



CANADIAN  
**NURSES**  
ASSOCIATION

# Elder Abuse

**Brief to the House of Commons  
Standing Committee on the  
Status of Women**

November 9, 2011

This document was prepared by the Canadian Nurses Association (CNA) in pursuit of its mission, vision and goals. The information presented in this document does not necessarily reflect the views of the CNA board of directors.

CNA is a federation of 11 provincial and territorial nursing associations and colleges representing 143,843 registered nurses and nurse practitioners. CNA is the national professional voice of registered nurses, supporting them in their practice and advocating for healthy public policy and a quality, publicly funded, not-for-profit health system.

All rights reserved. No part of this document may be reproduced, stored in a retrieval system, or transcribed, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without written permission of the publisher.

© Canadian Nurses Association  
50 Driveway  
Ottawa, ON K2P 1E2  
Tel.: 613-237-2133 or 1-800-361-8404  
Fax: 613-237-3520  
Website: [www.cna-aiic.ca](http://www.cna-aiic.ca)

ISBN 978-1-55119-368-7

November 2011

---

## Introduction

Canada's 250,000 registered nurses (RNs) are concerned about elder abuse across all Canadian jurisdictions and across the continuum of care – not simply because the rates of abuse are increasing, but because abuse exists at all. In 2009, 7,871 incidences of elder abuse were reported. One-half of those accused were by family members – an increase of 14% since 2004 (Statistics Canada, 2011).

*Elder abuse* is any action or deliberate inaction by a person in a position of trust that causes harm or could be reasonably expected to cause harm to an older person (Seniors Canada, 2009). This includes all types of abuse – emotional, physical, sexual, financial – as well as instances of neglect and violation of rights.

CNA has three recommendations it wishes to table with the House of Commons Committee on the Status of Women:

1. Develop a comprehensive strategy to prevent elder abuse – this strategy should include targeted outreach programs anchored in public health services, supportive housing and tax credits for seniors, and an accelerated focus on populations affected by conditions that create vulnerability.
2. Fund the adaptation and implementation of the PEACE elder abuse toolkit across additional health care settings, such as acute and community care, and the development of technological resources to support its implementation.
3. Develop a National Advisory Committee on Elders in Canadian Society to provide policy and legislative input to the government of Canada with special focus on health and well-being.

## The Health and Welfare of Canadian Elders: Ending Elder Abuse

As a society, we must have zero tolerance for elder abuse. Seniors aged 85 and over are the fastest growing age group in Canada. Statistics Canada projected that by 2011, there would be at least 674,000 people aged 85 and over, and 1.19 million by 2031 – a staggering 99% increase in a 20-year period (Statistics Canada 2009b).<sup>1</sup> Unless we act now, the issue of elder abuse will escalate with the increasing numbers of older Canadians.

In 2006, there were over 3.8 million Canadians aged 65-84, with 45% men and 55% women. In the same year, of those aged 85 and over, 69% were women (Statistics Canada, 2009a). Although older men are abused as well, being female has been found to be a risk factor (Human Resources and Skills Development Canada, 2011, Risk Factors for Being Abused). Women are more likely to be at risk for poverty, lack of financial literacy, isolation, loneliness and depression, with increased vulnerability for abuse.

The Canadian Nurses Association (CNA) believes that providing for patient safety – including eliminating elder abuse – “involves a wide range of actions at levels of the individual nurse, the profession, the interprofessional team, the health-care organization and the health-care system” (Canadian Nurses Association [CNA], 2009, p. 1).

---

<sup>1</sup> See Statistics Canada, 2009b. Calculations were taken from *2011 Table 10-1, Population by age group and sex, low-growth scenario (L), July 1st – Canada, 2010 to 2036*, p. 153.

---

## 1. Health Promotion and Abuse Prevention Strategies for the Elderly

A comprehensive strategy to prevent elder abuse can be addressed within a public health framework from a population health perspective by addressing determinants of health. This can take the form of supportive housing, social support and health support for older Canadians in their homes.

- Community programs can support older Canadians and promote healthy aging in the community.
- Community-based service providers are an excellent first-line resource for preventing elder abuse.
- Home care nurses or unregulated care providers can identify signs of abuse that might otherwise go unnoticed.
- A pan-Canadian home care plan incorporated into medicare could prevent a piecemeal approach where concepts and terminology vary across regions and settings.
- Elder abuse prevention tools could be developed from a common framework, providing better integration of services and interventions for the victims of abuse, no matter what their circumstances.

Registered nurses are in excellent positions to lead and collaborate with government, health and society stakeholders in such a strategy. Through their holistic education and experience, and through time spent with patients and families across the continuum of care and across the lifespan, they see very real signs of the effects of neglect and abuse.

**Recommendation #1:** That the federal government develop a comprehensive health promotion and abuse prevention strategy for the elderly that includes targeted outreach programs anchored in public health services, supportive housing and tax credits for seniors. This should include an accelerated focus on populations affected by conditions that create vulnerability.

## 2. Support for elder care providers

Resources to support elder care providers must be made available, and they must be adapted across the continuum of care – not just in health-care facilities but also in the home and in the community if the incidence of elder abuse is to be diminished. A successful example of leveraging federal funds to address awareness and understanding of elder abuse among front-line service providers, and to enhance providers' capacity to respond to situations of abuse in long-term care exists within the Prevention of Elder Abuse Centre's of Excellence (PEACE) project.

### PEACE project

The PEACE project is a partnership between CNA and the Registered Nurses' Association of Ontario. Funded by the Federal Elder Abuse Initiative, the PEACE project promotes awareness of elder abuse in long-term care. Ten long-term care settings were selected as sites committed to enhancing resident safety and quality care.

#### *PEACE sites*

- Bow View Manor, Calgary, AB
- Résidence St-Louis, Ottawa, ON
- The Good Samaritan Society, Edmonton, AB
- Harbourstone Enhanced Care, Sydney, NS
- Hillsdale Estates, Oshawa, ON
- Parkview Place Care Centre (Revera), Winnipeg, MB
- Porteous Lodge, Saskatoon, SK
- Veterans Health Unit, Fredericton, NB
- Winnipeg Regional Health Authority, Winnipeg, MB
- York Manor, Fredericton, NB

---

The PEACE project demonstrates significant community development and social change in the long-term sector. Its members interact with families, residents, councils, administrators, nursing students, educators and finance officers, reaching those who support our vulnerable older population. The project has driven a number of awareness activities and fundraisers to support community resources, which have already shown success – as in the case of one staff member who said the PEACE training gave her “the courage to come forward and report” a suspected incident.

Ongoing positive results are exciting and energizing and include anecdotal success stories, conference presentations, awards, published articles and community networking with organizations related to older adults, dementia and patient safety. An educational curriculum will be available in March 2012 to stakeholders through CNA’s online NurseONE portal – work that is applicable to all practice settings across the continuum of care.

The federal government is well placed to play a leadership role by funding the adaptation, implementation and evaluation of PEACE project resources in every Canadian jurisdiction across the continuum of care. For the project, CNA is leveraging government seed funding by:

- engaging volunteers for the pan-Canadian advisory committee. Expert advice over the life of the project is provided by its members who include regulated nurse providers; elder abuse experts; representatives from the Canadian Patient Safety Institute, the Canadian Healthcare Association, the Canadian Gerontological Nursing Association and the Forensic Nurses’ Society of Canada; and a police constable responsible for elder services; and
- engaging PEACE sites that have given significant in-kind resources as supplements to funding support. PEACE administrators have dedicated time for RN coordinators and site staff to participate in this important process.

By approaching the elder abuse issue in a comprehensive, multi-faceted way, a strategy can be developed that will build a culture of caring, dignity and respect that our older Canadians deserve. Elder abuse is not only a patient-safety issue; it is also a public health imperative.

**Recommendation #2:** That the federal government fund the adaptation, implementation and evaluation of resources toward preventing elder abuse across the continuum of care.

The Federal government has an opportunity and a responsibility to actively promote and protect the health and well-being of our elders. In order to achieve this, a full understanding of the status of Canadian elders is needed within a mandate of providing policy and legislative advice. This must be accompanied by recommendations for health and well-being targets and measures for regular monitoring. A national advisory committee would be well placed to lead such an initiative.

**Recommendation #3:** Develop a National Advisory Committee on Elders in Canadian Society to provide policy and legislative input to the government of Canada with special focus on health and well-being.

### *Interventions using smartphones*

A home care worker could readily access resources on elder abuse on a smartphone and software app. These resources could be adapted for a range of sectors, settings and age groups to quickly provide social workers, first responders and family members direction and

---

A National Advisory Committee (NAC) would ideally be composed of government decision-makers and citizens to provide policy and legislative advice to the federal government, with a special focus on social policy related to health and well-being. The Committee could also pay attention to identified priorities for elder health and well-being, including issues of priority such as elder abuse.

The NAC may be comprised of citizens drawn from a diverse population, geography and expertise along with key government decision-makers. An NAC on elders in Canadian society would ideally provide the federal government with direct access to their expertise, experience and perspectives; it could also enable access to a larger network of researchers, established elder interest groups and community-based initiatives.

## Conclusion

Canada's elders are deserving of the contributions of our federal government and professional groups in assuring their health and well-being as they live out the final years of their lives. The issue of elder abuse, that impacts more women in Canadian society, is an unacceptable reality that requires urgent and meaningful interventions. Canadians need and expect leadership and investments to ensure full understanding of the situation, to identify leading policy and programmatic practices, to advance proven initiatives and to monitor our performance. The federal government has an opportunity to work with provincial and territorial counterparts and health professionals, such as registered nurses and nurse practitioners, in the interests of advancing the health and well-being of our elders. These recommendations represent a crucial step toward a safe and healthy future where dignity and respect for our elders is a right, not a luxury.

## References

Canadian Nurses Association. (2008). *Code of ethics for registered nurses*. Ottawa: Author. Retrieved from [http://www.cna-aiic.ca/CNA/documents/pdf/publications/Code\\_of\\_Ethics\\_2008\\_e.pdf](http://www.cna-aiic.ca/CNA/documents/pdf/publications/Code_of_Ethics_2008_e.pdf)

Canadian Nurses Association. (2009). *Patient safety*. [Position statement]. Ottawa: Author. Retrieved from [http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS102\\_Patient\\_Safety\\_e.pdf](http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS102_Patient_Safety_e.pdf)

Human Resources and Skills Development Canada. (2011). *New horizons for seniors program: Module 2, risk and protective factors*. Ottawa: Author. Retrieved from [http://www.hrsdc.gc.ca/eng/community\\_partnerships/seniors/nhsp/pcp/cfp/modules/module2.shtml#](http://www.hrsdc.gc.ca/eng/community_partnerships/seniors/nhsp/pcp/cfp/modules/module2.shtml#)

Seniors Canada. (2009). *Elder abuse: It's time to face the reality*. Ottawa: Author. Retrieved from <http://www.seniors.gc.ca/c.4nt.2nt@.jsp?lang=eng&geo=106&cid=154#a>

Statistics Canada. (2009a). *Age groups (13) and sex (3) for the population of Canada, provinces and territories, 1921 to 2006 censuses*. Catalogue no. 97-551-XCB2006005. Ottawa: Author. Retrieved from <http://www.census2006.ca/census-recensement/2006/dp-pd/tbt/Rp-eng.cfm?LANG=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=0&GK=0&GRP=0&PID=88977&PRID=0&PTYPE=88971,97154&S=0&SHOWALL=0&SUB=0&Temporal=2006&THEME=66&VID=0&VNAMEE=&VNAMEF=>

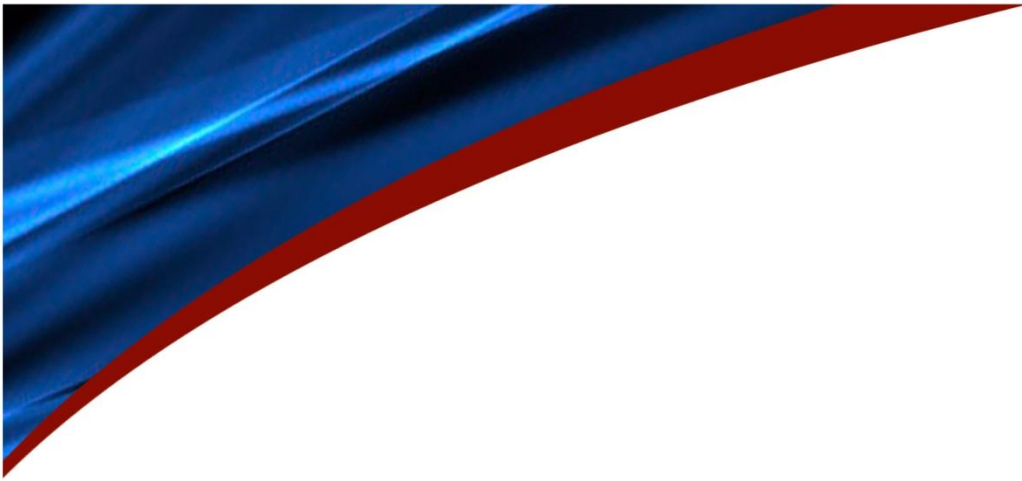
---

Statistics Canada. (2009b). *Population projections for Canada, provinces and territories, 2009 to 2036*. Catalogue no. 91-520-X. Ottawa: Author. Retrieved from <http://www.statcan.gc.ca/pub/91-520-x/91-520-x2010001-eng.pdf>

Statistics Canada. (2011). *Section 3: Police-reported family violence against seniors, 2009*. Catalogue no. 85-224-XWE. Ottawa: Canadian Centre for Justice Statistics. Retrieved from <http://www.statcan.gc.ca/pub/85-224-x/2010000/part-partie3-eng.htm>







CANADIAN  
**NURSES**  
ASSOCIATION

[cna-aiic.ca](http://cna-aiic.ca)

50 DRIVEWAY OTTAWA ONTARIO K2P 1E2 CANADA ■ TEL 613-237-2133 1-800-361-8404 ■ FAX 613-237-3520