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A Practical Guide to Elder Abuse and Neglect Law in Canada

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1. Purpose of this Legal Resource

The following material will:

- Introduce the concept of elder abuse
- Provide a summary of key laws relevant to elder abuse and neglect
- Identify obligations to respond to abuse, neglect and risk
- Identify key agencies to contact if you are concerned that an older adult is being abused or neglected
- Outline the relationship between mental capacity and the law in relation to elder abuse
- Discuss the impact of professional confidentiality obligations and privacy law on the ability of professionals to disclose an older adult's confidential information in order to follow up on concerns regarding abuse and neglect
- Provide a list of resources

The Canadian Centre for Elder Law (CCEL) has produced this elder abuse legal resource to assist the following agencies to produce educational materials of relevance to their members:

- Canadian Association of Occupational Therapists
- Canadian Dental Hygienists Association
- Canadian Nurses Association
- Fédération des associations de juristes d'expression française
- Fédération des locataires d'habitations à modique du Québec
- Fondation du centre de santé et de services sociaux de la Vieille-Capitale

This tool has been produced for a diverse audience that includes volunteers with no university or college education and professionals with varied education levels. Sections A and B are written in plain language in order to be accessible to most readers. Sections C and D were created for the professional associations named above.

This tool has been designed to apply to abuse and neglect occurring anywhere in Canada. Each province and territory has a unique set of laws that apply to elder abuse. See Section D for a summary of the laws in the province or territory in which you work or volunteer.

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WARNING

This material contains information and guidance for practice. The information is not legal advice. Abuse or neglect of older adults can have serious consequences. In many instances it will be your obligation to ensure that an older adult gets legal advice as soon as possible. Legal advice will help protect your client. It can also protect you and your employer from a lawsuit.

The law is always changing. All material provided is up to date as of August 31, 2010. Any changes to the law after August 31, 2010 are not reflected in these materials.

2. Responding to Elder Abuse and Neglect: **Guiding Principles**

The following principles are meant to help professionals and volunteers understand and effectively respond to the rights of older adults who are abused, neglected or at risk:

1. Talk to the older adult

Ask questions. Talk to the older person about his or her experience. Help the person to identify resources that could be helpful.

2. Respect personal values

Respect the personal values, priorities, goals and lifestyle choices of an older adult. Identify support networks and solutions that suit the older adult's individuality.

3. Recognize the right to make decisions

Mentally capable older adults have the right to make decisions, including choices others might consider risky or unwise.

4. Seek consent or permission

In most situations, you should get consent from an older adult before taking action.

5. Respect confidentiality and privacy rights

Get consent before sharing another person's private information, including confidential personal or health information.

6. Avoid ageism

Prevent ageist assumptions or discriminatory thinking based on age from affecting your judgment. Avoid stereotypes about older people and show respect for the inherent dignity of all human beings, regardless of age.

7. Recognize the value of independence and autonomy

Where this is consistent with the adult's wishes, assist the adult to identify the least intrusive way to access support or assistance.

8. Know that abuse and neglect can happen anywhere and by anyone

Abuse and neglect of older adults can occur in a variety of circumstances from home care to family violence.

9. Respect rights

An appropriate response to abuse, neglect, or risk of abuse or neglect should respect the legal rights of the older adult, while addressing the need for support, assistance, or protection in practical ways.

10. Get informed

Ignorance of the law is not an excuse for inaction when someone's safety is at stake. If you work with older adults you need to educate yourself about elder abuse.

B. Defining Elder Abuse

3. What is elder abuse and neglect?

Elder abuse includes actions that cause physical, mental, financial or sexual harm to an older adult. Neglect includes situations where a person or organization fails to provide services or necessary care for an older adult.

Elder abuse and neglect can be broadly categorized into five categories:

- **physical:** causing pain, injury or harm to health
- **financial:** illegal or improper use of funds or assets, such as theft or fraud
- **psychological:** infliction of mental anguish or suffering
- **sexual:** non-consensual sexual activity or harassing sexual comments
- **neglect:** refusal or failure to provide services or necessary care

An adult might experience more than one type of abuse and neglect by the same person.

William, who had a number of physical health problems and a diagnosis of dementia, hired a young man, Elliot, to provide him with assistance with household tasks, medication management, accompaniment to appointments and banking. Elliot used his position to convince William to give him a great deal of additional money to spend on his own interests and also withdrew funds from William's accounts without consent. Neighbours found William alone in his home in a state of extreme malnourishment and dehydration with no access to his medication. Elliot's behaviour amounts to both financial abuse and neglect.

Although older adults are mistreated by strangers and con artists, elder abuse and neglect often occurs in the context of a relationship. Older adults can be abused and neglected by family, friends, spouses, volunteer caregivers, legal guardians, care facility staff and professionals such as doctors, nurses and lawyers.

Elder abuse and neglect can occur anywhere: in the community, at home, in hospital, in a clinic, at an office or in a care facility. Abuse and neglect can involve one incident of mistreatment or can be part of a pattern of abuse or neglect.

In some circumstances, abusers might intentionally target an older adult because of a mistaken belief that all older adults are more vulnerable than other members of society. However, most abusers personally know the victim in some way.

Abuse can be intentional or unintentional harm.

Social factors and relationship dynamics can contribute to the abuse. Social isolation can make an adult more vulnerable to abuse or make it harder to access assistance. Older adults are sometimes abused by people they rely on for assistance, support or companionship. Older adults are also abused by younger family and friends who are financially or emotionally dependent on the older person.

Sometimes, elder abuse and neglect is a form of domestic violence like spousal assault.

Frances has been married to Harry for over 40 years. Harry has physically and psychologically abused Frances for most of their relationship. When Harry takes early retirement due to his decreasing mobility, his violent behaviour escalates.

Who is an elder?

In this publication, “elder abuse” refers to mistreatment of older adults. Sometimes, the term “elder” is used to refer to older members of Aboriginal communities who are respected for the wisdom they have gained during their longer lives. However, for the purpose of this material on elder abuse, the term “elder” refers to all older persons, regardless of culture or First Nations membership.

An older adult is not just a person who is over 65 years old. An adult who is younger than 65 can be a victim of elder abuse or neglect if the circumstances of abuse relate to aging and a need for assistance or support.

4. Examples of elder abuse

- **over-medicating a person:** prescribing medication that is not needed; administering too much medication

Aparna increased her mother’s medication, without consulting a doctor or her mother. The extra medication has severely limited her mother’s alertness and agility, confining her to bed. She sleeps for longer periods of the day, is often incontinent and no longer has visitors.

- **withholding medication:** refusing to pay for a prescription; rationing or limiting the dosage of medication

Peter’s heart medication is expensive. Without consulting a doctor, Peter’s son began rationing the pills, cutting the dosage in half. Peter did not know about or consent to the change in dosage.

- **invading privacy:** opening someone else’s mail or emails; accessing personal information

Gabrielle opens her mother’s bank statements and checks her bank balance online. Maureen says that “someone needs to check on how her money is being spent”. But, her mother has not given permission for her to do this. She is not a power of attorney. Her mother is able to make financial decisions on her own.

- **unlawful confinement:** locking someone in a vehicle, room or building; using restraints to keep someone in bed or in a chair

Flora often scratches or picks her skin until it bleeds. Hoping to prevent her from causing more damage to herself, her son and daughter made her wear gloves. When Flora insisted on removing the gloves, her son tied her arms down to a chair.

- **neglecting a person's basic needs:** not providing necessary care, such as food, clothing, shelter and health care needs

While recovering from surgery, Mark asked his only close friend to buy groceries, help with the household chores, drive him to appointments and fill his prescriptions. The friend bought some groceries and dropped them off, but did not fill the prescriptions. The friend did not check back to see whether Mark needed further assistance or ask anyone else to check up on Mark. Mark became quite ill from an infection that developed when he did not take his medication or receive follow-up care.

- **causing social isolation:** refusing to allow visitors; refusing to allow someone to attend religious or social gatherings

Sam's mother regularly played bridge on Wednesday mornings. After she fell and broke her hip, Sam prevented her from going to play bridge. He refused to drive her. He also lied to her friends, saying she needed to be left alone to recover.

- **preventing an older adult from practicing a faith:** refusing to allow someone to attend religious services; removing personal property associated with someone's faith

Emile refused to allow his father, who had been a devout churchgoer for several years, to attend church events. Emile would lock his father's bedroom door on Sunday mornings. When friends from the congregation would call, Emile would say that his father was not home. Although this is not what his father wanted, Emile felt that he was protecting his father from "money grabbers".

- **fraudulently gaining access to a person's money:** theft; stealing personal banking information; coercing a person to open a joint bank account; receiving payment for repair work that has not been done

Ethan persuaded his aunt to open a joint bank account. Ethan said that the joint account "would be easier for everyone". All the money that went into the account belonged to his aunt. She did not realize that opening a joint account would mean that the other person named on the account could spend all her money. Once the account was set up, Ethan used some of the money to buy a car.

- **misusing funds:** spending money that belongs to someone else; coercing someone to make a financial decision; where there is a power of attorney, not spending money according to the donor's values and needs; selling property for financial gain

In a power of attorney document, Jane wrote that she wanted to continue making monthly donations to the Canadian Cancer Society and People for the Ethical Treatment of Animals (PETA) from a special savings account. The attorney refused to make the monthly donations, saying it was a waste of her money.

- **physical assault:** hitting; slapping; pushing; using unnecessary force

Martha regularly dressed and fed her husband in the mornings. Sometimes frustrated with his lack of mobility, Martha would grab his right arm and forcefully pull him from the bedroom to the kitchen.

- **non-consensual sexual contact:** forcing someone to participate in sexual activity or making inappropriate sexual comments.

A nurse would often make inappropriate comments to Walter, particularly when dressing him in the morning and prior to bathing. Walter complained about the comments to another staff member, saying he felt degraded.

- **threats of harm:** saying or doing something that causes fear

Alek would often tell his mother that one day he would “teach her a lesson”, “get rid of her” or “lock her away for the rest of her life”.

- **harassment:** intimidating or threatening someone; bullying; degrading comments

Katya regularly told her father that he was “just a stupid old man” and threatened to prevent the grandchildren from visiting him.

C. Elder Abuse and the Law

This section outlines some general things you need to know about laws that apply to elder abuse across Canada. In Section D, **Elder Abuse in Your Region**, we provide snapshots of the law for each province and territory in Canada.

5. Is elder abuse and neglect a crime?

Sometimes, elder abuse and neglect can result in criminal acts.

The *Criminal Code*¹ applies to all adults, regardless of the age of the victim. There is no specific crime of “elder abuse.” People who commit crimes that involved elder abuse are charged with crimes such as:

- physical assault (s. 265)
- sexual assault (s. 271)
- uttering threats (s. 264.1.)
- unlawful confinement (s. 279)
- failing to provide the necessities of life (s. 215)
- theft (s. 334)
- fraud (s. 380)

Under the *Criminal Code* (s. 718.2(a)(i)), if a person has victimized an older adult, a judge might take the age of the victim into account when making a sentencing decision. If a person who has

¹ R.S.C. 1985, c. C-46.

been convicted of a crime has intentionally targeted an older adult because she was perceived to be vulnerable or weak, or victimized a community of older adults, then sentencing might be harsher.

Not all acts of elder abuse and neglect will result in a criminal prosecution or conviction. Sometimes mistreatment will require a response from an individual or community, without involving the police or criminal justice system.

6. Ageism, Elder Abuse and Human Rights Law

What is Ageism?

Ageism is a negative social attitude towards older adults. Ageism is based on negative beliefs about aging and assumptions that older adults are weak, frail or incapable. People who make ageist assumptions view older adults in demeaning, discriminatory or dismissive ways.

Brenda is a patient support worker who works in a residential care facility. She often lectures residents as she delivers care in a rough manner, uttering demeaning statements like, "This is what happens granny when you don't cooperate." Brenda's care is physically and psychologically abusive and her comments treat the older adult residents like children who are misbehaving. Brenda's attitude toward the residents betrays ageism.

Some forms of ageism are more subtly abusive.

While waiting for a table at a coffee shop, Joseph overheard one of the servers say "We shouldn't have to serve old people. All they do is sit around all day". Angry and humiliated, Joseph left and did not return.

A lack of respect for an older adult's personal values and beliefs can lead to elder abuse. Ageist assumptions can result in lack of respect for an older adult's personal values, priorities, goals lifestyle choices, and inherent dignity as a human being.

A person or community that devalues or ignores the views of an older adult is ageist. An ageist person does not accurately perceive, value or respond to the choices of older adults. Ageist organizations treat older adults as a "concern" or "problem", rather than a valuable member of the community. Examples of ageism include:

- ignoring an older adult
- making negative comments about an older adult
- refusing to provide services to an older adult
- assuming that an older adult is not capable of doing something
- not allowing a mentally capable older adult to make decisions
- preventing an older adult from participating in an event
- failing to provide essential information to an older adult
- treating older adults as "weak" or "frail"
- devaluing an older adult's choices
- talking or behaving in demeaning ways

An older adult who encounters ageist attitudes may experience an increase in stress or worry associated with mistreatment and a reduced sense of capacity to stop the abuse.

What are the legal consequences of ageism?

Ageist attitudes can result in age discrimination. Federal and provincial human rights laws say that it is illegal for a person or organization to deny access to a product, service, facility or accommodation because of age. The *Canadian Charter of Rights and Freedoms*² also states that it is illegal for a person to be discriminated against because of age.

An older adult who is denied access to services, employment, housing, or is unjustly discriminated against because of age, may file a human rights complaint. Refer to the “Resources” section in these materials for more information on agencies to contact for more information about human rights and discrimination.

7. Mental Capacity and Consent

What is mental capacity?

Capacity, also called mental capacity, is an individual’s ability to make decisions that may have legal or other consequences.

Legal definitions of capacity vary depending on the province or territory. In general, a capable adult must be able to understand information and appreciate the consequences of decisions.

In most jurisdictions, the law says that all adults are mentally capable unless proven otherwise.³

How does capacity relate to elder abuse and neglect?

A lack of capacity could affect a person’s ability to access support or assistance. Capacity is also relevant to whether a person can provide informed consent to supportive interventions.

Some forms of elder abuse are connected to disregarding mental capacity or disregarding a lack of capacity.

Jill has lost her verbal communication skills and her hearing since her stroke. Although she remains cognitively sharp, she has been having trouble making her wishes known and often does not notice decisions that are made on her behalf until the damage has been done. Her grandson, who has a power of attorney for property, arranges for her home to be sold

² *The Constitution Act, 1982*, being Schedule B to the *Canada Act 1982* (U.K.), 1982, c. 11.

³ See for example, *Adult Guardianship Act*, R.S.B.C. 1996, c. 6, s. 3; *Representation Agreement Act*, R.S.B.C. 1996, c. 405, s. 3; *Health Care (Consent) and Care Facility Admission Act*, R.S.B.C. 1996, c. 181, s. 3; *Adult Guardianship and Trusteeship Act*, S.A. 2008, c. A-4.2, s. 2(a); *Adult Guardianship and Co-decision-making Act*, S.S. 2000, c. A-5.3, s. 3(b); *Vulnerable Persons Living with a Mental Disability Act*, C.C.S.M. c. V90, Preamble; *The Health Care Directives Act*, C.C.S.M. c. H27, s. 4; *Substitute Decisions Act, 1992*, S.O. 1992, c. 30, s. 2; *Health Care Consent Act, 1996*, S.O. 1996, c. 2, Schedule A, s. 4(2); *Code civil du Québec*, L.R.Q., c. C-1991, s. 154; *Consent to Treatment and Health Care Directives Act*, R.S.P.E.I. 1988, c. C-17.2, s. 3; *Hospitals Act*, R.S.N.S. 1989, c. 208, s. 52; *Advance Health Care Directives Act*, S.N.L. 1995, c. A-4.1, s. 7; *Guardianship and Trusteeship Act*, S.N.W.T. 1994, c. 29, s. 1.1; *Guardianship and Trusteeship Act*, S.N.W.T. (Nu.) 1994, c. 29, s. 1.1; *Adult Protection and Decision-Making Act*, Schedule A, S.Y. 2003, c. 21, Sch. A, s. 3.

and has her admitted to a care facility. He is the only person who knows these decisions go against her previously expressed wishes.

When is someone legally incapable?

A judge can declare that an adult is incapable, based on evidence. A person may be incapable of some decisions or types of decisions. For example, a finding of incapacity may be limited only to financial matters or a particular subset of personal care decisions.

What is the impact of becoming legally incapable?

An incapable adult may lose the right to make certain decisions in relation to health care, personal matters and finances. A guardian or substitute decision-maker might be appointed to make decisions according to the incapable adult's values and needs. Alternatively, an adult who is sometimes incapable might agree to an assistant decision-maker if they are able to make decisions with support or assistance.

The consequences of losing the right to make decisions can be very serious. The ability to make decisions is a fundamental human right and the loss of this right can be devastating.

Does capacity change?

People with capacity limitations may experience fluctuations in capacity throughout the day or go through longer episodes of reduced or improved capacity. You may be able to enhance the ability of a client or patient to participate in decision-making by adapting your practice, for example, by carefully choosing the time of day to meet with an individual with capacity issues or by choosing a meeting place where the person will feel most calm.

Can an older adult make unwise or risky decisions?

All adults have the right to make unwise or risky decisions. The tendency to make damaging choices does not make an older adult incapable. For example, adults who have been habitual gamblers cannot be declared incapable simply because they are older and prone to taking financial risks. In the absence of a legal declaration of incapacity, all adults retain the right to make choices. Adults with capacity can choose the people with whom they live or associate – including people who may be abusive – unless a judge has granted an applicant a protection order such as a no contact order.

What is consent?

Consent means giving someone permission to do something that impacts you. The adult who is giving consent must have the mental capacity to understand and appreciate the consequences of his or her decision. If an adult is legally incapable, then consent must be obtained from the guardian or substitute-decision maker. Otherwise, consent is not valid.

How can consent be given?

Consent can be expressed verbally or in writing. It can also be implied in a person's behaviour.

When is it necessary to seek consent?

Consent is required each time a practitioner wishes to initiate services or treatment, except in emergencies or where the law prescribes otherwise. As the services or treatment evolve, or as new information becomes available, consent may need to be reaffirmed.

Consent can be required to share an adult's personal information. For more information on confidentiality, see Section 8, Professional Confidentiality & Solicitor-Client Privilege.

Can and older adult refuse or withdraw consent?

An older adult with mental capacity has the right to refuse services or treatment. A mentally capable older adult may also withdraw consent at any time.

8. Professional Confidentiality and Solicitor-Client Privilege

What is professional confidentiality?

Professional confidentiality refers to the legal obligation of a professional, employee or volunteer to keep the personal and health information of a client confidential.

Confidentiality ensures that vital information is kept private. Privacy laws across Canada say that confidential information can only be shared in limited circumstances. Many professional bodies also address confidentiality in their *Code of Conduct* or *Code of Ethics*.

The general rule is that disclosure of a person's confidential information requires the person's consent. This section discusses exceptions to that rule. See Section D, Elder Abuse in your Region, for the rules and exceptions that apply in the province or territory in which you practice or volunteer.

What is solicitor-client privilege?

Solicitor-client privilege is a legal principle that ensures the confidentiality of all information clients give their lawyers in order to obtain legal advice and given in confidence for that purpose.⁴ A lawyer is required to maintain solicitor-client confidentiality at all times, unless:

- 1) the client consents to disclosure,
- 2) the exceptions regarding criminal communications, public safety or the right to make full answer and defence apply,⁵ or
- 3) disclosure is authorized or required by another law.

Solicitor-client privilege does not only apply to past and current clients. It may also apply before a retainer is established.⁶

The Supreme Court of Canada has recognized solicitor-client privilege's fundamental importance to the administration of justice.⁷ The privilege allows clients seeking legal advice to speak freely to their lawyers with the knowledge that their information will not be disclosed without their consent.⁸

⁴ *Descôteaux v. Mierzwinski* (1982), 70 C.C.C. 385 (SCC) at 413 [*Descôteaux*].

⁵ *Ontario (Public Safety and Security) v. Criminal Lawyers' Association*, 2010 SCC 23 at para. 53; *Smith v. Jones*, [1999] 1 S.C.R. 455 at paras. 51 & 55 [*Smith*].

⁶ *Descôteaux*, *supra* note 4.

⁷ *Smith*, *supra* note 5 at para. 35.

⁸ *Ibid.* at para. 46.

When can confidential information not subject to solicitor-client privilege be disclosed without consent?

Confidential information not subject to solicitor-client privilege may be disclosed without consent under limited exceptions created by law. Some laws that apply to adult protection state that the obligation or option to report abuse or neglect applies to confidential information, and so information may be disclosed without the vulnerable adult's consent without breaking the law. Personal information law also creates exceptions. This section highlights exceptions of particular relevance to elder abuse and neglect.

In terms of responding to elder abuse and neglect, there are essentially four exceptions to the need to get consent that apply in all provinces and territories. Disclosure is permitted where:

1. Authorized or required by another law;
2. Assisting with a police investigation;
3. Consistent with the purpose of collection; or
4. Required for health and safety reasons.

1. Disclosure authorized or required by another law

Disclosure of information by a person without an older adult's consent is permitted in all provinces and territories where disclosure is authorized or required by another law. Therefore, in any jurisdiction where there is legislation allowing or requiring an individual to respond to abuse or neglect of an older adult, it will not be a violation of privacy or confidentiality to disclose the confidential information for the purpose of responding to the abuse or neglect.

Other jurisdictions require disclosure when requested by certain agencies investigating allegations of abuse. For example, in Saskatchewan, any person must provide any information requested by the Public Guardian and Trustee investigating an allegation of financial abuse.⁹

2. Disclosure to assist with a police investigation

All provinces and territories allow disclosure of confidential information where you are assisting with a police investigation.

3. Disclosure consistent with the purpose of collection

If the reason that confidential information has been collected requires information to be shared, then disclosure to fulfill that purpose is allowed. For example, if a health care worker collects personal information for the purpose of delivering a health care service and the information must be shared with a medical professional in order to effectively deliver the health care service, then disclosure to the medical professional is allowed.

4. Disclosure required for health and safety reasons

Disclosure may be allowed for health and safety reasons. This is one of the most complex exceptions to the need to keep information confidential. Each province and territory deals with this exception differently. Refer to Section D, Elder Abuse and Neglect in your Region, for more detailed information about privacy rights in your province or territory.

⁹ *The Public Guardian and Trustee Act*, S.S. 1983, c. P-36.3, s. 40.7(3).

Who decides whether or not to disclose information?

In most contexts, the worker or volunteer will need to decide whether or not it is appropriate to disclose personal or health information. In some provinces and territories, the worker or volunteer will need to receive permission from the head of a public body or someone in a position of authority (e.g. the director of a hospital).

Disclosing someone's personal information is a significant decision. It is usually a good idea to consult a co-worker or supervisor about the appropriate steps you should take.

In all provinces and territories, each place of employment should have practical guidelines for employees to follow.

9. Mandatory Reporting of Elder Abuse

Is there a legal obligation to notify someone?

You may be legally required to notify a designated person, organization or government authority about concerns of elder abuse, neglect or risk. Whether or not you have a legal duty to notify someone will depend upon a number of factors, including:

- What is the province or territory that the older adult lives in?
- What is your employer or the agency through which you are delivering services?
- Is the older adult living in the general community or in a care facility?
- Is the older adult in need of support or assistance, or is unable to care for himself or herself?
- Are you a lawyer and does solicitor-client privilege attach to the information?
- Is the issue risk or has abuse already occurred?
- Has a criminal act occurred?

For more detailed information on your obligations in each jurisdiction, refer to Section D, Elder Abuse in your Region. This section contains snapshots of key legislation in each province or territory as well as a Table for quick reference.

How should you respond when an older adult is *at risk*?

“At risk” means that an incident of abuse or neglect has not happened but circumstances indicate that a person is likely to become abused or neglected. In some provinces, you may be legally required to notify the appropriate authorities that an older adult is at risk of abuse or neglect in certain situations. Refer to Section D to determine whether you have an obligation to report risk in the province or territory in which you practice or volunteer.

Can an older adult be allowed to keep living at risk?

Mentally capable older adults have the right to make choices. As long as an adult is capable, she may make risky or unwise choices. You must respect the right of the older adult to choose the people with whom to live or associate – including people who may be abusive. However, you can also offer resources in a respectful manner. A person in an abusive relationship may require access to support and assistance in order to be comfortable with leaving an abusive relationship.

D. Elder Abuse in your Region

Many laws apply to elder abuse. The federal government has created some laws and the provinces and territories have passed others. Criminal laws relevant to elder abuse and neglect, which are mentioned in Section C of this resource, are federal. Most laws that apply to health, social services and adult guardianship are provincial and territorial. No Canadian law that applies to abuse or neglect applies exclusively to people over 65 years of age. In this sense there is no such thing as an “elder abuse law” in Canada.

Each province and territory takes a unique approach. Some jurisdictions have domestic violence laws that apply to certain circumstances of elder abuse. In a few provinces there is legislation that creates obligations to respond to abuse of adults receiving services from a care facility. Newfoundland has neglect legislation. Québec addresses elder abuse in its Charter of Human Rights and Freedoms. Some laws apply to adults at risk; other laws apply only when abuse or neglect has already happened.

A small number of jurisdictions have broad adult protection laws that apply to adults who meet a definition of an “adult in need of protection”, regardless of the age of the vulnerable adult and where the adult lives. But even these adult protection laws vary in terms of the relative value they place on intervening to protect the vulnerable adult versus respecting the autonomy and independence of a person who might be in need of protection, and so among these limited jurisdictions the legal obligation to respond to abuse will vary.

Canadian law is not grounded in a single definition of elder abuse or neglect. Some laws that apply to elder abuse do not define abuse. Most definitions reference harm or mistreatment and provide a list and description of categories of abuse that generally includes the core types of physical, financial, psychological (also called mental or emotional) abuse, and sometimes also sexual assault, withholding medication or overmedication a person, abandonment, neglect or forced confinement.

In most jurisdictions a number of laws apply to abuse and neglect. The overall options and obligations to respond to or report elder abuse and neglect depend on the relationship between the various laws and the specific circumstances of abuse or neglect involved in each case.

The following section contains snapshots of the law in each province and territory in relation to elder abuse and neglect. Each snapshot identifies key legislation in the jurisdiction and outlines aspects of each law that are most relevant to responding to elder abuse, neglect and risk of abuse and neglect, such as definitions of abuse and neglect, the duty to respond or report abuse, and protections afforded to individuals who file a report of abuse based on an honest belief that an older adult has been mistreated or is at risk of harm.

In line with the mandate of this research project, these snapshots distill key features from the perspective of nurses, dental hygienists, occupational therapists and lawyers practicing across Canada as well as volunteers who work with agencies located in Québec. In addition to discussing adult protection and domestic violence law, each snapshot identifies any obligation to respond to abuse arising out of laws governing the various professions mentioned above. Obligations of other individuals or agencies, such as the Ministry that responds to reports of abuse under the law, or other professionals such as social workers, are not covered in this legal resource.

Each snapshot contains a section that identifies laws in each jurisdiction that impact on the confidentiality obligations of health professionals and lawyers. For lawyers, rules of solicitor-client privilege are addressed in Section 8 and these snapshots only discuss solicitor-client privilege where provincial and territorial laws appear to override the general rules set out in Section 8.

British Columbia

1. Key Legislation

- *Adult Guardianship Act*, R.S.B.C. 1996, c. 6
- *Adult Guardianship Act*, Designated Agencies Regulation, B.C. Reg. 19/2002
- *Community Care and Assisted Living Act*, R.S.B.C. 2002, c. 75 [CCALA]
- CCALA Residential Care Regulation, B.C. Reg 96/2009, Schedule D
- *Health Professions Act*, R.S.B.C. 1996, c.183
- *Personal Information Protection Act*, R.S.B.C. 2003, c. 63 [PIPA]
- *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 2003, c. 165 [FOIPPA]

2. Definition of Abuse and Neglect

The *Adult Guardianship Act* (s. 1) defines abuse as “the deliberate mistreatment of an adult that causes the adult:

- (a) physical, mental or emotional harm, or
 - (b) damage to or loss of assets,
- and includes intimidation, humiliation, physical assault, sexual assault, overmedication, withholding needed medication, censoring mail, invasion or denial of privacy or denial of access to visitors.”

Neglect “means any failure to provide necessary care, assistance, guidance or attention to an adult that causes, or is reasonably likely to cause within a short period of time, the adult serious physical, mental or emotional harm or substantial damage to or loss of assets, and includes self neglect” (s. 1).

The CCALA Residential Care Regulation (Schedule D, s. 1) defines:

physical abuse: any physical force that is excessive for, or is inappropriate to, a situation involving a person in care and perpetrated by a person not in care;

emotional abuse: any act, or lack of action, which may diminish the sense of dignity of a person in care, perpetrated by a person not in care, such as verbal harassment, yelling or confinement;

sexual abuse: any sexual behaviour directed towards a person in care, including
(a) any sexual exploitation, whether consensual or not, by an employee of the licensee, or any other person in a position of trust, power or authority, and
(b) sexual activity between children or youths,
but does not include consenting sexual behaviour between adult persons in care;

financial abuse:

- (a) the misuse of the funds and assets of a person in care by a person not in care,
- (b) the obtaining of the property and funds of a person in care by a person not in care without the knowledge and full consent of the person in care or his or her parent or representative;

neglect: the failure of a care provider to meet the needs of a person in care, including food, shelter, care or supervision.

3. Principles and Values

The *Adult Guardianship Act* (s. 2) is to be administered and interpreted in accordance with the following principles:

- (a) all adults are entitled to live in the manner they wish and to accept or refuse support, assistance or protection as long as they do not harm others and they are capable of making decisions about those matters;
- (b) all adults should receive the most effective, but the least restrictive and intrusive, form of support, assistance or protection when they are unable to care for themselves or their assets;
- (c) the court should not be asked to appoint, and should not appoint, decision makers or guardians unless alternatives, such as the provision of support and assistance, have been tried or carefully considered.

The CCALA (Schedule, s. 2) states under the heading “Rights of adult persons in care: rights to health, safety and dignity:”

- 2. An adult person in care has the right to the protection and promotion of his or her health, safety and dignity, including a right to all of the following:
 - (a) to be treated in a manner, and to live in an environment, that promotes his or her health, safety and dignity;
 - (b) to be protected from abuse and neglect;
 - (c) to have his or her lifestyle and choices respected and supported, and to pursue social, cultural, religious, spiritual and other interests;
 - (d) to have his or her personal privacy respected, including in relation to his or her records, bedroom, belongings and storage spaces;
 - (e) to receive visitors and to communicate with visitors in private;
 - (f) to keep and display personal possessions, pictures and furnishings in his or her bedroom.

4. Responding to Elder Abuse and Neglect

There is no general public duty to report abuse in the province. According to the *Adult Guardianship Act* (s. 46), any person may notify a designated agency when an older adult is being abused or neglected and is unable to seek support and assistance. An inability to seek assistance could be caused by physical restraint, physical disability or any condition that affects the ability to make decisions about abuse or neglect (s. 44).

The designated agencies include:

- Community Living BC
- Fraser Health Authority
- Interior Health Authority
- Northern Health Authority
- Vancouver Coastal Authority
- Vancouver Island Health Authority
- Providence Health Care Society.

Specific categories of people are obligated to report or investigate abuse. If the designated agency receives a report of abuse, and believes a crime has been committed, it must file a report with the Police (s. 50). Employees of designated agencies are legally required to respond to concerns of elder abuse and neglect.

Under the CCALA Residential Care Regulation (s. 77), licensees of community care and assisted living facilities must investigate and report incidents of abuse and neglect of their residents to:

- (a) the parent or representative, or contact person, of the person in care,
- (b) the medical or nurse practitioner responsible for the person's care,
- (c) a medical health officer, and
- (d) the funding program, if any.

Under the *Health Professions Act*, all health professionals, including nurses, occupational therapists and dental hygienists, are required to report to their registrar client or patient abuse of older adults by another health professional where:

- The abusive behaviour is a form of sexual misconduct, (s. 32.4) or
- The professional believes the person is a danger to the public (s. 32.2).

5. Elder Abuse and Neglect in the Workplace

According to the *Adult Guardianship Act*, an employer cannot fire an employee for making an honest report about abuse or neglect. It is also illegal for an employer to threaten, discriminate against, intimidate, coerce, discipline or impose a penalty against an employee for making an honest report or assisting with an investigation (s. 46(4)).

6. Confidential Information

Professionals, non-professional staff and volunteers must normally get consent from an older adult before disclosing personal or health information. A lawyer must respect the rules of solicitor-client confidentiality discussed in Section 8.

Subject to solicitor-client privilege, every person must disclose to the Public Guardian and Trustee or a designated agency confidential information requested to fulfill a mandate under the *Adult Guardianship Act* (s. 62), such as the obligation to investigate abuse.

According to the PIPA, which applies to employees of private bodies (long term care facilities and non-profits), and the FOIPPA, which applies to public bodies (regional hospitals and government agencies), a practitioner may disclose confidential personal or health information without a person's consent for a number of reasons, including the following two reasons which are most relevant to elder abuse:

- To assist with a police investigation (PIPA, s. 18(1)(j); FOIPPA, s. 33.(2)(i))
- Required or authorized by another law, such as to notify a designated agency about abuse (PIPA, s. 18(1)(o); FOIPPA, s. 33.1(1)(c).)

Practitioners who are not employed by a public body may also disclose information without consent:

- If compelling circumstances exist that affect the health or safety of any individual (PIPA, s. 18(k)), or
- Disclosure is necessary for the medical treatment of the individual and the individual does not have the legal capacity to give consent (PIPA, s. 18(b)).

Alberta

1. Key Legislation

- *Protection for Persons in Care Act*, R.S.A., 2009, c. P-29.1
- *Protection Against Family Violence Act*, R.S.A. 2000, c. P-27
- *Health Information Act*, R.S.A. 2000, c. H-5
- *Personal Information Protection Act*, R.S.A. 2003, c. P-6.5 [PIPA]
- *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c. F-25 [FOIPPA]

2. Definition of Abuse and Neglect

According to the *Protection for Persons in Care Act* (s. 1(2)), abuse means an act or an omission with respect to a client receiving care or support services from a service provider that

- (a) causes serious bodily harm,
- (b) causes serious emotional harm,
- (c) results in the administration, withholding or prescribing of medication for an inappropriate purpose, resulting in serious bodily harm,
- (d) subjects an individual to non-consensual sexual contact, activity or behaviour,
- (e) involves misappropriating or improperly or illegally converting a significant amount of money or other valuable possessions, or
- (f) results in failing to provide adequate nutrition, adequate medical attention or another necessity of life without a valid consent, resulting in serious bodily harm.

3. Principles and Values

The purpose of the *Protection for Persons in Care Act* (s. 2) is:

- (a) to require the reporting of abuse involving clients,
- (b) to provide for an independent review of reports of abuse involving clients, and
- (c) to promote the prevention of abuse involving clients.

4. Responding to Elder Abuse and Neglect

According to the *Protection for Persons in Care Act* (s. 7(1)), every person who has reasonable ground to believe there is or has been abuse involving an adult who receives care or support services from a hospital or lives in a care facility must report abuse to:

- 1. a complaints officer,

2. the police, or
3. other authorized person, body or committee authorized to investigate abuse.

Committees, bodies or persons authorized to investigate abuse include regulatory bodies governing professionals under the *Health Professions Act*.

Service providers and their employees who provide care or support services under an additional obligation (*Protection for Persons in Care Act*, s. 10):

- (a) to take reasonable steps to protect the client from abuse while providing care or support services, and
- (b) to maintain a reasonable level of safety for the client.

and to:

take all reasonable steps to provide for the immediate safety, security and well-being of a client in respect of whom a report of abuse is made and any other clients who may be at risk of abuse when the service provider is notified that a report of abuse has been made under this Act.

Individuals who fail to comply with the above requirements are guilty of an offence and may be fined up to \$10,000 (ss. 7(5) and 24(2)). Service providers, including hospitals and care facilities, may be fined up to \$100,000 (s. 24(2)).

Lawyers are exempt from this reporting requirement if the information on which they base their belief of abuse is privileged as a result of a solicitor-client relationship (s. 7(3)).

There is no duty to report family violence. However, under the *Protection Against Family Violence Act* (s. 4), it is possible to get a court protection order with terms such as no contact or exclusive occupation of the home, where family violence has occurred.

Family violence is defined to include some kinds of elder abuse (s. 1):

- (i) any intentional or reckless act or omission that causes injury or property damage and that intimidates or harms a family member,
- (ii) any act or threatened act that intimidates a family member by creating a reasonable fear of property damage or injury to a family member,
- (iii) forced confinement,
- (iv) sexual abuse, and
- (v) stalking.

The vulnerability of an elderly victim is a factor a judge may consider in determining whether to grant an emergency protection order (s. 2(2)(c.1)).

The following people may apply for a protection order (s. 6(1)):

- a victim,
- a person, including a police officer, with consent of the victim, or

- any other person with leave of the court.

5. Elder Abuse and Neglect in the Workplace

Employees who notify the appropriate person or organization about concerns of abuse under *Protection for Persons in Care Act* are legally protected from adverse action in the workplace (s. 18(1)). Employers cannot fire or discipline an employee for notifying the appropriate authority about a reasonable belief of abuse.

6. Confidential Information

Professionals, non-professional staff and volunteers must normally get consent from an older adult before disclosing personal or health information.

The *Protection for Persons in Care Act* (s. 7(2)) says that a person is allowed to disclose confidential information when notifying an appropriate authority about concerns regarding abuse, subject to solicitor-client privilege (s. 7(3)).

Under the *Health Information Act* (s. 35(1)(m)) confidential health information may be disclosed “to any person if the custodian believes, on reasonable grounds, that the disclosure will avert or minimize an imminent danger to the health or safety of any person.” Information may also be disclosed “if a reasonable person would consider that the disclosure of the information is clearly in the interests of the individual and consent of the individual cannot be obtained in a timely way or the individual would not reasonably be expected to withhold consent” (PIPA, s. 20(a)).

See Section 8 regarding information subject to solicitor-client privilege.

According to the PIPA, which applies to employees of private bodies (long term care facilities and non-profits), and the FOIPPA, which applies to public bodies (regional hospitals and government agencies), a practitioner may disclose confidential personal information, other than health information, without consent, for a number of reasons, including the following two reasons which are most relevant to elder abuse:

- To assist with a police investigation (PIPA, s. 20(f); FOIPPA, s. 40(1)(q));
- Required or authorized by another law, such as to notify a designated agency about abuse (PIPA, s. 20(b); FOIPPA, s. 40(1)(e) and (f)).

Practitioners who are employed by a public body may also disclose information without consent, if the head of the public body believes, on reasonable grounds, that the disclosure will avert or minimize an imminent danger to the health or safety of any person (s. 40(1)(ee)).

Other practitioners may disclose information under PIPA if:

1. The disclosure of the information is necessary to respond to an emergency that threatens the life, health or security of an individual or the public (s. 20(g)); or
2. A reasonable person would consider that the disclosure of the information is clearly in the interests of the individual and consent of the individual cannot be obtained in a timely way or the individual would not reasonably be expected to withhold consent (s. 20(a)).

Saskatchewan

1. Key Legislation

- *The Victims of Domestic Violence Act*, S.S. 1994, c. V-6.02
- *The Public Guardian and Trustee Act*, S.S. 1983, c. P-36.3
- *The Personal Care Homes Regulations*, R.R.S. C. P-6.01 Reg. 2
- *The Health Information Protection Act*, S.S. 1999, H-0.021
- *The Freedom of Information and Protection of Privacy Act*, S.S. 1990-91, c. F-22.01 [FOIPPA]
- *The Local Authority Freedom of Information and Protection of Privacy Act*, S.S. 1990-91, c. L-27.1 [LAFOIPPA]
- *Personal Information Protection and Electronic Documents Act*, S.C. 2000, c. 5 [Federal Act]

2. Definition of Abuse and Neglect

One of the primary laws applicable to elder abuse is domestic violence law. *The Victims of Domestic Violence Act* (s. 2(d)) defines domestic violence as:

- any intentional or reckless act or omission that causes bodily harm or damage to property;
- any act or threatened act that causes a reasonable fear of bodily harm or damage to property;
- forced confinement; or
- sexual abuse.

3. Principles and Values

None cited in *The Victims of Domestic Violence Act*, *The Public Guardian and Trustee Act* or *The Personal Care Homes Act* or Regulation.

4. Responding to Elder Abuse and Neglect

There is no general duty to respond to abuse of older adults in Saskatchewan.

When domestic violence occurs, the following people may apply for an emergency or victim's assistance order from the court (*The Victims of Domestic Violence Act*, s. 8(1)).

- the victim;
- a person on behalf of the victim who has the victim's consent;
- program co-coordinators of victims assistance programs that receive funding from the victims fund established pursuant to *The Victims of Crime Act*;
- community case workers funded under tripartite aboriginal policing agreements;
- employees of the Prince Albert Mobile Crisis Unit Co-operative Ltd., the Saskatoon Crisis Intervention Service, Inc., or the Mobile Crisis Services, Inc. who have been designated as officers under section 57 of *The Child and Family Services Act*; or

- a person on behalf of the victim who has leave of the court or designated justice of the peace.

Terms of a restraining order could include provisions such as no contact or exclusive occupation of the home (s. 7(1)).

According to *The Personal Care Homes Regulations* (s. 13), the licensee of a personal care home must notify the regional health authority when a resident suffers harm as a result of unlawful conduct, improper treatment or care, harassment or neglect. The licensee must also notify the resident's supporter or family member, personal physician and the government department assigned with the administration of *The Personal Care Homes Act*.

Under *The Public Guardian and Trustee Act*, financial institutions may freeze the funds of a vulnerable adult's account for up to 5 business days if the institution has reasonable grounds to believe that another person is subjecting the adult to financial abuse (s. 40.5(2)). Financial abuse "means the misappropriation of funds, resources or property by fraud, deception or coercion" (s. 40.5(1)(a)). Vulnerable adult "means an individual, 16 years of age or more, who has an illness, impairment, disability or aging process limitation that places the individual at risk of financial abuse" (s. 40.5(1)(c)). Financial institutions must immediately advise the Public Guardian and Trustee of the suspension (s. 40.5(3)).

5. Elder Abuse and Neglect in the Workplace

There are no statutory protections for an employee who responds to elder abuse and neglect.

6. Confidential Information

Professionals, non-professional staff and volunteers must normally get consent from an older adult before disclosing personal or health information.

The Health Information Protection Act (s. 27(4)(a)) states that confidential information may be disclosed "to any person if the custodian believes, on reasonable grounds, that the disclosure will avoid or minimize an imminent danger to the health or safety of any person." This law also allows disclosure permitted by any other law (s. 27(4)(l)). FOIPPA, which applies to public bodies, (hospitals, government agencies) permits disclosure without consent to assist with a police investigation or to comply with another law (s. 29(2)(g) and (i)). LAFOIPPA, which applies to municipal bodies, contains the same exceptions (s. 28(2)(g) and (i)). The Federal Act applies to private organizations like private care facilities. It permits disclosure where required by a law (s. 7(3)(i)) and under the following circumstances that might apply to elder abuse:

Disclosure is made to a person who needs the information because of an emergency that threatens the life, health or security of an individual and, if the individual whom the information is about is alive, the organization informs that individual in writing without delay of the disclosure (s. 7(3)(e)).

Manitoba

1. Key Legislation

- *The Protection for Persons in Care Act*, C.C.S.M. c. P144
- *The Vulnerable Persons Living with a Mental Disability Act*, C.C.S.M. c. V90 [*The Vulnerable Persons Act*]
- *The Personal Health Information Act*, C.C.S.M. c. P33.5
- *The Freedom of Information and Protection of Privacy Act*, C.C.S.M. c. F175 [FOIPPA]
- *Personal Information Protection and Electronic Documents Act*, S.C. 2000, c. 5 [Federal Act]

2. Definition of Abuse and Neglect

The Protection for Persons in Care Act (s. 1) and *The Vulnerable Persons Act* (s. 1(1)), define abuse as:

Mistreatment, whether physical, sexual, mental, emotional, financial or a combination of any of them, that is reasonably likely to cause death or that causes or is reasonably likely to cause serious physical or psychological harm to a person, or significant loss to the person's property.

The Vulnerable Persons Act (s. 1(1)), defines neglect as "an act or omission whether intentional or unintentional, that is reasonably likely to cause death or that causes or is reasonably likely to cause serious physical or psychological harm to a vulnerable person, or significant loss to his or her property."

3. Principles and Values

The preamble of *The Vulnerable Persons Act* includes the following principles:

- any assistance with decision making that is provided to a vulnerable person should be provided in a manner which respects the privacy and dignity of the person and should be the least restrictive and least intrusive form of assistance that is appropriate in the circumstances; and
- substitute decision making should be invoked only as a last resort when a vulnerable person needs decisions to be made and is unable to make these decisions by himself or herself or with the involvement of members of his or her support network.

4. Responding to Elder Abuse and Neglect

The Protection for Persons in Care Act (s. 3(1)) requires every person with a reasonable belief that an adult resident, in-patient or person receiving respite care in a health facility is, or is likely to be, abused to promptly report the belief to Protection of Persons in Care Office at Manitoba Health. It is therefore mandatory for all health professionals to report abuse covered by this act. Lawyers are exempt from this reporting requirement if the information on which they base their belief is privileged as a result of a solicitor-client relationship (s. 3(2).)

Failure to report poses a risk of a fine of up to \$2,000 for individuals and \$30,000 for corporations (s. 12(1)).

The Vulnerable Persons Act applies to older adults who have been:

- (a) living with a mental disability - significantly impaired intellectual functioning existing concurrently with impaired adaptive behaviour - since the age of majority; and
- (b) are in need of assistance to meet basic needs with respect to personal care or property management (s. 1(1)).

This law requires that the service providers, substitute decision makers and committees of vulnerable adults report abuse and neglect and risk of abuse to the Manitoba Family Services and Consumer Affairs (s. 21(1)).

5. Elder Abuse and Neglect in the Workplace

No adverse employment action, legal action or proceeding may be brought against a service provider of a health facility for making a report of abuse in good faith pursuant to *The Protection for Persons in Care Act* (s. 11(1)).

The Vulnerable Persons Act (s. 162(1)) states that:

- No action or other proceeding may be brought against a person
- (a) for reporting in good faith that a vulnerable person is or is likely to be abused or neglected; or
 - (b) for complying with a requirement to furnish information or produce any record, document or thing.

6. Confidential Information

Professionals, non-professional staff and volunteers must normally get consent from an older adult before disclosing personal or health information.

The Protection for Persons in Care Act (s. 3(2)) says that a person is allowed to disclose confidential information when notifying an appropriate authority about concerns of abuse.

Solicitor-client privilege is specifically upheld in both *The Protection for Persons in Care Act* (s. 6(5)) and *The Vulnerable Persons Act* (s. 24).

The Personal Health Information Act (s. 22(2)(b)) states that confidential health information may be disclosed “to any person if the trustee reasonably believes that the disclosure is necessary to prevent or lessen a serious or immediate threat to:

- the health or safety of the individual the information is about or another individual, or
- public health or public safety.

Public bodies such as hospitals, health authorities and government agencies may disclose confidential information without consent “to protect the mental or physical health or the

safety of any individual or group of individuals.” (FOIPPA, s. 44(1)(l)) or for law enforcement purposes or crime prevention (s. 44(1)(r)).

The Federal Act applies to private organizations like private care facilities. It permits disclosure where required by a law (s. 7(3)(i)) and under the following circumstances that might apply to elder abuse:

Disclosure is made to a person who needs the information because of an emergency that threatens the life, health or security of an individual and, if the individual whom the information is about is alive, the organization informs that individual in writing without delay of the disclosure (s. 7(3)(e)).

Ontario

1. Key Legislation

- *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8
- *Long-Term Care Homes Act* General O.Reg. 79/10 [Long Term Care Reg]
- *Personal Health Information Protection Act, S.O. 2004, c.3*
- *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. F.31 [FOIPPA]
- *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M.56 [MFOIPPA]
- *Personal Information Protection and Electronic Documents Act*, S.C. 2000, c. 5 [Federal Act]
- *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18

2. Definition of Abuse and Neglect

The *Long-Term Care Homes Act* (s. 2(1)) identifies five types of abuse in relation to a person admitted to and living in a long-term care home: physical, sexual, emotional, verbal or financial abuse. The Long-Term Care Reg (s. 2(1)) contains the following detailed definitions of types of abuse:

Emotional abuse:

- any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident, or
- any threatening or intimidating gestures, actions, behaviour or remarks by a resident that causes alarm or fear to another resident where the resident performing the gestures, actions, behaviour or remarks understands and appreciates their consequences.

Financial abuse: any misappropriation or misuse of a resident’s money or property.

Physical abuse:

- the use of physical force by anyone other than a resident that causes physical injury or pain,
- administering or withholding a drug for an inappropriate purpose, or

- the use of physical force by a resident that causes physical injury to another resident.

Physical abuse does not include the use of force that is appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used is excessive in the circumstances.

Sexual abuse:

- any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member, or
- any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member.

Sexual abuse does not include

- touching, behaviour or remarks of a clinical nature that are appropriate to the provision of care or assisting a resident with activities of daily living; or
- consensual touching, behaviour or remarks of a sexual nature between a resident and a licensee or staff member that is in the course of a sexual relationship that began before the resident was admitted to the long-term care home or before the licensee or staff member became a licensee or staff member.

Verbal abuse:

- any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident, or
- any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where the resident making the communication understands and appreciates its consequences.

Neglect is "the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents" (Long-Term Care Reg, s. 5).

3. Principles and Values

The fundamental principle of the *Long-Term Care Homes Act* (s. 1) is that:

A long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met.

4. Responding to Elder Abuse and Neglect

The *Long-Term Care Homes Act* applies to abuse and neglect of residents. The Act (s. 24(1)) imposes a duty on the general population to report abuse and risk of abuse. Any

person must report the following to the Director who has been appointed by the Minister of Health:

- Improper or incompetent treatment or care resulting in harm or risk of harm;
- Abuse of a resident by anyone;
- Neglect by the licensee or staff that resulted in harm or a risk of harm to the resident;
- Unlawful conduct that resulted in harm or a risk of harm to a resident;
- Misuse or misappropriation of a resident's money.

If the following persons fail to report abuse, they are guilty of an offence and may be fined up to \$25,000 (ss. 24(5)) and 182(2)):

- Licensee or manager of a long-term care home
- An officer or director of the corporation that is the licensee or manager of a long-term care home
- A member of the committee of management or the board of management for the home
- A staff member
- Any person who provides professional health or social work services to a resident or licensee.

Licensees of long-term care homes must also protect residents from abuse by anyone and ensure that the licensee and staff do not neglect residents (s. 19(1)).

5. Elder Abuse and Neglect in the Workplace

Employees are protected from work-related consequences. It is illegal for someone to dismiss, discipline, suspend, intimidate, coerce, harass or impose a penalty against another person for reporting abuse or neglect (s. 26).

6. Confidential Information

Professionals, non-professional staff and volunteers must normally get consent from an older adult before disclosing personal or health information.

The reporting requirement does not abrogate solicitor-client privilege (s. 24(7)). Subject to solicitor-client privilege, a person may disclose confidential information, without consent from a resident, in order to report abuse or neglect (s. 24(4)).

The *Personal Health Information Protection Act* (s. 40(1)) states that:

A health information custodian may disclose personal health information about an individual if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

Disclosure without consent is permitted under the above Act (s. 43(1)(f)) as well as the FOIPPA (s. 42(1)(g)) and the MFOIPPA (s. 32(g)) to assist with a police investigation.

Disclosure without consent by public bodies, such as hospitals and government agencies, as well as municipal bodies, is also permitted “in compelling circumstances affecting the health or safety of an individual if upon disclosure notification thereof is mailed to the last known address of the individual to whom the information relates” (FOIPPA (s. 42(1)(h); MFOIPPA s. 32(h)).

The Federal Act applies to private organizations like private care facilities. It permits disclosure where required by a law (s. 7(3)(i)) and under the following circumstances that might apply to elder abuse:

Disclosure is made to a person who needs the information because of an emergency that threatens the life, health or security of an individual and, if the individual whom the information is about is alive, the organization informs that individual in writing without delay of the disclosure (s. 7(3)(e)).

The *Regulated Health Professions Act* (s. 36(1)(i)) permits disclosure without consent for reasons that parallel the exceptions under personal information legislation, including to aid a police investigation, where required by another law, or:

If there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

Québec

1. Key Legislation

- *Charter of Human Rights and Freedoms*, R.S.Q. c. C-12, art. 48 [Charter]
- *An Act respecting access to documents held by public bodies and the protection of personal information*, R.S.Q. c. A-2.1 [Public Sector Personal Information Act]
- *An Act respecting the protection of personal information in the private sector*, R.S.Q., c. P-39.1 [Private Sector Personal Information Act]
- *Code of ethics of occupational therapists*, R.R.Q. 1981, c. C-26, r.78 [OT Code]
- *Code of ethics of members of the Ordre des hygienistes dentaires du Québec*, 1997 G.O.Q. 2, 2260 [Hygienists' Code]
- *Professional Code*, R.S.Q. c. C-26
- *Code of ethics of advocates*, R.R.Q. 1981, c. B-1, r.1

2. Definition of Abuse and Neglect

Article 48 of the Charter does not refer to abuse or elder abuse. It uses the expression “exploitation of an aged person.”

The meaning of the term “exploitation” has been refined by the courts. Exploitation includes different types of abuse, such as economic, physical, psychological, social and moral.¹⁰

¹⁰ *Commission des droits de la personne c. Brzozowski*, 1994 CanLII 1792 (QC T.D.P.).

Exploitation covers mistreatment of an older person who is both:

- vulnerable; and
- dependent on others to meet basic needs.

An older person could be vulnerable for a variety of reasons, such as physical disability or frailty, psychological dependency or social factors such as isolation.

3. Principles and Values

The Preamble of the Charter states:

WHEREAS every human being possesses intrinsic rights and freedoms designed to ensure his protection and development;

Whereas all human beings are equal in worth and dignity, and are entitled to equal protection of the law;

Whereas respect for the dignity of human beings, equality of women and men, and recognition of their rights and freedoms constitute the foundation of justice, liberty and peace;

Whereas the rights and freedoms of the human person are inseparable from the rights and freedoms of others and from the common well-being;

Whereas it is expedient to solemnly declare the fundamental human rights and freedoms in a Charter, so that they may be guaranteed by the collective will and better protected against any violation.

4. Responding to Elder Abuse and Neglect

Section 48 of the Charter reads:

48. Every aged person and every handicapped person has a right to protection against any form of exploitation.

Such a person has a right to the protection and security that must be provided to him by his family or to persons acting in their stead.

There is no obligation in Québec law to report abuse of older adults. Under the Charter (art. 74) a person or organization who witnesses abuse may file a complaint with the Commission des droits de la personne et des droits de la jeunesse [the Commission]. The Commission may also initiate its own investigations. If a group of older adults have been exploited under similar circumstances, they may file a group complaint (art. 74)

In 2010 the Commission put in place a specialized elder abuse team.

5. Elder Abuse and Neglect in the Workplace

It is an offence under the Charter to impose consequences on someone for filing a complaint (art. 82 and 134). A person who experiences any negative consequences as a result of filing or participating in a complaint can contact the Commission.

6. Confidential Information

Professionals, non-professional staff and volunteers must normally get consent from an older adult before disclosing personal or health information.

The Charter (art. 9) states that no person bound by confidentiality or secrecy rules may disclose confidential information without consent unless authorized by another law.

Under the Public Sector Personal Information Act, public bodies, which include government departments and health and social service institutions, may disclose personal and health care information, without consent to report or prosecute a crime in Québec (art. 59(3)). Information may also be disclosed if necessary to apply any law of Québec (art. 67).

The law contains two broad health and safety exceptions to the requirement to get consent:

- to prevent an act of violence, including suicide, where there is reasonable cause to believe there is imminent danger of death or serious bodily injury to a person or an identifiable group (art. 59.1); and
- because of the urgency of a situation that threatens the life, health or safety of the person concerned (art. 59(4)).

The decision to disclose information must be made by the person in the public body with the highest authority or someone in management designated by the head (art. 8). Therefore volunteers and front line staff must consult a supervisor before sharing anyone's personal information without consent.

The Private Sector Personal Information Act applies to any person or organization that is not a public body. This law permits disclosure without consent to report or prosecute a crime in Québec (art. 18(3)). Disclosure is also permitted in an urgent situation that fits the following description:

A person who carries on an enterprise may also communicate personal information included in a file the person holds on another person, without the consent of the persons concerned, in order to prevent an act of violence, including a suicide, where there is reasonable cause to believe that there is an imminent danger of death or serious bodily injury to a person or an identifiable group of persons.

The information may in such case be communicated to any person exposed to the danger or that person's representative, and to any person who can come to that person's aid (art. 18.1).

The legislation governing, respectively, occupational therapists and dental hygienists, confirms the ability of the health professional to breach confidentiality, called secrecy in Québec, where “to prevent an Act of violence, including suicide... where there is an imminent danger of death or serious bodily injury” (OT Code, art. 3.06.07, Hygienists’ Code, art. 32.1). The *Professional Code*, which applies to nurses and lawyers, contains an identical exception to confidentiality (art. 60.4). This same section affirms solicitor-client privilege.

The Code of Ethics governing lawyers in Québec is also a statute. The *Code of ethics of advocates* (art. 3.06.01.01) contains an exception to the rules of confidentiality identical to the one that applies to health professionals. It also adds, however, that a lawyer may only communicate the information to a person exposed to the danger or that person's representative, and to the persons who can come to that person's aid.

The Code also states that:

An advocate who decides to communicate information that is protected by professional secrecy may only communicate such information as is necessary to achieve the purposes for which the information is communicated. He shall, in connection with such communication, mention the following:

- (1) his identity and the fact that he is a member of the Barreau du Québec ;
- (2) that the information he will communicate is protected by professional secrecy ;
- (3) that he is availing himself of the possibility offered to him at law to set aside professional secrecy in order to prevent an act of violence, because he has reasonable cause to believe that there is an imminent danger of death or serious bodily injury to a person or group of persons ;
- (4) the nature of the threats or act of violence he intends to prevent ;
- (5) the identity and, if possible, the contact information for the person or group of persons exposed to the danger ; and
- (6) the imminence of the danger in question (art. 3.06.01.02).

Nova Scotia

1. Key Legislation

- *Adult Protection Act*, R.S.N.S 1989, c. 2
- *Protection for Persons in Care Act*, S.N.S. 2004, c. 33
- *Protection for Persons in Care Regulations*, N.S. Reg. 364/2007
- *Domestic Violence Intervention Act*, S.N.S. 2001, c. 29
- *Freedom of Information and Protection of Privacy Act*, S.N.S. 1993, c. 5

- *Personal Information Protection and Electronic Documents Act*, S.C. 2000, c. 5 [Federal Act]

2. Definition of Abuse and Neglect

The *Protection for Persons in Care Regulations* (s. 3(1)) defines abuse in relation to adult hospital patients and care facility residents as:

- the use of physical force resulting in pain, discomfort or injury, including slapping, hitting, beating, burning, rough handling, tying up or binding;
- mistreatment causing emotional harm, including threatening, intimidating, humiliating, harassing, coercing or restricting from appropriate social contact;
- the administration, withholding or prescribing of medication for inappropriate purposes;
- sexual contact, activity or behaviour between a service provider and a patient or resident;
- non-consensual sexual contact, activity or behaviour between patients or residents;
- the misappropriation or improper or illegal conversion of money or other valuable possessions;
- failure to provide adequate nutrition, care, medical attention or necessities of life without valid consent.

3. Principles and Values

The purpose of the *Adult Protection Act* “is to provide a means whereby adults who lack the ability to care and fend adequately for themselves can be protected from abuse and neglect by providing them with access to services which will enhance their ability to care and fend for themselves or which will protect them from abuse or neglect” (s. 2).

4. Responding to Elder Abuse and Neglect

Adult Protection Act

The *Adult Protection Act* (s. 5(1)) requires every person to report abuse and neglect of vulnerable adults. The law states:

Every person who has information, whether or not it is confidential or privileged, indicating that an **adult is in need of protection** shall report that information to the Minister of Community Services.

"Adult in need of protection" means an adult who, in the premises where he resides,

- (i) is a victim of physical abuse, sexual abuse, mental cruelty or a combination thereof, is incapable of protecting himself therefrom by reason of physical disability or mental infirmity, and refuses, delays or is unable to make provision for his protection therefrom, or
- (ii) is not receiving adequate care and attention, is incapable of caring adequately for himself by reason of physical disability or mental infirmity, and refuses, delays or is unable to make provision for his adequate care and attention (s. 3).

The law does not define abuse or neglect. The essence of the above provisions in terms of elder abuse is that the duty to report applies to abuse of older adults who are incapable of protecting themselves from abuse due to physical disability or mental infirmity, neither of which are defined in the law.

Individuals who fail to report the information are guilty of an offence and may be fined up to \$1,000 or imprisoned for up to one year, or both (ss. 16(1) and 17).

Protection for Persons in Care Act

The *Protection for Persons in Care Act* (s. 6) states that any person who believes that an adult patient or resident is, or is likely to be, abused, may make a report to the Minister.

Individuals who provide services to residents of hospitals and care facilities have an obligation to report abuse and likely abuse (s. 5).

Administrators of health facilities must report all allegations of abuse against a patient or resident and have an additional duty to protect patients and residents from abuse:

4 (1) The administrator of a health facility has a duty to protect the patients or residents of the facility from abuse and to maintain a reasonable level of safety for the patients or residents.

(2) The administrator of a health facility shall report to the Minister all allegations of abuse against a patient or resident that come to the knowledge of the administrator.

It is an offence to not report abuse: service providers or administrator who fail to report may be fined up to \$2,000; corporations may be fined up to \$30,000 (s. 17(1)).

Domestic Violence Intervention Act

Under the *Domestic Violence Intervention Act* (s. 6), it is possible to get an emergency protection order where domestic violence has occurred. Domestic violence includes (s. 5(1)):

- (a) an assault that consists of the intentional application of force that causes the victim to fear for his or her safety, but does not include any act committed in self-defence;
- (b) an act or omission or threatened act or omission that causes a reasonable fear of bodily harm or damage to property;
- (c) forced physical confinement;
- (d) sexual assault, sexual exploitation or sexual molestation, or the threat of sexual assault, sexual exploitation or sexual molestation;
- (e) a series of acts that collectively causes the victim to fear for his or her safety, including following, contacting, communicating with, observing or recording any person.

5. Elder Abuse and Neglect in the Workplace

The *Protection for Persons in Care Act* (s. 13) states that no action may be brought against any person who reports abuse of an adult patient or resident in good faith.

Service providers are protected from adverse employment actions for reporting abuse of adult patients or residents in good faith (s. 14(1)).

No action may be brought against a person for reporting abuse or neglect to the Minister of Community Services under the *Adult Protection Act*, unless the report was filed “maliciously or without reasonable and probable cause” (s. 5(2)).

6. Confidential Information

Professionals, non-professional staff and volunteers must normally get consent from an older adult before disclosing personal or health information.

The duty or option to report under the *Protection for Persons in Care Act* applies to confidential information, subject to solicitor-client privilege (ss. 5(2) and 6(2)). The *Adult Protection Act* states that the duty to report applies to information that is “confidential or privileged” (s. 5(1)).

The FOIPPA (s. 27(a)) confirms that a public body, such as a hospital, may disclose personal confidential information in accordance with another law or to assist with a police investigation (s. 27(m)). The head of a public body may disclose information it determines that compelling circumstances affect anyone's health or safety (s. 27(o)). The Federal Act applies to private organizations like private care facilities. It permits disclosure where required by a law (s. 7(3)(i)) and under the following circumstances that might apply to elder abuse:

Disclosure is made to a person who needs the information because of an emergency that threatens the life, health or security of an individual and, if the individual whom the information is about is alive, the organization informs that individual in writing without delay of the disclosure (s. 7(3)(e)).

New Brunswick

1. Key Legislation

- *Family Services Act*, S.N.B. 1980, c. F-2.2
- *Personal Health Information Privacy and Access Act*, S.N.B. 2009, c. P-7.05
- *Personal Information Protection and Electronic Documents Act*, S.C. 2000, c. 5 [Federal Act]

2. Definition of Abuse and Neglect

The *Family Services Act* does not define abuse. The act defines “abused elderly person” such that abuse includes physical abuse, sexual abuse and mental cruelty (s. 34(2)). An abused adult also includes both an adult who “is a victim or is in danger of being a victim” of abuse.

A neglected adult is one who:

- (a) is incapable of caring properly for himself by reason of physical or mental infirmity and is not receiving proper care and attention; or

(b) refuses, delays or is unable to make provision for his proper care and attention (s. 34(1)).

An elderly person is an adult who is at least 65 years old, and if there is no evidence of age, an adult who appears to be at least 65 (s. 1).

3. Principles and Values

The Preamble to the *Family Services Act* recognizes “that elderly, disabled and dependent persons are entitled to protection and can benefit from social services which ensure the opportunity for personal development.”

4. Responding to Elder Abuse and Neglect

A professional person who has reason to believe someone is an abused or neglected adult may report the concern the Minister of Social Development under the *Family Services Act* (s. 35.1(1)). A professional person is a care facility worker, vocational counselor or trainer, educator, physician, nurse, dentist or other health or mental health professional, hospital, social work or recreation services administrator, social work or other social service professional, police or law enforcement officer, psychologist, guidance counselor, and any worker who has a responsibility to care for an elderly person or disabled adult (s. 35.1(5)).

The law does not discuss reports of abuse by anyone other than a professional person.

5. Elder Abuse and Neglect in the Workplace

No action may be brought against a professional person who reports abuse or neglect in good faith to the Minister of Social Development (s. 35.1(2)).

6. Confidential Information

Professionals, non-professional staff and volunteers must normally get consent from an older adult before disclosing personal or health information.

A professional person may disclose to the Minister of Social Development information that was acquired through the discharge of the professional person’s duties or within a professional relationship (s. 35.1(1)).

The *Personal Health Information Privacy and Access Act* reinforces this right to disclose health information if required by another law (s. 42) or if required (s. 39(1)):

- (a) to prevent or reduce a risk of serious harm to the mental or physical health or safety of the individual to whom the information relates or another individual, or
- (b) to prevent or reduce a risk of significant harm to the health or safety of the public or a group of people, the disclosure of which is clearly in the public interest.

The Federal Act applies to private organizations like private care facilities. It permits disclosure where required by a law (s. 7(3)(i)) and under the following circumstances that might apply to elder abuse:

Disclosure is made to a person who needs the information because of an emergency that threatens the life, health or security of an individual and, if the individual whom the information is about is alive, the organization informs that individual in writing without delay of the disclosure (s. 7(3)(e)).

Prince Edward Island

1. Key Legislation

- *Adult Protection Act*, R.S.P.E.I. 1988, c. A-5
- *Victims of Family Violence Act*, R.S.P.E.I. 1988, c. V-3.2
- *Freedom of Information and Protection of Privacy Act*, R.S.P.E.I. 1988, c. F-15.01 [FOIPPA]
- FOIPPA General Regulations, P.E.I. Reg. EC564/02 [FOIPPA Reg]
- *Hospitals Act*, R.S.P.E.I. 1988, c. H-10.1
- *Personal Information Protection and Electronic Documents Act*, S.C. 2000, c. 5 [Federal Act].

2. Definition of Abuse and Neglect

The *Adult Protection Act* (s. 1(a)) defines abuse as physical, sexual, mental, emotional and / or material offensive mistreatment that causes or is reasonably likely to cause the victim severe physical or psychological harm or significant material loss to his estate.

Neglect “means a lack of or failure to provide necessary care, aid, guidance or attention which causes or is reasonably likely to cause the victim severe physical or psychological harm or significant material loss to his estate” (s. 1(k)).

3. Principles and Values

The *Adult Protection Act* (s. 3) states the following guiding principles:

- society has an obligation to afford its members, regardless of individual abilities or conditions, the opportunity to have security and the necessities of life;
- persons afflicted with disability that impairs their capacity to care for themselves deserve that quality of necessary treatment, care and attention that is most effective and yet least intrusive or restrictive in nature;
- although the capacity to express it may be diminished by disability, adults have a need for self-determination and to have their person, estate and civil rights protected;
- an adult is entitled to live in the manner he wishes and to accept assistance or not, provided it is by his conscious choice and does not cause harm to others;
- any intervention to assist or protect a person should be designed for the specific needs of the individual, limited in scope, and subject to review and revision as the person's condition and needs change;

- in relation to any intervention to assist or protect a person the paramount consideration shall be the best interests of that person.

4. Responding to Elder Abuse and Neglect

The *Adult Protection Act* (s. 4(1)) states that any person may report to the Minister of Health and Wellness if they have reasonable grounds for believing a person is, or is at risk of being, in need of assistance or protection. An adult is in need of protection if he:

- is a victim of abuse or neglect or at risk
- is incapable of fending for herself and is unable to make provision for necessary care, or
- who refuses, delays or fails to arrange for or comply with necessary care, aid or attention, AND
- requires “legally authorized protective intervention in order to preserve essential security and well-being” (s. 1(i)).

5. Elder Abuse and Neglect in the Workplace

A person who reports a case of suspected need of assistance or protection cannot be held liable with respect to making the report, unless it was made maliciously or without reasonable and probable cause (s. 4(3)).

No person is allowed to reveal the identity of person who reports a case of suspected need of assistance or protection (s. 4(2)).

6. Confidential Information

Professionals, non-professional staff and volunteers must normally get consent from an older adult before disclosing personal or health information.

The FOIPPA Reg states that the provincial privacy law covers health information in the possession of government departments and agencies (s. 5(1)). The FOIPPA states that a public body may disclose personal information for the purpose of complying with any law (s. 37(1)(d) and (e)), to assist with a police investigation (s. 37(1)(o)), or if the head of the public body believes, on reasonable grounds, that the disclosure will avert or minimize an imminent danger to the health or safety of any person (s. 37(1)(cc)).

Provincial and community hospitals may disclose personal health information without consent as required by the *Hospitals Act* (s. 8(2)(h)).

The Federal Act applies to private organizations like private care facilities. It permits disclosure where required by a law (s. 7(3)(i)) and under the following circumstances that might apply to elder abuse:

Disclosure is made to a person who needs the information because of an emergency that threatens the life, health or security of an individual and, if the individual whom the information is about is alive, the organization informs that individual in writing without delay of the disclosure (s. 7(3)(e)).

Newfoundland

1. Key Legislation

- *Neglected Adults Welfare Act*, R.S.N.L. 1990, c. N-3.
- *Personal Health Information Act*, S.N.L. 2008, c. P-7.01
- *Access to Information and Protection of Privacy Act*, S.N.L. 2002, c. A-1.1 [AIPPA]
- *Personal Information Protection and Electronic Documents Act*, S.C. 2000, c. 5 [Federal Act]
- *Family Violence Protection Act*, S.N.L. 2005, c. F-3.1

2. Definition of Abuse and Neglect

The *Neglected Adults Welfare Act* (s. 2(i)) says that a "neglected adult" means an adult:

- (i) who is incapable of caring properly for himself or herself because of physical or mental infirmity,
- (ii) who is not suitable to be in a treatment facility under the *Mental Health Care and Treatment Act*,
- (iii) who is not receiving proper care and attention, and
- (iv) who refuses, delays or is unable to make provision for proper care and attention for himself or herself;

3. Principles and Values

None cited in the *Neglected Adults Welfare Act* or the *Family Violence Protection Act*.

4. Responding to Elder Abuse and Neglect

The *Neglected Adults Welfare Act* (s. 4(1)) states that every person who has information that leads him to believe an adult is a neglected adult must give the information, as well as the name and address of the adult, to the Director of Neglected Adults or a social worker. This reporting requirement applies even if the information is confidential or privileged (s. 4(2)).

Any person who fails to make a report is guilty of an offence and may be fined up to \$200 (ss. 4(3), 15(2)).

The *Family Violence Protection Act* applies to spousal abuse involving an older adult victim. A police officer or lawyer may apply for an emergency protection order under the Act, with the victim's permission, where domestic violence has occurred and there is an urgent need for protection (s. 4(2)).

Domestic violence is defined in s. 3 to include one or more of the following acts or omissions:

- (a) an assault that consists of the intentional application of force that causes the applicant to fear for his or her safety but does not include an act committed in self-defence;

- (b) an intentional, reckless or threatened act or omission that causes bodily harm or damage to property;
- (c) an intentional, reckless or threatened act or omission that causes a reasonable fear of bodily harm or damage to property;
- (d) forcible physical confinement without lawful authority;
- (e) sexual assault, sexual exploitation or sexual molestation, or the threat of sexual assault, sexual exploitation or sexual molestation;
- (f) conduct that causes the applicant to reasonably fear for his or her safety, including following, contacting, communicating with, observing or recording a person; and
- (g) the deprivation of food, clothing, medical attention, shelter, transportation or other necessities of life.

5. Elder Abuse and Neglect in the Workplace

No action may be brought against a person who makes a report about a neglected adult, unless the report was made maliciously or without reasonable cause (*Neglected Adults Welfare Act*, s. 4(2)).

6. Confidential Information

Professionals, non-professional staff and volunteers must normally get consent from an older adult before disclosing personal or health information.

The *Neglected Adults Welfare Act* (s. 4(1)) states that a person must disclose confidential or privileged information, regardless of the consent of the neglected adult, pursuant to the obligation to report neglect to the Director of Neglected Adults or a social worker.

Disclosure of confidential health information is permitted under the *Personal Health Information Act* (s. 40(1)(a)) “to prevent or reduce the risk of serious harm to the mental or physical health or safety of the individual the information is about or another individual” or where disclosure is required by another law (s. 43).

The AIPPA applies to public bodies, defined broadly to include health care bodies and municipal government. This law permits disclosure without consent under a number of circumstances including:

- for the purposes of complying with another law,
- assisting with a police investigation, or
- where the head of the public body determines that compelling circumstances exist that affect a person’s health or safety and where notice of disclosure is mailed to the last known address of the individual the information is about (s. 39(1)(d),(n),(o) and (p)).

The Federal Act applies to private organizations like private care facilities. It permits disclosure where required by a law (s. 7(3)(i)) and under the following circumstances that might apply to elder abuse:

Disclosure is made to a person who needs the information because of an emergency that threatens the life, health or security of an individual and, if the individual whom

the information is about is alive, the organization informs that individual in writing without delay of the disclosure (s. 7(3)(e)).

Northwest Territories

1. Key Legislation

- *Protection Against Family Violence Act*, S.N.W.T. 2003, c. 24
- *Access to Information and Protection of Privacy Act*, S.N.W.T. 1994, c. 20 [AIPPA]
- *Personal Information Protection and Electronic Documents Act*, S.C. 2000, c. 5 [Federal Act]

2. Definitions of Abuse and Neglect

Neither abuse nor neglect is defined in territorial legislation relevant to elder abuse and neglect. The *Protection Against Family Violence Act* (s. 1(2)) defines family violence to include any of the following acts or omissions:

- (a) an intentional or reckless act or omission that causes bodily harm or damage to property;
- (b) an intentional, reckless or threatened act or omission that
 - (i) causes the applicant to fear for his or her safety,
 - (ii) causes the applicant to fear for the safety of any child of the applicant or any child who is in the care of the applicant, or
 - (iii) causes any child of the applicant or any child who is in the care of the applicant to fear for his or her safety;
- (c) sexual abuse;
- (d) forcible confinement;
- (e) psychological abuse, emotional abuse or financial abuse that causes harm or the fear of harm to the applicant, any child of the applicant or any child who is in the care of the applicant.

3. Principles and Values

None cited in the *Protection Against Family Violence Act*.

4. Responding to Abuse and Neglect

There is no duty to report abuse and neglect in the territory. The law most applicable to responding to abuse and neglect is the family violence statute.

The *Protection Against Family Violence Act* applies to elder abuse and neglect by a spouse, intimate cohabitant companion, cohabitant family member, child, grandchild, or parent of the victim's child (s. 2). Under this law a protection order or an emergency protection order may be granted where family violence has occurred.

The following people may apply for an order (s. 2(1)):

- victim
- an RCMP officer or victims services worker with consent of the victim

- any person with leave of court.

Under the act the terms of an order could include no contact or exclusive occupation of the home (ss. 4(3) and 7(2)). The terms of a protection order may include compensation for out of pocket expenses or a requirement that the abuser attend counseling (s. 7(2)(g) and (j)).

5. Elder Abuse and Neglect in the Workplace

The AIPPA (ss. 2 and 54) states that no action lies against an employee, volunteer, student or person under contract with the public body for disclosing confidential information under the act in good faith.

6. Confidential Information

Professionals, non-professional staff and volunteers must normally get consent from an older adult before disclosing personal or health information.

Under the AIPPA, public bodies, which means a government department or agency, may disclose personal and health information, without consent, for law enforcement purposes, to comply with any law, or when necessary to protect the mental or physical health or safety of any individual (s. 48(e), (p) and (q)). Disclosure is also permitted (s. 48(s) broadly for any purpose when, in the opinion of the head:

- (i) the public interest in disclosure clearly outweighs any invasion of privacy that could result from the disclosure, or
- (ii) disclosure would clearly benefit the individual to whom the information relates.

The Federal Act applies to private organizations like private care facilities. It permits disclosure where required by a law (s. 7(3)(i)) and under the following circumstances that might apply to elder abuse:

Disclosure is made to a person who needs the information because of an emergency that threatens the life, health or security of an individual and, if the individual whom the information is about is alive, the organization informs that individual in writing without delay of the disclosure (s. 7(3)(e)).

Yukon

1. Key Legislation

- *Adult Protection and Decision Making Act*, S.Y. 2003, c. 21, Sch. A.
- *Family Violence Prevention Act*, R.S.Y. 2002, c. 84
- *Access to Information and Protection of Privacy Act*, R.S.Y. 2002, c.1 [AIPPA]
- *Personal Information Protection and Electronic Documents Act*, S.C. 2000, c. 5 [Federal Act]

2. Definition of Abuse and Neglect

The *Adult Protection and Decision Making Act* (s. 58) defines abuse as:

The deliberate mistreatment of an adult that (a) causes the adult physical, mental, or emotional harm, or (b) causes financial damage or loss to the adult, and includes intimidation, humiliation, physical assault, sexual assault, overmedication, withholding needed medication, censoring mail, invasion or denial of privacy, denial of access to visitors, or denial of use or possession of personal property.

“Neglect” means any failure to provide necessary care, assistance, guidance, or attention to an adult that causes, or is reasonably likely to cause, within a short period of time, the adult serious physical, mental, or emotional harm, or substantial financial damage or loss to the adult, and includes self-neglect (s. 58).

3. Principles and Values

The guiding principles of the *Adult Protection and Decision Making Act* (s. 2) are:

- (a) all adults are entitled to live in the manner they wish and to accept or refuse support, assistance, or protection as long as they do not harm others and they are capable of making decisions about those matters;
- (b) adults are entitled to be informed about and, to the best of their ability, participate in, the management of their affairs;
- (c) all adults should receive the most effective, but the least restrictive and intrusive, form of support, assistance, or protection when they are unable to care for themselves or manage their affairs;
- (d) the Supreme Court should not be asked to appoint, and should not appoint, guardians unless alternatives, such as the provision of support and assistance, have been tried or carefully considered;
- (e) the values, beliefs, wishes, and cultural norms and traditions that an adult holds should be respected in managing an adult’s affairs.

4. Responding to Elder Abuse and Neglect

Under the *Adult Protection and Decision Making Act* (s. 61(1)) any person may make a report to the Seniors’ Services/Adult Protection Unit when an older adult is being abused or neglected and is unable to seek support or assistance due to (s. 59):

- (i) physical or chemical restraint;
- (ii) a physical or intellectual disability that limits their ability to seek help;
- (iii) an illness, disease, injury, or other condition that affects their ability to seek help;
- (iv) any similar reason.

The Act applies to situations where a person is abused or neglected in the community, at home, in private care facilities or in publically funded institutions other than a correctional facility (s. 60(1)).

The *Family Violence Prevention Act* applies to elder abuse and neglect by a cohabitant or intimate companion (s. 1). Under this law an emergency protection order or victim assistance order may be granted where family violence has occurred. Family violence means (s. 1):

- (a) any intentional or reckless act or omission that causes bodily harm or damage to property,
- (b) any act or threatened act that causes a reasonable fear of bodily harm or of damage to property,
- (c) forced confinement,
- (d) sexual abuse, or
- (e) depriving a person of food, clothing, medical attention, shelter, transportation, or other necessities of life.

The following people may apply for an order (s. 2(1)):

- victim
- a peace officer or victims services worker with consent of the victim
- any person with leave of court.

5. Elder Abuse and Neglect in the Workplace

You are protected from work-related consequences. It is illegal for someone to threaten you, discriminate against you, intimidate, coerce, discipline or impose a penalty against you for making a report or assisting with an investigation (*Adult Protection and Decision Making Act*, s. 61(5)).

No legal action may be brought against a person for making a truthful report in good faith or for assisting with an investigation (s. 61(4)).

6. Confidential Information

Professionals, non-professional staff and volunteers must normally get consent from an older adult before disclosing personal or health information.

Every person is required to disclose confidential information requested by the Seniors' Services/Adult Protection Unit to conduct its investigations into abuse and neglect, regardless of the consent of the adult victim, unless solicitor-client privilege applies to the information (s. 67).

Under the AIPPA, public bodies, defined to mean government departments and agencies but not hospitals or health authorities, may disclose personal information without consent to comply with another law (s.36(d)), to assist with a police investigation (s. 36(l)) or "if the public body determines that compelling circumstances exist that affect anyone's health or safety and if notice of disclosure is mailed to the last known address of the individual the information is about" (s. 36(n)).

The Federal Act applies to private organizations like private care facilities. It permits disclosure where required by a law (s. 7(3)(i)) and under the following circumstances that might apply to elder abuse:

Disclosure is made to a person who needs the information because of an emergency that threatens the life, health or security of an individual and, if the individual whom the information is about is alive, the organization informs that individual in writing without delay of the disclosure (s. 7(3)(e)).

Nunavut

1. Key Legislation

- *Family Abuse Intervention Act*, S.Nu. 2006, c. 18
- Family Abuse Intervention Regulations, N.W.T. (Nu) 006-2008 [Family Abuse Reg]
- *Access to Information a Protection of Privacy Act*, S.N.W.T. (Nu) 1994, c. 20 [AIPPA]
- *Personal Information Protection and Electronic Documents Act*, S.C. 2000, c. 5 [Federal Act]

2. Definition of Abuse and Neglect

The *Family Abuse Intervention Act Act* (s. 3) defines family abuse as the following acts or omissions:

- (a) an intentional or reckless act or omission that causes, or a threatened act or omission to cause
 - (i) injury, or
 - (ii) damage to property in the context of intimidation;
- (b) an intentional, reckless or threatened act or omission that causes, or a series of intentional or threatened acts that cause a reasonable fear of
 - (i) injury, or
 - (ii) damage to property in the context of intimidation;
- (c) sexual abuse, including sexual contact of any kind that is coerced by force or threat of force;
- (c.1) sexual abuse of any kind, including sexual exploitation, sexual interference and encouragement or invitation to sexual contact, of a person with a mental or physical disability or a child;
- (d) forced confinement;
- (e) conduct that reasonably, in all the circumstances, constitutes mental or emotional abuse;
- (f) an intentional or reckless act or omission that unjustifiably or unreasonably deprives a person of food, clothing, shelter, medical attention, transportation or other necessities of life;
- (g) conduct of any kind the purpose of which is to control, exploit or limit a person's access to financial resources for the purpose of ensuring the person's financial dependency.

"Mental or emotional abuse" (s. 1) is:

- (a) a pattern of behaviour of any kind, including verbal statements, the purpose of which is to deliberately undermine the mental or emotional well-being of a person,

and

(b) includes repeated threats made with the intent to cause extreme emotional pain to a person, a child of or in the care of a person or a family member of a person.

3. Principles and Values

The Preamble to the *Family Abuse Intervention Act* espouses the following guiding principles:

Recognizing that the values and cultures of Nunavummiut and the guiding principles and concepts of Inuit Qaujimajatuqangit reflect the right of every individual in Nunavut to a full and productive life, free from harm and fear of harm;

Recognizing that family abuse continues to be a serious problem in Nunavut;

Stressing the importance of *inuuqatigiitsiarniq*, which means respecting others, relationships and caring for people, and *tunnganarniq*, which means fostering good spirit by being open, welcoming and inclusive;

Affirming the commitment of the Government of Nunavut to *pijitsirniq*, which means serving and providing for families and communities; and

Incorporating and encouraging *qanuqtuurniq*, which means being innovative and resourceful.

4. Responding to Elder Abuse and Neglect

The *Family Abuse Intervention Act* (s. 2) applies to elder abuse that occurs in the context of:

- (a) a spousal relationship
- (b) an intimate relationship
- (c) a family relationship
- (d) a care relationship.

These kinds of relationships are defined very broadly to include relationships by blood, marriage, adoption or dating regardless of whether or not the victim and the abuser lived together (s. 2).

Under the act (s. 5) it is possible to apply for any of the following orders where family abuse has occurred:

- (a) an emergency protection order
- (b) a community intervention order
- (c) an assistance order
- (d) a compensation order.

The following people may apply for an emergency protection order, an assistance order or a compensation order:

- victim

- a family member, friend, lawyer, RCMP with the victim's consent
- community justice outreach workers (s. 26(1)).

The Family Abuse Reg (s. 1(1)) also permits a person who provides support through a safe house or shelter to apply for an emergency protection order with the victim's consent.

The following people may apply for a community intervention order:

- any person involved in family abuse (*Family Abuse Intervention Act*, s. 27)
- any family member, friend or elder with the victim's consent (s. 27)
- members of the RCMP or a community justice committee or a lawyer with the victim's consent (Family Abuse Reg (s. 1(3))

5. Elder Abuse and Neglect in the Workplace

There are no statutory protections for a person who reports abuse.

6. Confidential Information

Professionals, non-professional staff and volunteers must normally get consent from an older adult before disclosing personal or health information.

Under the AIPPA, public bodies, which means a government department or agency, may disclose personal and health information, without consent, for law enforcement purposes (s. 48(e)), to comply with any law (s. 48(p)), or when necessary to protect the mental or physical health or safety of any individual (s. 48(q)). Disclosure is also permitted (s. 48(s) broadly for any purpose when, in the opinion of the head:

- (i) the public interest in disclosure clearly outweighs any invasion of privacy that could result from the disclosure, or
- (ii) disclosure would clearly benefit the individual to whom the information relates.

The Federal Act applies to private organizations like private care facilities. It permits disclosure where required by a law (s. 7(3)(i)) and under the following circumstances that might apply to elder abuse:

Disclosure is made to a person who needs the information because of an emergency that threatens the life, health or security of an individual and, if the individual whom the information is about is alive, the organization informs that individual in writing without delay of the disclosure (s. 7(3)(e)).

**Table 2: Responding to Elder Abuse & Neglect
Summary of the Law in each Province & Territory**

	What	Where	When	Who
BC	<i>Adult Guardianship Act</i> , R.S.B.C., 1996, c. 6.	Adult is living anywhere (except in a prison).	An adult is being abused or neglected and is unable to seek support or assistance.	Any person may notify a designated agency. In BC the designated agencies are the regional health authorities, Providence Health Care Society, and Community Living BC.
			A report of abuse or neglect has been received, there are reasons to believe an adult is abused or neglected, or a representative, decision maker, guardian or monitor is hindered from visiting or speaking with the older adult.	An employee of a designated agency must: refer to health care, social, legal accommodation, or other services; assist older adult in obtaining services; inform public guardian and trustee; investigate abuse or neglect; or report criminal offence to police.
	<i>Community Care and Assisted Living Act</i> , R.S.B.C. 2002, c. 75.	Adult is residing in a community care facility or assisted living residence.	A person in care witnesses or experiences elder abuse or neglect.	Licensee of the facility must notify: the parent or representative, or contact person of the person in care; medical practitioner or nurse practitioner responsible for the care of the person in care; medical health officer; and funding program.
AB	<i>Protection for Persons in Care Act</i> , S.A. 2009, c. P-29.1.	Adult receives care or support services from a lodge accommodation, hospital, mental health facility, nursing home, social care facility, or other service provider.	An adult who receives care or support services is being abused, or has been abused.	Every person must report to a complaints officer, a police service, or a committee, body or person authorized under another enactment to investigate abuse. The Protection for Persons in Care office accepts complaints.
SK	<i>Victims of Domestic Violence Act</i> , S.S. 1994, c. V-6.02.	Adult is living in the community (i.e. not in care).	Domestic violence has occurred.	A victim , a person on behalf of the victim who has the victim's consent, or a person on behalf of the victim with leave of the court or designated justice of the peace may apply for a protection order from the court.

	What	Where	When	Who
	<i>Personal Care Homes Regulations</i> , R.R.S. c. P-6.01 Reg. 2.	Adult is a resident in a personal care home.	Serious incident has occurred. “ Serious incident” includes harm or suspected harm suffered by a resident as a result of unlawful conduct, improper treatment or care, harassment or neglect.	Licensee must inform the resident’s supporter or a member of the resident’s family, resident’s personal physician, the department and the regional health authority.
MB	<i>Protection for Persons in Care Act</i> , C.C.S.M. c. 144.	Adult is a resident, in-patient or person receiving respite care in a health facility.	A resident, in-patient or person receiving respite care in a health facility is being abused, or is likely to be abused.	Employee or service provider at a health facility must promptly report to the Minister to the Protection for Persons in Care Office.
	<i>Vulnerable Persons Living with a Mental Disability Act</i> , C.C.S.M. c. V90.	Adult has had a mental disability since childhood and is in need of assistance to meet basic needs.	An adult who has had a mental disability since childhood is being abused or neglected, or is likely to be abused or neglected.	A person who provides care, support services or related assistance, substitute decision maker, or committee must report to the executive director appointed by the Minister.
Ont	<i>Long Term Care Homes Act 2007</i> , S.O. 2007, c. 8.	Adult is residing in a long-term care home.	Harm, abuse or neglect has occurred or may occur.	A staff member, any person who provides professional services (i.e. health, social services) and licensee must report to the Director appointed by the Minister.
Que	<i>Chartre des droits et libertés de la personne</i> , L.R.Q., c. C-12.	Adult is living anywhere.	Older adult is the victim of exploitation.	Victims , group of victims, or advocacy organization may apply to Commission des droits de la personne et des droits de la jeunesse. Commission may initiate investigation.
NB	<i>Family Services Act</i> , S.N.B. 1980, c. F-2.2	Adult is living anywhere.	Adult is being abused or is at risk of abuse.	Professional person (i.e. care worker, physician, nurse, or other health or mental health professional, social worker, etc.) may report to the Minister.
NS	<i>Protection for Persons in Care Act</i> , S.N.S. 2004, c. 33.	Adult is a patient of a hospital or a resident of a health facility (i.e. special care home).	Adult is being abused or is likely to be abused.	Employees and service providers of a health facility must promptly report to the Minister.

	What	Where	When	Who
	<i>Adult Protection Act</i> , R.S., c. 2.	Adult is living anywhere.	Adult is the victim of abuse or not receiving adequate care, is incapable of protecting himself/herself and refuses, delays or is unable to protect himself/herself.	Any person must report to the Minister of Community Services.
PEI	<i>Adult Protection Act</i> , R.S.P.E.I. 1988, c. A-5.	Adult is living anywhere.	Adult is in need of assistance or protection, or is at serious risk.	Any person may report to the Minister of Health and Wellness (Adult Protection Program).
Nfld	<i>Neglected Adults Welfare Act</i> , R.S.N.L. 1990, c. N-3.	Adult is living anywhere (except a mental health facility).	An adult is incapable of caring properly for himself or herself, not suitable to be in a mental health facility, not receiving proper care and attention and refuses, delays or is unable to make provision for proper care and attention for himself or herself.	Any person must give information to Director of Neglected Adults, or to a social worker (who must report the matter to the Director).
Nu	<i>Family Abuse Intervention Act</i> , S.Nu. 2006, c. 18.	Adult is living in the community (i.e. not in care).	Family abuse has occurred.	A victim , a person on behalf of the victim who has the victim's consent, or a person on behalf of the victim with leave of the court or designated justice of the peace may apply for an <i>ex parte</i> or restraining order from the court.
NWT	<i>Protection Against Family Violence Act</i> , S.N.W.T. 2003, c. 24.	Adult is living in the community (i.e. not in care).	Family violence has occurred.	A victim , a person on behalf of the victim who has the victim's consent, or a person on behalf of the victim with leave of the court or designated justice of the peace may apply for an <i>ex parte</i> or restraining order from the court.
YK	<i>Adult Protection and Decision Making Act</i> , S.Y. 2003, c. 21, Sch. A.	Adult is living anywhere (except a prison).	An adult is abused or neglected and unable to seek support or assistance.	Any person may report to the Seniors' Services/Adult Protection Unit, currently the only designated agency in the Yukon.

12. Resources

In an emergency, call 911.

(F) French services available

(M) Multilingual services

National and Federal Resources

Public Health Canada, Division of Aging and Seniors (PHAC)

Website: <http://www.phac-aspc.gc.ca/seniors-aines/>

PHAC has created a number of elder abuse resources.

(F)

National Initiative for the Care of the Elderly (NICE) Network

Phone: 416-978-0545

Website: <http://www.nicenet.ca>

International network of researchers, practitioners, students and seniors.

(F)

Canadian Centre for Elder Law (CCEL)

Phone: 604-822-0633

Website: <http://www.bcli.org/ccel>

The CCEL conducts legal research, law reform, legal education and public outreach relating to issues affecting older adults. The CCEL does not provide legal advice to individuals.

(F)

Canadian Network for the Prevention of Elder Abuse (CNPEA)

Website: <http://www.cnpea.ca>

CNPEA works to raise awareness of key issues around abuse and neglect in later life and to ensure older adults are treated as full citizens of Canadian society.

(F)

Phone Busters: The Canadian Anti-Fraud Call Centre

Toll Free: 1-888-495-8501

Website: <http://www.antifraudcentre-centreantifraude.ca/>

Phone line operated by the RCMP and the Ontario Provincial Police to provide information about frauds and scams and take reports from people who believe they are victims of fraud. The website allows privacy-protected online reporting of frauds through electronic complaints form

(F)

ABCs of Fraud Awareness Program

Website: <http://www.abcfraud.ca/>

Ombudsman for Banking Services and Investments (OBSI)

Toll Free: 1-888-451-4519

Website: <http://www.obsi.ca>

OBSI helps resolve disputes between participating banking services and investment firms and their customers if they can't resolve disputes on their own.

(F)

British Columbia**BC Centre for Elder Advocacy and Support (BC CEAS)****Seniors Advocacy and Information Line**

Toll-Free: 1-866-437-1940

Phone: 604-437-1940

Website: <http://www.bcceas.ca>

Public Guardian and Trustee of British Columbia (PGT)

Toll Free: 1-800-663-7867

Phone: 604-660-4444

Website: <http://www.trustee.bc.ca>

Community Living BC

Toll Free: 1-877-660-2522

Website: <http://www.communitylivingbc.ca/>

Vancouver Coastal Health Authority

Phone: 604-736-2033

Toll Free: 1-866-884-0888

Website: <http://vchreact.ca/report.htm>

(F)

Fraser Health Authority

Phone: 604-587-4600

Website: http://www.fraserhealth.ca/your_care/adult_abuse_and_neglect

(F)

Vancouver Island Health Authority

Phone: 250-370-8699

Website: <http://www.viha.ca/>

Interior Health Authority

Phone: 250-862-4200

Website: <http://www.interiorhealth.ca/>

Northern Health Authority

Phone: 250-565-2649

Website: <http://www.northernhealth.ca/>

Providence Health Care Society

- **St. Paul's Hospital**
Phone: 604-806-8739
- **Mount St. Joseph's Hospital**
Phone: 604-877-8377
- **Holy Family Hospital**
Phone: 604-322-2311

Office of the Assisted Living Registrar

Toll-free: 1-866-714-3378

Website: <http://www.health.gov.bc.ca/assisted/>

The Registrar has the power to enter and inspect a facility where it has reason to believe that the health or safety of a resident is at risk.

VictimLINK

Toll Free: 1-800-563-0808 (24 hours)

TTY: 604-875-0885

Website: <http://www.victimlinkbc.ca/>

(M)

Crime Victim Assistance Program

Toll Free: 1-866-660-3888

Phone: 604-660-3888

Crisis Intervention and Suicide Prevention Centre of BC

Toll Free: 1-800-SUICIDE (784-2433)

TTY: 1-866-872-0113

Website: <http://www.crisiscentre.bc.ca>

(M)

Victim Safety Unit

Toll Free: 1-877-315-8822

Phone: 604-660-0316

Women Against Violence Against Women (WAVAW) Rape Crisis Centre

Toll Free Crisis Line: 1-877-392-7583

Phone: 604-255-6344

Website: <http://www.wavaw.ca>

Vancouver Rape Relief and Women's Shelter

Crisis Line: 604-872-8212

TTY: 604- 877-0958 (9AM to 9PM)

Website: <http://www.rapereliefshelter.bc.ca/>

MOSAIC Multicultural Victim Services Program

Phone: 604-254-9626

Website: <http://www.mosaicbc.com>

Offers support, information, advocacy, accompaniments and referrals.

(M)

Victim Services Directory – Province of BC

Website: <http://www.pssg.gov.bc.ca/victimservices/directory/index.htm>

Burnaby Seniors Outreach Services Society (BSOSS)

Phone: 604-291-2258

Website: <http://www.bsoss.org>

QMunity, BC's Queer Resource Centre**Generations Project (Older Adults)**

Phone: 604-684-5307

Office: 604-684-8449

Website: <http://www.qmunity.ca>

QMunity offers coming out and support groups for older adults, a lending library, free professional counseling, legal clinics, referrals and workshops for LGBTQ older adults.

Royal Canadian Mounted Police "E" Division – British Columbia

General Inquiries: 604-264-3111

Website: <http://www.bc.rcmp.ca>

Fraud victims: <http://www.rcmp-grc.gc.ca/scams-fraudes/victims-guide-victimes-eng.htm>

(M)

CrimeStoppers

Toll Free: 1-800-222-TIPS (8477)

Website: <http://www.bccrimestoppers.com>

Health and Seniors' Information Line

Toll Free: 1-800-465-4911

Phone (Victoria): 250-952-1742

Website: http://www.seniorsbc.ca/shls/seniors_info_line.html

(M)

BC Association of Community Response Networks

Phone: 604-513-9758

Website: <http://www.bccrns.ca/>

Alberta

Alberta Elder Abuse Awareness Network

Phone: 780-392-3267 (Edmonton) 403-206-8311 (Calgary)

Website: <http://www.albertaelderabuse.ca/>

Senior Abuse HelpLine

Phone: 780-454-8888 (Edmonton)

Information referral line (not a crisis line)

Elder Abuse Intervention Team

Phone: 780-477-2929 (Edmonton)

Edmonton Seniors Safe Housing

Phone: 780-702-1520 (Edmonton)

(M)

Kerby Elder Abuse Line

Crisis Line (Calgary): 403-705-3250 (24 hours)

Kerby Centre – Information and Advocacy

Phone: 403-705-3246

Website: http://www.kerbycentre.com/information_advocacy.php

Information and advocacy for adults 55 years and older.

Older Women’s Long-term Survival (OWLS)

Phone: 403-253-2912 (Calgary)

Oak-Net Legal Resource Centre

Phone: 780-451-8764

Website: <http://www.oaknet.ca>

Information on the law and community resources available to older adults in Alberta.

Confederation Park 55+ Activity Centre Lawyer Clinic

Phone: 403-289-4780

Website: <http://www.confederationparkseniorscentre.com>

Greater Forest Lawn 55 Plus Society Lawyer Clinic

Phone: 403-272-4661

Website: <http://www.gfls.org>

Golden Circle Senior Resource Centre (Red Deer)

Toll Free: 1-800-332-109

Phone: 403-343-6074

Safeguards for Vulnerable Adults Information and Reporting Line -Protection for Persons in Care (PPC)

Toll Free (in Alberta): 1-888-357-9339

Website: http://www.seniors.alberta.ca/services_resources/elderabuse/facts.asp

Website: <http://www.seniors.alberta.ca/ppc/>

Office of the Public Guardian (OPG)

Toll Free: 1-877-427-4527

Website: <http://www.seniors.alberta.ca/opg/>

The OPG will respond to reports of abuse by substitute decision-makers.

Mental Health Patient Advocate

Toll Free (outside Edmonton): 310-0000

Phone: 780-422-1812

Website: www.mhpa.ab.ca/

Responds to reports of abuse if the client is or was under admission certificate under the *Mental Health Act* or is or was subject to a Community Treatment Order.

(M)

Alberta Family Violence Information Line

Toll Free (in Alberta): 310-1818 (24 hours)

Website: <http://www.familyviolence.alberta.ca>

(M)

Central Alberta Women's Emergency Shelter (CAWES)

Toll Free: 1-888-346-5643 (24 hours)

Shelter: 403-346-5643

Website: <http://www.cawes.ccom>

Alberta Health Services Helpline

Toll Free: 1-877-303-2642

Distress Centre Calgary

Toll Free Crisis Line: 1-800-SUICIDE (1-800-784-2433)(24 hours)

Senior's Line: 403-264-7700

Distress and Suicide Prevention Line of Southwestern Alberta (CMHA)

Toll Free Crisis Line: 1-888-787-2880 (24 hours)

Phone: 403-327-7905

(M)

Calgary Legal Guidance

Phone: 403-234-9266

Website: <http://www.clg.ab.ca>

Provides free legal advice for individuals with low income who do not qualify for Legal Aid.

Saskatchewan

Abused Women's Information Line

Toll Free (Saskatoon): 1-888-338-0880 (24 hours)

24-hour service answered by trained people, not a crisis line. Provide information and referral, support to women. Will refer older men (and abusers) to other programs.

24-hour Abuse Line

Toll Free (Regina): 1-800-214-7083

Provincial Association of Transition Houses of Saskatchewan (PATHS)

Phone: 306-522-3515

Website: <http://www.abusehelplines.org/index.php>

Provides a list of Help Lines for all districts, information on abuse, and lists agencies and organizations that can help, including legal and financial assistance.

Public Guardian and Trustee

Toll Free: 1-877-787-5424

Phone: 306-787-5424

Website: <http://www.justice.gov.sk.ca/pgt>

Personal Care Homes Program

Phone: (306) 787-1715 (Regina) / (306) 933-5843 (Saskatoon)

Reporting abuse in a care home.

- To report abuse in a *special care* home contact the Community Care Branch

Phone: (306) 787-7239

Seniors Legal Assistance Panel Program, Probono Law Saskatchewan

Phone: (306) 569-3098

Website: <http://www.pbalsask.ca>

Provides legal assistance, and referrals, to financially eligible callers.

Healthline

Toll Free: 1-877-800-0002 (24 hours).

(M)

Cypress Health Region

Toll Free: 1-888-461-7443

Phone: 306-778-5100

Website: <http://www.cypresshealth.ca/>

Five Hills Health Region

Toll Free: 1-888-425-1111

Phone: 306-694-0296

Website: <http://www.fhhr.ca/>

Heartland Health Region

Phone: 306-882-4111

Website: <http://www.hrha.sk.ca/>

Keewatin Yatthé Regional Health Authority

Phone: 306-235-2220

Website: <http://www.kyrha.ca/>

Kelsey Trail Health Region

Phone: 306-873-6600

Website: <http://www.kelseytrailhealth.ca/default.aspx>

Mamawetan Churchill River Health Region

Phone: 306-425-2422

Website: <http://www.mcrrha.sk.ca/index.php>

Prairie North Health Region

Toll Free: 1-866-655-5066

Phone: 306-655-1026

Website: <http://www.pnrha.ca/bins/index.asp>

Prince Albert Parkland Health Region

Phone: 306-765-6400

Website: http://www.paphr.sk.ca/menu_pg.asp

Regina Qu'Appelle Regional Health Authority

Toll Free: 1-866-411-7272

Phone: 306-766-3232

Website: <http://www.rqhealth.ca/index.shtml>

(M)

Saskatoon Health Region

Toll Free: 1-866-655-5066

Phone: 306-655-3284

Website: <http://www.saskatoonhealthregion.ca/index.htm>

Sun Country Health Region

Toll Free: 1-800-696-1622

Phone: 306-637-3642 (Estevan)

Website: <http://www.suncountry.sk.ca/>

Sunrise Health Region

Phone: 306-786-0103

Website: <http://www.sunrisehealthregion.sk.ca/>

SSM Seniors Information Line

Toll Free (Saskatchewan): 1-888-823-2211

Regina Mobile Crisis Services

Crisis Line: (306) 933-6200 (24 hours)

West Central Crisis & Family Support Centre

Toll Free Crisis Line: 1-877-310-HELP (4357) (24 hours)

Victim Services

Toll free: 1-888-286-6664

Information and referral to local community based programs.

Manitoba**Seniors Abuse Line**

Toll Free: 1-888-896-7183

Phone: 945-1884

Abuse line staff provide information on community resources and support services.

(M)

Protection for Persons in Care Office

Toll Free (outside Winnipeg): 1-866-440-6366

Phone: 204-788-6366

TTY Toll Free: 1-776-855-0511

TTY Winnipeg: 204-774-8618

Website: <http://www.gov.mb.ca/health/protection> This Office responds to reports of abuse of persons receiving care in personal care homes, hospitals or any other designated health facility.

(F)

Office of the Vulnerable Persons' Commissioner

Toll Free: 1-800-757-9857 (outside Winnipeg)

Phone: 204-945-5039

Accepts complaints regarding abuse of a vulnerable person with a mental disability.

(F)

Seniors Information Line

Toll free: 1-800-665-6565 or 204-945-6565

Website: [http:// www.gov.mb.ca/shas](http://www.gov.mb.ca/shas)

General information and referrals on abuse.

Age & Opportunity

Confidential Intake Line: 204-956-6440

Province-wide Domestic Violence Crises and Information Line

Toll-free (Manitoba): 1-877-977-0007

Legal Aid Manitoba

Toll Free: 1-800-672-1043

May not be able to provide assistance but can provide up-to-date referral to legal resources.
(F)

Klinic Community Health Centre

Toll Free Crisis Line: 1-888-322-3019 (24 hours)

Sexual Assault Crisis Line – Toll Free: 1-888-292-7565

Website: <http://www.klinic.mb.ca>

Manitoba Suicide Line

Toll Free: 1-877-435-7170 (24 hours)

Website: <http://www.reasonstolive.ca>

Ontario**The Seniors Safety Line**

Toll Free: 1-866-299-1011 (24 hours)

Information, referral and support line for seniors at risk of abuse, available 24 hours. This is a confidential resource for seniors suffering from abuse including financial, physical, sexual and mental abuse and neglect (operated in association with the assaulted women's helpline).

(M)

Assaulted Women's Helpline

Toll Free Crisis Line: 1-866-863-0511 (24 hours)

Greater Toronto Area: 416-863-0511

TTY Toll Free: 1-866-863-7868

TTY: 416-364-8762

Website: <http://www.awhl.org/>

(M)

Victim Support Line (VSL)

Toll Free (in Ontario): 1-888-579-2888

Access information and referrals to support services.

(M)

Femmes Aide

Toll Free Crisis Line: 1-877-336-2433 (24 hours)

(F)

Long-Term Care ACTION Line

Toll Free: 1-866-434-0144

Accepts calls and registers complaints regarding concerns about a long-term care home resident who is being abused. Register complaints about long-term care homes, home care services and/or Community Care Access Centres.

Advocacy Centre for the Elderly (ACE)

Phone: 416-598-2656

Website: <http://www.advocacycentreelderly.org>

Community Legal Education Ontario (CLEO)

Toll Free Legal Referral Hotline: 1-866-667-5366 (24 hours)

Website: <http://www.cleo.on.ca/>

Ministry of Health and Long-Term Care

Toll Free: 1-866-532-3161

TTY: 1-800-387-5559

Website: <http://www.health.gov.on.ca/>

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Ontario Seniors' Secretariat/Seniors InfoLine

Toll Free: 1-888-910-1999

TTY: 1-800-387-5559

Website: <http://www.seniors.gov.on.ca/en/seniorsguide/index.php>

Website: <http://www.seniors.gov.on.ca/en/elderabuse/index.php>

Seniors' Info

Website: <http://www.seniorsinfo.ca/>

Information on services for older adults in Ontario.

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The Office of the Public Guardian and Trustee, Guardianship Investigation

Toll Free: 1-800-366-0335

Phone: 416-327-6348

Website: <http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/>

Ontario Network for the Prevention of Elder Abuse (ONPEA)

Phone: 416-916-6728

Website: <http://www.onpea.org/index.html>

Community co-ordination activities, training opportunities for front-line staff, public education sessions, and other resources.

Québec

Ligne Aide Abus Aînés

Toll Free: 1-888-489-ABUS (2287)

Phone: 514-489-2287

Website: <http://www.maltraitanceaines.gouv.qc.ca/>
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Commission des droits de la personne et des droits de la jeunesse

Phone: 514-873-5146

Toll Free: 1-800-361-6477

TTY: 514-873-2648

Website: <http://www2.cdpdj.qc.ca/en/pages/default.aspx>

The Commission accepts elder abuse complaints, conducts investigations, and can take urgent action to protect an older person.

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Public Curator

Toll Free: 1-800-363-9020

Website: <http://www.curateur.gouv.qc.ca/cura/en/index.html>
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Ministère de la Santé et des Services sociaux (MSSS)

Toll Free: 1-877-644-4545

Phone: 418 644-4545 (Québec) 514 644-4545 (Montréal)

Toll Free: 1-800-361-9596

TTY: 514-873-4626 (Montréal)

Website: <http://www.msss.gouv.qc.ca/>

The Centres de santé et de services sociaux (CSSS) provide assistance to victims of abuse or neglect. The telephone number of the CSSS for each area is listed in the telephone directory or on the MSSS.

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Seniors Telephone line

Phone: 1-514-527-0007

Website: <http://www.tcaim.org>

The project is an initiative of the Table de concertation des aînés de l'Île de Montréal et du Centre de référence du Grand Montréal Montreal Steering Committee on Seniors.

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Shelter and Assistance for Victims of Elder Abuse (SAVA)

Phone: 1-514-903-3550

Website: www.ndgelderabuse-abusenverslesaines.ca/en/index.html
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Commission des Services Juridique

Phone: 514-873-3562

Website: <http://www.csj.qc.ca/>

Contact the legal aid office closest to you to see if you are eligible for legal aid or for referral to another organization. The website provides a list of legal aid offices.

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Association québécoise des retraité(e)s des secteurs public et parapublic

Phone: 1-866-497-1548

Website: <http://www.aqrp.qc.ca/>

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Centre d'aide aux victimes d'actes criminels (CAVAC)

Toll Free (in Quebec): 1-866-532-2822

Phone: 514-277-9860

Website: <http://www.cavac.qc.ca/>

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Centre de prévention du suicide de Québec

Toll Free Crisis Line: 1-866-APPELLE (277-3553) (24 hours)

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Nova Scotia**Adult Protection Services, Protection for Persons in Care**

Toll Free (NS): 1-800-225-7225

Phone: 902-424-6090

Website: <http://www.gov.ns.ca/health/ppcact>

Senior Abuse Line, Nova Scotia Department of Seniors

Toll Free (NS): 1-877-833-3377

Website: http://www.gov.ns.ca/seniors/senior_abuse_line.asp

Information on abuse, referrals and support only (not a crisis line).

Seniors Information Line, Nova Scotia Department of Seniors

Toll Free (Nova Scotia): 1-800-670-0065

Phone (Halifax/Dartmouth): 902-424-0065

Website: http://www.gov.ns.ca/seniors/senior_abuse_prevention.asp

Current programs include a Partners Against Fraud campaign and resources.

Legal Information Society of Nova Scotia (LISNS)

Toll Free (NS): 1-800-665-9779

Website: <http://www.legalinfo.org/seniors/>

LISNS has created series of legal information booklets for older adults, including one specifically on elder abuse. All the booklets are available online for free.

Mental Health Mobile Crisis Team (MHMCT)

Toll Free Crisis Line: 1-888-429-8167

Phone: 902-429-8167

Prevention and Awareness of Crime and Theft Committee (PACT)

Website: <http://www.pactns.ca>

New Brunswick

Adult Protection Program, Department of Social Development

Toll Free (by region):

Acadian Peninsula (Tracadie-Sheila): 1-866-441-4149

Chaleur (Bathurst): 1-866-441-4341

Edmundston: 1-866-441-4249

Fredericton: 1-866-444-8838

Miramichi: 1-866-441-4246

Moncton: 1-866-426-5191

Restigouche (Campbellton): 1-866-441-4245

Saint John: 1-866-441-4340

After Hours Emergency Toll Free (in NB): 1-800-442-9799

Website:

http://www2.gnb.ca/content/gnb/en/departments/social_development/emergency_socialservices.html

Information and referrals.

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New Brunswick Senior Citizens' Federation (NBSCF)

Toll Free: 1-800-453-4333

Phone: 506-857-8242

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Beausejour Family Crisis Resource Centre Inc

Phone: 506-533-9100 (24 hours)

Website: <http://www.crcfb.ca>

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Chimo Helpline Inc.

Toll Free Crisis Helpline: 1-800-667-5005

Phone: 506-450-HELP (4357)

Website: <http://www.chimohelpline.ca/>

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Fredericton Sexual Assault Crisis Centre

Phone: call collect 0-506-454-0437 (24 hours)

Website: <http://www.fsacc.ca/>

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Department of Social Development

Toll Free: 1-866-444-8838

Provides services to seniors and adults with disabilities who are victims of abuse or neglect

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Senior and Healthy Aging Secretariat

Phone: 506-453-2001

Website : <http://www.gnb.ca/0182/index-e.asp>

Fredericton Legal Advice Clinic

Email: admin@frederictonlegaladviceclinic.ca

Website: <http://frederictonlegaladviceclinic.ca/>

The organization does not provide a telephone number. FLAC runs a free legal advice, information and referral clinic. Contact them via email for reference to other resources if you cannot attend the clinic.

Crossroads for Women Inc.

Crisis Line: 506-853-0811 (24 hours)

Phone: 506-857-4184

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Public Legal Education and Information Service of New Brunswick (PLEIS-NB)

Phone: 506-453-5369

Website: <http://www.legal-info-legale.nb.ca/>

Produces a number of online legal resources including one on elder abuse and neglect.

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Prince Edward Island**Health PEI – Adult Protection Program**

Phone: Charlottetown: 902-368-4790

Montague: 902-838-0786

O'Leary: 902-859-8730

Souris: 902-687-7096

Summerside: 902-888-8440

Website: <http://www.healthpei.ca/>

Seniors' Information Line (Seniors Secretariat – Office of Seniors)

Toll Free (PEI): 1-866-770-0588

Phone (Charlottetown): 902-569-0588

Website: <http://www.gov.pe.ca/infopei/index.php3?number=1020792&lang=E>

Prince Edward Island Senior Safety Program

Phone: 902-566-0737

Website: <http://www.seniorssafety.ca/>

Provides isolated, vulnerable and community dwelling seniors with personal safety, home safety and health information.

Website: <http://www.seniorssafety.ca/>

PEI Family Violence Prevention Services

Anderson House Shelter (Charlottetown)

Emergency Toll Free: 1-800-240-9894 (24 hours)

Emergency Phone (local): 902-892-0960 (24 hours)

Office: 902-894-3354

Website: <http://www.fvps.ca>

Prince Edward Island Rape and Sexual Assault Centre

Toll Free (PEI): 1-800-289-5656

Phone: 902-566-1864

Website: <http://www.peirsac.org/>

Island Helpline

Toll Free Crisis Line (PEI): 1-800-218-2885 (24 hours)

Community Legal Information Association of Prince Edward Island (CLIA-PEI)

Toll Free (Atlantic Canada): 1-800-240-9798

Phone: 902-892-0853

Website: <http://www.cliapei.ca/>

CLIA provides information, referrals and support to individuals dealing with legal issues.

Victim Services

Queens and Kings Counties: 902-368-4582

Prince County: 902-888-8217 or 902-888-8218

Website: <http://www.gov.pe.ca/jps/index.php3?number=1000822&lang=E>

Newfoundland & Labrador

Director of Neglected Adults and Director, Office for Aging and Seniors

Phone: 709-729-4957

Office for Aging and Seniors: Department of Health and Community Services

Toll Free (NL): 1-888-494-2266

Office: 709-729-4856

Department of Health and Community Services

General inquiries: 709-729-4984

Seniors Resource Centre of Newfoundland and Labrador

Toll Free: 1-800-563-5599

Phone: 709-737-2333

Website: <http://www.seniorsresource.ca/>

Public Legal Information Association of Newfoundland and Labrador (PLIAN)

Toll Free: 1-888-660-7788

Website: <http://www.publiclegalinfo.com/>

Operates a legal information line, maintains a lawyer referral service, publishes legal education tools and holds community information events about legal rights.

Mental Health Crisis Line

Toll Free Crisis Line (NL): 1-888-737-4668 (24 hours)

Cara Transition House

Toll Free (NL): 1-877-800-2272

Sexual Assault Crisis and Prevention Centre

Toll Free Crisis Line: 1-800-726-2743 (24 hours)

Phone: 709-726-1411

Office: 709-747-7757

Violence Prevention Initiative (VPI)

Website: <http://www.gov.nl.ca/VPI/index.html>

For services in your region click "Where To Get Help".

Eastern Regional Health Authority

St. John's: 709-752-4885; Rural Avalon: 709-786-5245

Bonavista, Clarenville: 709-466-5707

Website: <http://www.easternhealth.ca/>

Central Regional Health Authority

Phone: 709-651-6340

Website: <http://www.centralhealth.nl.ca/>

Labrador-Grenfell Regional Health Authority

Phone: 709-454-0372

Website: <http://www.lghealth.ca/index.php?pageid=11>

Western Regional Health Authority

Phone: 709-634-5551 (ext.226)

Website: <http://www.westernhealth.nl.ca/>

Northwest Territories

Seniors Information Line, Northwest Territories Seniors' Society

Toll Free: 1-800-661-0878

Northwest Territories Seniors' Society

Toll Free Info Line: 1-800-661-0878

Office: 867-920-7444

Sutherland House, Fort Smith

Crisis Line: 867-872-4133

Seniors and Elders Deserve Respect Line

Toll free: 1-866-223-7775 (24 hours)

For information, referrals, support and to apply for an Emergency Protection Order. Crisis Line for older men and women who experience abuse.

Alison McAteer House (YWCA)

Toll Free Crisis Line: 1-866-223-7775 (24 hours)

Phone: 867-873-8257

Office: 867-669-0235

Inuvik Transition House

Phone: 867-777-3877

Victim Assistance Programs, Yellowknife Victim Services

Phone: 867-920-2978 or 867-669-1490

Hay River Victim Services

Phone: 867-874-7212

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Fort Smith Victim Services

Phone: 867-872-3520

Inuvik Victim Services

Phone: 867-777-5493 or 867-777-1555

Fort Good Hope Victim Services

Phone: 867-598-2247 or 867-598-2352

Regional Health and Social Service Authorities

Beaufort-Delta: 867-777-8000

Deh Cho: 867-695-3815

Fort Smith: 867-872-6200

Hay River: 867-874-7100
Sahtu: 867-587-3653 (F)
Tlicho Community Services Agency: 867-392-3000
Yellowknife: 867-873-7276 (F)
Website (General information for seniors): <http://www.hlthss.gov.nt.ca>

Yukon

Victim Services / Family Violence Prevention Unit

Toll Free: 1-800-661-0408 (ext. 8500)
Phone: 867-667-8500

Seniors' Services / Adult Protection Unit

Toll Free: 1-800-661-0408 (ext. 3946)
Phone: 867-456-3946
Website: <http://www.hss.gov.yk.ca/seniorservices.php>
The Unit's authority extends to any adult over 19 who may be abused or neglected and requires assistance. The Unit has produced a series of information sheets on elder abuse and neglect.
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VictimLINK

Toll Free Crisis Line: 1-800-563-0808 (24 hours)
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Kaushee's Place / Yukon Women's Transition Home Society

Crisis Line: 867-668-5733 (24 hours - call collect from communities outside Whitehorse)
Phone: 867-633-7720

Community Adult Services Unit (emergency assistance)

Adult Community Services, Department of Health and Social Services

Toll Free: 1-800-661-0408 extension 5674
Phone: 867-667-5674

Office of the Public Guardian and Trustee

Toll free (YK): 1-800-661-0408, local 5366
Website: <http://www.publicguardianandtrustee.gov.yk.ca/>

Yukon Legal Services Society (YLSS)

Toll Free: 1-800-661-0408 ext 5210
Office: (867) 667-5210
Fax: (867) 667-8649
Website: <http://www.legalaid.yk.ca/home>
Yukon's legal aid service provider.

Yukon Council On Aging Seniors' Information Centre

Toll free: 1-866-582-9707

Phone: 867-668-3383

Yukon Public Legal Education Association (YPLEA)

Toll Free: 1.866.667.4305

Phone: 867.668.5297

Website: <http://www.yplea.com/index.html>

Provides public legal education and legal information.

Nunavut**Department of Health and Social Services**

Website: <http://www.gov.nu.ca/health/>

Baffin Regional Agvvik Society

Crisis Line: 867-979-4500 (24 hours)

Office: 867-979-4566

Qimaavik Transition House

Crisis Line: 867-979-4500 (24 hours)

Phone: 867-979-4566

Iqaluit Victim Services

Phone: 867-979-4566 or 867-979-2202

Elders Support Phone Line

Toll Free: 1-866-684-5056

(Inuktitut)