



**ENHANCING
SAFETY AND SECURITY
FOR CANADIAN SENIORS:**

Setting the Stage for Action

Approved by the
Federal/Provincial/Territorial
Ministers Responsible for Seniors

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Participating Jurisdictions:

Government of British Columbia
Government of Alberta
Government of Saskatchewan
Government of Manitoba
Government of Ontario
Gouvernement du Québec
Government of New Brunswick
Government of Nova Scotia
Government of Prince Edward Island
Government of Newfoundland and Labrador
Government of Northwest Territories
Government of Yukon Territory
Government of Nunavut
Government of Canada

Prepared by the F/P/T Committee of Officials (Seniors)

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Office for Seniors



**BRITISH
COLUMBIA**

Ministry of Health and
Ministry Responsible for Seniors

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Chapter **1**

Background and Purpose

1.1 Introduction

This report focuses on the issue of safety and security for older Canadians. It addresses three specific components of safety and security: injuries (primarily in relation to falls), elder abuse and crime. Chapter 1 provides an introduction and background to the document and describes the intended audience. It also discusses the significance of this important issue. Chapter 2 provides an overview of issues affecting vulnerability in later life. Chapters 3, 4 and 5 provide data concerning the incidence, consequences and issues for action in relation to injury in later life, abuse of older persons, and crimes against older persons, respectively. Chapter 6 consists of a checklist which jurisdictions can use to examine their progress in terms of enhancing safety and security in the three areas of injury, elder abuse, and crime.

This document builds on work already in progress in Canada. In 1994, the Federal/Provincial/Territorial Ministers Responsible for Seniors, with the exception of Quebec, who agreed in principle, proposed the development of a voluntary National Framework on Ageing for Canada. One component of the framework was published in March, 1998. It is entitled *Principles of the National Framework on Ageing: A Policy Guide*. It describes the Vision Statement and five Principles endorsed by seniors and governments across Canada: security, independence, dignity, participation and fairness. While the present document incorporates aspects of all five principles, the focus is on the principle of security, particularly as it concerns injury, abuse and crime.

1.2 Intended uses of this reference document

This document is intended for use by the Ministers Responsible for Seniors, policy planners and analysts at all levels of government (federal, provincial/territorial and municipal). It also provides suggestions for potential community and service level initiatives.

The document is intended to serve as a reference rather than a prescription. It can be used as a planning document and evaluation framework for governments, organizations and local health authorities wishing to assess their capacity to promote safety and security for seniors.

1.3 Significance of the issue of safety and security

It is timely that the issues of safety and security have recently come to the attention of policy-makers and the public. There is a growing proportion of older people in Canadian society, and of these, a greater number who are in the category of over 85. Thus, while many seniors live full and unencumbered lives, there will be increasing numbers of older people who are frail and vulnerable.

Canadians have witnessed a trend towards supporting older people to live out their lives in their own homes. Supportive housing and home support services have made this transition possible and while this is a favourable trend, it is accompanied by increased risks to safety and security, particularly for frail older people living alone. These people are less likely to have 24-hour support in the home than their counterparts in institutions and their homes may not be adapted to accommodate their changing needs over time. People living in their own homes also need to be able to access their neighbourhoods and community. When they do venture outdoors, they often find that our cities and towns have not been modified to address the needs of their ageing population.

Social values and conditions in Canadian society also contribute to increased risk among ageing people. The most obvious factor is continuing stigmatization and ageism. Society still has a paternalistic attitude toward seniors, frequently leaving them out of major decisions that directly affect their lives. Wider social problems such as unemployment, poverty and drug and alcohol abuse can have an impact on the safety and security of older people.

Injuries, abuse and crime cost our health, social services and justice systems a great deal of money, both in terms of direct services to seniors by professionals, as well as the personal costs to individuals and their families. Falls are the most common injury suffered by older Canadians. Among people age 71 and over, falls were responsible for 75% of all deaths and 89% of all hospitalisations due to unintentional injury in Canada in 1994. (Source: Smartrisk, 1998). Among seniors, the estimated cost of falls for 1994 was estimated to be \$2.8 billion (Source: Ash, C. et al, 1999).

The total cost to society of treating victims of abuse has not been determined. Approximately 1 in 25 Canadians age 65 and over reported some form of abuse from a trusted friend, service provider or family member (Podnieks, 1992). The financial losses associated with abuse are grossly underreported since many seniors are intimidated by the criminal justice system, may feel ashamed, or are reluctant to report these thefts because they depend on the perpetrator for care or emotional support.

The most frequent crime affecting seniors is telemarketing fraud. Two of every five Canadian victims of this type of fraud are over the age of 60. Of those, 67% are women. The total annual losses borne by Canadian consumers from all forms of telemarketing scams is estimated to be \$4 billion (Canadian Association of Retired Persons, 1999). This includes prize and recovery pitches, loan scams, investments, fund-raising and lottery schemes.

Promoting safety and security for older people must have a high priority in government's agendas. Injury, abuse and crime cost a great deal to taxpayers and can undermine and seriously alter mental, emotional, physical and spiritual well-being and enjoyment of life in the later years of life.

Chapter **2**

Vulnerability in Later Life

2.1 Population ageing

Who are elderly Canadians now and who will they be in the future? Canada is undergoing major demographic changes. While only 5% of the population were age 65 and over in 1921, the figure had risen to 12% in 1991. The changes are expected to be more dramatic in the future. Table 1 shows the population figures forecast for the next 20 years. According to these projections by Statistics Canada, over 15% of the population will be age 65 and over by the year 2026.

Table 1 Population Projections for Canada (in thousands)

	1996			2001			2026		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
All ages	29,969.20	14,847.30	15,122.00	31,877.30	15,781.20	16,096.10	37,119.80	18,387.50	19,732.20
65-69	1,130.30	536.9	593.4	1,154.00	554.2	599.7	1,971.60	949.4	1,022.20
70-74	981.4	433.9	547.5	1,027.10	470.6	556.6	1,420.60	664.2	756.4
75-79	704.9	289.3	415.6	831.9	345.9	486.1	989.8	439	550.7
80-84	467.6	174.8	292.8	541.8	201.3	340.5	714.1	291.2	422.9
85-89	239.5	77.6	161.8	308.5	98.3	210.2	466.5	164.4	302
90 and over	120	31.9	88.1	167.4	39.8	127.6	331.7	83	248.7

Source: Statistics Canada, 1999

2.2 Risk conditions affecting seniors' safety and security

While most future seniors will be healthier and in better physical condition as a result of improved health care and education throughout their lifetime, it is an accepted fact that older people are more likely to suffer from disability than younger people. The increase primarily affects persons age 75 and over so that by age 85, about one half of Canadians experience at least one disability in relation to sight, hearing, cognition, mobility or manual dexterity. Even just the natural process of ageing has implications for safety and security. The fundamental conditions of ageing, such as decreased visual acuity, hearing loss, mobility impairment and a decrease in balance, strength and flexibility, all lead to a greater chance that seniors' safety and security will be jeopardized. There are many other risk factors and conditions which can affect vulnerability in later life. These

are summarized in Table 2 under biological, behavioural, social and environmental categories.

Not all people experience these changes and the extent of the change varies between people. It is important to note that these changes often occur in tandem and that the more changes an individual is experiencing, the greater the chances are that a threat to security may occur. Risk factors are also shown to have an additive effect. Having two risk factors imparts more than twice the risk of having one. The ageing process is a transition into a time of life which presents spiritual and emotional challenges while seniors confront personal loss including not only bereavement but also diminished physical or mental capacities.

Table 2 An overview of risk factors and conditions affecting safety and security for older adults

Biological	Behavioural	Environmental	Socioeconomic
Advanced age	Risk-taking or preventive behaviour, (e.g. exercise)	Poor building design and/or maintenance	Income inadequacy
Female gender	Inappropriate medications and/or alcohol use	Unsafe stairs	Low education levels
Chronic illness	Taking any of:	Lack of:	Inadequate housing
Stroke	Tranquilizers	Washrooms	Social environments
Osteoporosis	Sleeping pills	Handrails	Values and rules of society
Arthritis	Antidepressants	Curb ramps	Cohesive communities
Cognitive impairment	Antihypertensives	Rest areas	Social support networks
Chronic disabilities	Antidiabetic agents	Proper lighting	Inadequate caring relationships
Osteoarthritis	Inappropriate footwear	Grab bars	Social isolation
Mobility changes	Choosing not to use a cane or other needed mobility aid	Slippery/uneven surfaces	Psychological Factors
Gait disorders	Inactivity	Obstacles:	Fear of falling
Poor balance		Scatter rugs	Fear of crime
Low muscle strength		Clutter	
Sensory changes		Poles	
Poor vision/ hearing		Sidewalk furniture	
Wearing bi-focals		Hazardous mobility aids	
Diminished touch		Lack of appropriate transportation	

Adapted from V. Scott, PhD Dissertation, University of Victoria, 1999.

As shown in Table 2, poverty is considered to be a risk condition in relation to safety and security. People with few resources in later life, many of whom are women living alone, may be less able to afford needed alterations to their homes. Examples include safety devices that would reduce their chances of a fall or an alarm system that would protect against break-ins. People on low incomes are often unable to afford to participate in educational offerings or fitness programs and are less likely to be computer-literate in order to gain valuable information about safety available on the Internet. Table 3 shows the extent to which low incomes affect older men and women in Canada. As shown, the groups most affected by low incomes are women age 75 and over who live alone. Low income means not being able to purchase hearing aids, new glasses, suitable footwear or aids which would help reduce the chance of a fall.

Table 3 Percentage of older people below Statistics Canada’s low-income cut-off, by Age, Sex and Living arrangements, 1991

Females (%)				Males (%)			
Age group	Living alone	With spouse	With others	Age group	Living alone	With spouse	With others
55-59	39.0	10.3	22.3	55-59	32.0	8.6	20.2
60-64	40.7	11.7	20.6	60-64	37.3	12.2	21.1
65-69	39.4	8.5	19.0	65-69	31.8	9.6	18.0
70-74	39.3	8.1	17.5	70-74	28.5	7.9	18.9
75-79	42.9	10.1	17.3	75-79	30.5	9.7	12.2
80-84	47.5	11.7	18.5	80-84	36.3	12.3	18.5
85+	53.0	9.0	17.2	85+	39.5	13.2	18.7

Source: Statistics Canada, 1999

2.3 Discrimination based on age as a risk to the safety and security of seniors

Discrimination based on age (ageism) is one of the greatest challenges we face in promoting safety and security among older Canadians. Ageism is subtle and is disguised in many forms. It is apparent in stereotypes that depict older persons in extremes. The predominant image is a negative stereotype that depicts seniors as confused or as being unwilling or unable to learn new ideas or try new behaviours. At the other extreme, the media has begun to portray seniors as superheroes, capable of running in marathons, wealthy and prosperous, ever healthy until one day they die. Obviously, neither of these stereotypes is accurate. These images only serve to exclude seniors from the mainstream of society, thereby contributing to paternalism, isolation, disempowerment and potential victimization. These values play out as a threat to security in that older people are not consulted actively in relation to products, policies and practices that affect them. As a society we often do things for them or to them, but less often with them as active partners and consultants.

Seniors need to have a voice in making their wishes and needs known. This viewpoint should permeate all decision-making processes such as designing buildings for their use, planning transportation systems or revising building codes. At a local level, public meetings need to be held in places and at times conducive to seniors being able to attend.

Chapter **3**

Injury among Seniors

3.1 Incidence and prevalence

According to the U.S. National Academy of Science, injury is probably the most under-recognized major health problem facing the world today. The study of injury presents an unparalleled opportunity for reducing morbidity and mortality and realizing significant savings in both financial and human terms – all for a relatively modest investment (Raina & Torrance, 1996).

Unintentional injuries are a serious problem among older people in Canada. Falls, motor vehicle crashes, fire and poisoning account for all but a small percentage of causes of unintentional injuries among seniors. Of these, falls are the leading contributor, accounting for 74.6% of all unintentional injuries for persons aged 71 years and older, followed by motor vehicle crashes, which account for 13.2 % (Angus et al., 1998). Approximately 30% of community-dwelling Canadians aged 65 years and older experience at least one fall each year (O’Loughlin et al., 1993)

3.2 Consequences

It is estimated that from 6 to 25% of falls among those 65 and over result in moderate to severe injuries (fracture, dislocation, or lacerations) and 55% in minor soft tissue injury (Alexander et al., 1992; Nevitt et al., 1991). Falls are the most frequent cause of injury-related hospitalization and, in 1995/96, accounted for 78% of injury-related deaths for people 65 years and older in Canada (Canadian Institute of Health Information, 1998; Langlois et al., 1996)

The consequences of fall-related injuries include considerable costs both in terms of human suffering and health care expenses. The human costs for older persons who survive fall-related injuries are often severe, resulting in a loss of independence, financial hardship, pain, permanent disabilities, limitations in activity, and for some, a profound fear of falling again (Grisso et al., 1990; Nevitt et al., 1991; Tinetti et al., 1994).

Fear and anxiety resulting from injuries due to a fall can lead to diminished social and mental stimulation and the reduction of one’s quality of life leading to low self-esteem and depression (Craven & Bruno, 1986). The impact on families is also often severe in terms of extra care needed for their elderly relative who falls, and stress resulting from anticipating future falls and their consequences (Orlando, 1988; Patla et al., 1990). Many

families are unable to cope with the demands of such care and approximately 40% of nursing home admissions are directly attributable to an elderly person having had a fall (Adler-Trains, 1994; Rawsly, 1998).

Costs to Canadians for the treatment and care of those who sustain unintentional injuries is a growing problem with the projected increase in injuries paralleling the population increases in this age group. In 1995/96 there were 72,472 injury-related admissions to hospital in Canada for person 65 years and older and fall-related injuries accounted for 84% (60,486) (Canadian Institute for Health Information, 1998). The North Shore Falls Prevention Project (1994) estimated that the cost per person hospitalized for a fall is approximately \$9,700 in 1992 dollars.

3.3 Issues for action

Government level strategies:

The need for research: The amount of research concerning injuries in Canada does not reflect the high cost of injuries to society. As shown in figure 1, in 1993, “injury from all causes” was ranked third highest in terms of total burden of illness - accounting for 11% of the total direct and indirect costs of all illness. However, as shown in Figure 2, it ranked last in terms of the proportion of funds allocated for research (Moore, 1997). Of the total research funds allocated for injury, seniors’ injuries have had much lower priority than those of children and adults in the workplace. Clearly, more research effort is needed in relation to injuries to seniors.

Figure 1: Distribution of direct and indirect costs by diagnostic category, Canada, 1993 (Source: Moore, R., et al., 1997)

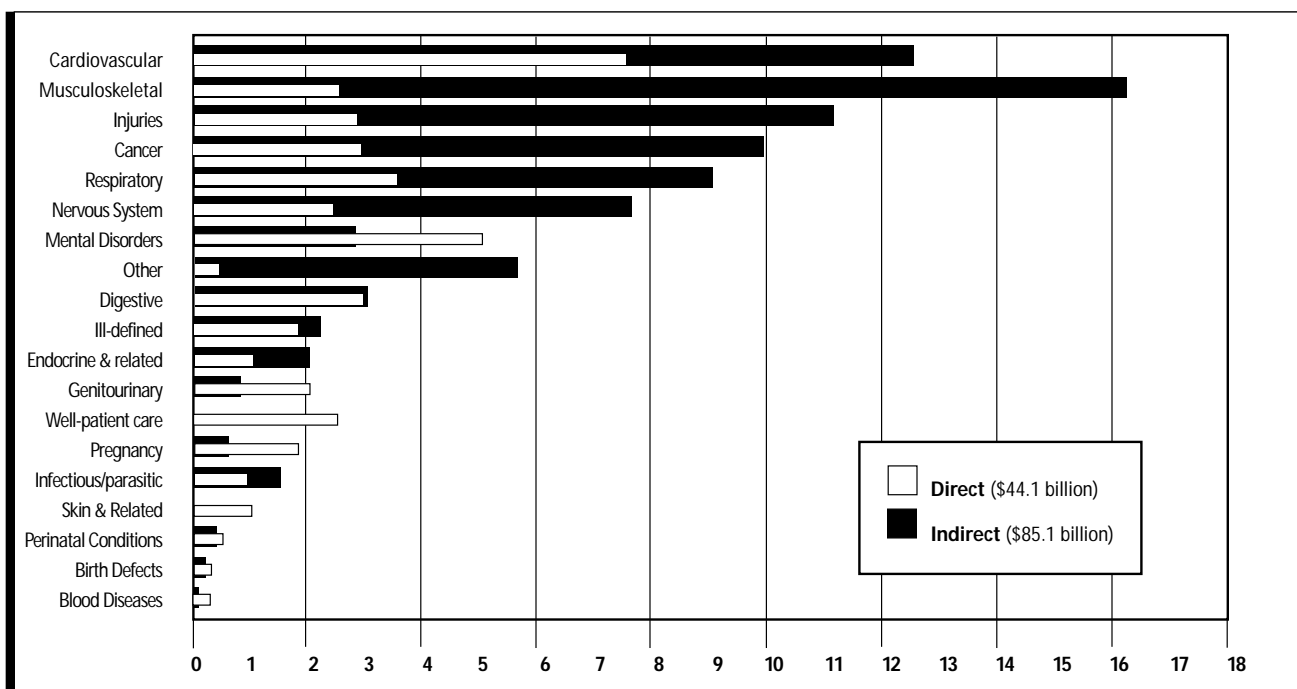
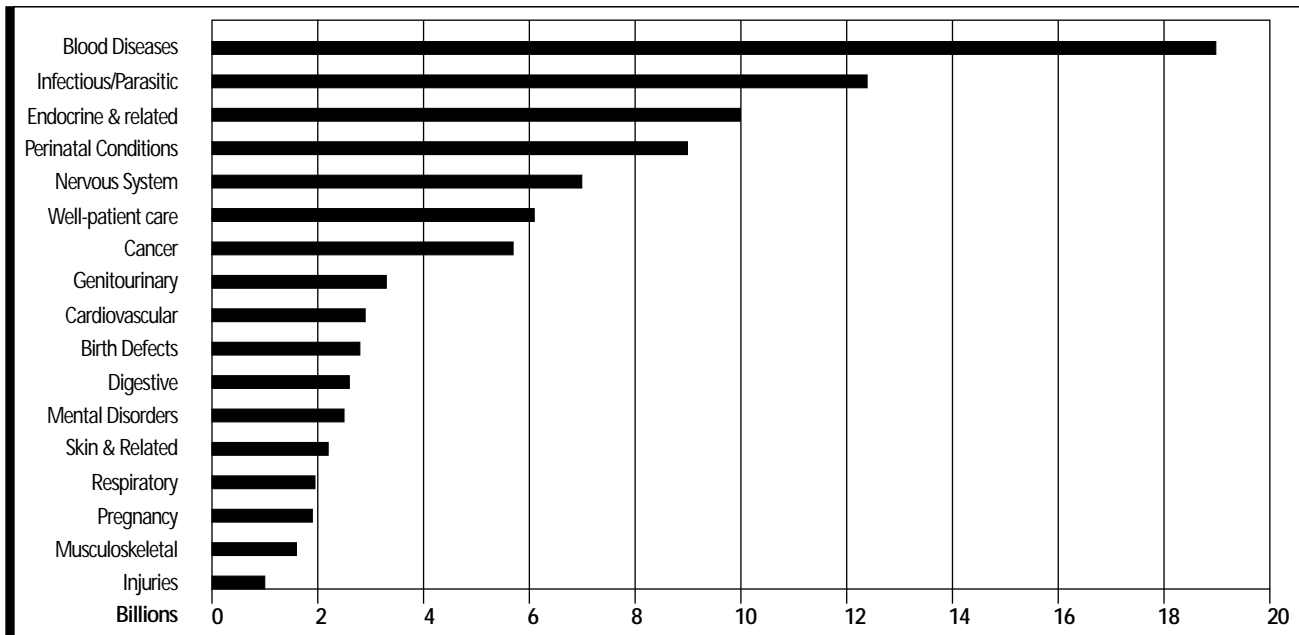


Figure 2: Research Share of Total Cost by Diagnostic Category, Canada, 1993 (Source : Moore, R., et al., 1997)



Building codes and standards: Building codes are an important aspect of safety and security for seniors. Literature from the U.S. shows that people are 35 times more likely to be injured using stairways than from fires (Pauls, 1993). While the Canadian Hospital Injury Reporting and Prevention Program (CHIRPP) provides a low sample size for seniors, it did identify that construction features of a house or building such as stairs, floors and steps are implicated in seniors' falls more often than any household product. Codes and standards are needed that reflect the growing segment of elderly people living in the community.

The needs of user groups should be acknowledged when developing building standards. It is recognized that the process for developing building standards is complicated by complex language and multiple levels of jurisdictional responsibility. Seniors and other user groups with special needs are seldom included in the decision-making process. To this end, the National Research Council has sponsored a Task Group on the Code Review and Development Process. It is a joint project undertaken by the Canadian Commission on Fire Codes (CCBFC) and the Provincial/Territorial Committee on Building Standards (PTCBS) to review building codes. It would be useful if they adopted a "seniors lens" such as the *National Framework on Ageing: A Policy Guide* and integrated the perspective of seniors as consumers into their work.

Products and services for seniors: Efforts are being undertaken to improve products and services for seniors. The Canadian Standards Association (CSA) conducted a survey called *Standards for an Ageing Society*. The study concluded that standards and

guidelines are needed which can accommodate all groups – including seniors. They discussed the need for standards in relation to services used by seniors such as home repairs, home support and banking. They identified that the cost of products and services is an important consideration that may be a deterrent to older people. Education, awareness and training were seen by study participants as necessary to improving safety for seniors. It is important to continue monitoring the activities of CSA as they pursue initiatives to improve the safety and well-being of an ageing society.

The 1996 report of the Product Safety Bureau of Health Canada identified many consumer products which cause injury and death to seniors. In descending order of frequency are ladders, tables, chairs, beds, knives, stools, bathtubs, saws and walking aids or mobility devices (walkers, canes and wheelchairs). They note in their report that improved product designs are desirable and that many innovations are now available. Several centres in Canada have engaged seniors in product development and testing. However, there is no clearinghouse for sharing information about new products so information is slow to reach the people who are most in need and a potential for duplication exists. The development of a National Clearinghouse on Consumer Safety for Seniors would be valuable for compiling and disseminating information on research centres and research results, product designs, standards, available patents and consumer advocacy organizations.

Dissemination of information on injury prevention: There is a wide range of programs being tested in Canada and in other parts of the world in relation to prevention of injuries among older people. However, results of these evaluations are often only available in the form of scientific journals, trade journals, conference proceedings or in the “gray literature” consisting of in-house reports and reports to research sponsors. It is important that reliable data on injury patterns and effective prevention strategies be made available to all persons who work with seniors to assist them in identifying persons at risk of injury and in selecting appropriate strategies for prevention.

Community-based strategies: Action at the local community level is important for prevention of injuries among seniors. Effective community strategies are those that arise from collaborative efforts involving seniors, community service providers, agencies and organizations representing seniors, businesses, and local governments.

- **Enhanced public awareness:** Injury prevention is everyone’s business in a community. A community that is well informed and observant serves both private and public interests. Public awareness campaigns can educate the community about factors that contribute to injuries for seniors. Seniors and their families, the general public, and personnel such as mail and paper carriers, garbage collectors or

building managers are well-situated to notice signs of hazards in a community. They can detect if a person has been snowed-in, is too ill to pick up the mail or newspaper, or they may observe hazards in need of repair such as broken stairs or cracked walkways. Public awareness campaigns can also be targeted to the business community to inform them of potential hazards related to their services and products. For instance, well-informed shoe salespersons could assist their elderly customers in selecting shoes that decrease their chances of tripping, slipping or falling.

- **Seniors injury prevention coalitions and networks:** The structure and function of seniors' injury-prevention coalitions will vary in each community depending on the nature of the issue to be tackled, the stakeholders who need to be involved, and the availability of community resources. These resources can take the form of information, financial assistance, staff support or places to hold meetings. It is important that all perspectives be represented as a change may address one group's issue while creating a new problem for another group. Municipal governments and local health authorities are well placed to coordinate community efforts to reduce injury and promote safety for seniors. Local governments can work with existing seniors' organizations to mutually define needs and resources.

Organization and agency sector strategies:

- **Assessing individuals at risk:** Risk assessment tools are needed that are easy to use, produce reliable results, and facilitate individualized risk management planning. Tools are needed that cover key areas of injury causes including falls, motor vehicle crashes, fire and poisoning. The application of assessment tools can be initiated by anyone working with a senior who identifies a risk situation. The assessment tools should be available to physicians, home care nurses, ambulance attendants, physiotherapists, emergency room personnel, and other health care workers. Ideally, a multidisciplinary approach should be taken to assessment and intervention, with equal attention paid to intrinsic and extrinsic causal factors.
- **Education and training for organization and agency staff:** Education and training concerning the risk factors, assessment skills, and evaluation techniques of prevention strategies should be provided to all who work with seniors. For instance, staff working in long-term care institutions should be educated about the increased—rather than decreased—risk of injury due to falls with the use of physical and chemical restraints.
- **Emergency preparedness and response:** Emergency preparedness strategies are needed for fire evacuation, coordination of emergency services (fire, ambulance, and police), and training of first aid response teams. Seniors may be frail, deaf or suffer from dementia – all of which would complicate their ability to respond in

emergency situations. Preventive devices must be correctly installed and maintained. This can be a problem for seniors who live alone or have limited incomes. Smoke detectors, sprinkler systems, fire alarms and emergency alert systems can, of course, save lives. Information of reducing risk of injury should be made available through a variety of forms including local television stations, newspapers, newsletters of seniors' organizations, pamphlets, fridge-magnets, or stickers to be kept by the telephone.

Conclusion

The prevention of unintentional injuries among seniors is a complex problem requiring a variety of policy approaches. The Canadian population is ageing and older people with disabilities and chronic illnesses are becoming independently mobile with the assistance of barrier-free environments and technological advances in mobility aids. A larger proportion of Canada's future population will be at risk of injury than ever before. These changes emphasize the need for widespread and cost-effective strategies that recognize the social, economic and health determinants that contribute to people being at risk and the broad range of stakeholders who need to be involved if environmental design changes are to be implemented that promote safety. Those affected most by these policies must be part of the policy-making process.

Chapter 4

Elder Abuse

4.1 Incidence and prevalence

There are still very few statistics available in Canada to document the extent and severity of elder abuse. The only national study using random survey methods was conducted by Podnieks in 1989. The study identified that at least 4% of the population age 65 and over had suffered from one or more serious forms of abuse at the hands of a family member or other close contact. Financial abuse accounted for almost one half of all the cases, with verbal abuse (sometimes called “psychological” abuse) accounting for about one third of the cases. Other Canadian studies have suggested that this figure is extremely low and the real incidence may be much higher (Breaking the Silence, 1993). The research into the incidence and prevalence of abuse is complicated by several factors including: poor returns on surveys, possible errors of recall, inability to identify duplicate cases reported by professionals, lack of operational definitions of abuse, and tendency of people to under-report abuse (Maclean’s, 1995).

4.2 Consequences

Just as there is little evidence of the true nature and extent of abuse in Canada, so too is there an absence of data concerning the impact of abuse on older people, their families, and society. The psychological impact on older people undoubtedly includes emotional stress ranging from discomfort to severe depression and possibly even suicide. Economic impacts of losing money to a trusted friend or associate are another real but as yet unmeasured outcome. Health care costs can result from treatment for mental and physical damage incurred as a result of abuse. Law enforcement and legal costs are incurred when complaints are registered and prosecuted. Thus, while it is difficult to put a dollar value on the impact of abuse, it is clear that direct and indirect costs are high.

4.3 Issues for action

Government level strategies:

- **Review of existing reports and recommendations:** Since 1992, Canada has produced a number of excellent reports on the subject of elder abuse, complete with theories of why abuse occurs, recommended prevention and treatment options, and curriculum guidelines for professional education. While some of the

recommendations in these reports have been adopted, there has not been the outpouring of new policies, programs and research initiatives that were anticipated from these initial efforts. Notable exceptions are the establishment of the National Clearing House on Family Violence and the FPT Committee on Family Violence.

Thus, what is needed now is a coordinated effort at all levels of intervention, (e.g., national, provincial, regional/community, agency and personal) to implement needed policies and establish and share “best practices” to address the issues.

Toward this end, a National Network for the Prevention of Elder Abuse has been formed to address abuse issues. Each of the FPT jurisdictions could support this coalition with funds to assist the group in its goals to conduct and share research and examine ways that research findings can improve policies and practice in Canada.

- **Vulnerable adult legislation:** A number of provinces have enacted specific legislation concerning the protection of vulnerable adults. One example is the Adult Protection Act of Nova Scotia, enacted in 1985. Other Canadian provinces such as Alberta, Manitoba, Ontario, Prince Edward Island, New Brunswick, Newfoundland and British Columbia also have related legislation which can assist older people in abusive situations.
- **Mandatory reporting regulations:** Opinions differ on whether mandatory reporting laws are effective in curbing and identifying abuse of older persons. Many older people are afraid to disclose abuse by a family member or worker. By requiring that anyone who suspects abuse is occurring must report it, many more cases may come to the attention of agencies which can pro-actively offer assistance. On the other hand, older people are free agents and it may be seen as patronizing to suggest that they are not responsible for reporting for themselves. Mandatory reporting can also drive a problem underground so that case-finding occurs less frequently by persons who prefer not to officially get involved in what may become complicated legal situations. Therefore, it may be appropriate that mandatory reporting exists only in situations where elders live at risk or are not free to move or make decisions, such as persons in a care facility. Some provinces such as B.C. have already adopted this policy.

Community-based strategies:

- **Enhanced public awareness:** Anyone in a community can be the first to detect signs of elder abuse and provide information concerning community resources. Large public awareness campaigns can help to create a better-informed public. Establishing relationships with local media and providing them with background information and current material can support this. It is important that they report

on news concerning abuse in ways that are sensitive and accurate. Awareness campaigns can also be targeted to particular members of the public who have regular contact with seniors (i.e. pharmacists, bus and taxi drivers, hairdressers and mail delivery persons). The concept of the “Neighbourhood Watch” program could be expanded to include persons of all ages, including seniors.

- **Regional planning and integration of services in relation to abuse:** A concerted effort needs to be made in every community to identify existing services and service gaps in addressing elder abuse. Efforts to coordinate services across agencies should be undertaken. To involve a wide variety of potential stakeholders: seniors, physicians, nurses, social workers, bankers, police, lawyers, regional health authority members and others with an interest in this issue.
- **Identifying populations at risk:** Communities that are proactive in identifying conditions contributing to the abuse of older persons (i.e., poverty and unemployment, isolation, alcohol and drug use, illiteracy, poor transportation) can develop programs to address these wider social problems. Particular populations may be at risk because of culture or language barriers and they may have more difficulty accessing services. People in minority groups may be reluctant to report abuse if the workers or interpreters have close ties to their network of associates or friends because they may be concerned about loss of confidentiality and may feel shame. Thus intersectoral planning needs to take place in every community taking into account local barriers to effective elder abuse detection and management. Reflecting the cultural make-up of the population for/with whom planning is being undertaken is critical.

Organization and Agency Sector Strategies:

- **Organizational and professional issues:** Professional associations and organizations need to have in place ethical and legal standards related to the abuse of older persons. These standards would provide for a minimal knowledge base about the following: nature and types of abuse, guidelines for ethical conduct which preclude abusive behaviour on the professionals’ part, expectations concerning knowledge of risk factors for abuse and signs of abuse, protocols for reporting abuse, strategies for reporting and dealing with staff members suspected of or found to be abusive. It is important that members of these associations and organizations are aware of the legalities involved in abuse situations and provide them with support if they are called as witnesses in court proceedings.
- **Lead agencies for coordinating abuse prevention and treatment efforts:** Community planning to prevent and deal with elder abuse is essential. A lead agency can be designated for coordinating these efforts. The agency may deliver or

designate a range of services such as community surveillance, case-finding, assessment, counseling, referral, dispute resolution and relocation assistance. Victim, as well as perpetrator programs should be in place. This agency can play an important role in advocating for needed resources in a community and in establishing quality assurance programs in partner agencies serving the elderly.

- **Coordinated educational and support programs:** Communities can also coordinate educational offerings in the region for police, bankers, volunteers, peer counsellors, health care professionals, Day Care and Day-Away programs and others with needs for increased sensitivity and awareness. Basic education is needed as well as case-specific education and support when an abusive situation is encountered. Input into high school and college curriculums may be helpful as one means of primary prevention. The involvement of seniors in these efforts can be most relevant. Again, examples of innovative “best practices” should be documented and shared widely across Canada. Theatre performances, films, case study, biographies, and television productions are but a few ways of passing on information about this sensitive topic.
- **Individual agency protocols and procedures:** Clear policies and procedures for handling cases of suspected or confirmed abuse are necessary for agencies which serve seniors. This includes formal agencies such as nursing homes and home care agencies and informal agencies such as seniors centres and meals-on-wheels. Support services are needed for service providers who encounter abuse situations because of the vicarious trauma that they may experience.
- **Services for family caregivers:** Family members who have taken on the role of primary caregivers are not usually the persons named as perpetrators in abusive situations. However, in some instances it is believed that the stress of providing 24-hour care can result in abuse. Greater attention must be paid to the needs of family members who provide care for their loved ones at home. Support should include, opportunities for social support, leisure outings, respite care, education, and financial compensation for expenses and lost wages.
- **Community policing programs:** Police personnel are sometimes involved in cases of abuse. In order to respond effectively, they need to be fully informed about the types of abuse, potential risk factors and signs. They also need to be sensitive to older people’s communication needs in general (e.g., appreciate the need to take more time to conduct interviews and communicate with people who may have vision or hearing impairments). Police services must be seen to be accessible in neighbourhoods. Community police programs are one effective way of implementing this concept.

- **Crisis services:** Older people in abusive situations may need emergency counseling and shelter. Such services should be readily available and the phone numbers well published. Some seniors may be hesitant to access police services as they are often reluctant to press charges against a friend, relative or worker. While many communities have emergency shelters for younger women who are in abusive situations, these may be inappropriate for older women and are very likely inappropriate for older men. Thus, a wide range of programs for dealing with elder abuse should be available in every community and models of “best practices” for intersectoral planning need to be developed, documented and shared.

Chapter **5**

Crimes against Seniors

5.1 Incidence and prevalence

While older people generally fear being victims of crime such as assaults and robbery, statistics show that overall they are less likely to encounter violent crimes than younger age groups. However, this fear of crime is in itself a problem as it can result in self-imposed isolation. Older adults are at risk for the crimes of robbery, intimidation, vandalism, and forgery/fraud (Bachman et al., 1989). In Canada in 1996, while 16% of Canadians were age 60 or older, only 3% of victims of violent crimes (where age was known) were 60 or older.¹ Within this, 3%, about half, were related to assault, compared with 68% for younger victims. Seniors constituted 7% of robbery victims.

Telemarketing fraud is one of the most common types of crime committed against older people. In Canada, two of every five victims of telemarketing fraud are over the age of 60, and of these, 67% are women. Telemarketing fraud comes in many forms but usually involves merchandise or investment scams.

The most sophisticated and complex of the schemes is “global investing,” which is also the fastest growing category of telemarketing fraud. Perpetrators will do whatever necessary to take consumers’ money: buy corporations off the shelf; hire attorneys; open bank accounts; join the Better Business Bureau; print impressive stationery, business cards, and brochures; send contracts, resumes, and videotapes; and solicit investors by word-of-mouth in legitimate business circles. Repeated victimization, caused by the victim trying to regain his or her investment back, is a significant aspect of this type of fraud (Chapman-Michael, 1993).

5.2 Consequences

The table below shows the various annual estimates available for economic crimes in Canada. As shown, telemarketing fraud results in the highest costs to Canadians of any of the economic crimes.

¹ Statistics reported by Stats Canada based on Uniform Crime Reporting Survey.

Table 6 Estimated Costs of Economic Crimes in Canada

Type of Crime	Year	Estimated Cost
Insurance Fraud	1996	\$1 - 2.5 billion
Cellular Phone Fraud	1995	\$650 million
Credit Card Fraud	1997	\$127 million
Stock Market Fraud	1997	\$3 billion
Telemarketing Fraud	1997	\$4 billion

Source: Canadian Association of Retired Persons, 1998

Social-political impact of economic crime: Canada has a relatively low rate of prosecution of economic crimes. This means that victims lose a great deal of money and may encourage cynicism among the public and increased fear among older people. A major concern regarding economic crime is that currently, the risk-reward ratio is out of balance. This may have led to a situation in the United States and Canada where economic crime, in the view of many, has become a “rational” course of action.

Project Phonebusters, a national task force that has a major mandate to combat telemarketing fraud in Canada, found that between January and May, 1997, over half of the reported victims of telemarketing fraud were over 60 and those over 60 accounted for 73% of those defrauded of more than \$5,000. It is the experience of Industry Canada's Competition Bureau that deceptive telemarketers target so-called 'vulnerable' segments of society such as the elderly.

53 Issues for action

Government level strategies:

- **Policy and legislation:** There is a need for coordination of efforts between law enforcement, crime prevention and public education in relation to crime. The Solicitor General Canada and Industry Canada have created the National Telemarketing Fraud Strategy Group to consider strategies which will coordinate efforts across these service sectors and share information to more effectively fight telemarketing fraud, including gaps in legislation and best practices. In addition, amendments to the Competition Act (Bill C-20) address the proliferation of deceptive telemarketing practices by strengthening possible enforcement actions and by creating a non-criminal adjudicative mechanism to deal more directly and effectively with misleading advertising and deceptive telemarketing practices.

- **Surveillance and reporting:** While statistics concerning crimes against older people are available in Canada, there are problems with reporting crimes. A national inquiry could determine the exact frequency, nature and jurisdiction of such crimes, in order to dispel myths and identify the real issues. Little is known about crimes committed in care facilities. Towards this end, a national registry of criminal acts against seniors and a registry of offenders would begin to address this issue. Phonebusters has created a registry for all types of telemarketing fraud.
- **Public awareness and education needs:** Older adults need three types of information to help protect themselves against telemarketing fraud: clear recognition that telemarketing fraud is a crime, awareness of the pervasiveness, seriousness and nature of these crimes and concise guidelines on recognizing an illegitimate pitch (i.e. information concerning how to spot fraud). Names of companies currently in violation of the laws governing telemarketing could be distributed in conjunction with information about these laws.

Towards this end, a government-private partnership of the Consumer Measures Committee, Industry Canada and the Deceptive Telemarketing Prevention Forum have launched a public awareness campaign on telemarketing fraud.

Community-based strategies:

- **Community coordination of crime prevention efforts:** A wide range of stakeholders can play a role in detecting and reporting crimes in communities. These include police, home care agencies, social services, seniors groups, caregiver associations, letter carriers, postal workers, lawyers and bankers to name a few. Community forums on crime prevention for seniors would bring together these stakeholders and allow for sharing of information and expertise.
- **Consumer protection efforts:** Elderly consumers could benefit from regional efforts to examine consumer protection resources and practices. A coordinated effort could be undertaken to identify and make public these practices as well as identify gaps. Concerned partners in this effort may include the Better Business Bureau, Chambers of Commerce, RCMP, local police and others.
- **Street safety programs:** Most crimes against older people occur in the home, however, because of their increased vulnerability, many seniors fear going out – particularly at night. Community campaigns to initiate street safety for seniors could help to reduce older people’s fears and would serve to deter criminal behaviour in public places. Such a campaign might include improved lighting, a neighbourhood watch program and/or improved access to emergency police assistance.

- **Community policing initiatives:** Many communities are discovering the value to seniors of community policing efforts and the return of foot patrols. Residents in such communities are likely to feel more secure with a local police presence and are more apt to use police services such as personal property identification programs as well as being more comfortable reporting criminal activity when it does occur. Senior-sensitive victim assistance programs and witness support initiatives should also be available in every community. Special training on dealing with seniors in general should be offered in police academies and in upgrading programs.
- **Opportunities for increased intergenerational understanding:** In order to reduce fear of crime for older people and increase respect between seniors and youth, opportunities need to be created for intergenerational communication, celebrations and understanding. One Canadian community hosts an annual Festival of the Ages - jointly planned by seniors and youth. In addition, the International Year of Older Persons offered many opportunities for fostering harmony and understanding among the generations.
- **Culturally sensitive crime prevention and related services:** Services which recognize the needs and issues of people from a variety of cultures are important. Crime prevention literature should be readily available in languages other than English/French; police need to be recruited from the diversity of ethnic groups in the region; elderly First Nations people should have the same access to the law as other older Canadians.
- **Community awareness to reduce fear of crime:** Older people may have misconceptions about their risk of being victims of crime. This is particularly true in relation to violent crimes. Sometimes the vicarious effect of an assault reported on television or in the newspaper makes older adults feel that they could become victims.

Organization and Agency Strategies:

- **Banks and other financial institutions:** There is an expanded role for banks and other financial institutions to play in detecting and preventing fraud and theft involving older people. A concerted effort to provide education for employees and the public can be undertaken by these organizations in each community.
- **Theft and fraud in long term care facilities:** Elderly persons in care facilities are among the most vulnerable in terms of fraud or theft of personal property. Criminal record checks of all employees is a viable option. Efforts should be made to report all such crimes and to engage law enforcement in the same fashion as occurs outside of institutions. A national registry of offenders of crimes in facilities

could be established to identify persons who have simply relocated to obtain similar employment. Industry and law enforcement agencies could collaborate to develop approaches to this problem. A model for such a program follows.

An innovative program was designed to give long term care (LTC) providers the tools to launch a proactive response to crime - particularly theft - in nursing homes. It involves a partnership among Senior Crimestoppers, Crimestoppers International, and a long term care management company. Participating nursing homes become members of Senior-Crimestoppers for a fee of 50 cents per bed per month. In turn they have access to “a 24-hour, toll-free phone bank for reporting crimes; training materials and programs for residents, families, and staff; complete anonymity for those reporting incidents; and the availability of cash rewards for information leading to the return of missing articles.”

Chapter 6

Checklist for Improving Safety and Security for Seniors

There is a wide array of potential strategies for enhancing safety and security for seniors. This chapter presents potential strategies in each of the areas of injury, abuse and crime. Many of the strategies may already be in place in some jurisdictions and not all strategies will be applicable to all jurisdictions. Rather, these suggestions may serve as a reference for examining what is already in place and what additional courses of action are possible. These are stated as intended outcomes so that jurisdictions can compare current practices to what has been proposed in this document.

Checklist for Injury Prevention

Government level

- Research is supported that:
 - identifies and examines best practices;
 - is multidisciplinary;
 - contributes to product design;
 - builds on partnerships with other funding agencies;
 - includes seniors input; and
 - identifies factors associated with falling.
- Building codes and standards reflect the growing segment of seniors living in the community:
 - Building standards and standards for public walkway construction and repair are driven by the needs of user groups in consultation with planners and building trades;
 - Code designers, architects and builders are encouraged to adopt universal design principles.
- Bylaws regarding sidewalk snow and ice removal are enforced.
- Testing new products and services for seniors is supported.
- Standards are developed around key services and products (e.g. home repairs, home support services, banking and motorized scooters).
- Activities of the Canadian Standards Association are monitored in relation to new initiatives which improve the safety and well-being of an ageing society.

- Larger print is used for safety instructions that accompany many products.
- Information on injury prevention is disseminated:
 - Data on injury patterns and information on prevention strategies is made available to all persons who work with seniors to assist them in identifying persons at risk of injury and in selecting appropriate strategies for prevention.

Community level

- Community initiatives concerning injury-prevention involve seniors, community service providers, agencies and organizations representing seniors, businesses, and local governments.
- Public awareness campaigns are initiated to raise awareness about injury prevention:
 - Public awareness campaigns are targeted to seniors and their families, the general public, and personnel such as mail and paper carriers, garbage collectors or building managers who are well-situated to notice signs of hazards in a community;
 - Efforts are made to de-stigmatize the use of assistive devices which aid mobility;
 - Information on reducing risk of injury is available through a variety of forms including local television stations, newspapers, newsletters of seniors' organizations, pamphlets, fridge-magnets, or stickers to be kept by the telephone;
 - Information on specific services designed to reduce the chance of an injury (e.g. Lifeline, Medic Alert etc.) is widely publicized.
- Seniors injury prevention coalitions and networks are supported:
 - Resources to coalitions take the form of information, financial assistance, staff support or places to hold meetings;
 - A wide range of perspectives is encouraged to ensure that a change which addresses one groups' issue does not create a new problem for another group.
- Municipal governments and local health authorities are encouraged to coordinate community efforts to reduce injury and promote safety for seniors.
- Safe, affordable transportation is available to frail seniors or to those with disabilities.

Organizations level

- Professionals and agencies contribute to the prevention of injury among seniors in areas such as:
 - identification of populations at risk;
 - assessment of risk factors;

- emergency preparedness; and
- development of risk assessment tools.
- Risk assessment tools are used that:
 - are easy to use, produce reliable results, and facilitate individualized risk management planning;
 - cover key areas of injury including falls, motor vehicle crashes, fire and poisoning; and
 - are available to physicians, home care nurses, ambulance attendants, physiotherapists, emergency room personnel, and other health care workers.
- At-risk seniors are afforded access to health promotion and recreation services.
- Education and training for service and agency staff is supported.
 - Education and training is available concerning risk factors, assessment skills, and evaluation techniques of prevention strategies;
 - Staff working in long-term care institutions are educated about the increased risk of injury due to falls with the use of physical and chemical restraints.
- Emergency preparedness and response efforts take into account the special needs of older people:
 - Special training in relation to injury prevention for seniors is offered to fire, ambulance, police and first aid response teams;
 - Preventive devices are correctly installed and maintained;
 - Smoke detectors, sprinkler systems, fire alarms and emergency alert systems are easy for seniors to access.

Checklist for Preventing Elder Abuse

Government Level

- Information about the National Clearing House on Family Violence is made available at all levels throughout Canada.
- A coordinated effort at all levels of intervention (e.g. national, provincial/territorial, regional/community, agency and personal) is undertaken to implement needed policies and establish and share “best practices” to prevent abuse.
- Support is provided for a National Network for the Prevention of Elder Abuse.
- Elder abuse legislation which defines abuse and specifies jurisdictional responsibility is in place, where appropriate.
- Mandatory reporting exists in situations where elders live at risk or are not free to move or make decisions, such as persons in a care facility:
 - Residents are informed, where possible, of their rights.

Community Level

- Enhanced public awareness is undertaken concerning signs of elder abuse and community resources:
 - Local media are provided with accurate background information;
 - Media present news about abuse in ways that are sensitive, accurate and get across important messages;
 - Awareness campaigns are targeted to particular members of the public who have regular contact with seniors (e.g. pharmacists, bus and taxi drivers, hairdressers and mail delivery persons);
 - Neighbourhood watch programs are instituted for seniors.
- Regional planning and integration of services in relation to abuse are in place:
 - Existing services and service gaps are identified;
 - Coordination involves a wide variety of potential stakeholders: seniors, physicians, nurses, social workers, bankers, police, lawyers, regional health authority board members and others with a vested interest in this issue.
- Communities are proactive in identifying conditions contributing to abuse of older persons (e.g. poverty and unemployment, isolation, alcohol and drug use, illiteracy, poor transportation) and are working to address these wider social problems.
- Efforts are being made to reach out to particular populations at risk because of culture or language barriers.

- Regional planning groups reflect the cultural make-up of the population for/with whom planning is being undertaken.

Organizations level

- Professional associations and organizations have in place ethical and legal standards related to abuse of older persons.
- Professional practice guidelines provide for a minimal knowledge base about the following:
 - nature and types of abuse;
 - guidelines for ethical conduct which preclude abusive behaviour on the professional's part;
 - risk factors and signs of abuse;
 - protocols for reporting abuse;
 - strategies for reporting and dealing with staff members suspected of or found to be abusive; and
 - the legalities involved in abuse situations.
- Professions provide education and support for members who are called as witnesses.
- Lead agencies are in place for coordinating abuse prevention and treatment efforts and for delivering or designating a range of services such as:
 - community surveillance and case-finding;
 - assessment, counseling, and referral;
 - dispute resolution;
 - relocation assistance;
 - victim as well as perpetrator programs;
 - advocacy for needed resources; and
 - establishment of quality assurance programs in partner agencies serving the elderly.
- Communities provide coordinated educational and provider support programs:
 - Input into high school and college curricula exist;
 - Seniors actively participate in these efforts;
 - Examples of innovative “best practices” are documented and shared widely across Canada.
- Every agency that serves seniors has clear policies and procedures for handling cases of suspected or confirmed abuse.

- Support is available for service providers who encounter abuse because of the vicarious trauma that they may experience.
- Services for family caregivers are in place in communities:
 - Caregiver support includes opportunities for social support, leisure outings, respite care, education, and financial compensation for expenses and lost wages.
- Community policing exist and members are sensitized to detect and investigate cases of elder abuse.
- Emergency counseling and shelter are available to older persons who have been abused.

Checklist for Preventing Crimes Against Seniors

Government Level

- Coordination of efforts exists among law enforcement, crime prevention and public education areas in relation to crime:
 - Jurisdictions monitor the work of the Solicitor General Canada and Industry Canada's National Telemarketing Fraud Strategy Group; and
 - Jurisdictions monitor the amendments to the Competition Act (Bill C-20) to address the proliferation of deceptive telemarketing practices and to make illicit interactive telephone communications a new criminal offence.
- Support is in place for a national inquiry to determine the exact frequency, nature and jurisdiction of crimes against older persons:
 - A national registry of criminal acts against seniors and a registry of offenders is considered;
 - Jurisdictions are aware of and support the work of Phonebusters, a national task force that has a major mandate to combat telemarketing fraud in Canada.
- Support is available for research concerning telemarketing fraud in order to identify the scope and nature of this crime.
- Public awareness and education needs are addressed in relation to crimes against older people.
- Information on telemarketing fraud is available to the public which addresses:
 - clear recognition that telemarketing fraud is a crime;
 - awareness of the pervasiveness, seriousness and nature of these crimes;
 - concise guidelines on recognizing an illegitimate pitch, i.e., information concerning how to spot fraud; and
 - names of companies currently in violation of the laws governing telemarketing.
- Jurisdictions are aware of and support the government-private partnership of the Consumer Measures Committee and the Deceptive Telemarketing Prevention Forum which has launched a public awareness campaign on telemarketing fraud.

Community Level

- Community coordination of crime prevention efforts is encouraged:
 - Collaboration on preventing crimes against seniors exists at local levels between police, home care agencies, social services, seniors groups, caregiver associations, letter carriers, postal workers, lawyers and bankers to name a few;
 - Community forums on crime prevention for seniors bring together these stakeholders and allow for sharing of information and expertise.

- Consumer protection efforts are supported and may involve cooperation between the Better Business Bureau, Chambers of Commerce, RCMP, local police and others. An example would be to monitor all employee fraud involving seniors.
- Community campaigns to initiate street safety for seniors are in place to reduce older peoples' fears and to deter criminal behaviour in public places. Such a campaign might include improved lighting, a neighbourhood watch program, escort services to parked cars or improved access to emergency police assistance.
- Community policing initiatives, senior-sensitive victim assistance programs and witness support initiatives are available in every community.
- Opportunities exist for increased intergenerational understanding (e.g. Schools).
- Culturally-sensitive crime prevention and related services are available.

Organizations level

- Banks and other financial institutions assist in detecting and preventing fraud and theft involving seniors.
- Programs are in place to prevent and detect theft and fraud in long term care facilities:
 - Criminal record checks of all employees are required;
 - Crimes in facilities are reported to police;
 - A national registry of offenders of crimes in facilities could be established to identify persons who have relocated to obtain similar employment;
 - Industry and law enforcement agencies are collaborating to develop approaches to this problem;
 - Unions are involved in process of suspected theft or fraud.

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BRITISH
COLUMBIA

Ministry of Health and
Ministry Responsible for Seniors