

**THE FEASIBILITY OF SENIORS COUNSELLING
SENIORS EXPERIENCING ABUSE:
A COMMUNITY NEEDS ASSESSMENT**

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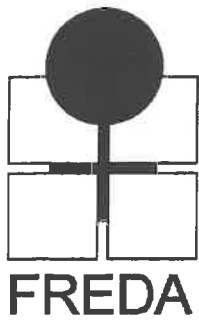
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© September 1998

ISBN 1-896885-32-2



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ACKNOWLEDGEMENTS

The 411 Seniors Centre gratefully acknowledges the assistance of FREDa, the Feminist Research, Education, Development, and Action Centre, for its funding of and encouragement in this valuable project.

Our sincere thanks also go to:

The 411 counsellors who shared their wealth of knowledge, experience, and insight; and

The individuals and service providers in the community who gave their valuable time in participating in the focus group, answering our questionnaire, and offering many enlightened responses. Their candour was overwhelming and appreciated.

The Feasibility of Seniors Counselling Abused Seniors

EXECUTIVE SUMMARY

The 411 Seniors Centre is a multicultural, multi-service day activity centre serving seniors in the Greater Vancouver area. Two of the important services provided by the 411 Seniors Centre are information and support to seniors. The Information and Referral department at the Centre directly assists approximately four hundred seniors per month.

Seniors come to the 411 Seniors Centre to seek assistance on a variety of issues through counselling services provided by volunteers. Over the years, an increasing number of senior abuse cases have been coming to the attention of the Information and Referral counsellors during counselling sessions with their clients. Due to the sensitive nature of such cases, the counsellors found there is a definite need for specialized services and increased resources aimed specifically at helping seniors who are experiencing abuse.

A NEEDS ASSESSMENT

In response to the apparent need for specialized services dealing with elder abuse cases, the 411 Seniors Centre was considering the development of a peer education and support program to help seniors who are experiencing abuse. It conducted a six month project to assess how the Centre might better serve abused or neglected seniors currently seeking assistance at the Centre. The objective of the project was to examine the following:

1. What supports are currently available to abused or neglected seniors in the Vancouver area, particularly abused older women?
2. Is a peer support and education program for abused seniors needed in the Vancouver area?
3. Do the membership, volunteers and clientele of the 411 Seniors Centre want this type of program to be established?
4. How does the community feel about this kind of program being established, particularly at the 411?
5. If the program were established, what kinds of training requirements would need to be addressed?

The project was funded by the Feminist Research, Education, Development, and Action Centre (FREDA), at Simon Fraser University, Harbour Centre.

COMPONENTS OF THE RESEARCH PROJECT

The project involved: 1) a literature review; 2) semi-structured telephone interviews with twenty-five community service providers; 3) a focus group with twelve seniors who are counsellors at the 411 Seniors Centre; and 4) a focus group with twenty interested community service providers and seniors not involved in the telephone interviews.

In both the interviews and the focus groups, participants were asked about their perceptions of senior abuse in the community, the availability of resources, and whether a peer support and education program was needed or wanted for seniors experiencing abuse and neglect.

UNDERSTANDING SENIOR ABUSE IN OUR COMMUNITY

The term “senior abuse” typically refers to action (or in some cases, inaction) that either jeopardizes the health or well-being of a senior, or wrongfully deprives the person of his or her independence. There is a wide range of harms that potentially fall into this definition, and the type of help that the senior needs will vary greatly.

There are many different kinds of abuse against seniors. Senior abuse can be perpetrated by a senior’s spouse, family, friends, neighbours or strangers and can be also be perpetrated by anyone who has some degree of power or control over a senior’s life. This can and may include the authorities. Seniors can also experience several types of abuse such as financial abuse, abuse through medications and institutional abuse.

According to a 1989 national study of senior abuse (“The Ryerson Study”), approximately 98,000 seniors in private dwellings across Canada reported experiencing abuse (40 per 1000). In the same year British Columbia had a much higher level of 53 per 1000, or 21,274 seniors reporting abuse. However, senior abuse is a hidden problem, and is seriously under reported by its victims or others who witness it. As few as one in fourteen cases are reported to authorities, so the actual figures of abuse are likely much higher than those in the Ryerson study.

Senior abuse is a growing problem, in part attributable to an increasing senior population. In 1997, seniors represented 12.8 percent of the B.C. population, or 503,400. By the year 2017, the senior population in B.C. is expected to have increased 74 percent over the 1997 level, to 876,400 (16.3 percent of a forecast total B.C. population).

WHO IS MORE AT RISK OF ABUSE, WOMEN OR MEN?

When senior abuse started gaining recognition, it was often assumed that older women were more vulnerable than older men. Today, the answer is less clear because older men face many of

the same conditions that lead to abuse as do older women. In absolute numbers, more older women are abused than older men. There are a number of risk factors involved for abuse, such as sexism, ageism, or discrimination that older women are more likely to face than older men. Older women from outside the mainstream culture may face multiple risks, sometimes from within their own families. Other times, it stems from social assumptions and stereotypes maintained by people in the mainstream culture.

The consequences of certain forms of abuse may be more devastating for older women if and when they do happen. On the other hand, it has been pointed out that age, disability, and ageism are great equalizers, so that the relative risk for both older women and older men may even out, as may the impact.

WHAT IS BEING DONE ABOUT IT?

Abuse of seniors only became recognized as a social problem during the last decade, far later than wife abuse or child abuse. Senior abuse first gained recognition among health care and social services professionals, and most of the interventions or help provided has been initiated and sustained by professionals. In both Canada and the United States, seniors have typically not been included in the development and implementation of programs aimed at preventing or dealing with senior abuse, however this is slowly changing.

THE ROLE OF SENIORS' CENTRES IN DEALING WITH SENIOR ABUSE

In the mid 1980s, when senior abuse was first being discussed in Canadian communities, many seniors' centres were not involved at any level. Part of the reason for this may have been the general lack of awareness of the problem in the community, and therefore, the seniors' centres' lack of knowledge of the issue.

Part may also have involved seniors' centres' disbelief that any of "their seniors" could be experiencing abuse, and also whether others in the community encouraged the centres to be part of the discussion, or simply expected them to "buy in" to what others developed. Seniors centres are gradually becoming more involved, although in different ways and to different degrees.

SENIORS COUNSELLING ABUSED SENIORS

There has been very little written on the use of senior counsellors to help their peers who are experiencing abuse. Peer counselling has been suggested as a method of dealing with senior abuse. It is important to recognize that there are many different types of "counselling." Some counselling involves providing information, support and referral, others involve advocacy. Some types involve working intensively with the abused individual on issues over an extended period of time, providing intensive psychological support.

WHAT IS NEEDED IN OUR COMMUNITY: THE RESEARCH FINDINGS

Throughout the interviews and focus groups, seniors and community service providers noted that there is a lack of appropriate resources for abused seniors in our community. Both counsellors and community service providers noted that, in their experience, some of the existing services that the community normally *thinks* are able to help deal with senior abuse:

- no longer exist, or have cut back services
- have very limited hours, and so may not be available when needed
- focus on providing information or public education, not active intervention
- are extremely slow
- are only for people who are mentally incapable (Public Trustee).

In this study, we learned that there are both important similarities and differences in the way that the 411 counsellors define and deal with “senior abuse” and the way that community service providers do. The 411 counsellors, who are seniors themselves, considered senior abuse not only as actions that interfered with the liberty of the senior or took away his or her power, but also as actions by “officious officials.” This sometimes included harmful acts and negative attitudes by those ostensibly in a position to help abused seniors.

We learned that the 411 counsellors frequently deal with financial problems experienced by seniors. The counsellors also deal with: abuse by grown offspring; abusive relationships; abuse in ethnic communities; fraudulent, deceptive or questionable business practices; banking services; and abuse by the authorities.

The 411 counsellors pointed out that often they can help the senior who has been exploited by working cooperatively with others in the community. Both counsellors and community service providers agreed that no one community resource has all the time, knowledge, skills, or expertise. People turn to different types of community resources depending on the specific type of problem being faced. While many of the resources that the 411 counsellors draw upon are similar to those relied on by community service providers, there are also notable differences.

Both the 411 counsellors and community service providers noted that abused seniors can feel intimidated by those in a position to help, such as the police, lawyers or service providers. They noted that existing hospital protocols dealing with violence issues may not meet the needs of seniors. There are many obstacles that abused seniors experience in accessing existing resources and services, including not knowing where to turn when looking for help. Abused seniors’ personal, emotional and physical resources may be strained partly because they are older, and partly because they are being abused. The situation is even more challenging to seniors who are new to Canada or who do not speak English. Sometimes abused seniors fear (or feel intimidated by) those who are in a position to help.

What Should The 411 Seniors Centre be Doing to Help Abused Seniors?

When the senior counsellors were asked what the 411 Seniors Centre could be doing to better help in abuse situations, they offered four major types of suggestions:

1. increase counsellor awareness;
2. provide education and awareness for seniors generally;
3. provide special education for seniors from ethnic communities; and
4. set up support groups.

The community focus group offered many other suggestions on ways in which the 411 Seniors Centre could or should be involved in seniors' abuse issues. Several themes arose:

1. prevention;
2. partnership;
3. support for the efforts of others; and
4. training counsellors.

Should There be a 411 Seniors Centre Peer Support Program to Help Abused Seniors?

When asked "Do you think the 411 senior counsellors (a peer support program) should help abused seniors?" the overall reaction from the people involved in this needs assessment was extremely positive. There were many comments like:

"Seniors supporting seniors is fundamental"
"No problem, all seniors should be involved"

Some pointed out that there were a number of advantages to seniors helping abused seniors, such as breaking down stereotypes, and that:

"Seniors respond to people their own age"

Others saw it as a continuity of what senior counsellors already do. To make the program work well, people stressed a number of matters that would need to be addressed in developing the program, including the need for a multicultural environment, and a program that was coordinated with other efforts in the community.

While there was strong support, a few people expressed concerns about volunteers' ability to handle these sensitive and often time-consuming cases. Some believed that only professional involvement was appropriate, or were of the opinion that seniors' counsellors did not meet this standard in some way:

*“I have concerns about the non-professional nature of senior counsellor involvement”
“Seniors supporting seniors is fundamental, but needs professional guidance and leadership”*

Others stressed the need for support, supervision, and guidance. Some felt that there could be physical and emotional risks to the senior counsellors if they had to deal with the abusive person. However, in spite of the fact that some people had reservations, most felt that these could be overcome by appropriate training. The most cautious respondents suggested that senior counsellors could perhaps take an indirect role instead.

When asked what the 411 Senior Centre program for its counsellors should involve, the community stressed the need for a structured program with screening, appropriate selection of prospective counsellors, appropriate training of the counsellors, and continuity of help. Skills training in communication, empathy, advocacy, and conflict resolution were emphasized time and again. People felt that training should cover aging, abuse, counselling on abuse, as well as law, and available community resources.

Discussion

In the course of the interviews and focus groups, several points came out:

1. There are many ways to prevent the abuse of seniors, including:

- finding ways of reducing seniors' isolation
- building on the self-esteem and friendship of seniors
- educating seniors and the general public (especially health-care professionals)
- publicity
- building a strong community where people know what is available to them and who they can turn to for help
- support services for abused seniors which could be expanded to include support groups that are welcoming, safe places where seniors can meet and come together to support one another.

2. Seniors supporting seniors is fundamental. Seniors respond to people of their own age group. The consensus from this project was that the 411 Seniors Centre should be involved with helping abused and neglected seniors.

3. Build and make use of what is there. It is important to work within our community and use the resources that are available. Education for seniors and service providers is a large component of the solution to senior abuse. In the course of this project, we were surprised to find that many community service providers, including those that people commonly refer abuse

cases to, were unaware of the resources available in the community to help abused seniors. That information should be accessible to seniors wherever they go – a community centre, doctor's office, or grocery store. When programs are available, seniors need to be aware of these resources and how they can access them.

4. There are a number of gaps in community resources. The resources which deal with abuse and neglect of seniors are limited in our community and there are significant obstacles to abused seniors being able to rely and draw upon what is there. This is compounded by the fact that Vancouver lacks standard protocols to handle cases of abuse. Also, community service providers may not be aware of their roles in responding to abuse and neglect of older adults.

The consensus was that the 411 Seniors Centre can and should play an active role in helping abused and neglected seniors. In a supportive environment with supervision and guidance from a trained staff person, senior counsellors could provide education and support for seniors experiencing abuse. Specifically, they suggested partnerships and collaboration between the 411 Seniors Centre and a number of specific community service providers.

A number of service providers stated that if a counselling program were developed at the 411 Seniors Centre, it would meet with a much greater positive response in the community if:

- it had an Advisory Committee with representation from key sectors
- the counsellors were supervised by a paid employee
- it had a certain degree of structure to the program (record-keeping; manual; keeping notes, logs, use of protocols)
- counsellors had clear guidelines on confidentiality, and when to pass the matter on
- it provided adequate training.

The participants stressed that the counsellors who work in this area need to be well screened because of the special vulnerability of abused seniors. Everyone, from the 411 counsellors to community service providers, stressed the critical role of training and the importance of counsellors working in this area possessing the appropriate skills. The training would increase seniors' awareness of the complexities of abuse situations, as well as offer them formal recognition, support, and the assurance that they are not working alone.

RECOMMENDATIONS

From the 411 Counsellors

The consensus among the counsellors at the 411 Seniors Centre was that it was worthwhile for the Centre to become more proactively involved in helping abused seniors. There were several suggestions on ways this could be accomplished, including: a) increase counsellor awareness; b) offer education and awareness for seniors generally; c) offer special education for seniors from ethnic communities; and d) develop support groups.

From the Community

Overall, the community service providers felt that the 411 Seniors Centre should be dealing with senior abuse issues at some level. In particular, they communicated both enthusiasm and excitement toward a peer support and education program, with some caution over senior counsellors at the 411 Seniors Centre becoming involved.

The majority stressed that counsellors should receive appropriate training in order to become properly equipped with the skills needed to provide support and education to their peers. Participants in the focus groups and the interviews stressed the need to address issues of the rights, responsibilities and boundaries of the volunteers who would participate in the program.

They stressed the need for the 411 Seniors Centre to partner with other community agencies in an initiative of this kind. These partnerships would assist with issues of training, liability, and community networking. In particular, community service providers recommended that the 411 Seniors Centre work closely with the Vancouver Community Response Network.

From the 411 Seniors Centre

Abuse of seniors does happen and it affects everyone. Seniors must speak and be heard. Reviewing all the responses from the counsellors and community service providers, the research team offers seven recommendations.

- 1. The 411 Seniors Centre implement a peer support and education program at the Centre.**
- 2. The Program should be designed in a way that respects and learns from seniors.**
- 3. The Program should be designed in a way that respects multicultural needs.**
- 4. The Program should have two distinct components – basic information for all counsellors on senior abuse and more comprehensive training on the issue for others.**
- 5. The Program should be connected to an overall integrated community response to senior abuse.**
- 6. The 411 Seniors Centre should work with agencies, organizations, and individuals to initiate the community response process.**
- 7. The 411 Seniors Centre and other members of the community should inform service providers of resources and services available to seniors.**

CONCLUSIONS

It is obvious that abuse and neglect of seniors has been identified as a priority issue in the community. However, there has been considerable anxiety in many sectors of the community toward beginning a program themselves, and concern about others taking the initiative at this point. Part of this hesitation is because the adult guardianship legislation, which outlines community responsibility and offers protections for individuals and organizations, has been in limbo for close to five years. At present, there are many barriers including culture, language, and accessibility which hinder abused seniors from utilizing the available services in the community.

The consensus was that the 411 Seniors Centre can and should play an active role in helping abused and neglected seniors. In a supportive environment with supervision and guidance from a trained staff person, senior counsellors could provide education and support for seniors experiencing abuse. Many felt that seniors understand their peer group and feel comfortable talking to their peers about many issues.

Even at this early stage of discussion, some senior volunteer counsellors at the 411 Seniors Centre have expressed a willingness to become involved in a peer support and education program at the Centre, recognizing there would be boundaries to their involvement. Seniors have articulated that they feel comfortable supporting their peers, that the surroundings of the 411 Seniors Centre are welcoming, and that the Centre provides a neutral ground with existing infrastructure to carry out this type of initiative. The counsellors identified the need for an intensive training program, as well as a staff support person to implement and carry out the program effectively.

The counsellors also suggested many training topics. Participants stressed that the project would be most effective if community support and resources were utilized for guidance and assistance. With this in mind, a peer education and support program for abused seniors can become a reality at the 411 Seniors Centre.

PART 1

I. INTRODUCTION

Support Agency Background

The 411 Seniors Centre is a multicultural, multi-service day activity centre serving seniors in Greater Vancouver. Our Centre has been a nonprofit, charitable society for two decades, providing proactive resources in downtown Vancouver. It is led by seniors as clients, members, volunteers and members of the Board of Directors. The Centre addresses seniors' issues and concerns, and social, recreational, nutritional, information and counselling needs of members and clients. The 411 Seniors Centre believes that when initiating programs for seniors, it is essential to listen to the seniors affected (those seniors giving the service and those receiving it), and to address their needs as is most appropriate.

COUNSELLORS PROVIDE A WIDE RANGE OF SERVICES:

- * **Informing** the senior of what is available
- * **Helping** to fill out forms
- * **Helping** the senior work through the often tangled web of people and agencies to get the problem solved
- * **Accompanying** the senior to whatever resource necessary
- * **Supporting** the senior in decisions he or she makes
- * Acting as **advocates** for seniors and as **liaisons** between people and agencies.

One of the important services offered by the 411 Seniors Centre is information and support to seniors. Information and Referral services for seniors at 411 Dunsmuir Street officially began in 1972, when seniors first started using the main floor of the building as a drop-in centre. However, volunteer seniors counsellors have been at the 411 Seniors Centre since 1968, when there were provincial government offices relating to seniors' programs in the building which assisted seniors in applying for benefits to which they were entitled.

The 411 Seniors Centre has two complementary types of seniors counsellors:

- a) **Information and Referral counsellors** who are trained by the 411 Seniors Centre; and
- b) **Senior Citizen Counsellors** trained by the Ministry of Human Resources.

Both types of counsellors at the Centre are screened and receive training on provincial and federal programs relating to pensions, income security, health, and housing. The counsellors are instructed in confidentiality. They are taught communication skills and about mental health issues. (See Appendix A,

page 51, for a detailed description of the training the two types of counsellors currently receive.)

The Information and Referral department at the Centre directly helps approximately four hundred seniors per month. Some of these are in-person contacts, while others are conducted by telephone.

Over the years, an increasing number of senior abuse cases have been coming to the attention of the counsellors. Seniors come to the 411 Seniors Centre for regular information and support, and in the course of these activities with seniors the counsellors build up trust and rapport with clients. The counsellors have noted that seniors seldom come and directly announce "I have been abused, please help me." Seniors may not fully recognize the problem situation themselves at first, but the signs are clearly there.

A Needs Assessment

In response to this apparent need, the 411 Seniors Centre conducted a six-month project to assess how the Centre might better serve abused or neglected seniors currently coming to the Centre. The objective of the project was to answer five related questions:

1. What supports are currently available to abused or neglected seniors in the Vancouver area, particularly abused older women?
2. Is a peer support and education program for abused seniors needed in the Vancouver area?
3. Do the membership, volunteers and clientele of the 411 Seniors Centre want this type of program to be established?
4. How does the community feel about this kind of program being established?
5. If the program were established, what kinds of training needs would need to be addressed?

The project was funded by the Feminist Research, Education, Development, and Action Centre (FREDA), at Simon Fraser University, Harbour Centre. The project received ongoing consultation from Charmaine Spencer, Adjunct Professor in the Gerontology Department at Simon Fraser University.

Components of the Research Project

The project used four research methods:

1. A literature review;
2. Semi-structured telephone interviews with twenty-five community service providers;
3. A focus group with seniors who are counsellors at the 411 Seniors Centre; and
4. A focus group with interested community service providers and seniors not involved in the telephone interviews.

In both the interviews and the focus groups, participants were asked about their perceptions of senior abuse in the community, the availability of resources, and about the need for a peer support and education program at the 411 Seniors Centre for seniors experiencing abuse and neglect.

The Research Team

The research team consisted of: Angela Brooks, Jessica Duguid, Margaret Coates and Charmaine Spencer.

- a) Angela Brooks is Client Services Coordinator. She has been with the 411 for one-and-a-half years. She earned an honours degree in psychology from Huron College, University of Western Ontario and worked as a research assistant there. She is currently studying Gerontology part-time at Simon Fraser University, Gerontology Centre.
- b) Jessica Duguid has been the 411 Seniors Centre's Member Services Coordinator for two years. Her responsibilities include coordination of several volunteer-run activities for the Centre, the Centre's bi-monthly newsletter, marketing and publicity for the Centre, membership services, and weekly support to the 411 Seniors Centre Radio team.
- c) Margaret Coates has been Executive Director at the 411 Seniors Centre for three years. Her responsibilities include management and the overseeing of the 411 Seniors Centre, including the associate membership.

The research design for the project was guided by Charmaine Spencer. Her areas of specialization are the social, legal and ethical dimensions of aging. She is a researcher, writer, and lawyer. Ms. Spencer has been conducting research for the past six years on various aspect of abuse experienced by seniors.

II. A REVIEW OF THE LITERATURE

Initially, we had planned only to conduct a literature review that would provide an overview of senior abuse, however during the course of the research, a number of participants' comments and concerns led us to further investigate the roles of seniors' centres and seniors' counsellors in helping seniors who were experiencing abuse.

In particular, we noticed that some of the community participants held strong views on how abused seniors would respond to peers helping them. Others questioned the appropriateness of non-professionals or volunteers assisting in this area. People also seemed to attach a number of different meanings to the words "peer education" and "counselling." As a result, we expanded the literature review to briefly examine these areas as well.

A. An Overview of Senior Abuse

In the overview of senior abuse, we considered: a) What is senior abuse? b) How common is it? and c) What's being done about it?

What is Senior Abuse?

The term "senior abuse" potentially covers a number of different kinds of harms and is a multi-faceted issue.

Different kinds of abuse situations may need different responses, resources, and supports.

The term "senior abuse" typically refers to actions (or in some cases, inactions) that either jeopardize the health or well-being of an older adult, or wrongfully deprive the person of his or her independence. There are a wide range of harms that potentially fall into this definition. Senior abuse operates on a continuum from relatively minor events to extremely serious ones (see Appendix B, page 53). The type of help that the senior needs will depend in part, on where in that continuum he or she fits, whether the situation is getting worse, staying the same, or improving, and what the senior is willing to accept.

Senior abuse comes in many forms. It can include physical, psychological, financial, and sexual abuses, physical or psychological neglect, and violation of rights. It can occur in community settings or institutional settings. Some of the matters are against the law, criminal or civil. Many of the issues are not covered by law.

Senior abuse can be perpetrated by a senior's spouse, family, friends, neighbours or strangers. It can also be perpetrated in institutional settings such as hospitals or care facilities by staff, volunteers, or any other person circulating in that setting. It is not limited to certain cultures, nor to people of any particular socio-economic class. Seniors can experience some types of abuse

(such as financial abuse, abuse through medications, and institutional abuse), that younger adults seldom encounter.

The literature stresses that senior abuse is a multi-faceted issue, with varying causes and risk factors. Different kinds of abuse situations may need different responses, resources, and supports. For some seniors, the problem coincides with changes in health or personal resources, or with fluctuating or deteriorating mental capability. For others, it results from long-standing family problems ("spousal abuse grown old"), or lack of community supports for families who are providing some level of care. For many, senior abuse is perpetuated by a society that simply devalues people in later life.

Senior abuse is both similar to, and different from abuse perpetrated against other age groups. Some abused seniors experience declining health or physical impairments. Like some people with mental or physical disabilities, these seniors depend on others (usually family members) for care and support.

There are some commonalities with family or domestic violence involving younger adults. Abusers can be spouses or grown offspring who have learned that violence and power are ways of controlling those who are considered "weaker" individuals.

Senior abuse exists
on a continuum...

But senior abuse is also different from abuse experienced by younger adults: harmful acts, such as physical abuse or financial abuse, have a disproportionate impact on seniors. Bones break more easily, and money "borrowed" or stolen is lost forever, with often little or no opportunity to replace the loss.

How Common Is Senior Abuse?

According to a 1989 national study of senior abuse ("the Ryerson Study"), approximately 98,000 seniors in private dwellings across Canada reported experiencing abuse (40 per 1000).¹ In the same year British Columbia had a much higher level of 53 per 1000, or 21,274 seniors reporting abuse. However, senior abuse is a hidden problem, and is seriously underreported by its victims or others who witness it. As few as one in fourteen cases is reported to authorities,² so the actual figures of abuse are likely much higher than those in the Ryerson study.

¹ Podnieks, E., K. Pillemer, J.P. Nicholson, T. Shillington, & A. Frizzel. (1990) *National Survey on Abuse of the Elderly in Canada: The Ryerson Study*. Toronto, Ontario: Ryerson Polytechnical Institute.

² Pillemer, K. & D. Finkelhor. (1988) "The Prevalence of Elder Abuse: A Random Sample Survey." *Gerontologist* 28 (1): 51-57.

The 1989 "Ryerson Study" revealed that 40 per 1000 seniors in private dwellings across Canada reported abuse.

British Columbia had a much higher level of 53 per 1000.

However, as few as one in fourteen cases is reported.

A study conducted in 1995 for example, found that one in eight mentally capable seniors in B.C. had experienced financial abuse.³ The personal financial loss to B.C. seniors was estimated at more than \$675 million.

Senior abuse is a growing problem, in part attributable to the increasing senior population. In 1997, seniors represented 12.8 percent of the B.C. population, or 503,400. This senior population in B.C. is expected to increase 23 percent by the year 2007 to 619,700 (13.4 percent of a forecast total B.C. population), and to have increased 74 percent over the 1997 level by the year 2017, to 876,400 (16.3 percent of a forecast total B.C. population).⁴

Is the Risk of Senior Abuse Greater for Women or Men?

When senior abuse started gaining recognition, it was often assumed that older women were more vulnerable than older men. Today, the answer is less clear.⁵ On one hand, it is commonly recognized that, in absolute numbers, more older women are abused than older men. However, there are far more older women than older men. Women live, on average, approximately eight years longer than men. In 1991, the ratio of men to women for ages 65 and over was 76 males per 100 females.⁶ For ages 80 and over, there were only 59 men for every 100 women.

At the same time, there are a number of risk factors for abuse, such as sexism, ageism, or discrimination, that older women are more likely to face than older men.⁷ Society may tend to devalue older women's contributions because they have largely been unpaid. Grown offspring may be more likely to take over an aging woman's life than an aging man's, because they feel:

"Of course, she can't..."

³ Spencer, C. (1996) *Diminishing Returns: An Examination of Financial Responsibility, Decision-making and Financial Abuse Among Older Adults*. Vancouver: Gerontology Research Centre, Simon Fraser University.

⁴ B.C. Population Forecast. B.C. Stats. Available: <http://www.bcstats.gov.bc.ca/>

⁵ Sengstock, M.C. (1991) "Sex and Gender Implications in Cases of Elder Abuse." *Journal of Women and Aging* 3 (2): 25-43; Vinton, L. (1991) "Abused Older Women: Battered Women or Abused Elders." *Journal of Women and Aging* 3 (3): 5-19.

⁶ Gutman, G., A. Wister, H. Campbell, & J. Duguid. (March 1995) *Fact Book on Aging In British Columbia*. Second Edition. Vancouver: Simon Fraser University. Page 7.

⁷ Cohen, Leah. (1984) *Small Expectations: Society's Betrayal of Older Women*. Toronto: McClelland and Stewart. Pages 91-123.

“Of course, she doesn’t understand”
“She doesn’t need that...”
“It’s for her own good...”
“Papa always did that...”
“Women don’t...”
“Older women shouldn’t...”

Older women from outside the mainstream culture may face multiple risks, some of them from within their own families. Other risks are from social assumptions and stereotypes that people in the mainstream culture have about what “their culture” does or does not do:

“Obviously, in their culture, women won’t...”
“We all know that their culture respects its seniors...
[therefore seniors in that culture can’t be abused]”

The problem is compounded by significant difficulties many have in accessing community resources, as a result of language, knowledge, health, or economics.

The consequences of certain forms of abuse may be more devastating for older women. For example, financial abuse can have a serious impact because older women typically have fewer economic resources and must live on what they have acquired. Physical abuse may also seriously affect older women since they are more likely to have disabling conditions such as osteoporosis, causing bones to break more easily.

Social roles also have an effect since women typically have the responsibility of raising children and caring for their spouses. That social role may mean that if abuse by an offspring or spouse occurs, it can be more devastating for women.⁸

What is being Done about Senior Abuse?

National Trends

Abuse of seniors only became recognized as a social problem during the last decade, far later than wife abuse or child abuse. Recognition of wife abuse largely developed from the grass-roots efforts of abused women, while the problem of senior abuse first gained recognition among health care and social services professionals. In the United States and parts of Canada, senior abuse tended to be treated more like child abuse than spouse abuse, with adult protection legislation and mandatory reporting by certain professions. Across Canada, most interventions were organized within the context of health care and social services institutions. It was assumed that being young or old was equivalent to being vulnerable and dependent.

⁸ Vinton, L. “Questions and Answers about Older Battered Women.” Prepared for the U.S. Department of Elder Affairs’ Web Site. Available: <http://www.state.fl.us/doea/battwomen.html>

In both countries, there has been an unsettling trend **not** to include seniors (the people most affected by the problem and its solution), in the development and implementation of senior abuse programs. In a 1992 survey of Canadian programs addressing senior abuse, 43 percent of respondents said that they did not include seniors in this process. Acute and long term care facilities and health/social service providers were the least likely to involve seniors, and community groups or centres were the most likely.⁹

There has also been a tendency to assume that support and assistance to abused seniors has to be professional in nature. That assumption can create difficulties. Research in Canada and the United States indicates that 30 to 45 percent of abused seniors expressly decline help from agencies.¹⁰ There are many possible reasons for this:

- the type of help offered by agencies may not fit the abused seniors' needs, and indeed research indicates this is often the case
- the senior may believe that he or she "can handle it"
- the senior may feel frightened or ashamed
- the need to rely on any community agency or service provider may be seen as a sign of growing loss of independence
- these are important considerations when offering any kind of service to abused seniors, no matter who offers it.

Provincial Trends

There have been many different kinds of provincial responses to senior abuse across Canada. Some have opted for special legislation focussing specifically on abused or neglected seniors. Some have opted for voluntary or mandatory reporting of abuse. Most have relied on the

⁹ Ministry of National Health and Welfare. (1992) *A Shared Concern*. Ministry of Supply and Services Canada. Page 145.

¹⁰ McLaughlin, J.S., J.P. Nickell, & L. Gill. (1980) "An Epidemiological Investigation of Elder Abuse in Southern Maine and New Hampshire." In U.S. House of Representatives Select Committee on Aging (Ed.) *Elder Abuse*, pp. 111-147. (Publication No. 68463) Washington DC: US Gov't Printing Office; Wolf, R.S., C.P. Strugnell, & M.A. Godkin. (1982) *Preliminary Findings from Three Model Projects On Elderly Abuse*. Worcester, MA: University of Massachusetts Medical Centre, University Centre on Aging; Gallagher, E. (1993) *Victoria Elder Abuse Project: Final Report*. Victoria, B.C.: British Columbia Health Research Foundation.

initiative of local community groups to redress the problem. Others have simply ignored the issue to a large extent.

In 1993 new adult guardianship legislation was enacted in B.C. It offered protection to all vulnerable adults who might not be able to help themselves, including seniors. It recognized a **community responsibility** to help abused vulnerable adults, and the need for a coordinated response in dealing with the problem. Certain designated agencies would have official responsibility of investigating abuse, with support from the community in identification and referral of cases. It has been over four-and-a-half years since the legislation was put in place, but it has yet to be proclaimed. This has left abused seniors in B.C., and people who work on their behalf, in limbo.

Local Initiatives

The new adult guardianship legislation in B.C. outlines an official responsibility of certain designated agencies to investigate abuse, with a community responsibility to identify, refer to, and support these designated agencies.

In Vancouver, there has long been a concern over the abuse, neglect and exploitation of vulnerable seniors. In 1994, the Vancouver Forum was held in which thirty-three community-based, ethnic, government, and health care agencies came to discuss the issue of senior abuse. Of the ninety-five forum participants, one represented a seniors' centre, and two others represented seniors' networks.

At the Vancouver Forum, participants noted that community response in dealing with the problem effectively has lagged behind good intentions. There were very few initiatives to help meet the needs of abused or neglected seniors and many agencies preferred not to deal with them. At that time, forum participants noted many serious limitations and gaps in the existing community response. A few agencies in Vancouver had limited mandates, but there was no ability to bring people together in an effective way. In some cases, this meant that senior abuse was not dealt with at all and when it was, it was in a piecemeal and fragmented manner, sometimes with duplication of

efforts by agencies responding in conflicting ways. Over the last five years, little has changed.

The Vancouver Forum offered several recommendations:¹¹

- a coordinated response to senior abuse
- a need for education at all levels on the issue
- a need to train staff of organizations involved in responding to senior abuse
- improved communication about available workshops, forums and publications on senior abuse.

¹¹ *Vancouver Elder Abuse: Network Forum Proceedings*, February 17, 1994, Page 6.

It also noted that “individual agencies” should assume responsibility for assisting and providing services to victims of senior abuse as part of a comprehensive network. Arguably, “*individual agencies*” includes seniors’ centres.

B. The Role of Seniors’ Centres in Dealing with Senior Abuse

In the mid 1980s, when senior abuse was first being discussed in Canadian communities, many seniors’ centres were not involved at any level. Part of that may have reflected the general lack of knowledge of senior abuse in the community and therefore the seniors’ centres’ lack of awareness of the problem.

Part of it may have involved disbelief that any of “their seniors” could be experiencing abuse. Part of it may have depended on whether others in the community encouraged the centres to be part of the discussion, or simply expected them to “buy in” to what others developed. For example, at a 1994 forum one of the two types of seniors’ involvement suggested by professionals was using peer counsellors to help “sell” seniors on support services.¹²

Most seniors’ centres in Canada have not taken an active role in the area of senior abuse.

Seniors’ centres are gradually becoming more involved, although in different ways and to different degrees. A review of the dozen or so senior abuse programs funded by New Horizons Partners in Aging,¹³ indicates some seniors’ centres have:

- developed seniors’ speakers bureaus on abuse (Newfoundland and Quebec)
- utilized senior storytellers to work with youth in sharing tales of violence (Quebec)
- produced information brochures, a series of educational materials, and operated an information booth (Ontario)
- utilized seniors in developing and acting-out abuse vignettes
- focussed on raising awareness and providing information on resources (Quebec)
- developed a talent bank to provide a listing of trained senior volunteers ready to assist persons and organizations in the community.

C. Peers Counselling Abused Seniors

When we first began this project, we used the term “peer education and support” to describe to the community what the 411 Seniors Centre was proposing to do to aid seniors who were

¹² Ibid., *Forum Proceedings*, p. 16.

¹³ *New Horizons Partners in Aging*. Funded Projects, 1996-97. Ottawa: Health Canada.

experiencing abuse. In our written materials, we also described the current role of the 411 counsellors.

It became apparent during the course of the interviews and community focus group, that people had different ideas about what “counselling” entailed, who was qualified to give “counselling,” and the general appropriateness of senior volunteers helping seniors through peer support, education and counselling. We believed this warranted further consideration, so we looked at how the literature described counselling, and particularly peer helping.

The Counselling Continuum

A dictionary definition of the word “counsel” refers to mutual exchange of advice or opinions. A “counsellor” therefore is a person who provides advice on alternatives, opportunities, or personal problems, through discussion and consultation.

The literature indicates that counsellors provide several different types of services. These can include general counselling, or counselling on specific issues such as the loss of a spouse or chemical dependency. Counselling can also involve education on specific matters such as personal health or consumer rights. The counsellor’s role may be limited to information and referral, or the counsellor may take on complex issues such as legal advocacy.

It is generally thought that younger people are more accustomed than older to talking about their personal problems. Many older persons have been raised with the expectation that “you do not air your dirty laundry in public.” But at the same time, it is recognized that given the proper environment (one in which there is trust, empathy, and support), seniors will talk about the things that are bothering them. There is some evidence that they may be more willing to disclose problems to people near their own age. For example, research indicates that when seniors are used to link others seniors to mental health services, the use of the service goes up. Similarly, calls by seniors to an agency telephone service increased significantly when seniors staffed the hotline.¹⁴

Counselling exists on a continuum:

⇒ At one end, it may be limited to providing information, support and referral

⇒ At the other end, it may involve working intensively with a person on issues.

¹⁴ Carr, R. (1994) “Peer Helping in Canada.” *Peer Counsellor Journal* 11 (1), p. 7.

Peer Helping

Peer helping for older people uses the skills and life experience of older adults in a self-help approach. The rationale is that volunteer counsellors are seniors themselves, so they understand better than anyone the problems faced by their peers. And it is emphasized that seniors and counsellors meet on an equal plane, thus eliminating the hierarchy that is more likely to exist in professional relationships.¹⁵

Given the proper environment (one in which there is trust, empathy, and support), seniors will talk about the things that are bothering them.

Peer counselling, peer helping, and mutual aid are all different names for programs in which peers help peers. Peer programs can involve up to twelve weeks of training. Most teach self-awareness, active listening and feedback, information and referral, and advocacy skills, to prospective counsellors.¹⁶ The programs usually stress that this is **not** professional counselling, however, they do provide basic information on counselling skills required in establishing relationships, problem identification, and problem solving.¹⁷

Peer helping has been a growing phenomenon in Canada, among all age groups. While just a handful of peer programs existed in 1981, the estimated number of programs now providing a peer-based service in the 1990s is just over 3400. Some developed as a cost-effective means of providing services that would otherwise not be available in a particular community.¹⁸ Others developed to meet specific niches and needs.

During the early years of peer helping in Canada, many professionals were not overly supportive.¹⁹ Initially, professionals saw peer helpers as competitors or potential replacements for professionals. However, this perspective has changed considerably. Today, professionals often tend to be strong advocates for peer helping, particularly where peer helpers improve the connection with persons in need of professional assistance and add to the efficient use of professional services.

¹⁵ Bratter, B. & E. Freeman. (Winter 1990) "The Maturing of Peer Counselling." *Generations*, p. 49-50.

¹⁶ Stone, M.L. & E. Waters (September, 1991) "Accentuate the Positive: A Peer Group Counselling Program for Older Adults." *Journal for Specialists in Group Work* 16 (3): 159-166.

¹⁷ Carlow, G. (March 1992) *Senior Peer Counselling Trainers Guide*. Victoria, B.C.

¹⁸ Bratter, *ibid*.

¹⁹ Carr, R., *supra*, note 14, page 7.

The Use of Seniors to Counsel Abused Seniors

There has been very little written on the use of senior counsellors to help their peers deal with abuse. The little available counselling for abused seniors has largely been done by professionals, either psychologists or social workers (e.g., Third Age Counselling, Calgary; Elder Abuse Resource Centre, Winnipeg).

Peer counselling has been suggested for dealing with senior abuse in some quarters. For example, Elizabeth Podnieks author of a national study on senior abuse in Canada, has suggested peer counselling as one of a group of needed services. Others include telephone counselling, development of alternative living options, and prevention strategies. In Toronto, St. Christopher's House has developed and tested a model combining peer counselling with a self-help group for seniors who have experienced abuse.²⁰

Seniors counselling seniors has been attempted in various forms, for example the Synergy Project in Calgary,²¹ but such initiatives have typically faltered from lack of resources or commitment on the part of the agency. The role of counsellors in other "senior abuse" projects tends to be limited to friendly visiting. It is unclear whether senior counsellors do not want a more active role, or if agencies simply have not nurtured the possibility.

Potential Advantages and Disadvantages of Seniors Counselling Seniors

In support of seniors counselling seniors on matters related to senior abuse, it has been recognized that seniors as counsellors may be perceived as less threatening than professionals and this can be extremely important in sensitive areas.²² Also there is a large resource gap at present and a need for more counselling-type services than are currently offered. Because of limited funding or personnel, many professional, health-sector, and community-sector resources can only respond to senior abuse in a crisis or time-limited fashion. Agency resources are extremely strained and senior volunteers often are the only people with the necessary time to spend with the seniors.

However, in some quarters there are concerns. First, there is a concern among some professionals that the seniors who are attracted to this area may have experienced abuse themselves at some point, and really have not had time to work it through.²³ Second, research in other peer areas suggests that peers may engage in self-disclosure, even though not directly relevant to the issue at hand, and are thought to be working through their own concerns.²⁴

²⁰ St. Christopher House, 248 Ossington Avenue, Toronto, M6J 3A2.

²¹ Stone, *supra*, note 16, page 165.

²² *Ibid.*

²³ Annette McCullough, Third Age Counselling, Calgary, personal communication.

²⁴ Stone, *supra*, note 16.

Research in other peer helping areas indicates that professionals may be warmer and friendlier, and engage in greater exploration than senior peers.²⁵ Some research indicates that peers will give *more advice* than professionals.²⁶ Other studies indicate that peers give *less advice* than professionals.²⁷ Unfortunately there are contradictory conclusions in the literature about whether giving advice is a positive or negative feature of counselling, and some peer counselling programs expressly teach the senior counsellors **not** to give advice. Lastly, and again drawing from non-abuse issues, it has been found that some peers when counselling tend to avoid engaging in discussion of the more emotionally-charged issues.²⁸

Summary of the Literature:

- The bulk of support and assistance to abused seniors has been professional in nature.
- The people most affected by the issues (the seniors) have not had a lot of input into the type of support and assistance given, and perhaps as a result, abused seniors tend to refuse the help offered.
- There has been some recognition of a potential role for seniors counselling abused seniors.
- There are some concerns over the breadth of what senior counsellors could be asked to do, and what is actually meant by counselling.

²⁵ Smith, M.F., S. Tobin, R.W. Toseland. (July 1992) "Therapeutic Processing in Professional and Peer Counselling of Family Caregivers of Frail Elderly People." *Social Work* 37 (4): 345-350.

²⁶ Stone, *supra*, note 16.

²⁷ Smith, *supra*, note 25.

²⁸ Smith, *supra*, note 25.

PART 2

I. METHODOLOGY

This research project used a combination of methodological tools:

- A focus group with seniors who are counsellors at the 411 Seniors Centre
- A focus group with interested community service providers
- Semi-structured telephone interviews with twenty-five other community service providers.

Focus Groups

Two focus groups were held as part of this project – one with senior counsellors and the other with interested members of the community, community service providers, and seniors. The focus group participants were asked their perceptions of abuse, the availability of resources, and whether a peer support and education program is needed and if so, what form it should take.

Each focus group was approximately two-hours long. Both were held at the 411 Seniors Centre. The focus groups were co-facilitated by an experienced senior facilitator, Ivan Cumming, and Angela Brooks. Mr. Cumming is a senior, Board member, and chair of the programs/education committee at the 411 Seniors Centre. He is a retired certified consultant and trainer. He worked with the United Church for over forty years specializing in group work and organizational development. He was chosen because of his vast experience and interest in facilitation.

The 411 Senior Counsellors' Focus Group

Twelve volunteer 411 Information and Referral counsellors, six of whom are Ministry of Human Resources appointed senior citizen counsellors attended the first focus group. The 411 counsellors' focus group was advertised in a weekly memo that the counsellors receive, accompanied with an information poster. The poster was circulated and posted within the department and the 411 Seniors Centre. Each counsellor was personally approached by the Client Services Coordinator explaining the focus group and inviting them to participate. This was accompanied by follow up checks and telephone calls to remind and encourage them to attend. Only three of fifteen counsellors were unable to attend because of prior commitments. The Coordinator spoke with them individually before the focus group and brought their questions and comments to the group.

The turn out and participation were excellent, particularly in light of comments that "some counsellors, specifically some old timers, who don't attend much, will never come." While there

The Feasibility of Seniors Counselling Abused Seniors

was some initial hesitation on the part of some counsellors to attend because they had nothing to say or contribute never having dealt with abuse before, during the focus group discussion of the issue flourished. By the end of the focus group most, if not all, of the counsellors realized they had helped seniors deal with abuse and neglect on one or more occasions.

The Community Focus Group

Twenty people from the community attended the community focus group, including representatives from seniors' centres and peer counselling programs, plus community service providers, seniors, volunteers, and members and clientele of the 411 Seniors Centre.

Many of the participants in the Community Focus Group came from contacts with people interviewed in the semi-structured telephone interviews (see below). A follow-up letter had been sent to each community service provider who completed the telephone interview, thanking them and asking them to advertise the focus group within their organization and to any other interested parties – an information poster was also enclosed. This networking method led to the Client Services Coordinator receiving a number of calls from interested individuals for more information or posters.

The Community Focus Group was also advertised (by posters) within the 411 Seniors Centre to members, volunteers, and clients. The Information and Referral counsellors spread the word among colleagues and clients, and the staff of the 411 Seniors Centre were also informed. The focus group was advertised in the 411 newsletter *News & Views*, and a report was published in *A Shared Concern*, a newsletter produced by the B.C. Coalition to Eliminate Abuse of Seniors.

Semi-Structured Interviews

Twenty-five community service providers participated in the semi-structured telephone interviews. The Research Team developed a list of known local resources that: a) provided services to seniors; b) dealt with abuse issues in some capacity; or c) were in a position to detect abuse. Selected interviewees represented both front-line staff and management.

A letter with information introducing the project and fact sheet outlining the services of the Information and Referral department at the 411 Seniors Centre was distributed to prospective interviewees. Of the original list of thirty people, only one declined. Four others had scheduled, but were unable to participate because of pressing work commitments. Each telephone interview lasted approximately forty-five minutes. Some of the people interviewed were very eager to talk and be heard, with some interviews lasting over an hour. Prior to the interviews participants had an opportunity to read through the questionnaire (see Appendix C, page 61).

Recording and Handling of Focus Group and Interview Data

Focus Groups

In the focus groups, key points were noted on a flip chart by the facilitator. Two other recorders (the research adviser, and one of the 411 Seniors Centre staff) kept more detailed notes of comments made by specific members of the focus group.

Semi-Structured Interviews

All of the telephone interviews were conducted by Angela Brooks using the interview schedule as a guide, but allowing interviewees to raise issues they saw as important. These responses were written down, trying to stay as close as possible to the actual wording used by the person being interviewed. The semi-structured interviews had a greater breadth than the focus groups to allow the interviewees room to describe the nature of the problem as they saw it, and what they felt were gaps or obstacles in what was currently offered.

Data Analysis

The focus group and interview data were grouped into emerging themes. An analysis of the data is presented in the following sections. There was less of a focus on “quantitative analysis” (how many people raised that point), and more on “qualitative analysis” (the kinds of issues that were stressed). In the following sections, wherever possible, direct quotes have been used, to let the participants “speak for themselves.” All identifying names have been removed as have, and in some cases, references to specific occupations. All quotes are in italics and marked with quotation marks.

II. FINDINGS

Defining Abuse

Senior Counsellors Focus Group

Many 411 counsellors saw “senior abuse” as actions that interfered with the liberty of the senior, or actions by a person or persons that take away the senior’s power. Others described it as unwanted or unsolicited acts against another person. They stressed that it can take various forms: physical, financial, social, verbal, or medical. It could also be “discrimination against seniors” or “taking advantage.”

The senior counsellors also noted that abuse can come from those ostensibly in a position to help. The senior counsellors stressed that, in their experience, this type of abuse sometimes comes from regulatory pressure and the rules themselves:

“it is the fear created through ‘officious officials’ – e.g., the way the Ministry ... treats older people on welfare or forces them to apply”

The participants pointed out that senior abuse can occur in any setting, and with any socio-economic group. The counsellors found that senior abuse can involve abuse by family members (abuse by one’s grown offspring); abuse by people who are one’s own age (*“they can be tough on you too”*); and abuse by government officials. Like service providers in the community, senior counsellors struggle with the questions:

“What exactly is senior abuse?” and
“How do we avoid lumping every misfortune a senior experiences under the term?”

Community Service Providers Focus Group

The definition of senior abuse used by the community focus group participants generally concurred with that of the counsellors. Among other definitions or measures the community focus group participants used were:

“When senior is unwilling, unable, unknowing”
“Harm to a senior – physical, emotional, financial, spiritual, sexual”
“Where loss is experienced – loss of power to senior”
“A break in a trust relationship – in ways that are not to the benefit of the senior”
“Infringement of people’s rights”
“It is often subtle”

The community focus group participants added that:

"[Abuse] occurs when there is a power imbalance"

"There is a continuum of abuse, neglect, including dis-empowerment"

"It can be created or reinforced by a value system that places them in a second class status"

"It can be made worse by policies around housing and access to services"

Semi-structured Telephone Interviews

A number of different types of responses arose from the semi-structured telephone interviews with the community service providers. Like both the senior counsellors and the community focus group participants, most saw senior abuse as tied to powerlessness, lack of control, exploitation, and social isolation. Almost everyone listed the same major types of abuse – financial abuse, emotional abuse, physical abuse, neglect, and violations of rights. A few included sexual abuse and abuse by medications.

But there were important differences too. A few saw abuse as part of domestic violence; the majority saw it as tied to care giving. Their definitions tended to focus on an elderly person who was dependent on someone else for care, and on failure to care for a person's physical, emotional, or financial needs. A number also included self-neglect in the definition. Some viewed abuse within the context of family dynamics and family history.

Extent of the Problem

Senior Counsellors Focus Group

When senior counsellors were first asked about the extent of senior abuse, most believed that it was not a common occurrence. However, over the course of the focus group, counsellors offered more and more examples. Some of the counsellors were not used to using the term "abuse" to describe these situations, but acknowledged that to their mind, the examples fit the definition – "harm to a senior," or "wrongfully depriving the person of independence."

Community Service Providers Focus Group

Among service providers interviewed, there was remarkable range in the number of cases coming to their attention, even though they were considered likely to be in a position to identify or receive reports on senior abuse. For some, abused seniors represented thirty-five percent of their clients. In Vancouver's Downtown Eastside, almost every older client of one particular agency seemed to have had some involvement with abuse.

Semi-structured Telephone Interviews

In the telephone interviews, service providers noted that to a large extent, the problem of senior abuse is still hidden. Sometimes people ignore seniors and their plight. Sometimes, the abused senior does not want to involve someone else (the senior does not want family to know), and other times when seniors do reach out, there is no one there to help them.

Surprisingly, some of the legal agencies and bodies that one might assume *should be* getting abuse cases, were not. Some of this is to be expected, since, as noted previously, very few cases are reported to authorities,²⁹ and very few abuse cases (as few as four percent) receive legal attention. But the gap is worrisome, and as a community we need to begin considering why seniors apparently do not turn to these resources, and whether there are ways of overcoming those barriers.

Who Is Abused?

The vast majority of service providers interviewed (twenty-one of twenty-five) felt that older women were more likely to be abused than older men. Only one person felt that older men were at greater risk, and three felt the risk to either sex was equal. In the two focus groups, the topic was not touched upon directly. The examples given by the senior counsellors covered both older men and older women. The examples offered by the community focus group tended to involve older women.

Abuse Situations Encountered

The 411 counsellors offered numerous examples of abusive situations which they had encountered in the course of their volunteer efforts. Most, but not all, were related to financial abuse, which is not unexpected in light of the kinds of information, support and assistance the counsellors typically offer.

Abuse By Grown Offspring

A number of the examples offered involved exploitation or neglect by grown offspring:

The 411 Counsellors currently deal with:

- * Abuse by Grown Offspring
- * Abuse in Relationships
- * Abuse In Ethnic Communities
- * Fraudulent, Deceptive or Questionable Business Practices
- * Banks
- * Abuse by Authorities

²⁹ Pillemer, *supra*, note 2.

- A son who took out a telephone number in his parents name and ran up large bills on it. They were forced to pay for his debt.
- A daughter who controlled her mother's money, refused to pay for a needed winter coat for her mother.
- A son pawned his mother's coin collection. When it was suggested that the mother call the police, she declined, and considering this a family affair, accepted the loss.

The counsellors reported that a number of issues were raised for them, such as how to help if the senior wanted to "keep it in the family," and how to sensitively ask questions so that the senior did not feel ashamed.

Abusive Relationships

A number of examples that the counsellors offered demonstrated the fact that spousal abuse continues with age, and also that relations with men or women can become abusive, irrespective of how young or old the person is:

"A lady coming to the seniors' centre was in an abusive relationship. Both she and others at the centre here were threatened by this person"

"A while back, I was helping a woman whose former husband tried to disrupt and control her life by illegally putting in a change of address for her so that all her mail went to him, including correspondence from her lawyer."

Q: What did you do?

"A: With her permission, I contacted the RCMP and got the Post Office involved. The man has now been charged."

Abuse in Minority Communities

Abuse can happen in any culture. Some examples from senior counsellors who are themselves from ethnic minorities pointed this out. In some instances, the exploitation came from family members:

"Sometimes immigrants' kids do not give the parents any money from the senior's pension cheque – this happens because the senior does not know how to do his own banking"

In other instances, as in all communities, there are people who are willing to exploit the

The Feasibility of Seniors Counselling Abused Seniors

gullibility, aspirations, or kindness of ethnic seniors. In one example, the older person was told of having won a contest, but that he first had to send the company money. In other examples, the senior counsellors explained how immigrant seniors are sometimes told they have received “awards” of a million rupees, or they are under strong pressure from telephone canvassers to “send us money to stop the famine.”

Many seniors face the same kind of pleas for money, but ethnic seniors are usually protected from these plays on their sympathy because the caller usually speaks English, and the seniors often do not. But in the above examples, there was no language barrier, and the person telephoning was from the same background.

Some immigrant seniors may be unfamiliar with the nature of contracts or offers, which may leave them vulnerable to what might loosely be termed “exploitation.” In one example, the senior pays by credit card for mail-order videos, ostensibly for \$20, and is then charged a monthly fee. In this case, the older person simply does not understand the nature of the contract.

Fraudulent, Deceptive or Questionable Business Practices

A number of the examples offered by the counsellors involved problems with companies and business services such as magazine club contracts, repairs, carpet cleaning, funeral/cremation services, or long-distance charges. In some cases, the company was selling a service that a senior would not be able to use:

“She had been offered a Hudson’s Bay credit card protection – but, as it turns out, it only covers those seventy-five and under. She was over eighty. So she was paying for something she could never use.”

In most of these cases, the senior counsellors provided the seniors with information on what their rights were, identified existing resources, identified known options, and acted as liaisons or advocates. The counsellors helped to write letters or make phone calls on the seniors’ behalf to clarify the situation, get more information, point out the problem, and in some cases, obtain reimbursement for the seniors.

Banks

Senior counsellors frequently deal with financial problems experienced by seniors. Some of these involve “financial abuse.” Some involved deceit, misrepresentation or undue influence, or pressure, by the senior’s grown offspring. Others involved financial dealings with non-family members. Some matters clearly involved illegal actions by others. Other matters were borderline. They may or may not intend to cause economic harm to the seniors or their estates, they may simply not honour what the seniors themselves want.

Examples of Financial Problems

Parents' money is put into their son's RRSP as his inheritance, – but there are no records kept. When a parent dies, no one can determine what was intended, so the son gets more than his share of the estate.

An account wrongly opened in a senior's name in Ontario by "someone" – her pension cheque goes into it. Considerable difficulty in getting the matter cleared up.

A passbook with a \$30,000 withdrawal. The senior's money was put into a term deposit, but there was nothing to show this (what happens if he dies?).

In some cases, seniors' counsellors have worked with bank representatives to try to determine what has happened, and whether there is a way of redressing the problem. But this can often be difficult and time consuming.

Helping seniors in abusive or exploitative situations can be difficult. In the time consuming (and often frustrating) nature of these situations, senior counsellors felt they had a slight advantage over professionals – the time to listen, the time to wait, and the time to see it through.

The Special Challenges

Senior counsellors noted that there are several challenging situations in dealing with suspected abuse cases. They stressed that if senior counsellors are trained to deal with senior abuse, these matters will need to be carefully addressed in the training.

Senior Counsellors point out that in order to best help the senior who has been exploited, they must work with others.

For example, the senior counsellors point out that sometimes it is unclear whether abuse has occurred or whether the person is mentally confused. Senior counsellors have occasionally encountered situations where a senior has accused neighbours and friends of theft. This may have actually occurred, or it may reflect the fact that the person has senile dementia, is paranoid, or forgets where they put things.

Helping Abused Seniors

Resources Used in the Community

The 411 counsellors readily acknowledge that they do not have all the knowledge and expertise themselves. They point out that in order to best help the senior who has been exploited, they must work with others and draw on different types of community resources depending on the

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specific type of problem being faced. Among the many resources that counsellors have successfully called upon in the past are:

- Greater Vancouver Mental Health Services;
- Information Services Vancouver;
- Inquiry BC, for government resources;
- Legal Aid;
- Ministry of Human Resources Senior Citizen Counsellors and the Supervisors of the Senior Citizen Counsellors;
- RCMP;
- Vancouver Health Department, for an assessment by Continuing Care;
- Community Legal Services;
- Tenants Rights Advocacy Coalition.

Senior counsellors have also been able to call upon resources that are often not assumed to be able to help with senior abuse, such as the Workers Compensation Board for time-limited counselling of an employed senior or an employed abuser. The counsellors have also engaged in low-level political advocacy by contacting local MPs when federal cheques were frozen.

Senior counsellors point out that they handle many situations themselves, for instance, with the senior's permission, they may talk directly with a company (problems with banking, etc.). The senior counsellors note that in the community there is a tendency for seniors to be referred from agency to agency, or department to department. Someone has to act, and as one counsellor noted "the 411 is where the buck stops."

The community focus group participants also rely on a number of resources in the community to help them deal with the abuse cases they encounter, including:

- the police;
- the Public Trustee;
- mental health services where a the senior is a mental health client;
- the Law Society – to give a lawyer a warning;
- the Real Estate Board – to stop the sale of a house;
- bank managers on an informal, personal level.

Some community focus group participants rely on their professional networks and will use home support or adult daycare to help monitor the situation. Others turn to multicultural organizations, such as SUCCESS and Immigrant Services, for translation, interpretation, and advocacy.

Other resources that the community focus group participants suggested may be called upon included:

Alzheimer's support group;
West End Seniors' Network;
Seniors Well Aware Program;
The 411 Seniors Centre;
BEST, the Burnaby Emergency Services Team;
A dual diagnosis team, when the senior or the abuser has both a drug/alcohol and a mental health problem.

Participants noted that there are emergency resources, such as hospitals for short term stabilization and continuing care. One individual pointed out that the medical health officer can conduct an assessment, but "it is inadequate, limited, and subjective."

Dealing with Community Resources

The 411 counsellors note that, in their experience, some of the existing services that the community normally *thinks of* as being able to help deal with senior abuse:

- no longer exist, or have cut back services;
- have very limited hours, and so may not be available when needed;
- focus on providing information or public education, not active intervention;
- are extremely slow;
- are only for people who are mentally incapable (e.g., the Public Trustee).

As did the senior counsellors, some of the community focus group participants noted that some of the existing resources could be more helpful. The police, in some instances, have been reluctant to lay charges in assault cases involving seniors, ostensibly because of a lack of evidence, or because they question the reliability of the senior's statement. Although there is a police charging policy for domestic violence in B.C., the individual officers have apparently not been adhering to it when seniors are involved. As one service provider put it:

"The police are a problem. It is as if people's rights are relinquished as a result of their age. The police treat the seniors as if they don't have rights."

Yet others have turned to the police successfully. Thus, the problem seems to be the "hit-or-miss" willingness of the police to be involved.

Community focus group participants noted that the lack of certain kinds of community resources can create major problems, and in some instances the "solution" to senior abuse may be as bad, if not worse than, the problem. In one example, an abused elderly woman was taken by police to an emergency shelter that serves many younger people with mental health and other problems. The woman needed a safe place, and this was all that was available. However, this particular emergency shelter has a reputation in the community for being an "unsavoury" place, leaving seniors at risk of harm from others.

Others in the community focus group felt that there are resources in the community, albeit not always ones that adequately meet the abused senior's needs:

"there are hospital protocols, but seniors often slip through"

"we called the police, but not helpful, no charges laid against a physically abusive son because 90-year-old mother did not want to..."

"sometimes abused seniors fear or feel intimidated by those there to help"

"a senior may feel intimidated by the police..."

"some fear my role as a [professional]. How will I use this information?"

"physicians aren't likely to know themselves"

Obstacles to Accessing Existing Resources and Services

Throughout the interviews and the focus groups, people noted that there are a number of obstacles to seniors accessing the existing resources, including knowing where to turn, their emotional state or resources, and physical barriers.

a. Knowing Where to Turn

The service providers interviewed pointed out that it is often difficult for a senior to know where to begin to look for help:

"seniors often don't know where to start"

"there's nothing under senior abuse in the Blue Pages"

"there's nothing being sent from the Ministry Responsible for Seniors telling what abuse is"

"no clear places to go"

"the abuser may be the only caregiver that the senior has, and the senior has to live with them"

In the focus group, community service providers pointed out that the existing resources are often not there when needed and in a form that people can make use of. In particular, they noted problems where a senior or service provider phoned a resource and did not get an immediate response. They stressed that office "conveniences" such as answering machines, voice mail, and pagers act as important barriers to abused seniors being able to get help:

"people want to talk to someone (a person), not voice mail"

"the existing services are often overworked"

"abuse does not happen 9 to 5, and seniors find getting an answering machine very discouraging. It took a lot of courage to phone in the first place"

"it is discouraging for seniors to get passed around"

b. Emotional Resources

Community service providers pointed out that abuse can drain the senior's emotional resources:

"the seniors often feel scared, powerless"

"the abused senior may feel intimidated by resources, such as the police, that are supposed to be there to help them"

Others stressed that personal feelings could be a major obstacle in asking for help and the seniors often felt embarrassed or intimidated. Some seniors were fearful of scandal, others of repercussions. Sometimes the abused seniors were unaware of their rights because of language. Sometimes, cultural expectations prevented an abused senior from saying anything to people "outside."

c. Physical Barriers

Research on senior abuse in other cities has indicated that a significant proportion of abused seniors have physical conditions that leave them isolated and vulnerable to abuse, as well as making it difficult for them to access help.³⁰ The people interviewed for our study noted similar problems:

"many abused seniors are frail, they do not leave their homes"

"the person is isolated, can't get out"

"sometimes they are not mobile, can't use the existing resources"

"resources are not accessible in people's home. There are difficulties especially if the person is impaired"

"because of mobility problems, how do the available services find out [where these seniors are] and reach them?"

"there is a need for transportation to the available resources, and to other outlets that can reduce social isolation"

Special Obstacles for Older Adults New to Canada

In the interviews, people noted that seniors from outside the mainstream society have considerable trouble accessing mainstream services. In addition to facing language barriers, some seniors experience overt and covert racism from service providers. The senior who is new to Canada often has no independent financial resources or friends, and usually lives with the

³⁰ Gallagher, supra, note 10.

family who might be the source of the abuse. The new senior is unlikely to have knowledge of community resources, and in any event, he or she can not access information outside of Vancouver.

What Could the 411 Seniors Centre Do to Help Abused Seniors?

When the senior counsellors were asked what the 411 Seniors Centre could do to help in abuse situations, they offered four major suggestions:

1. increase counsellor awareness;
2. encourage education and awareness for seniors;
3. implement special education for seniors from ethnic communities; and
4. establish support groups.

1. Increase Counsellor Awareness

Even though many of the senior counsellors had dealt fairly well with one or more abuse situations over the years, most felt that they needed to know more in order to do more:

“first we need to know how to recognize it and how to deal with it”

“also need to know if the program will work; are there clients who will come”

“need training for the Information & Referral Counsellors because all counsellors experience different parameters of abuse”

“we need to know the proper resources to make proper referrals”

“we need ability to assess situations, what the person is saying, and what is actually happening”

“make me more sensitive to abuse. I have to read between the lines”

“[I need to know] if I am feeling out of my depth, who could I refer the matter to”

The counsellors recognize that it is only if people have been properly trained and educated about abuse, know when a situation sounds suspect, and know how to ask the senior the right questions in a sensitive manner that senior abuse may come to light.

2. Encourage Education and Awareness for Seniors

The senior counsellors stressed the positive role information and education play in preventing abuse from first occurring:

“we need more education among the seniors; maybe the 411 could do an education program. We could call it a ‘wellness program’”

“[but] how do we encourage people to come [to these sessions]?”

“seniors need to be aware of the alternatives to Power of Attorney”

3. Special Education for Seniors from Ethnic Communities

Some of the counsellors noted the need for special education on banking for older members of ethnic communities, so they do not have to depend on their children to do it for them.

4. Establish Support Groups

There was a strong urging to develop a support group network for abused seniors. The senior counsellors saw the need for two different types of support groups. One type would focus on preventing and dealing with abuse in its early stages. These support groups would focus on safety, freedom of communication, and education. The second type of support group would be for those currently experiencing abuse. The seniors stressed that these groups would need to be aided by trained support group facilitators.

Suggested Ways The 411 Centre Could Help Abused Seniors:

- Increase Counsellor Awareness
- Promote Education and General Awareness of Senior Abuse
- Promote Special Education in Ethnic Communities
- Stress Prevention of Abuse
- Partnerships and Support for the Efforts of Others
- Counsellor Training on Abuse Issues

Community Focus Group Participants' Suggestions

1. Prevention

In terms of prevention strategies which the 411 Seniors Centre could focus on, in the community focus group it was suggested:

“start at the beginning – prevention – visually – posters; small group discussion; so they recognize, and are aware of resources”

“develop a response model that other centres could use. Multicultural and other seniors’ centres”

“prevention/education, public forums, speakers, recognize it, empower their rights and resources. Prevent it first.”

2. Partnership and Support for the Efforts of Others

Many community focus group participants saw **partnership** as crucial:

“abuse is a gigantic issue. Until there is a coordinated response and this is treated as a priority issue, the issue will remain fragmented. There is no first entry”

“work in a partnership with emerging designated agencies”

“the 411 needs to be connected, not duplicate the work of others, not work in isolation”

“need protection – have no mandate – so pair up with an organization”

“not work alone”

“work together with legal and health systems”

“definite partnership”

This closely paralleled the comments from the service providers interviewed:

“need protection – pair up with a professional”

“partnering with Continuing Care & Greater Vancouver Mental Health Services. These will be the designated agencies in the adult guardianship legislation

“need some protection legally to give you structure”

“become community partners with the police/RCMP, work together”

Some suggested that the 411 Seniors Centre could be **supporting the efforts of others**:

“support the coordinated response network”

“call Pauline Fisher, Community Response Network”

“provide a letter of support for the Vancouver Elder Abuse Network proposal to the Health Board”

“get behind a body that is aiming for coordination”

The fact that the guardianship legislation has not yet been proclaimed, made some people comment:

“[we] should be questioning what we’re doing – it’s evolving”

“with guardianship legislation, need other groups too. Need unity between agencies that this is an important issue...but who brings all these people together?”

Yet others recognized that the legislation could not be expected to “fix everything.”

3. Counsellor Training

As will be discussed in greater detail below, participants considered the potential of the 411 Seniors Centre and 411 counsellors directly helping seniors on abuse issues. Their ideas on how that might be accomplished varied considerably from the 411 Seniors Centre giving public forums, to the 411 counsellors providing clients with support, advocacy, referrals, and education (building on the work they already do around financial issues).

Should There be a 411 Seniors Centre Peer Support Program to Help Abused Seniors?

1. The Positive Responses

When asked “Do you think the 411 senior counsellors (a peer support program) should help abused seniors?” the overall reaction from the people interviewed was extremely positive:

“terrific, wonderful”

“do a good job, they are the ideal people”

“seniors supporting seniors is fundamental”

The overall reaction from the people interviewed was extremely positive...

Some of the community focus group participants concurred:

“the counsellors would be supportive of one another”

“this approach addresses the balance of power, gives the senior more power...counsellors could teach abused how to say no.”

When asked whether the 411 Seniors Centre should be involved in this area, again the response was very positive:

“no problem, all seniors should be involved”

“it will help access, everyone can get it, all communities”

“no problem. All seniors’ programs should be involved, not just professionals”

“they are a natural fit”

“everyone else is too busy”

“we (seniors’ centres) are involved, whether we want to or not”

Some interviewees pointed out that there were a number of **advantages to seniors helping abused seniors**:

“it would help breakdown the stereotype that it can’t happen to me”

“normalizes the fact of abuse, it’s an issue that affects everything”

"seniors respond to people their own age"

Perceived Advantages to Seniors Helping Abused Seniors:

- ◆ "normalizes" abuse as happening to any senior
- ◆ seniors respond to people their own age
- ◆ a continuation of what senior counsellors already do
- ◆ it helps break down the stereotype that it can't happen to me.

Others saw it as a **continuation of what senior counsellors already do:**

"they are already because they hear about it and are already involved; different comfort levels"

"they will, when they find themselves in that situation at some time"

To make the program work well, people stressed a number of matters that would need to be addressed in its development:

"need a multicultural environment"

"as long as everything is coordinated, not fragmented. Need pieces to fit together"

Other considerations arose:

"demographics – better off dealing in our own area. Instead of the Lower Mainland, would need to refer the problem to another closer network"

"need to think about how to publicize and access the service"

"North Shore seniors not going to make that trek [to the 411]"

"the program would need accountability to the community"

2. The Cautions

While there was strong support, a few people expressed some concerns about volunteers' ability to handle sensitive and often time-consuming cases:

"I'm not sure I'd want to put a volunteer in the middle of something"

"it's a lot of responsibility"

"must recognize your own limits when helping – fear of the counsellor going too far – all sorts of legal things could be involved"

"maybe a peer counselling program, focussing on finances, acting as a first-line resource...but the 411 counsellors may not want to go the full nine yards...and do not assume [you] can fix it in five minutes"

Some believed that **only professional involvement** was appropriate, or were of the opinion that seniors counsellors did not meet this standard in some way:

- "I have concerns about the non-professional nature of senior counsellor involvement"*
- "seniors talking to seniors is one step from friends talking to friends – where's the professionalism?; [where's the] boundaries of peer support?"*
- "confidentiality factor – professionals are trained very rigidly and controlled. Peer counsellors aren't held to the same level"*
- "need professionals to have a leadership role, need supervision"*

Others stressed the need for **support, supervision, and guidance**:

- "need some degree of professional involvement/guidance"*
- "need backup of other resources and [to] work closely with mental health/continuing care so they don't get in over their heads"*
- "seniors supporting seniors is fundamental, but needs professional guidance and leadership"*
- "need appropriate monitoring"*
- "make sure they are debriefed. Watch out for post traumatic stress"*
- "need to have meetings with each other"*
- "make sure you look at the liability issues"*

Some felt that there could be **physical and emotional risks** to the senior counsellors if they had to deal with the abusive person:

- "risk of going there"*
- "can't be exposed to danger"*
- "I'm concerned that [some] seniors counsellors themselves will have experienced abuse in the past – will that skew their own experience"*
- "counsellors are very supportive in empathy [at the periphery of the problem], but [in the middle of an abuse situation] could be dangerous"*

In spite of the fact that some people had reservations, most felt that these could be overcome by **appropriate training**:

- "need trained coordinator"*
- "strengthen their skills by having more resources"*
- "Information & Referral volunteers not trained for it [but] could be"*

The Cautions:

- ◆ Belief that there should only be professional involvement
- ◆ Need for support, supervision, and guidance
- ◆ Concern about physical and emotional risks
- ◆ Need for appropriate training
- ◆ Belief that seniors should take an indirect role in this area instead.

The most cautious respondents suggested that senior counsellors could perhaps, **take an indirect role instead:**

“if the Community Response Network [CRN] developed, peer counsellors could use CRN as a resource”

“we should not expect them to handle it all by themselves; they are good information givers on who to call; where to call”

“peer counsellors could help with acquainting the police with seniors [act as liaisons] and how abuse happens – help to educate them – seniors tend to be treated as less reliable witnesses”

When the 411 counsellors were asked if they as counsellors should be involved in some way with abuse issues, the consensus was yes, with a number of provisos. In particular, they, too, stressed the need for **training and partnerships:**

“yes, Information and Referral should play some part, but not all”

“yes, if there is training for Information & Referral Counsellors, need someone at the 411 with greater training – videos would help”

“yes, on a partnership basis with other community agencies: BCCEAS, Greater Vancouver Mental Health, Ministry of Health, federal government, Vancouver Health Board”

“I would feel more comfortable referring a client within the 411 [to someone who had more expertise and training – more than one person]”

“assessment is an issue – but if you talk to the person at length, you’ll notice the inconsistencies”

“if training and programs are spread too thin, it won’t work – we would need someone in charge – perhaps the Information & Referral coordinator could receive extensive training”

What Should the 411 Seniors Centre Program Involve?

The Structure

A number of service providers stated that if a counselling program was developed at the 411 Seniors Centre, it would meet with much greater positive response in the community if it had an Advisory Committee with representation from key sectors (e.g., doctors, Office of the Public Trustee, Health Department). These individuals would champion the project and buy into the program.

Most felt that the program would be more successful if the counsellors were supervised by a paid employee (which is currently the case). This person would offer support, guidance and reassurance, as well as help the counsellors debrief. Some felt that there needed to be a certain degree of structure to the program (record-keeping, manual, keeping notes, logs, use of protocols).

If the program made a distinction between different types of counsellors (those who dealt with regular matters, and those who dealt specifically with abuse issues), or if the matter needed to be referred to another agency, it was essential to ensure continuity. In other words, it was essential to make sure that if the matter was passed on to someone else, the abused senior did not feel abandoned, and did not get lost in the process. Others pointed out that:

“it needs to be a quick response”

“letting the volunteer know when to pass it on [when it becomes too hard]”

“get government to cooperate with the counsellors”

The 411 Seniors Centre would also need to decide the breadth of the program, for example would it reach out to ethnic and multicultural communities, and if so, how could that be best accomplished.

Selection

The participants stressed that the counsellors who work in this area need to be well screened because of the special vulnerability of abused seniors. The people selected would need to be comfortable discussing abuse. And if seniors were helping seniors from ethnic communities, they would need to be carefully assessed for racial acceptance. They also needed to be bonded and well trained. Honesty was another crucial factor.

Training, Training, Training

Whether people were strongly supportive from the outset of the 411 Seniors Centre working in this area, or cautiously optimistic, they all stressed the critical role of training and the importance that the counsellors working in this area have the right skills. They pointed out that this would help ensure the program succeeded, that it was accepted by the community, and that abused seniors received the best help possible from their peers. The training would increase seniors' awareness of the complexities of abuse situations, as well as offer them formal recognition and support. It would also offer assurance to the counsellors that they were not alone.

Some of the suggestions are already part of the 411 Seniors Centre's training for counsellors, but other parts would need to be established. People's comments provided a blueprint of what training should involve. For example, it was suggested that the first component of training could cover:

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1. What it is to be a volunteer: boundaries for the client and the person; getting support from one another; debriefing; how to deal with own needs; and
2. Responsibilities of the 411 Seniors Centre, other agencies and organizations in the community, as well as the volunteer's responsibilities. This would help establish boundaries, as well as show overlaps.

Some of these matters are already in place, but it was suggested that a "job description" would help fill the gaps.

Skills Training

In terms of skills training, it was recommended that:

"self exploration of attitudes to abuse"

"communication skills, empathetic listening, taking the time to address topics without prying, use of body language to make people feel comfortable"

"mediation techniques when working with the abuser"

"knowing what question to ask; intuitive interaction between the counsellor and the senior; how to question when you have an inkling [that the person is experiencing abuse]; how do you withdraw"

"talk about advocacy, focus on self help, build on their strengths, encourage people to be self-sufficient"

"special skills in conflict resolution"

"advocacy"

"be able to help people with assertiveness"

"developing a relationship with the victim; crisis situation – how to handle"

"how to respond if person discloses"

"when not to involve themselves – pass it on – too hot to handle"

"their rights as volunteers"

"how to help themselves"

"not being rescuer; not making the victim more dependent"

It was felt that this training was best accomplished through role playing for counselling skills, and power plays or situational acting. A number of specific topics needed to be addressed including aging, abuse, counselling on abuse, the law, and existing resources. Each of these is elaborated on below.

Aging

While it might seem superfluous to teach seniors about aging, this was considered an important

topic in part because there are certain risk factors for abuse that accompany growing older. Like the community at large, many seniors may not make the connection between the two. It was suggested that the training modules talk about aging, diseases of aging, and what happens as people age. It was recommended that the program have modules on dementia, depression, substance abuse, mental health, and pain management. It should also encompass information on the social determinants of health – poverty, social class, trends in society, and what the future holds for seniors.

Abuse

People stressed the need for counsellors to be well informed about abuse generally, both in terms of violence against seniors and violence against women. Part of this teaching would need to identify the variety of causes (looking at the imbalance of power) and the resources available. Part of it should look at family dynamics, women's issues, and risk factors, for example alcohol abuse. The role of race in senior abuse and how being a member of an ethnic community might affect disclosure, also would need to be discussed.

Counselling on Abuse

It is generally recognized that counselling in this area requires special skills in order to build trust and rapport. The abused senior needs to feel sufficiently comfortable to disclose the full nature of the problem. Thus, many of the comments focussed on the need for training about disclosure and knowing what to do with the information. Counsellors needed to be instructed not only on confidentiality, but the limits of confidentiality. An ethical overview, particularly the ethics of doing the least harm, was seen as helpful.

The Law

Many forms of abuse are against the law, criminal or civil. Thus it is important for counsellors to have a good understanding of legal issues. Participants suggested the counsellors would find it useful to know about legal advocacy, protection orders, referral procedures, and battered women's support services. Depending on when the program was established, the counsellors would need to know either the basics of the existing adult guardianship law, or the new law once it is proclaimed.

Existing Resources

The community recognized that different abuse situations need different types of responses. The counsellor and the abused senior would need to know what resources and services were out there, and which were most appropriate in the circumstances. In particular, people stressed the

need to know about alcohol/drugs, financial resources, and battered women's support services. It was surprising to find some people suggesting services that the counsellors already use regularly:

"...course on financial benefits – peer counsellors could be better acquainted with what is out there"

"services they should be using – are they aware provincial victims information services has very current up to date info?"

It may simply be that the service providers are not aware of what counsellors do, in which case there is an opportunity for the 411 Seniors Centre to provide community education about their counsellors. Or this may reflect an encounter with a particular counsellor who has not had an opportunity to upgrade his or her skills.

Other Points

People who have worked with volunteers in the past pointed out that there are a number of special considerations to take into account in establishing a program like this. First, it was recognized that there may be a high turnover rate among counsellors, due to illness, burnout, or relocation. One of the interviewees pointed out that the average peer counsellor lasts two years. In their experience, younger seniors seem to be work out better. They suggest that at a minimum, the 411 Seniors Centre would need to consider how to keep volunteers as they age. By way of contrast, the 411 Seniors Centre has found that its volunteers stay with the Centre a much longer time.

People suggested asking prospective counsellors to commit to a one-year minimum, keeping in mind the person's and the 411 Seniors Centre's investment in time and energy to train. They stressed the need for consistency in training, especially with new recruits. They also stressed that training is not a one-shot deal. It is important for people to have the opportunity to brush-up on and hone their skills through ongoing training.

How Current Community Efforts can be Improved

In the semi-structured interviews, in addition to looking at the 411 Seniors Centre's role, we asked a number of questions about how other current community efforts could be improved. People's responses emphasized continuing the good initiatives already in place, stronger efforts to let seniors know their rights and that they did not have to suffer abuse, and public education.

Continuing the Good Initiatives

"continue with outreach, verbal information, media, workshops"

Letting Seniors Know their Rights

"need outreach"

"use 1-800 number"

"use advertising – seniors watch TV"

"get info to them and have them call you"

"need more specific information about abuse, who to talk to, if you make a report what would happen – not a personal shame"

"provide information at places where seniors go – e.g., seniors temples"

"needs to be a bridging – language is the number one obstacle"

"more publicity – newspaper articles"

"provide practical suggestions in newsletter, e.g., using a realistic situation, recap a process they went through to get help – step by step"

"education, video, spot announcements"

Public Education

"need more knowledge about rights – is it a crime?"

"education needs to start early – right in high school"

"pre-retirement programs – [and] educate on adult guardianship issues"

"agencies reluctant to take on new responsibilities"

The people interviewed offered suggestions to improve services and the responses of community agencies in addressing senior abuse. They noted that special efforts would be needed for institutional settings.

Improving Services

"need time – need someone with a small caseload and spend the time, can do assessment, help the person and follow-up"

"need someone as their advocate to work way through the system"

"need living alternatives – [there is] difficulty [finding] housing for the senior female"

"need to improve follow up"

"agency should staff their phones more consistently – very important"

"need Community Response Network – need to be able to direct responsibility to certain agencies"

The Feasibility of Seniors Counselling Abused Seniors

“need someone who can go in and investigate”

“need services which promote diverse services, languages, ways that people can know step by step what they can do, how to access support”

Improving Community Agencies’ Responses

“need some standards”

“need a coordinated response, total support of the community”

“need a system in place to respond, react, and have a mandate to react”

“need some responsibility”

“develop the coordination of agencies to address abuse”

“share support, protocol”

“need coordinated, educated service delivery”

“better inform people in a position to identify – e.g., physicians to receive newsletter; training for clergy”

“improved research”

Institutional Settings

“strengthen patient and family counselling in long-term care facilities”

“need more eyes out there – like Advocates for Care Reform”

Working with Seniors

“find ways of reducing people’s isolation”

“listen to them to what they say and don’t say, to make them less fearful”

What is Needed to Deal with Senior Abuse in Vancouver?

The people interviewed offered numerous suggestions for needed programs and resources for the Lower Mainland:

“older adults needing transition houses”

“it is harder to find counselling for seniors”

“abusers don’t fit into any support group”

“we need to find ways to put the supports around people”

“we need ways of being in touch with people without our ‘help’”

But most stressed that information, education and training was needed, for both service providers and senior counsellors:

“people [both service providers and senior counsellors] do not know what’s out there”
“seniors often do not know their rights”
“there isn’t a lot of literature out there”
“lack of understanding of the elderly [i.e., about aging and growing old]”
“lack of materials for the person with dementia who is being abused”

And they stressed the ways that a lack of legal authority or mandate to do something seriously undermined and frustrated community initiative:

“we have people of good will in the community, but no responsibility – there is a lack of any kind of system acceptance of agencies that they need to do anything about this”
“need more willingness to address issue, not to be afraid”
“no legal mandate to investigate”
“paternalistic attitude”
“there are turf wars – ‘its your problem, not mine’”
“with adult guardianship – someone will have mandate”

People interviewed offered a wide range of suggestions on what is needed to deal with senior abuse in Vancouver, not only looking at the issue generally, but also at different stages of helping. The suggestions relating to policy underscored the fact we can not look at senior abuse in isolation. Senior abuse exists within a social environment that sometimes effectively takes away choices from abused seniors. For example, if there is not adequate housing in the community, or if the senior does not have an adequate pension, she or he may not be able to leave home and may be forced to stay in the abusive relationship.

Generally

“educate people about aging and the aging process”
“a safe place to go”
“medical help; legal advice; housing needs”
“advocates are really important – lots of info but not known what to do with it”
“not just pamphlets – or at least make sure they are those that anyone could pick up”
“responsibility of other professionals”

Ahead of Time

“really open system so that wherever the senior goes, he or she can get info and knowledge”
“need the resources first for the counsellors”
“education for seniors regarding financial options”

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“seniors need power – in the sense of knowing that there are resources out there to help”

“education in the ethnic communities – about saving face, social dynamics”

“know where to call”

Crisis

“immediate intervention strategies – visit and assessment of the victim, talk to someone immediately”

“24-hour safe centre [a place to get out of the situation]”

“1-800 number to get assistance, NOT referral”

“24-hour help line and caring people to help person out of crisis”

Short and Long Term

“one-to-one contact, caregivers need to be educated on a much more sensitive level”

“access to information and counselling”

“groups for abuser to get help”

“crisis help and long-term housing”

“somewhere to go – a transition house, get counselling, respite”

“support groups”

Policy Wise

“better housing by City Hall; managers who care about seniors and what happens to them”

“need more money from pension plans”

“more money into mental health services”

“legal means, mandatory reporting”

“better legislation”

What Is Needed to Prevent Abuse?

In the semi-structured interviews, participants recognized that it was far harder to “undo abuse,” and that, like the old adage “an ounce of prevention is worth a pound of cure,” stressed the importance of helping to ensure abuse does not happen in the first place. In terms of prevention, the people interviewed offered many suggestions on strengthening seniors’ personal resources, raising awareness and knowledge of the problem, improving services, and developing greater community responsibility.

In Terms of Education

“build on self-esteem and friendship”

“educate seniors and adult children”

“educate sons and daughters, those working with the elderly – need to know what to look for and intervene without scaring the person”

“provide the information to healthy seniors before it’s too late”

“major education program – for the public, and especially health care professionals”

“information and education – in doctors office”

“more publicity – newspaper articles”

“education about the subject”

“really need education for the public, people don’t understand the subtleness of abuse”

In Terms of Larger Social Responsibility

“let people know that it [senior abuse] is not acceptable – [need] stronger social barriers”

“need to deal with the underlying issue – why is the person that way, e.g., youth, childhood, jobs, access to reasonable standard of living, social safety net not there”

“[we need to be] building stronger communities; right now we have large communities where people don’t know each other. We need to take care of each other, friendly phoning, building a sense of community”

Participants also spoke of the need for inter-agency cooperation (common intervention protocols). Where caregiving was part of the problem, they noted the need to offer better support to caregivers and to ensure that services such as homemakers support, respite services (particularly night-time respite), and daycare services were available. They also noted the need for more funding in care facilities for staff training, particularly training in how to deal with stress.

Discussion

In the course of the interviews and focus groups, several points came through loud and clear:

1. There are Many Ways to Prevent the Abuse of Seniors

- finding ways of reducing seniors’ isolation
- building on the self-esteem and friendship of seniors
- educating seniors and the general public, (especially health care professionals), and publicity

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- building a strong community where people know what is available to them, and who they can turn to for help
- support services for abused seniors could be expanded to include support groups and welcoming, safe places where seniors can meet and come together to support one another.

2. Seniors Supporting Seniors is Fundamental

Seniors respond to people their own age. The consensus from this project is that the 411 Seniors Centre should be involved in helping abused and neglected seniors.

3. Build and Make Use of What is There

It is important to work within our community and use the resources available. Education for seniors and service providers is a large component of the solution to senior abuse. In the course of this project we were surprised to find that many community service providers, including those to whom people commonly refer abuse cases, were unaware of resources available in the community to help abused seniors. That information should be accessible to seniors wherever they go, a community centre, doctor's office, or grocery store. When programs are available, seniors need to be aware of these resources and how they can access them.

4. There are a Number of Gaps in Community Resources

The resources to deal with abuse and neglect of seniors are limited in our community and there are significant obstacles to abused seniors being able to rely and draw upon what is there. This is compounded by the fact Vancouver lacks standard protocols when handling cases of abuse. Also community service providers may not be aware of their roles when responding to abuse and neglect of older adults.

PART 3

I. RECOMMENDATIONS

From the 411 Counsellors

The consensus among the counsellors at the 411 Seniors Centre (both the information and referral counsellors and the senior citizen counsellors), was that the Centre become actively involved in senior abuse issues. In particular, they suggested that the Centre: a) increase counsellor awareness; b) offer education and awareness for seniors generally; c) offer special education for seniors from ethnic communities; and d) develop support groups.

From the Community Service Providers

Overall, the community service providers felt that the 411 Seniors Centre should be dealing with senior abuse issues. In particular, they communicated enthusiasm and excitement about seniors at the 411 Seniors Centre becoming involved in a peer support and education program.

At the same time, the majority stressed that counsellors should receive appropriate training in order to become properly equipped with the skills needed to provide support and education to their peers. They stressed the need for the 411 Seniors Centre to partner with other community agencies in an initiative of this kind. These partnerships would assist with issues of training, liability, and community networking. In particular, community service providers recommended that the 411 Seniors Centre work closely with the Vancouver Community Response Network.

From the 411 Seniors Centre

Reviewing all the responses from the counsellors and community service providers, the research team from the 411 Seniors Centre considered two different ways that the Centre could be involved in senior abuse issues. The first was direct involvement. The second involved supporting community efforts. In particular, we offer seven recommendations.

1. It is Recommended that the 411 Seniors Centre Implement a Peer Support and Education Program at the Centre.

This would involve assuring the senior counsellors received appropriate training on abuse issues, supervision, and guidance. This program could include outreach, information giving, support, education, media information, and workshops for seniors.

The form and shape of how the 411 Seniors Centre will continue to be involved will need to be carefully developed. This is where partnering and feedback from community groups, seniors and service providers is crucial. We do not propose the senior counsellors engage in professional counselling, but instead provide support, education, and guidance for seniors in need.

We believe that by addressing the issues of abuse and neglect at seniors' centres, the issues will become less stigmatized. Seniors will feel more comfortable discussing abuse with others, and community agencies will better be able to address abuse issues. Abuse of seniors does happen and it affects everyone. Some seniors will talk about abuse, but others may need encouragement to become educated about their rights and learn about the resources accessible to them.

The 411 Seniors Centre has the infrastructure, the resources, the location, and seems to be a logical place for involvement. Some counsellors have expressed a willingness to become involved, in fact they initiated the movement. The administration and staff at the Centre recognize this and are willing to go forth.

The Information and Referral department at the 411 Senior Centre is already, and will continue to be, involved in some aspects of helping seniors to deal with abuse and neglect. As a seniors' organization, it is our responsibility to respond to the needs of the seniors we serve. Seniors can help provide support and services however, since any program is most effective when it is initiated in collaboration with others by consulting with community service providers, caregivers, and professionals.

2. It is Recommended that the Program be Designed in a way that Respects and Learns from Seniors.

Seniors must speak and be heard. They need to be involved through the entire process of any senior abuse program developed at the 411 Seniors Centre, including planning, coordinating, implementing, guiding, and evaluation. The 411 seniors are willing and need to be involved, whether they speak for themselves, their neighbours, or clients. They know what seniors need and have excellent ideas about how the 411 Seniors Centre can best help abused or neglected seniors.

3. It is Recommended that the Program be Designed in a way that Respects Multicultural Needs.

The peer support and education program must be carried out in a multicultural environment. The 411 Seniors Centre continues to increase diversity by working hard to welcome seniors from various multicultural communities. Many newcomers to Canada

are unaware of their rights. Seniors from multicultural communities may have limited access to services and benefits due to language barriers. The community service providers who were interviewed for this project from MOSAIC, SUCCESS and Immigrant Services Society all emphasized the need to produce multi-language literature for different ethnic groups outlining the rights, services, and benefits the seniors are entitled to. There is a strong need for representation from multicultural groups on an advisory committee for any future work the 411 Seniors Centre undertakes. The 411 Seniors Centre has partnered with multicultural serving agencies in the past and will continue to do so in the recommended peer support and education program.

4. It is Recommended that the Program have Two Distinct Components.

All the current counsellors at the Centre should receive basic information on senior abuse (how common it is, how to recognize it, how to help when the senior may be experiencing abuse). In addition, certain senior counsellors should receive more comprehensive training on the issue. Some would likely be current senior counsellors at the Centre, others would be new recruits. Each would be selected for their empathy and skills in helping in a challenging area.

5. It is Recommended that the Program be Connected to an Overall Integrated Community Response to Senior Abuse.

There is a real need in Vancouver to have a coordinated response to assist abused or neglected seniors, and the 411 Seniors Centre needs to be involved in this response in some way. This coordinated response has been very slowly developing and may continue to take a long time.

6. It is Recommended that the 411 Seniors Centre Work with Agencies, Organizations, and Individuals to get the Community Response Process Started.

In the Vancouver area, there is a urgent need for action in the development of a community response. Unfortunately, few are willing to take the initiative. It is recommended that the 411 Seniors Centre work with the Community Response Network members and with bodies such as the B.C. Coalition to Eliminate Abuse of Seniors, West End Seniors' Network, Vancouver-Richmond Health Board, and Greater Vancouver Mental Health Services to help get the community process moving forward. It is essential to involve multicultural groups in this community response development process.

7. It is Recommended that the 411 Seniors Centre and Other Members of the Community Inform Service Providers of Resources and Services Available to Seniors.

Not everyone knows what is available for seniors, although people who work primarily with seniors tend to be better informed. In the course of this research, it was apparent that lack of knowledge plays a factor in limiting the services provided to seniors. There is a need to educate community service providers (whether they are formally part of that community response, or simply deal with seniors), about the resources and services available for seniors.

From the Research Adviser

This research project has developed significantly since its inception. In the beginning, it was intended to be a small needs assessment of a particular program being considered by the 411 Seniors Centre. As the project evolved, the Centre gained more and more information and insights from its own counsellors and community service providers about what was needed at the Centre and in the community at large to help deal with senior abuse. As a result, the 411 Seniors Centre has been given, in effect, a blueprint for developing a peer education and support program.

The 411 Seniors Centre has been given, in effect, a blueprint for developing a peer education and support program.

Over the course of the project, a few issues came to the fore. First, the term “counselling” created some confusion. To the 411 counsellors and its administration, counselling clearly meant providing information to abused seniors, helping them understand their options (and the fact they actually had options), offering emotional support, accompanying the senior, if necessary, through any steps, and advocating on the senior’s behalf.

The service providers, however, had a far more formal understanding of the term. To some of them, “counselling” meant psychological and therapeutic counselling. These two very different perspectives of the term created confusion – and in some quarters, dismay – about what the Centre was considering to undertake.

The 411 Seniors Centre will need to make it very clear to the community what kind of "counselling" the 411 counsellors will provide.

This will help to clarify expectations.

It is suggested that to help clarify expectations, the Centre clearly identify to the community just what kind of "counselling" the counsellors will provide.

A second area that created confusion for people in the community, was the current role played by the 411 counsellors. There was an obvious lack of knowledge of the structure in place, the training that the counsellors receive, and the approach they take in the course of their work. So, while the 411 Centre has done a good job of making seniors in the community aware of its services and the role of its counsellors, community service providers are not as aware.

It is unclear from their comments whether community service providers had actually had a problem with a particular counsellor, or whether they just assumed that seniors did not and could not work on challenging matters. The first problem stems from a lack of information, the second from ageism. These are two different matters that should be addressed in future public relations initiatives by the Centre.

The third observation focuses on a number of people (both counsellors and community service providers) missing key pieces of information about resources, or on legal rights and responsibilities. On more than one occasion, the information they had was out of date. In terms of helping abused seniors, misinformation is often worse than no information. As part of their training in this area, the counsellors will need more detailed and current information about legal and financial matters than they currently receive – as will the community service providers.

There is an excellent opportunity to build on the skills that the counsellors already have in the area of financial benefits. It is suggested that the general senior abuse education program proposed by the Centre not only provide an overview of senior abuse, but that it also be geared to addressing financial abuse issues. This way the 411 program could build on other community initiatives, e.g., the financial abuse video, brochure, and training modules being developed by B.C. Coalition to Eliminate Abuse of Seniors, and to work in tandem with community development efforts, such as those of the Vancouver Elder Abuse Network, and others.

Seniors and people in the community sometimes work with out-of-date information.

In abuse cases, misinformation is often worse than no information.

Lastly, the 411 Seniors Centre will need to consider the logistics of the proposed program and evaluation of the program. Where will the counselling actually occur? At present, information and referral is conducted in an open area. The advantage to this is that it is an "open door" policy. The disadvantage, particularly in dealing with abuse cases, is that the abused senior has no privacy. The program will need to demonstrate to the community its ability to meet the needs of seniors. That can be accomplished through "success stories" and formal evaluation.

II. CONCLUSIONS

Community support for the entire project was tremendous. It is obvious that abuse and neglect of seniors have been identified as priority issues in the community. However, there has been considerable anxiety in many sectors of the community to begin anything themselves, accompanied by worry about others taking the initiative at this point, partly because the adult guardianship legislation, which outlines community responsibility and offers protection for individuals and organizations, has been in limbo for close to five years. At present, there remain many barriers including culture, language, and accessibility which hinder abused seniors from utilizing available services in the community.

The consensus was that the 411 Seniors Centre can and should play an active role in helping abused and neglected seniors. In a supported environment with supervision and guidance from a trained staff person, senior counsellors could provide education and support for seniors experiencing abuse. Many felt that seniors understand their peer group and feel comfortable talking to peers about many issues.

Even at this early stage of discussion, some senior volunteer counsellors at the 411 Seniors Centre have expressed a willingness to become involved in a peer support and education program at the Centre, recognizing there would be boundaries to their involvement. Seniors have articulated that they feel comfortable supporting their peers, the surroundings at the 411 Seniors Centre are welcoming, and the Centre provides a neutral ground with existing infrastructure to carry out this type of initiative. The counsellors identified the need for an intensive training program, as well as a staff support person to implement and carry out the program effectively.

A number of training ideas were suggested by community service providers to equip volunteers with the skills necessary to support their peers. Some of these training categories included the aging process, abuse, counselling on abuse, the law, and available resources.

Participants in the focus groups and the interviews stressed the need to answer issues about the rights, responsibilities, and boundaries of the volunteers who would participate in the program. They also suggested many training topics. Participants stressed that the project would be most effective if community support and resources were utilized for guidance and assistance. With this in mind, peer education and support for abused seniors can indeed become a reality at the 411 Seniors Centre.

APPENDIX A

WHAT THE 411 COUNSELLORS CURRENTLY DO

1. Information and Referral Counsellors

a. Their Training

The 411 Information and Referral counsellors train through a mentoring program. They are screened for suitability and are paired up with an experienced counsellor to begin training. While serving clients, the trainee listens and observes how to serve the client. The counsellors all work four-hour shifts once-a-week.

Terms of reference, policies, and procedures have been developed by the 411 Seniors Centre, including confidentiality, multiculturalism, job description, establishing client files, and priority in serving clients. The Client Services Coordinator takes the trainee through these guiding principles, and the trainee becomes familiar with policies and procedures within the department as well as with manuals, documents, brochures, services, and programs.

The training typically takes from two to eight months depending on the past experience of the trainee (professional background, familiarity with Canadian social services, etc.). When the trainees become familiar and comfortable with their roles they begin to serve clients, first with assistance and eventually on their own. Both the trainee and trainer are constantly monitored, attend ongoing meetings, and are evaluated and checked by the Client Services Coordinator.

The counsellors take ongoing formal training mainly in the form of workshops to meet the needs of clients (changes in pension plans, housing, income assistance, income tax, legal workshops, etc.). Particular training sessions are determined by need, with both the Client Services Coordinator and the counsellors involved in selecting training subjects. The Information and Referral counsellors also receive a weekly memo describing any new information on community programs, resources, and changes that pertain to their counselling.

b. Supervision

The 411 Information and Referral counsellors are supervised by the Client Services Coordinator. The coordinator works with the Information and Referral Committee. The Information and Referral Committee is made up of six Information and Referral counsellors five of whom are B.C. Ministry counsellors. The chair of the committee sits on the Board of Directors of the 411 Seniors Centre.

2. Senior Citizen Counsellors

a. Screening

Each Senior Citizen Counsellor is screened and has his or her references checked. Each counsellor is appointed by the Minister of Human Resources and signs an agreement to respect confidentiality. Each receives a confidentiality pamphlet, which sets out counsellor ethics and expectations. Many of the counsellors are also commissioners for affidavits.

b. Training

Each new Senior Citizen Counsellor receives one week of intensive training in Kelowna. This core training covers information on core provincial and federal programs relating to pensions, health, and housing. The counsellors are taught communication skills and are introduced to mental health outreach, which explains how some seniors can experience depression, dementia, or delusions. The counsellors are given pointers on how to access and work with continuing care services and seniors' housing. They learn about abuse and neglect of seniors in core training through small group discussion activities and role playing.

c. Upgrading Skills

Basic training is supplemented by regional training, generally offered twice-a-year. Local resource people are usually utilized for this training. The Senior Citizen Counsellors receive quarterly updates from Victoria with information on changes to programs. They also receive a counsellor's newsletter, which recognizes special efforts, and offers inspiration. In Vancouver and Victoria, the Senior Citizen Counsellors meet on a regular monthly basis to bring in speakers on special topics or to discuss issues arising from challenging cases.

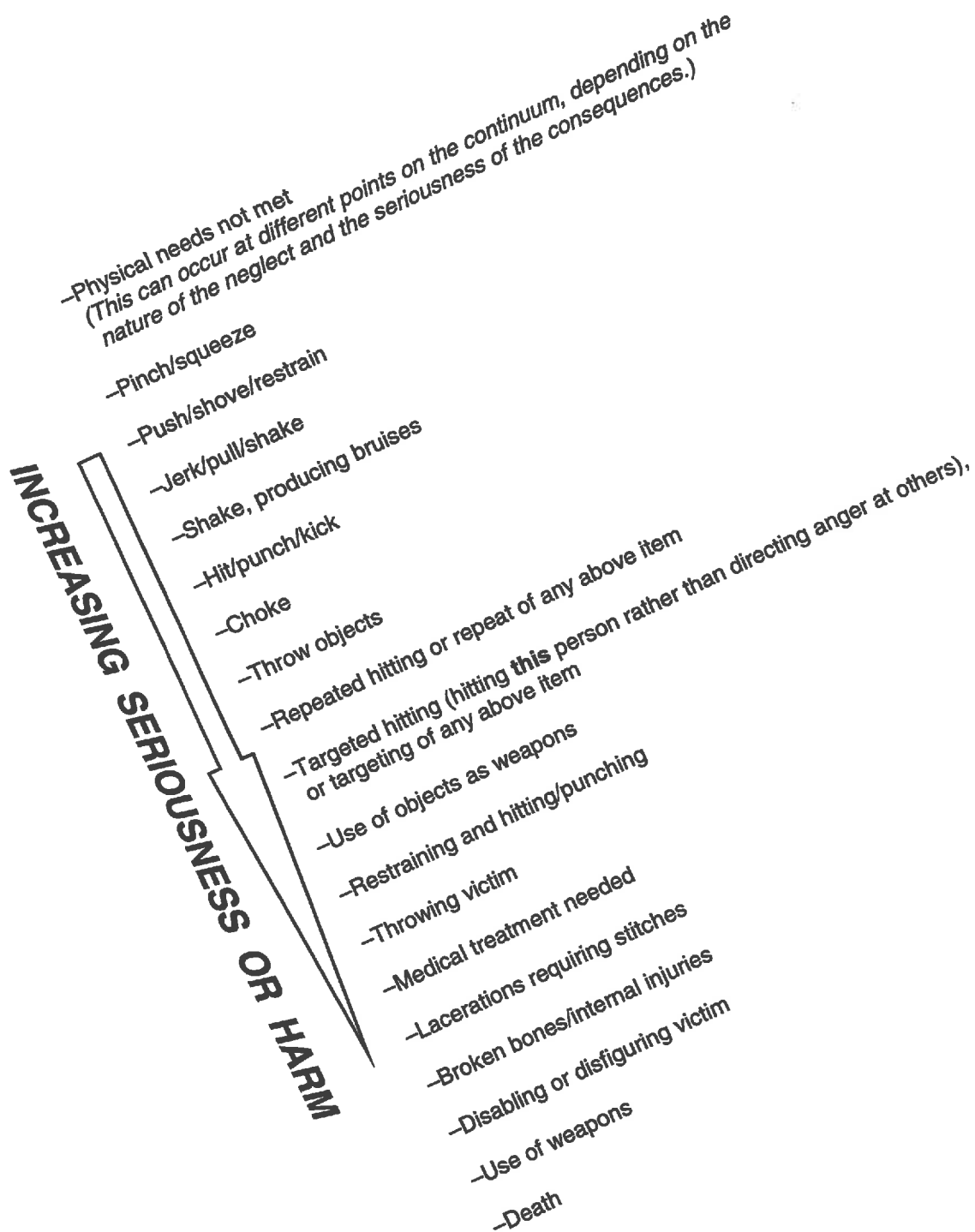
d. Supervision

Senior Citizen Counsellors are not part of a hierarchical organization. They are encouraged to try not to act alone, and wherever possible to work in concert with existing government agencies, such as Continuing Care, or Housing, to help their clients. They are also accountable to the District Financial Assistance Workers. Senior Citizen Counsellors are also accountable to the Minister of Human Resources.



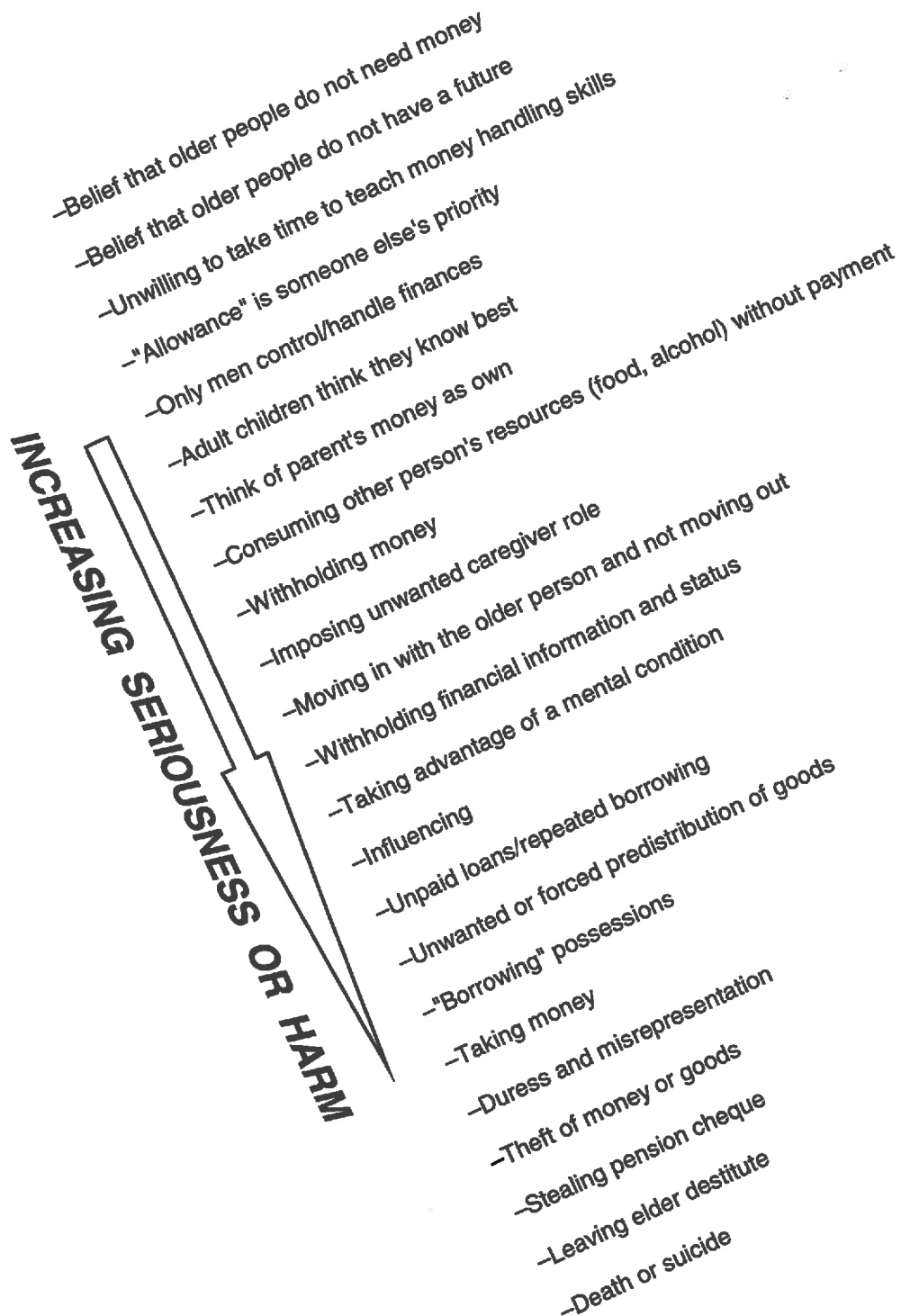
APPENDIX B-1: EMOTIONAL ABUSE CONTINUUM

Developed by Connie Chapman, for the BC Coalition to Eliminate Abuse of Seniors.



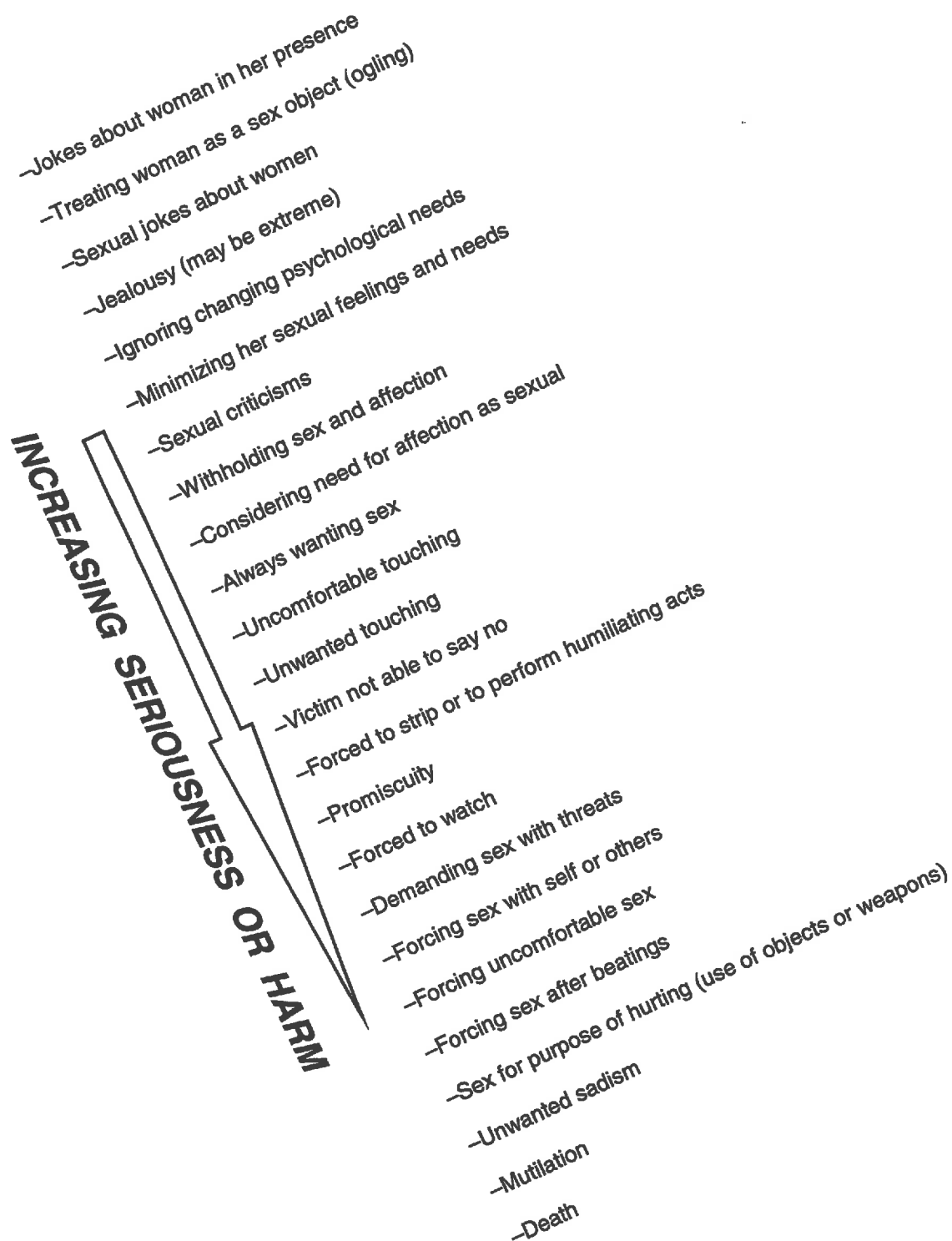
APPENDIX B-2: PHYSICAL ABUSE CONTINUUM

Developed by Connie Chapman, for the BC Coalition to Eliminate Abuse of Seniors.



APPENDIX B-3: FINANCIAL ABUSE CONTINUUM

Developed by Connie Chapman, for the BC Coalition to Eliminate Abuse of Seniors.



APPENDIX B-4: SEXUAL ABUSE CONTINUUM

Developed by Connie Chapman, for the BC Coalition to Eliminate Abuse of Seniors.

APPENDIX C

TELEPHONE QUESTIONNAIRE FOR COMMUNITY SERVICE PROVIDERS

Organization # _____

- 1) What kinds of services does your organization provide to seniors?
(Check all applicable.)

- ☐ health care
- ☐ counselling
- ☐ financial
- ☐ support
- ☐ other (specify) _____

- 2) In the last year, has your organization ever encountered or suspected abuse or neglect of older adults?

a) If no, go to Question 3.

b) If yes, how frequently does your organization deal with this issue?

c) Is it more common among male or female clients?

- ☐ more common among males
- ☐ about the same
- ☐ more common among females

d) Why do you think that is the case?

- 3) How would you define "senior abuse" or "senior neglect"? When someone uses the terms what comes to mind?

- 4) What do you consider the main cause(s) of senior abuse? (*Instructions to telephone interviewer, do not read the list. Instead let the respondent suggest possible causes and note in these categories where appropriate*)

- ☐ long term spousal problem ("spouse abuse grown old")
abuser's personality (mental illness, depression, aggressive personality)
- ☐ victim's personality

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- ☐ the way people were raised to deal with problems (e.g., hitting, yelling, intimidating)
- ☐ substance abuse problems
- ☐ financial pressures
- ☐ caregiver stress
- ☐ ageism
- ☐ other causes (specify) _____

5) What kinds of abuse cases does your agency most commonly see among seniors?

- ☐ physical abuse or neglect
- ☐ financial
- ☐ psychological
- ☐ violation of rights (e.g., privacy)
- ☐ sexual
- ☐ institutional or medical abuse
- ☐ other (specify) _____

6) How have you handled these situations of abuse that come to your organization's attention?

- ☐ we make referrals (specify to whom usually)
- ☐ we take specific steps to help (specify) _____

What is Out There?

7) What is available in your community for helping seniors deal with abuse? (contacts, pamphlets, resources). Are the resources effective?

- 8) What are some of the best materials on senior abuse that you have seen out there?
- 9) Are there any obstacles that abused seniors experience when accessing services and information? What might be some obstacles for abused seniors trying to access the resources?
- 10) What would be a good way to overcome some of these obstacles and improve the services?
- 11) What kinds of resources and information do you think should be available to seniors experiencing abusive situations?
 - a) What is needed if the person is being abused or neglected?
 - b) What is needed to prevent abuse and neglect?
- 12) What do you consider the best ways to help seniors in abusive situations?
(*Note to telephone interviewer: prompt only if necessary.*)
 - ☐ counselling
 - ☐ advocacy
 - ☐ education and resources
 - ☐ assertiveness training/ empowerment strategies
 - ☐ legal avenues
 - ☐ other ideas

Feelings about a Peer Support Program

- 13) How do you feel about senior peer counsellors getting involved in abuse issues?
- 14) How do you feel about seniors' centres, for example an organization like the 411 Seniors Centre, fitting into the picture and getting involved in abuse issues in this way?

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15) Would you have some concerns about an organization like the 411 getting involved in this type of counselling and referral? E.g., would you have concerns about:

- ☐ screening
- ☐ confidentiality issues
- ☐ seniors' comfort level in discussing the matters with their peers
- ☐ counsellors' comfort level in discussing the issues
- ☐ training – e.g., who teaches it?

Please specify or elaborate on those concerns.

- 16) Are there different areas of concern to seniors that the 411 counsellors should be more actively involved with (that is, outside of abuse issues) these days?
- 17) Can you suggest specific training and education topics that would be appropriate to equip the counsellors with the skills they need in dealing with sensitive issues like senior abuse?
- 18) Do you have any overall closing comments and thoughts?

APPENDIX D

ORGANIZATIONS PARTICIPATING IN THE TELEPHONE INTERVIEWS

Vancouver Health Department, Burrard Unit, case manager in continuing care
Vancouver Second Mile Society, neighbourhood helpers project
Seniors Well Aware Program, director
Seniors Well Aware Program, counsellor
City of Vancouver, Social Planning Department
Vancouver Health Department, North Unit, seniors' wellness coordinator
North Shore Community Services Society, one-stop information line
Vancouver Police Department, victim services unit
Burnaby Seniors' Outreach Services, coordinator
Immigrant Services Society, family counselling
South Granville Seniors' Centre, director
British Columbia Coalition to Eliminate Abuse of Seniors, director
Burnaby Hospital, coordinator of geriatric acute care
Vancouver Health Department, North unit, continuing care
Office of the Public Trustee
West End Seniors' Network, storefront coordinator
MOSAIC, family violence department
Vancouver Health Department, West/Main Unit
SUCCESS
Greater Vancouver Mental Health Services, director of services for the elderly
Alzheimer's Society, provincial office
St. Vincent's Hospital, coordinator of adult daycare
Vancouver General Hospital and Health Sciences Centre

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