as opposed to quickly.

Police often involve victim service workers when responding to reports of crimes against vulnerable adults. The victim service workers build rapport and trust and provide ongoing support if needed. One victim service worker said that her service kept files open for about six weeks after an initial referral and would regularly call a person they were supporting during that time period.

In addition to providing support to vulnerable and isolated victims of crime, victim service workers can provide much needed linkage between community and the criminal justice system. By contacting a worker, designated agency staff or other helpers may be able to obtain information on behalf of a senior or adult about the status of the police investigation or other criminal justice system process. And they can help keep open the lines of communication:

We (victim services) are going on to a new data base so we will see all the calls coming in and anything that does not get followed up by the police – we can follow up and if we think it is something that the police need to check out, we may call and ask if they called the people.

When asked about any experiences with court orders, (for example: restraining or other protection orders, restitution or return of money or property obtained through crime), people cited many instances of working through the criminal process to obtain restraining orders. No one could recall restitution orders or compensation for losses.

2. What is Not Working Well?

People are not reporting criminal abuse and neglect to police

Although there is anecdotal evidence to suggest abuse and neglect of seniors and other adults is a significant problem, informants indicated that there are not very many reports to police and even fewer criminal charges or court cases.

I don't think that we in health and social service agencies do a lot to encourage seniors to report – an error we fall into is we get into getting support or helping them learn how not to get into situations but we do not do things like saying: get a lawyer, call the police. We need to criminalize the behaviour and say to those out there perpetrating these crimes that it is not okay to do these things to seniors. We try to avoid that route and do damage control; we don't want them to be more traumatized by involvement of the criminal justice system. This is especially true when family are involved – I really do believe we err on the side of not pushing involvement of the CJS – I do this work full time and I can count on two fingers the times these crimes have gone to court.

It appears that seniors are reluctant to report criminal offences against them, especially if the offender is a person close to them. The reasons for not reporting range from fear of not being believed or concern about the offender to the very real possibility of being punished for telling anyone about the abuse or neglect.

An example was given of seniors in care facilities who would be very vulnerable to the repercussions of reporting abuse or neglect. Fear of retribution is also felt by people trying to help; some of the interviews illustrated how dangerous these situations can be:

We always have to be careful putting care workers in situations like this – it's a small town and everyone knows where everyone lives – so we always have to be aware of this.

Designated agency staff and seniors need more protection in some situations

Seniors with disabilities, especially people with impaired or fluctuating decision-making ability, are very defenceless against abuse and neglect. If they refuse a first offer of help, which typically involves leaving their home for safety, there are not very many other options available to address the problem.

The Adult Guardianship Legislation tells workers to presume capability and respect an adult's right to make decisions about their own life. When these principles are combined with fear of retribution – by the senior and people trying

to help – there appears to be a substantial risk of seniors being abandoned to their autonomy. It takes persistence, creativity and time to find solutions that will keep everyone safe and meet the needs and wishes of the person being abused or neglected. Designated agency staff lack the resources to do this difficult work and, to some extent, it would appear that they, themselves, are being abandoned to this task.

The problem with the Adult Guardianship Act is that designated agencies were given new responsibilities and no new staff.

Age and diversity adds another layer of vulnerability to abuse and neglect

People interviewed cited many examples of seniors living in ethnic communities, who were described as being vulnerable to abuse and less likely to receive help:

There is lack of support in their own community – if they decide to report they are on their own – not only would you be isolated from your family and community but due to language and things you would be isolated from the larger community as well.

One person reminded us that the attitudes and values of all older people were shaped in a different time

It's not just other ethnic groups – in the old English and people from Britain – they don't talk about that – it's not talked about outside – my mother would never say anything that would be detrimental to her family outside the house.

Need for protocol review and ongoing staff orientation to protocols

With the introduction of the Provincial Policy Framework for Designated Agency and Police Working Together, there was a lot of initial activity to develop local protocols between designated agencies and police. Informants indicated that a lot of that momentum and work has been lost due to staff turnover in both police departments and designated agencies and pressure of other concerns. In one community people said that the process was waiting for sign off from head office. There were numerous comments from two communities about the need to ensure that new staff and staff not directly involved in the development of protocols acquire some training about them.

An example was given of the medical sector (nurses and doctors) who minimize the serious neglect issues, things like over-medication, inappropriate restraint, or so-called smaller assaults like a kick or shove and believe that these incidents are not worth reporting. Education about the principles of the Adult Guardianship Legislation needs to extend beyond designated agency staff to other workers in the health authority and to physicians.

One informant suggested that police could refer directly to her health program rather than directing all referrals through the designated agency contact for the

health authority, indicating that protocols should be regularly evaluated for efficiency.

Communications need to be strengthened between health services and emergency responders

One informant spoke of leaving messages for police and, when her call was not returned, telephoning again to learn that their shift had changed. She suggested that police officers could be better informed about the various services within the health authority. Victim service workers in their interviews indicated that they could help with these communication issues.

Other emergency responders like fire and ambulance need to be folded into the protocols to ensure that health staff are contacted so they can follow up on health related calls.

Lack of funding for community services and networks

People interviewed in all three communities emphasized that community response networks should be credited with raising awareness and creating a climate where people will work together to prevent and address abuse and neglect of adults. Unfortunately the value of their work is not reflected in available funding. One informant believed that the provincial government and/or health authorities should recognize their contribution and provide funding.

A person in a smaller community offered an example of inequity in determining funding for services:

We have a chronic problem here with under funding because demographics are counted by the town population of 5,000 but we serve the whole valley, which is 15,000.

Statistics Canada reports that the population of seniors in the valley referred to above is 29% of the total population and the population of seniors in the town is 40%. The provincial average is about 16%.

Court order provisions of the Adult Guardianship Act need to be more accessible

One informant described the process of obtaining restraining orders under the Adult Guardianship Legislation as “cumbersome”, saying that the criminal justice system is a better alternative for obtaining these orders. It was noted that the AGA should be used as a last resort and also “*We will do everything we can before we go to those measures*”. There is no information in these research findings about if or how often designated agencies use the provisions of the AGA when criminal courts are not an appropriate solution.

Recommendations for Further Protocol or Policy Development

Note: Many of these recommendations are conclusions drawn after reviewing the responses to interview questions. Some recommendations were made directly by informants. A complete list of recommendations for protocol or policy development that were identified during the work of this project may be found in the document “Recommendations for Protocol or Policy Development & Education”.

Training Procedures:

- (a) Provide ongoing training for new staff and staff who were not involved in the development of protocols within the health authority and police departments about abuse and neglect of vulnerable adults and related protocols
- (b) Ensure that all workers in the medical sector (e.g., physicians, hospital staff) are familiar with the protocols and principles of the Adult Guardianship Act

Protocols or Policies

1. Criminal Justice System

- (a) Clarify and apply charging policies. For example, provincial charging policy advises Crown council to proceed where the victim is a “vulnerable person”, (i.e. it is in the public’s best interest to prosecute). Further, if the person abusing is in a position of trust, it is considered an aggravating circumstance (Sec 718.2). People interviewed repeatedly said that Crown counsel does not charge.
- (b) Ensure coherence between this charging policy and police investigation practices. By example, police indicated that they still look for seniors to come forward as victims, however many are unable to do this (e.g., make a report or give a statement) because of mental or physical disability, frailty, danger of retribution and because they are in the control of the abuser.
- (c) Mandate a formal role for police to be involved in crimes against adults who are vulnerable to abuse and neglect similar to criminal justice policies that address violence against women and children. For example, police officers have noted that there is no formal role for police in Part 3 of the Adult Guardianship Act so they are not mandated to be in the loop in a preventative role only after the fact.
- (d) Develop practice guidelines and support for police to investigate financial abuse crimes, which are often accompanied by assault, threat, neglect and other forms of abuse in a relationship

2. Designated Agency Working With Police

- (a) Complete protocol development between police and designated agencies, put in place procedures for ongoing review and updating of existing protocols

3. Emergency Responders

- (a) Develop protocols for emergency responders (fire department, ambulance, police) to report injuries and illness of vulnerable adults to health authorities to allow health staff to follow up with these adults

4. Designated Agencies

- (a) Develop procedures to protect staff who must work with very adversarial and sometimes violent people when dealing with situations of abuse and neglect
- (b) Ensure more assistance for adults with fluctuating mental capability who are isolated from other support services especially when there is suspected abuse or neglect

5. Community

- (a) Develop community protocols with victim services workers who can provide a much-needed link between the community and the justice system and provide support and assistance to seniors and vulnerable adults.
- (b) Develop guidelines for referrals to and involvement of restorative justice processes in situations of abuse and neglect of adults
- (c) Community response networks must extend their community development and education to seniors and vulnerable adults living in ethnically and culturally diverse communities
- (d) Ensure that information about abuse and neglect and resources are available in the languages spoken in the community

6. Abuse and Neglect in Residential Care

- (a) Develop procedures for monitoring care and safety concerns in all residential care settings including private care, assisted living, family care and extended care
- (b) Ensure that there are reporting procedures for visitors and staff who work in all residential care facilities and homes

Law Reform

- (a) Review and evaluate court order procedures under the Adult Guardianship Legislation for accessibility and ease of use and revise if necessary

Resources

- (a) Dedicate additional staff within the health authorities to do the work of designated agencies
- (b) Find more support for designated agency staff who are often working outside of their scope of practice to support adults who are abused or neglected (e.g., finding accommodation, cutting keys, managing routine expenses, providing transportation, authorizing services, ensuring there is food in the home)
- (c) Ensure provision of adequate residential care beds (in the person's home community) when adults are unable to live independently and there is no one to provide home care for them
- (d) Extend existing programs, like Blockwatch, to address isolation of seniors and vulnerable adults
- (e) The provincial government and/or the health authorities should fund the work of community response networks

Suggestions for Designated Agency and Community Education

Note: Many of these recommendations are conclusions drawn after reviewing the responses to interview questions. Some recommendations were made directly by informants. A complete list of recommendations for designated agency and community education that were identified during the work of this project may be found in the document “Recommendations for Protocol or Policy Development & Education”.

1. Education for Seniors

Information about abuse, translated into various languages, and about resources available to help including *Victim Link Line* (24 hour line for victims of family and sexual violence and all other crimes, with TTY and translation services).

2. Education for Designated Agencies and People Supporting Seniors

Type of training:

- (a) Joint training sessions for members of community response networks, designated agency staff, police and victim service workers to enable people to share information and build relationships as they learn together
- (b) Periodic review of protocols, ongoing joint training and relationship building with community partners and police

Content:

- (a) What makes people vulnerable to abuse and neglect – mental and physical disability, isolation, frailty as well as long term abusive relationships
- (b) Ageism – how it may affect the kind of help offered
- (c) Strategies for providing support and protection to people with fluctuating capability when they refuse help. In presuming capability are we, in some instances, abandoning them to their own autonomy?
- (d) Identifying criminal abuse and neglect and the importance of naming abuse for the criminal act it is
- (e) Need to educate physicians, hospital staff and other health professionals about abuse and neglect, the role of designated agencies and criminal offences
- (f) Reporting criminal abuse and neglect to police, role of police and Crown counsel, working together to protect safety of staff and adults (e.g., accompaniment by police officers, restraining orders)
- (g) Importance of establishing lines of communication between designated agencies and police and other members of the community, sharing information about circumstances related to the report and about an adult’s special needs or medical state so this info can be included in report to Crown counsel.
- (h) Provincial charging policies
- (i) Importance of following up with one another about action taken after a report is made, about the status of investigations and an adult’s need for support or help

- (j) Resources offered through the criminal justice system including access to victim service worker programs and the Crime Victim Assistance Program
- (k) Court remedies and sentencing options (e.g., peace bonds, treatment and probation orders, restitution for loss) and the importance of supporting police officers to include requests for these orders in report to Crown counsel
- (l) Understanding other organizations' roles and responsibilities – who does what, including more information about victim service workers and this program's potential to build linkages between community and the criminal justice system and provide support to seniors and vulnerable adults

Suggestions for Police Training

Note: Many of these recommendations are conclusions drawn after reviewing the responses to interview questions. Some recommendations were made directly by informants. A complete list of recommendations or suggestions for police training that were identified during the work of this project may be found in the document "Recommendations for Protocol or Policy Development & Education".

Type of training

- (a) Print material, including a small card that we can put in our pocket with phone numbers on it rather than a binder or anything we have to read.
- (b) Training sessions in concert with community services which would allow opportunities to share information and build relationships
- (c) Periodic review of protocols, ongoing joint training and relationship building with community partners

Content of Training

- (a) Dementia - What is dementia and how to respond
- (b) What makes a person vulnerable e.g., mental health problems, disability, ethnic and culture differences, long term abusive relationships
- (c) Importance of checking out every report
- (d) Community resources, other people who can help
- (e) Learning about who the designated agency contacts are by using the OPGT website
- (f) Part 3 of the Adult Guardianship Act and what expectations people working with this legislation have of the criminal justice system
- (g) Working with designated agencies: sharing information, accompaniment (keeping the peace), making referrals to health care providers
- (h) Financial abuse of seniors and how it is often linked with other crimes like assault, threat and neglect
- (i) No Contact and restitution orders – reminder about recommending these orders to Crown counsel when appropriate and including information about adult's special needs and medical condition in report to Crown counsel
- (j) Use of Victim Service Worker Program to strengthen linkages between police, designated agencies and community.

APPENDIX 1

Putting it all together – Examples of What Works In Practice

Following are examples of direct quotes and stories offered by people in the three communities who took part in our research interviews.

Community and Designated Agency Examples:

- We have had restraining orders, not through AGA but through the criminal code. For example, there was a domestic assault and the woman who was being assaulted did qualify as an “adult” under the AGA. However, there was a question about her husband’s mental capacity and the police really don’t like to take 80 year old men off to the cells yet this was escalating and needed intervention. We organized a joint intervention and the police and mental health went together and the man did get taken to the cells overnight and the condition of his release was that he allow home support in (he was blocking that care) and he not hit his wife. The justice system worked well in that he was given a clear message that it was not all right to hit his wife and he needed to let care be provided no matter how much she drove him crazy or how much she drank or for any other reason. There has not been another incident and we were able to put in care.
- I know of a son who was battering his mother emotionally for years and one time hit her. They were driving in the car and he hit her and she decided to charge him and we worked with the criminal justice system very successfully. She wanted him to get treatment for bi-polar disease and she thought if she went through the courts that would happen. She really wanted to keep him away from herself too. She was a very independent senior – living in (a seniors residence) – but the average person may not be able to do that. It was still very tough.
- There is a restraining order against the woman I was talking about – she is not allowed on the property where the elderly man lives. They were trying to get a different kind of order that would not allow her to approach him even off the property but the police felt it would not go through the court because he seemed to be willing to give her money when she asked even though he did have some dementia. I just remembered – it was an 8-10 order. *Were the court orders pursued through the AGA or the criminal code?* It was all done through the criminal courts.
- Sometimes it’s hard to get the ball rolling, we have to move carefully when we go into the home. An example is a situation we had where a younger man was caring for an elderly man. They had lived together for 20 or 30 years not related. There was a history of alcohol and drug abuse. We moved very slowly – the older man did not want us to do anything. We recognized problems with the finances when doing the assessment. The caregiver was looking after the finances. That is when we called in our geriatric physician to do a competency assessment. We rely heavily on him in these situations.

Was the elderly man deemed to be capable? No, he wasn't.

Can you tell me what happened with this man? He started going to the day program and he enjoyed that but the caregiver was using funds and prevented him from continuing to go due to the cost. When he was at the ADC bruises were noted. Eventually he was admitted to hospital – he was unwell - had some infections because he was not cared for properly. We tried to do what he wanted us to do. He agreed to go to hospital and then agreed to facility placement. When he was in the facility he enjoyed himself and developed some social relationships. Staff were concerned about repercussions and rebuttal on workers.

Were the police involved in this situation? No. But he was referred to OGPT for finances. We did find some relatives from out of Province who have agreed to become substitute decision makers. He is now living in facility and seems to have adjusted well.

- As peer support workers we often get people who are having financial abuse and the worker will stay with them if there is no danger to the older person and support them and often just the person staying with them helps because often it is the family that is putting the fear into the older person around financial abuse.
- I know of a man who called the police – he was a neighbour of a frail woman in her 70 or 80's who noticed whenever the daughter came over there was a great hullabaloo and shouting and screaming. He notified the police and it worked because the police very quietly checked it out and found out that the daughter was beating up the mother and of course wanted the money. I don't know (if the daughter was charged) but the older woman eventually died and of course the daughter got the money but at least he did notify the police and they did respond. One reason we don't have a lot of follow up on who is charged and who is not is because all our courts have been closed and all our cases go to (another city in the area). We could have looked into it if it was here – its public knowledge.
- *(Physician)* I have helped a family that sought help through the police to get a restraining order against someone who was financially abusing their elderly father. *Was the restraining order through the guardianship legislation or the regular court process?* It was through the regular court. It is very cumbersome to use the Guardianship legislation. And the legislation is the very last resort and we will do everything we can before we go to those measures.

Police Examples:

- Depending on the type of crime, if violent the information would be sent to the serious crime unit. If it is ongoing or needs attention right away it would be done right away. If it is ongoing and the victim is out of the home or in the hospital for example I would take it down to the watch commander and turn it over to him. If it were a financial situation it would go to our economic crime unit or sexual abuse it would go to that unit.

- It depends: if it is ongoing, the primary concern is the victim and we get the victim out of the situation. It may involve putting him in a care facility or, if the suspect is there and we see that he is arrest able – the crime has been committed – we would arrest him and we would request that certain steps be taken by the court to ensure the abuse does not continue. That would be by way of court orders like a peace bond. And, obviously, if the abuse is serious we would ensure that medical attention was available. *So what would happen if an older spouse who may have a little bit of dementia committed the abuse?* Again the primary concern is the victim and if the older spouse had dementia that would have to be dealt with by the court because we are not the experts on mental capacity so what would happen is there would be an arrest and if we felt dementia was a problem that would be pointed out to the crown prosecutor and we hope that psychiatric rehab would be ordered.
- The suspect was drug addicted and that is why she was taking her mother's money. We used the restorative justice model there – I had her come in and I explained to her what she was doing to her mother and that it was wrong and she was taken to a treatment centre in Victoria and the ability for her to access her mothers accounts was stopped.
Is she back with her mother? Yes, she is back with her mother now.
Do you have a file on her is case there is any more trouble? Yes, we have a file – which we would have even if it was just a complaint and no intervention had taken place. For example if we get a report that an elderly person was injured in a fall and the counsellor or worker or someone reported that they suspected the injury was caused by a relative – something like that where there is not enough evidence to go and interview the person – we would make an information file on something like that.

APPENDIX 2

Examples of Barriers or Problems

Community and Designated Agency Examples:

- (Seniors) may be aware but often decline to report. One case manager spoke to an elderly man who had his wallet stolen and probably knew who took it but declined to report it to the police – he did not give a reason. They fear repercussions. Also, if family are involved (like taking the money), they fear the family may not visit any longer.
- It's hard to get seniors to report because the police often come in like gangbusters and they don't want that kind of thing if it's a family member – police often accelerate stuff.
- There was an article in the paper about a senior going to the police to lay charges against her home care worker and then it was devalued in the paper. The worker implied that she was drinking and it was like blaming the victim. The headline was “one little sip” – and it took a lot of courage for her.
- Man with some dementia who has been financially abused over the past couple of years by a woman that he calls a friend. She was living in the same complex as him but has now moved. It was hard to say – from all the information that we collected it looked like she was taking advantage of him but there was no concrete evidence of a crime. He was lonely and vulnerable because of his dementia and she was quite manipulative and could get money from him. We did have the police involved but only indirectly as he seemed to be willing to give his money to her.
- And then there is the medical sector who minimize the serious neglect issues, things like over-medication, inappropriate restraint, smaller assaults like a kick or shove that nurses and doctors will say things like – oh that is not worth reporting.
- Very demented woman who was looked after by her daughter who was an alcoholic and the primary caregiver for her mother. At one point the mother fell as a result of a push by the daughter and broke her hip. Before calling the ambulance the daughter had her mother sign a will leaving everything to her. While the mother was in hospital the daughter continued to drink, was in an accident, and the police charged her. The daughter became depressed and was admitted to a psychiatric unit.
The situation came to my attention at least a week later when the psychiatrist called me because the daughter wanted to take her mother home when they both got out of hospital and he was concerned about her ability to do so. I called the family doctor and talked about my concerns and the need to report the physical assault to the police and he became defensive saying the police were already involved and why did there need to be something else done.
I explained that if we do not document all this and follow up the woman would probably get to take her mother home she would become the caregiver again and would be the person to make all health care decisions as well and

nothing would have changed in that home. And more importantly it is not all right to fight with your elderly demented mother and have nothing done about that. (After some time and discussion), the doctor said: "I hadn't really thought of that – I was just going to have her placed". That may be the best solution but what about the trauma she had already suffered at the hands of her daughter. It turns out he had been concerned about the elderly woman for some time because of her failing health and the daughter's ability to care for her and he had not done anything about that.

So it's an attitude of protectionism where the client privilege is considered so important, and about the family unit – not wanting to do anything until it is perfectly clear what the problem is and not wanting to bring in the authorities when it is a family matter – that kind of thinking.

- I have left messages with the police because of situations and I don't get calls back and I will call a couple of days later and they will be on a different shift. So I don't think communication is good that way.
- I have a very bad story about the police: Transition house was the most helpful – I phoned them as said "I know you only take women who are having the shit kicked out of them but what about getting yelled at and scared?" They told me it was emotional abuse and it could get worse (I didn't even know it was abuse) and the next time he goes berserk call 911. I did that and a single policeman came and he spoke to me for about a minute and a half and then he went into the kitchen where my husband was smashed out of his brain. He said – this is my home not her home – and the cop went – are you married? And he said yes – so the cop said – well then it's her home too. And the police inflamed the situation by saying – that is a beautiful woman and you should be good to her because if she doesn't who do you think will? And then he left. My husband looked at me and said – that will cost you your life. I was so scared I called the police back and no one came or called back so I called the transition house and the lady stayed on the phone till he fell asleep.
- I had experience with a senior who reported her home care worker to the agency and was told – "Oh, please don't report that because it will affect her job" so she phoned the police and the police did not believe her – they were terrible to her and when a few weeks later the same woman stole from another person the police phoned her and said, "Now we believe you and would you come to testify in court?" and she told them where to go.
- I have found out that this woman is advertising (in our community) to give home support services in many seniors' buildings. The police know about her and there is a restraining order for one building where she was living because she was known to take advantage of seniors and I wanted to alert people in these other buildings by putting up a notice about her. The police said she has her rights and she could sue if her picture or name was put up to alert people because she had not done anything illegal in those buildings. In fact she was involved with one of our clients who had a home support worker from our program as well and our HSW reported that this woman had taken money from the gentleman. If we had been able to show her picture and the HSW had known who this woman was she could have said something sooner but

she did not know there was a problem until after the financial abuse had happened. I am working on this with my managers and our risk management people as well to see if we can do something about her.

- I work with immigrant seniors and I don't think we are doing a very good job within our agency because we know seniors are encouraged to come to this country to be with families and sometimes situations arise where their money ends up in the hands of their children and they don't speak English and it's very hard to get a third party into the house and so we aren't doing a very good job I know.
- There is lack of support in their own community – if they decide to report they are on their own – not only would you be isolated from your family and community but due to language and things you would be isolated from the larger community as well. We have seen people shunned by their community for reporting abuse and trying to get out of it.
- In terms of care facilities – especially those who do not have families. I don't think the workers are purposefully mean but if there are not families I don't think there is as much care given and those people will not speak up – they may be afraid of retribution – they depend on the workers so much.

APPENDIX 3

Members of the Project Advisory Committee

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