Understanding Elder Abuse at the Global and Canadian Levels: Prevalence, Risk Factors, Reporting, Outcomes, Advocacy, Policy, and Interventions

A Literature Review

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Table of Contents

Introduction

The global population of older adults is rapidly increasing. In 2020, for the first time, the number of people aged 60 years and older outnumbered children under the age of five (World Health Organization (WHO), 2022a). Accordingly, the population of older adults in Canada is rising as well. As of 2022, there were over 7 million persons aged 65 years and older living in Canada, representing 18.8% of the overall population (Statistics Canada, 2022). The population of older adults will only continue to grow over the coming years. By 2030, the World Health Organization (WHO) predicts that 1 in 6 people in the world will be aged 60 years or older. This will be an increase from 1 billion adults aged 60 and over in 2020 to 1.4 billion by 2030 (WHO, 2022b). The growth of the older adult population is a result of several factors, predominantly physical and social environments, and personal characteristics (WHO, 2022a). A rapidly increasing older population creates numerous concerns for the well-being of older adults. Elder abuse is a particular growing concern amongst this rapidly growing aging population that requires increased attention and strategizing.

Elder abuse can be defined as "a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person" (WHO, 2022b). Elder abuse can take a variety forms, including physical abuse, psychological abuse, sexual abuse, financial abuse, and as neglect (Hancock & Pillemer, 2022). It is a public health, social, medical, criminal justice, and human rights problem that can lead to severe outcomes, including premature mortality, physical injury, psychological distress, cognitive decline, and financial loss (Mikton et al., 2022).

Global prevalence rates of elder abuse generally range between 10% and 20% (Chandanshive et al., 2022; Chaurasia & Srivastava, 2020; Crowder et al., 2019; Curcio et al., 2019; Hancock & Pillemer, 2022; Ho et al., 2017; Lee et al., 2021; Nisha et al., 2016; Rosay & Mulford, 2017; Sathya et al., 2022). However, some studies highlight elder abuse rates outside of this range. For example, studies conducted in Mexico and Egypt reported prevalence rates of 33.3% (Vilar-Compte & Gaitan-Rossi, 2018), and a 46% (El-Khawaga et al., 2021), respectively. Canada, however, has a slightly below average prevalence rate, of approximately 8.6% (Conroy & Sutton, 2022). The high variability in these rates is potentially due to the vast differences in how elder abuse is defined, given the lack of consensus in definitions within the field, as well as what types of abuse are considered and what is labeled as abusive behaviour or actions across various contexts. Prevalence rates also are approximations, as it is highly likely that a significant portion of elder abuse goes unreported. These rates are projected to continue to grow given the rapid increase in ageing populations throughout the world (WHO, 2022b).

However, despite the relatively high prevalence of elder abuse and the recognition that it is a growing concern, violence, abuse, and neglect amongst older adults has only received modest attention in research and policies both globally and in Canada over the past couple of decades

(Busso et al., 2020; Mikton et al., 2022; United Nations, 2017). Thus, the purpose of this review is: (1) to understand the phenomenon of elder abuse and related needs of older adults, (2) to examine current advocacy strategies at the global and Canadian level; (3) to examine policy and legislative responses to elder abuse; (4) to assess efforts aimed at education, prevention, and intervention, and (5) to provide recommendations for advocacy strategies in the Region of Peel.

Methodology

This literature review was conducted by the Peel Institute of Research and Training (PIRT) through the examination of scholarly, peer-reviewed, and grey literature including government and non-profit organizational reports, and popular news articles. Databases used to collect articles included the University of Guelph library database, the University of Toronto library database, Medline via OVID, PsycINFO, Sociological Abstracts, Scopus, Factiva, and Web of Knowledge. Policy reports were collected through official national, federal, and/or provincial sites. Organizational reports were gathered through the specific agency sites. The following inclusion, exclusion criteria, and keywords were used to select scholarly sources.

Inclusion criteria: Inclusion criteria consisted of (a) literature that focused on elder abuse and/or related topics; (b) literature published in the last 10 years (apart from minimal key sources); (c) literature that focused on individuals aged 55 and older, (d) literature published in English; and (e) literature of high quality and clarity.

Exclusion criteria: Exclusion criteria consisted of (a) literature not published in English; (b) literature that classified seniors as individuals younger that 55 years of age; and (c) literature published more than 10 years ago (apart from literature not otherwise adequately addressed more recently)

Keywords: Elder abuse, Senior abuse, elder mistreatment, Risk factors, Outcomes, Reporting, Health care, Intervention, Prevention, Advocacy, Strategy, Policy

A total 99 articles were included in the final review to understand the global and local research, policy, advocacy, and prevention/intervention environment surrounding elder abuse.

Limitations

There are some limitations to this review that must be noted. First, there is variation in who is considered an older adult throughout the literature, with some studies classifying those over age 55 as older adults, and others classifying those over age 60 or 65 as older adults. This impacts prevalence rates, and understandings of who applies for certain policies and programs. Secondly, there is variation in definitions of elder abuse, impacting reporting, prevalence rates, what constitutes abuse and how to address it. Thirdly, there is a lack of literature from Canada and more locally, the Region of Peel, which limits understanding elder abuse as it occurs locally

and the effectiveness of efforts to address elder abuse in these communities. Fourthly, there is a lack of literature considering the subjective experience of older adults, which impairs the effective development of a strategy that will best serve their needs. Finally, there is a lack of literature assessing the relevancy of programming and strategies for diverse groups of older adults. Given the diversity of the Region of Peel, there needs to be a consideration of differences in what constitutes and what is understood to be elder abuse and how to best serve the needs of these communities that considers culture and oppression based on identity.

Elder Abuse: Risk Factors, Recognition, Reporting, and Outcomes

This rapid expansion of the older adult population places pressure on the need to develop policies, strategies, and programs to address and reduce elder abuse. To be able to inform policies, strategies and programs, there is need to understand where abuse occurs, risk factors for abuse, current capacities for reporting and recognition, and outcomes of abuse.

Where Does Elder Abuse Occur?

Elder abuse occurs within different settings, including in the home, as well as in institutional settings, such as nursing home, long-term care homes, or hospices (Pak, 2020). Despite elder abuse occurring in numerous contexts, most research focuses on the occurrence of abuse within the home, rather than in institutions. However, most policy and legislation are aimed at abuse within institutional settings. Therefore, further examination into abuse in institutional settings is needed given that those who of advanced ages and those with cognitive and physical impairments are more likely to live in these settings and may experience more risk for experiencing abuse. There also needs to be improved policy and legislation to offer protection to those who experience abuse in community settings.

Who Commits Elder Abuse

Elder abuse is perpetrated by a variety of individuals. Who commits elder abuse is also related to where the older adult lives. Those adults who live in community settings are more likely to be abused by family members (De Donder et al., 2015**).** According to police-reported family violence against seniors in Canada in 2018, one-third (33%) of senior victims of police-reported violence were victimized by a family member, such as a child, spouse, sibling, or other family member (Savage, 2019). The vast majority of reported elder abuse in 2018 (92% female and 88% male) were those victimized in residential locations and around six in ten victims lived with the person who victimized them (Savage, 2019). Within institutions, elder abuse may be categorized as staff-to-resident abuse or resident-to-resident abuse (Fang & Yan, 2018).

Risk Factors

The literature reveals that there are numerous risk factors for elder abuse. While there are some risk factors with more evidence than others, there is a significant amount of variability in

underlying mechanisms. This indicates that risk factors interact in different ways depending on one's social position and the context in which they are embedded.

Understanding what constitutes risk factors for elder abuse is highly complicated. There are a variety of approaches in the literature that have been used to explain mechanisms that underlie elder abuse (Pak, 2020). Ecological theory as an approach to understanding risk factors for elder abuse has been shown to be helpful, recognizing risk factors are associated with different cultures at the micro, meso, and macro levels (Pak, 2020). Ecological theory classifies risk factors of elder abuse into four categories: (1) individual level risk factors related to the older adult; (2) individual level risk factors related to perpetrator; (3) the relationship between the older adult and the perpetrator; and (4) environmental and societal factors (Liu et al., 2019; Leung et al., 2017; Pillemer et al., 2016).

a. Individual Risk Factors Related to the Older Adult

Risk factors related to the older adult include functional dependence or disability (Leung et al., 2017; Pillemer et al., 2016; Nisha et al., 2016; Vilar-Compte & Gaitan-Rossi, 2018), poor physical health (Leung et al., 2017; Pillemer et al., 2016), cognitive impairment (Leung et al., 2017; Liu et al., 2019; Pillemer et al., 2016), chronic illness (El-Khawaga et al., 2018; Filipska et al., 2020), low income or socioeconomic status (Curcio et al., 2019; Lee et al., 2021; Leung et al., 2017; Pillemer et al., 2016; Vilar-Compte & Gaitain-Rossi, 2018), lack of social support (Lee et al., 2021;Vilar-Compte & Gaitan-Rossi, 2018), dependency on perpetrator/caregiver, including financial dependency (Leung et al., 2017; Liu et al., 2019; Nisha et al., 2016; Pillemer et al., 2016), poor mental health (Pillemer et al., 2016) and a history of trauma or adverse experiences (Asyraf et al., 2021). Age and gender have also been found to be risk factors for abuse. Most research looking at gender, show that women are often more likely to experience abuse than men (Curcio et al., 2019; Filipska et al., 2020). However, findings about the specific age range when abuse is most likely remains mixed. For example, some studies have revealed that those who are younger (60-69) are at a higher risk of abuse (Curcio et al., 2019) and others report a higher risk for older adults (70+) (Filipska et al., 2020; Leung et al., 2017).

b. Individual Risk Factors Related to the Perpetrator

Individual risk factors from perpetrators that have been found to be related to elder abuse include caregiver burden/stress (Leung et al., 2017; Liu et al., 2019), aggression directed at the older adult (Liu et al., 2019), the poor mental health of the perpetrator, including substance abuse (Leung et al., 2017; Liu et al., 2019; Pillemer et al., 2016), and in some cases, the dependence of the perpetrator in the older adult (Pillemer et al., 2016). This remains an under researched area in the literature on elder abuse but may be an important area to better understand to develop effective strategies for advocacy and programming.

c. Risk Factors Related to the Victim-Perpetrator Relationship

Risk factors for abuse also exist at the relationship level between the perpetrator and the older adult. This is not a well understood level of risk factors, due to a lack of literature specifically examining the relational dynamics. However, existing research indicates that family/relationship dysfunction and histories of abuse may be important relational factors to consider (Asyraf et al., 2021; Leung et al., 2017; Pillemer et al., 2016). The impact of the victim-perpetrator relationship on abuse varies based on the type of mistreatment, as well as the cultural context (Pillemer et al., 2016). In some cultures, abuse within relationships is more often perpetrated by children and in others it is more often spouses. However, abuse can also occur in relationships between the older adult and professional caregivers, such as nurses or personal social workers.

d. Environmental and Societal Risk Factors

At the environmental/societal level, risk factors also remain poorly understood. There is some support that ageism (age-related discrimination), geographic location (rural vs. urban), and cultural norms (Pillemer et al., 2016). Further, workplace environment, such as high emotional demands and poor-quality relationships amongst colleagues and the team within nursing homes have been shown to be predictive of caregiver burnout, neglect, and abusive behaviours within these spaces (Andela et al., 2018).

Ageism

Ageism is defined as the prejudice, stereotyping, and/or discrimination against older adults based on their age (WHO, 2022c). It is a highly pervasive, yet largely unrecognized form of prejudice (National Centre on Elder Abuse (NCEA), n.d.). It is also a form of discrimination that is highly normalized in society. It has been named the top priority to address regarding elder abuse by the WHO in consult with key stakeholders (WHO, 2022c). Ageism is a significant and growing concern to address in the context of the growing aging population and associational evidence, linking it to adverse health outcomes and as a risk factor for elder abuse. Ageism has also been theorized to be a driving factor behind the low priority given to addressing elder abuse as a global problem and developing protective policies and legislation (WHO, 2022c).

Age biases have been shown to be related to reduced cognitive, functional and health outcomes, as well as employment discrimination, financial harms, and social isolation (NCEA, n.d.). Shepard & Brochu (2020) theorize the ways in which the adoption, endorsement and activation of ageist stereotypes can lead to discriminatory behaviours, including neglect, financial, physical, psychological, or sexual abuse of older abuse. Evidence for ageism and abuse comes from research conducted in long-term care homes which has found that ageist attitudes are associated with neglect, disrespect, avoidance, and exclusion of older adults (NCEA, n.d.).

There is also evidence that ageism is pervasive amongst health care providers (NCEA, n.d.). This may have detrimental impacts on quality of care, access to treatment, treatment outcomes, and providers willingness to listen to and take seriously the concerns and reports of older adults. All of this can impact the ability of health providers in recognizing and reporting elder abuse amongst their patients.

COVID-19 and Elder Abuse

The COVID-19 pandemic has significantly impacted and complicated the situation surrounding elder abuse. First, the pandemic has led to an increase in risk and in the prevalence rates of elder abuse (Gutman et al., 2022; Koga et al., 2022). Risk was heightened due to lockdown restrictions placed on travel, interactions, and community activities that enhanced the isolation of seniors and increase their dependency on caregivers and family members. In long-term care homes, risk was heightened due to staffing shortages, which led to decreased quality of care and increased strain on care providers (Deckert, 2022). Ultimately, what was found was an overall increase in verbal and physical abuse of 7.4% in adults 55 years and older during the COVID-19 pandemic (Gutman et al., 2022).

Recognition and Reporting

The recognition and reporting of elder abuse, by the older adult, by informal supports, and professionals, are central to ensuring the well-being of older adults who are experiencing abuse. However, there are several barriers that prevent the effective recognition and reporting of abuse. Barriers must be addressed to reduce elder abuse and increase usage of support and interventions. Barriers can be classified within four categories: (1) individual level barriers of the older adult; (2) barriers at the level of abuser, family, and social network; (3) barriers at the community/cultural level; and (4) barriers at the level of service providers.

a. Barriers at the Individual Level of the Older Adult
At the individual level of the older adult, barriers exist in four areas: (a) awareness of and defining abuse; (b) dependency on the perpetrator; (c) shame and fear; and (d) self-blame (Gill, 2022). Awareness of what constitutes abuse and what services exist to support one who is experiencing abuse are primary barriers to recognition and reporting. Different definitions of what constitutes abuse, vary based on culture and context. Thus, older adults may not recognize that what they are experiencing is abuse, and this is particularly evident in the context of psychological abuse (Acierno et al., 2018). Older adults may not understand the concept of elder abuse and may exclude certain forms of abuse from their own definitions (Killick et al., 2015). For example, older adults have been found to be more likely to report physical or sexual abuse (Naughton et al., 2013), and when they experience poly-victimization (Burnes et al., 2018). Comparably, neglect and financial exploitation are less likely to be reported (Aday et al., 2017).

When older adults are more functionally and/or financially dependent on the perpetrator, they are less likely to report abuse (Gill, 2022). In these dependency-based relationships, they are less likely to view mistreatment as problematic, and in some cases see the abuse as an exchange for care and the ability to remain in the community (Burnes et al., 2018). Shame and fear are additional major barriers that prevent reporting (Dow et al., 2020; Gill, 2022). Often, older adults have a fear of the consequences of reporting abuse, such as a fear that the perpetrator will retaliate or fear of uncertainty of what their future will look like (Gill, 2022). There has also been reports that older adults fear what will happen to their older adult child who is the perpetrator (Dow et al., 2020). With stigma, there is a fear of embarrassment and feeling of shame of having experienced abuse (Gill, 2022). Finally, they may blame themselves for the abuse, seeing themselves as deserving of experiencing this harm (Gill, 2022).

b. Barriers at the Abuser and Family Level
At the level of the abuser, family, and social network, the main barriers are related to the relationship between the perpetrator and the older adult. For example, older adults are less likely to perceive the abuse as serious or severe when it is perpetrated by a family member than when it is experienced by a non-family member (Dow et al., 2020). Additionally, when the abuser is a child of the older adult, the parent-child bond is more likely to prevent them from disclosing the abuse, seeking help, or enacting the advice they are provided (Dow et al., 2020).

c. Barriers at the Community/Cultural Level
Barriers at the structural and cultural level include issues with elder abuse services and cultural beliefs (Gill, 2022). With services, there is a lack of awareness, poor access to services, and overall, a disappointment with the quality of these services (Gill, 2022). At a cultural level, there are differences in what constitutes abuse, how victims think about themselves, their communities, and families, which all impact whether abuse is reported.

d. Barriers at the Level of Service Providers
At the level of service providers, barriers relate to a lack of understanding what constitutes elder abuse, how to distinguish evidence of physical abuse from accidental injuries, client denial of abuse and refusal of services, and not knowing where, how or if to report the abuse. However, this awareness may vary based on health care and service provider profession. For example, in Japan, it was found that public health nurses and social workers had the most astute perceptions of elder abuse, while medical doctors had the least awareness about elder abuse and its act (Yi & Hohashi, 2018).

The lack of understanding and impact to recognition and reporting is predominantly related to a lack of education regarding elder abuse (Ferreira et al., 2015) and the lack of a cohesive definition of what constitutes the different forms of abuse (Moyd Mydin et al., 2020). Additionally, health care providers have reported struggling with distinguishing between injuries that may be associated with physical abuse and that which are accidental and related to

the aging process (Moyd Mydin et al., 2020). Interestingly, using case vignettes, Moyd Mydin et al. (2020) found that in Malaysia, even when health care providers recognized abuse, they had low intention to report the elder abuse. However, this did depend on type of abuse, as sexual abuse was more likely to be recognized and reported. This was related to not knowing what the legislation and policies around elder abuse are, and the lack of existence of extensive protective efforts for older adults. Thus, reporting may depend on the types of policies and legislation available in the context. This is particularly relevant for Ontario, where no specific legislation protecting the rights and well-being of older adults experiencing abuse who live in community settings.

Overall, these barriers within these four categories point to the need to increase education and awareness about elder abuse for older adults, their families, and health care providers and to ensure that policy and legislation exist to protect the rights and safety of older adults experiencing abuse.

Outcomes of Elder Abuse

Elder abuse leads to several negative outcomes related to physical health, mental health, financial security, and social connection, for those who are victimized. The types of outcomes and severity are likely tied to the specific form of abuse. However, many studies assessing outcomes of elder abuse analyze abuse as single entity, rather than looking at the subtypes (Yunus et al., 2019). This does impair the ability to completely understand the dimensions of and specific relationships with outcomes. Despite this, there remains quite a bit of evidence regarding associations between elder abuse and poor outcomes.

Premature mortality has emerged as an outcome of elder abuse with some of the strongest supporting evidence (Dong, 2015; Yunus et al., 2019). Morbidity outcomes include a variety of physical and psychological health outcomes. Physical health outcomes include chronic pain, poor general health, declining physical functioning, and disability amongst others (Dong, 2015; Yunus et al., 2019). Psychological health outcomes include psychological distress, poor mental health, depression, anxiety, and suicidal ideation (Dong, 2015; Evandrou et al., 2017; Yunus et al., 2019). However, the strength of and quantity of evidence for these different physical and psychological health conditions varies. Lastly, there is often an increase in health care utilization by those who experience abuse (Dong, 2015; Yunus et al., 2019), which has impacts not only for the individual, but for the public health system as well.

The outcomes are highly variable and the relationship between elder abuse and adverse outcomes is not straightforward. It is influenced greatly by confounding, mediating, and moderating factors (Yunus et al., 2019), including other social determinants of health (SDH) that may act as protective factors or enhance stress. Outcomes are further impacted by one's culture, the nature of the abuse, the meaning attached to the abuse, relationship between

perpetrator and victim, and the victim's personal values. Thus, strategies to address elder abuse must consider the complexity of the situation.

Elder Abuse in Marginalized Communities

There is evidence suggesting that specific populations of older adults are at an increased risk of experiencing elder abuse (National Institute on Ageing, 2020). The National Seniors Council Report on the Social Isolation of Seniors highlighted the following populations as facing the greatest risk of experiencing elder abuse: (1) older adults who are immigrant or refugees; (2) Indigenous older adults; (3) older adults who are a part of the 2SLGBTQ+ community; (4) older adults with physical, mental health, and cognitive disabilities and/or impairments; and (5) low-income older adults (Government of Canada, 2014).

Elder abuse cannot be effectively understood, and productive policies, advocacy strategies, and prevention and intervention programs cannot be adequately developed and implemented without an intersectional approach to elder abuse. Research on elder abuse as it occurs and policy and programming for older adults within marginalized populations remains scarce. This prevents a thorough understanding of how they are affected. The following sections review the existing literature. However, this analysis may not be broadly generalizable to the entirety of these populations, as differences exist within groups. There is a strong need for more research amongst these populations.

a. Immigrant and Refugees

The Region of Peel is highly ethnoculturally diverse (Alvi & Zaidi, 2017). Immigrants and refugees represent 52% of the population in Peel (Statistics Canada, 2021), indicating they are an important group to consider in the Region. Despite the high rates of immigration throughout the Region of Peel, and internationally, there is a lack of research on elder abuse within these communities. The lack of reporting in immigrant communities has been linked to physical, emotional, and financial dependence, cultural values, social connections (Rogers et al., 2015), family loyalty, language barriers (Dong, 2014), a lack of social connections beyond the perpetrator, and a lack of awareness regarding social support systems (Guruge et al., 2019).

The literature on elder abuse in immigrant and refugee populations indicate differences in defining and in risk factors associated with elder abuse. Older immigrants define abuse in a variety of ways, such as through the lens of culture, religion, values, beliefs, and pre-immigration experiences (Mehdi et al., 2022). Mehdi et al. (2022) also found that some immigrants define disobedience as a form of elder abuse, which differs from the general literature. Therefore, definitions of elder abuse need to remain broad to allow for cultural variation.

Risk factors that have been identified as associated with elder abuse in immigrant populations include age, gender, racialized/ethnic/cultural status, sponsorship, length of time in Canada, income level, employment, financial dependency, social isolation, language barriers, and physical and emotional dependency on others (Guruge et al., 2021). The most prominent risk factors for immigrants include social isolation, language barriers, cultural factors, and dependence on others (Guruge et al., 2021; Haukioja, 2016; Mehdi et al., 2022). These risk factors are highly interrelated. They also are related to initiation and maintenance of elder abuse, as well as associated with preventing older immigrants from gaining awareness about and being able to access support and interventions (Mehdi et al., 2022). While there is relatively consistency in risk factors experiences, there are differences in frequency and perceived importance of risk factors based on cultural group (Guruge et al., 2021).

b. Indigenous Older Adults

There is a significant lack of research on elder abuse within Indigenous communities. A review by Crowder et al. (2019) identified only nine studies spanning four decades that examined elder abuse in Indigenous populations, with only one having been published within the last 10 years. Due to the history and continuation of colonization, as well as associated events and violence, including residential schools, Indigenous elders are likely to have experienced violence, substance abuse, mental illness, and trauma, which make them more vulnerable to abuse. Indigenous communities are also more likely to experience poverty, oppression, discrimination, poor health, and lack of health care, etc., which contribute to their vulnerability. In Canada, Indigenous elders are also at an increased risk of physical and sexual abuse (Pillemer et al., 2016).

In a study examining the perceptions of elder abuse by family members among 100 urban and rural older Indigenous adults in the United States, Jervis and Sconzert-Hall (2017) found that financial exploitation and neglect were the most common forms of reported abuse. Lack of respect, psychological abuse and physical abuse were also reported as occurring (Jervis & Sconzert-Hall, 2017).

In another study in the United States, using data from the National Elder Mistreatment Study (NEMS), Crowder et al. (2022) compared elder mistreatment prevalence rates among American Indians and Alaska Natives (AIANs) to rates among Black and White respondents. They found the cumulative prevalence of emotional, physical, and sexual mistreatment in the past year, neglect and financial abuse by a family member for the AIAN group to be 33%. Since the age of 60, 24.7% of AIAN respondents reported having experienced emotional abuse – a rate nearly double that of White respondents (Crowder et al., 2022). Since the age of 60, 6.7% of AIAN respondents reported having experienced two or more types of emotional, physical, or sexual abuse, providing some evidence for poly-victimization. Crowder et al. (2022) found significantly higher lifetime prevalence rates of poly-victimization for AIAN respondents, which may be important to know in determining risk factors for later in life abuse.

c. 2SLGBTQ+ Older Adults

Older adults who identify as belonging to the 2SLGBTQ+ community are at an increased risk of experiencing elder abuse and are likely to experience abuse in different ways (Bloeman et al., 2019; Gutman et al., 2020). However, like other marginalized groups, there is a lack of research focused on these communities. Potential reasons for increased risk amongst this community may be related to a likelihood of living alone, feeling lonely, past discrimination, past or current mental illness, having experienced trauma, or having abused substances (Gutman et al., 2020). These are all risk factors for elder abuse (Pillemer et al., 2016). Further, a history of oppression, violence, and social exclusion often leads to feelings of shame, low self-esteem, and self-stigma, which increase vulnerability for abuse (Gutman et al., 2020).

In a study with 26 older adults in the 2SLGBTQ+ community, Bloeman et al. (2019) sought to broaden the understanding of elder abuse in this community, as well as their access to resources and interactions with service providers. Elder abuse was defined in similar ways to the general population but was also extended to include ostracism from family due to LGBT status (Bloemen et al., 2019). Respondents also highlighted the intersection between LGBT status and aging, along with power and control, cycles of family violence, isolation, and discrimination as major risk factors for abuse (Bloemen et al., 2019).

Of great significance, respondents highlighted how having a poor history with law enforcement and medical professionals impacts reporting of abuse, and accessing support (Bloemen et al., 2019). Many older adults in this community have a troubled relationship with the health care system, having lived through hostile times, when their sexual orientation was criminalized or viewed as a mental illness (Gutman et al., 2020). This history of discrimination leads to the exacerbation in fear of reporting abuse.

d. Older Adults with Disabilities and/or Impairments

There is a general recognition that compromised cognitive capacity and physical abilities increases an older adult's risk of elder abuse. However, these is a lack of literature addressing this phenomenon.

Chronic diseases, cognitive impairments, functional limitations, psychiatric illnesses, and physical disabilities can reduce an older adult's functioning, increasing their level of dependency on others, which can increase their vulnerability to experiencing abuse (Fan & Yan, 2018; Wong et al., 2021). Given that caregiver burden has been found to be a risk factor for elder abuse (Fan & Yan, 2018), it is likely to be exacerbated as a risk factor for those caring for older adults with more intense caregiving needs, such as those with cognitive and/or physical impairments.

In a meta-analysis examining the relationship between four different chronic diseases and the different forms of elder abuse, Wong et al. (2021) found that all four chronic diseases (i.e., endocrine disease, heart disease, neurological diseases, and other chronic conditions) were found to be significantly associated with elder abuse (Wong et al., 2021). Neurological disease had a significantly stronger association with elder abuse than the other categories (Wong et al., 2021).

Based on a review of the literature, Fan and Yan (2018), found that, overall, higher rates of abuse occurred in older adults with dementia compared to their cognitively intact counterparts. In a study on elder abuse amongst a variety of marginalized groups, Ploeg et al. (2013) found that caregivers of older adults with dementia and mood disorders reported financial abuse and neglect as the most common forms of abuse (Ploeg et al., 2013). Neglect was reported as often occurring by staff in hospitals and long-term care facilities and was linked to broader systemic abuse (Ploeg et al., 2013).

Advocacy Strategies for Addressing Elder Abuse

Advocacy refers to support provided for a particular cause or policy. This involves increasing awareness and education amongst the community of focus, the public, service providers, and policy and government officials on the specific phenomenon to be addressed. Advocacy work strives to improve policy, legislation, training, awareness, and support efforts around a particular social, cultural, health or other major issue that remains sidelined in society.

The growing aging population has placed an increased focus on addressing the needs and well-being of older adults, that have often remained ignored in the political, social, and health context. Elder abuse is a growing part of these advocacy issues. There is a current growth in the development of advocacy strategies at the international, national, and provincial levels. Many of these advocacy strategies have been launched in recent years, therefore, there is a lack of research examining the effectiveness of advocacy strategies regarding their implementation, their impact on awareness, and on policy. Therefore, a next step is to enhance research into advocacy strategies, particularly looking at their effectiveness.

The following section will outline and examine some of the various global and local advocacy efforts that have been developed to address elder abuse. Advocacy strategies have largely been developed by the WHO and non-profit organizations that focus on elder abuse. Outside of the WHO, national and local governmental and non-profit, non-governmental organizations play a major role in advocacy efforts.

Global Context - Advocacy Strategies
a. International

At the global level, the main strategies aimed at elder abuse come from the WHO, which is the United Nations (UN) agency that connects nations, partner, and people to promote health and safety of all. Beginning in May 2016, the *Global Strategy and Action Plan and Health* was adopted by the Sixty-ninth World Health Assembly. It provides a political mandate to initiate action for ensuring that older adults can experience both a long and healthy life (WHO, 2017). The strategy builds on the Madrid international plan of action on ageing (Second World Assembly on Ageing, 2002) and the WHO'S policy framework on active ageing (WHO, 2002), two international policy instruments that have served as guidance for action on health and ageing since 2002 (WHO, 2017). The Global strategy outlines a framework for action that can be adopted by all relevant stakeholders across a 15-year period. The first five years (2016-2020) focused on (1) evidence-based action that reaches all people and would maximize functional ability; and (2) establishing evidence and partnerships that would support a Decade of *Health Ageing* strategy from 2020 to 2030 (WHO, 2017).

The *United Nations Decade of Health Ageing 2021-2030* ['the Decade'], has since been implemented. This strategy, however, while recognizing that elder abuse is an important issue that intersects with the four action areas related to healthy aging set out by the UN, does not present a current, coordinated approach for addressing elder abuse (WHO, 2022c). Drawing upon the Decade, the WHO, has taken this as an opportunity to address elder abuse in a concerted, sustained and coordinated way (WHO, 2022c). Therefore, the WHO has developed five priorities in consultation with a wide range of stakeholders, to tackle elder abuse within the Decade. These priorities include (1) combatting ageism; (2) generate more and better data regarding prevalence and risk and protective factors; (3) develop cost effective solutions; (4) make a case for investment; and (5) raise funds. Several specific action items are proposed for each. At this point in time, no data on progress on the action plans of the Decade more generally or in relation to elder abuse exist, preventing examination of its quality and effectiveness.

b. National

In Australia, a main strategy for addressing elder abuse comes from the *National Plan to Respond to the Abuse of Older Australians 2019-2023*, which outlines a commitment of the Australian government and the state and territorial governments to engage in research, provide services, and develop policy and legislation that addresses the complexity of elder abuse (Council of Attorneys-General, 2020). This strategy has five priority areas: (1) increase understanding of elder abuse in general; (2) improve community awareness and access to information; (3) strengthen services; (4) develop plans for future decision-making; and (5) strengthen protections for vulnerable older adults. Each priority area has associated several actionable goals varying from short- to long term (Council of Attorneys-General, 2020).

A non-governmental Australian organization doing key work in advocacy for elder abuse is Elder Abuse Action Australia (EAAA). They are a specialist organization that campaigns for a society that values and respects older adults and for the elimination of elder abuse (EAAA, n.d.a). They do this through advocacy, policy development, research and capacity building to raise awareness amongst communities and governments about elder abuse. There advocacy work centres of four primary goals: (1) develop protective measures for the rights of older adults at the national level; (2) standardize laws and regulations across the states and territories; (3) increase recognition that elder abuse is everyone's business; and (4) combat ageism (EAAA, n.d.a). Most recently, in alignment with the priorities set out by the national Australian government to address elder abuse, EAAA has developed *Compass*. *Compass* is a national website that raises awareness about elder abuse and simplifies the process of connecting people to services and information for elder abuse (EAAA, n.d.b).

A primary national organization leading the way in advocacy and public policy for elder abuse in the United States is the National Adult Protective Services Association (NAPSA). Some major goals of NAPSA include (1) be a voice for those whose abuse remains largely invisible; (2) improve public awareness about elder abuse; (3) advocate for and improve public support for protective services; (4) encourage and support research into prevention and intervention strategies; (5) expand legal protections; and (6) form partnerships (NAPSA, n.d.). Their efforts have resulted in the establishment of a National Adult Protective Services Resource Center, which was created in 2011 (NAPSA, n.d.), which brings together resources for those who have experienced elder abuse. They are now working to have the Center institutionalized in the Older Americans Act with increased funding. NAPSA has been a key advocate for federal adult protective services for over 20 years, working to make sure that adult protective services are in all proposed legislation and policies related to elder abuse and seniors. They have also developed training, held training conferences, and created a Code of Ethics and Best Practice Guidelines for adult protective services (NAPSA, n.d.). An additional key task they undertook was a multi-state study, from 2016 to 2018, of all adult protective services to gather all critical information to understand more about what the service environment looked like (NAPSA, n.d.). These results were particularly useful in assisting with the implementation of the Elder Justice Act.

Another key advocacy organization in the United States is the Elder Justice Coalition is the national organization doing advocacy work related to eliminating elder abuse in America. Their coalition is formed by over 3000 members from all generations (Elder Justice Coalition, n.d.). They are a resource for government, Congress, media, and the public to increase awareness of elder abuse and to help develop and advocate for national policies aimed at addressing elder abuse (Elder Justice Coalition, n.d.). A strategy they use of engage in advocacy work is the collecting and sharing of stories of elder abuse to communicate to Members of Congress and other policymakers the real, intense impact of elder abuse and that there is a prevalent need to improve policy, support, and funding for this cause. (Elder Justice Coalition, n.d.).

- **A Single Strategy**

A specific example of an advocacy strategy that is aimed at increasing awareness and recognition of elder abuse is the use of a metaphor (Busso et al., 2020). Busso et al. (2020) argues that improving awareness of elder abuse as a pressing issue and public priority involves the use of new and innovative communication tools. They found that exposure to a Social Support metaphor led to an increased understanding amongst participants that the well-being of older adults is connected to systemic supports, that there is a need for community support, and that social context plays an important role in elder abuse (Busso et al., 2020). Persistence trials demonstrated that the metaphor enabled participants to speak at length about elder abuse and the need for support. They additionally showed that the language of the metaphor was 'sticky,' and the metaphor was flexible and easy to work with (Busso et al., 2020). Thus, metaphors may be an effective component for an advocacy strategy as they enable disseminating knowledge on complex identities in a simple and accessible way.

Canadian Context -Advocacy Strategies

a. National

In Canada, various strategies and initiatives focused on addressing elder abuse exist across the provinces and across organizations. At the national level, a prominent organization doing advocacy work for elder abuse is the Canadian Network for the Prevention of Elder Abuse (CNPEA, n.d. - a). Through their connections with various provincial/territorial and municipal networks focused on advocacy for elder abuse, CNPEA aims to form connections and collaboration, foster information exchange, and advance program and policy development for the prevention of elder abuse (CNPEA, n.d. - a).

In March 2022, CNPEA released their newest 5-year national advocacy strategy called *Future Us.* It is a roadmap for citizens, advocates, professionals, and community and governmental leaders, that enables cross-community and intersectoral engagement to address elder abuse (CNPEA, 2022). The purpose is to shift from the current crisis-oriented system to one that focuses on prevention. The strategy demonstrates that engagement must be broad and diverse – that elder abuse advocacy involves multiple groups in order to be effective (CNPEA, 2022). The strategy is guided by three goals: (1) to prioritize the prevention of elder abuse in all Canadian communities; (2) to establish and support the prevention of elder abuse at the individual, family, community, and societal levels; and (3) teach everyone to recognize the signs of elder abuse, how to effectively respond, and where to refer people in the community to get help (CNPEA, 2022). The first goal looks specifically at the need to address ageism, to increase education, to develop strategies to reduce isolation of seniors, and to improve direct services. The second goal is a call to action to prioritize collaborative care through the development and strengthening of networks with improved funding to support their work. The third goal builds upon the first two and addresses the critical need for education for all regarding what elder abuse is, signs, risk factors, how to respond, and where to find support. The strategy outlines

some specific ways that all members of society can respond and work together to achieving these goals (CNPEA, 2022). Given that this is a new advocacy strategy, there is currently no evidence assessing its effectiveness.

b. **Provincial**

A variety of advocacy strategies for elder abuse exist at the provincial level. There is a high variability regarding when these strategies were implemented. In Ontario, Elder Abuse Prevention Ontario (EAPO) is a prominent organization that focuses on elder abuse prevention in the province. EAPO engages with over 30 local Elder Abuse Networks across the province to provide education, training, resource development, and information about elder abuse within communities. EAPO is guided by the strategies outlined in Ontario's strategy to combat elder abuse, which includes (1) public education and awareness, through a province-wide, multi-media campaign; (2) training for frontline staff, to increase their knowledge and skills to recognize and respond to elder abuse; and (3) the coordination of community services, through strengthening partnerships (EAPO, n.d.).

British Columbia established a strategy for addressing elder abuse in 2013, called *Together to Reduce Elder Abuse – B.C.'s Strategy* (TREA strategy). This strategy addresses three key areas: (1) improved recognition of elder abuse amongst the public, service providers, and policymakers and governments; (2) improve response to reports of abuse through increased awareness and training; and (3) prevention of elder abuse through alliances and collaborations with all members of society (British Columbia, 2013). Increasing recognition involves increasing access to an elder abuse phone line, developing information kits, and improved data through research (British Columbia, 2013). Improving response through training focuses on reviewing current staff training and increasing training and awareness initiatives (British Columbia, 2013). Prevention efforts have focused on building alliances to increase the need for all of society to be involved in addressing elder abuse effectively.

The province of Alberta released an updated strategy for the addressing elder abuse in 2022. This strategy, *A Collective Approach: Alberta's Strategy for Preventing and Addressing Elder Abuse (2022-2027)* was developed after a review and assessment of the 2010 strategy with relevant stakeholders and civil society (Government of Alberta, 2022). Since the 2010 strategy, strides have been made, including increasing access to the *Facts on Elder Abuse* publication amongst diverse populations, customizing training for specific communities and professionals, the development of coordinated community response models, and the creation of two guides to support understanding of legislation and decision-making regarding elder abuse (Government of Alberta, 2022).

However, the province and key advocates recognized that there was still significant work to be done. The 2022 strategy outlines five goals with specific action steps, including (1) improving knowledge about risk factors, how to recognize abuse, about ageism, and abuse in marginalized

communities; (2) enhancing the skills of service providers through improved training; (3) creating coordinated community responses; (4) refining protective laws and policies; and (5) collecting data, sharing information, and conduct research and evaluation (Government of Alberta, 2022). The province of Alberta appears to have one the more comprehensive and well-positioned advocacy strategies for addressing elder abuse, as it builds off an earlier strategy, the province has extensive protective legislation for seniors, and are actively developing an evaluation framework to guide this strategy. Such elements were not indicated in other provincial and national strategies.

Policy and Legislation for Elder Abuse

A primary purpose of advocacy efforts for elder abuse to develop policy and legislation for the protection of older adults. However, unlike other forms of abuse, such as child abuse, intimate partner violence, and violence against women, policy and legislation for elder abuse has not received the same support and implementation. Across the world, there is a distinct lack of uptake of policy and legislative efforts (Busso et al., 2020; Yon et al., 2020) For example, Australia has yet to develop a national policy or legislative response regarding elder abuse (Government of Canada, 2021a). The strongest policies and legislation addressing elder abuse exist in the United States, at both the federal and state levels. The following section reviews some policies regarding elder abuse from the United States and Canada to understand what current policies are addressing and where potential improvements could be made.

a. Policies in the United States

In the United States, legal definitions of elder abuse and neglect exist at both the national and state level. The Government of Canada (2021b) surveyed seven American states — Florida, Arizona, Illinois, California, Massachusetts, New Mexico, and New York — that have been known to be especially responsive in terms of passing legislation to combat elder abuse and neglect. These above states have laws defining what constitutes elder abuse and neglect and they approach the issue of elder abuse by drafting legislation designating offences against older persons using the phrase "elder abuse". Except for New Mexico, which has adult protection legislation in place to address elder abuse and neglect, the other six jurisdictions have criminal legislation in place that allows for the prosecution of elder abuse in addition to offences of wide application such as assault, fraud, or criminal negligence (Government of Canada, 2021b).

At the federal level, the U.S. has the Older Americans Act, which recognizes the significance of elderly Americans and reaffirms numerous objectives related to protecting their rights. The Act is included in the United States Code, which consists of all permanent laws in the United States (Government of Canada, 2021b). Although the Code does not make elder abuse a crime, section 3001 outlines the congressional goals based on older individuals' claim to the classic American concept of individual dignity. Apart from New York, nearly all other states have laws requiring healthcare personnel to report elder abuse even if there is only a suspicion of it (Lachs & Pillemer, 2015). This usually includes notifying a government regulatory body, such as Adult

Protective Services (APS), who will then appoint a social worker to investigate elder mistreatment charges.

The United States also has the Elder Justice Act (EJA), which became law in 2010 (Teaster et al., 2020). It was specifically implementation to provide protection to seniors over the age of 60 years from elder abuse. However, it has been drastically underfunded since coming into law, preventing its actual uptake in the United States (Teaster et al., 2020). In 2021 a bill was put on the table for the Elder Justice Reauthorization Act (2021-2022) which reauthorizes and provides funding through to 2025 for making changes to programs that address elder abuse. However, this has yet to be enacted.

b. Policies in Canada

In Canada, provincial and territorial governments are largely responsible for overseeing adult protection, and each jurisdiction has developed its own strategy for combating the issue of adult abuse and neglect [Government of Canada, 2021c]. At the federal level, the Canadian Parliament enacted Bill C-36, the Protecting Canada's Seniors Act, in December 2012, with the goal of protecting older individuals through Criminal Code revisions (Wang et al., 2015). At the federal level, there is also Human Rights Statutes, and the Federal Criminal Code, which address crimes against senior citizens. While elder abuse is not a defined offence in the Canadian Criminal Code, certain forms of elder abuse, such as physical abuse, sexual abuse, threats, fraud and theft, can be punished as such under the Code. This does not imply that it is legal to harm senior citizens in Canada; rather, it indicates that for elder abuse to qualify as a crime, general criminal law provisions found in the Criminal Code must cover it (Government of Canada, 2021c). If the abuse is not a criminal offence, the police can be extremely helpful in linking the senior to various supports, such as community resources, and making referrals to other organizations as needed (Elder Abuse Prevention Ontario (EAPO), 2022).

In the province of Ontario, victims and anybody else who suspects elder abuse can contact the police, health or social services, or seek legal counsel but no one is required by law to report abuse outside of long-term care home (EAPO, 2022). When elder abuse is known or suspected to have occurred to an older adult in a long-term care setting, healthcare workers and other caregivers are required to report the abuse under the two laws in Ontario: Long-Term Care Homes Act of 2007 and the Ontario Retirement Homes Act of 2010 (EAPO, 2022 Failure to report elder abuse at a retirement or long-term care facility becomes an offence. Social workers, naturopaths, and members of regulated health care professions must report the abuse even if the information on which a complaint may be based is private or privileged (EAPO, 2022).

Interventions and Prevention Programs for Elder Abuse

To be able to develop advocacy strategies that promote the development of intervention and prevention efforts of elder abuse, it is necessary to understand what has been implemented

and what has been or not been effective. With the growing recognition of elder abuse as a problem globally, there has been an increased focused on program development. Currently, most efforts have been aimed at education efforts. Fewer programs have addressed intervention and providing support for the occurrence of elder abuse. The following section examines some key program efforts in the global and Canadian contexts to determine what has and has not been working, as well as recommendations for the Region of Peel regarding how to address programs in an advocacy strategy.

Global Context

a. Education

One of the primary reasons that elder abuse is overlooked or ignored is a lack of education. Elder abuse education can increase the ability of professionals and caregivers to recognize and respond to the elder abuse, which, in turn, can decrease continuity of abuse (Elderabuse.org, n.d.). Education intervention and training could benefit professional caregivers in improving their overall knowledge and skills, help them recognize abuse, and make them feel more confident and valued in their role (Kamavarapu et al., 2017; Loh et al., 2015, Moyd Mydin et al., 2021). Currently, education interventions to increase awareness of elder abuse, what sign to look for, and how to address it, for health care personnel and other service providers have been the most dominant form of intervention and have accumulated the most evidence for their use. Elder abuse education initiatives for staff, residents, and family member have helped in reducing elder abuse in community and institutional settings (Touza Garma, 2017).

One successful education intervention in the medical context comes from Sweden. Simmons et al. (2022) carried out a mixed-methods pilot study on medical interns regarding elder abuse. This educational model included a lecture, a short film, forum theatre, discussion, and pamphlet distribution on elder abuse awareness. Findings revealed an increase in increased the participants' sense of responsibility and self-efficacy by asking questions about abuse and identifying and managing elder abuse (Simmons et al., 2022).

In Malaysia, the researchers conducted a systematic review on educational interventions for primary healthcare providers and these interventions employed modalities such as face-to-face intervention, films, simulation-based training, and online training, which have been shown to be helpful in boosting primary healthcare service providers' knowledge in identifying and managing elder abuse and neglect during clinical practice (Mydin et al., 2021).

In addition to education and training programs for professional caregivers, should also include teaching nursing home residents, seniors living in the community, and their families about legal rights, risk factor identification, and complaint filing (Touza & Prado, 2019). Education interventions have also been aimed at seniors themselves. For example, Estabari et al. (2018) designed an intervention known as the "elder-centred" strategy that has positive and significant effects in reducing the risk of elder abuse in Tehran. The findings of this study are in line with those of other studies that have demonstrated the efficacy of educational

interventions in enhancing older adults' knowledge of elder abuse, as well as the potential of intervention programs to improve older adults' knowledge of elder abuse (Estabari et al., 2018).

Eliciting Change in At-Risk Elders (ECARE) is a program that helps in building alliances with the elder and family members, connecting the elder to supportive services that reduce the risk of further abuse, and using motivational interviewing-type skills to help elders overcome making difficult life changes (Mariam et al., 2014). Over the course of the intervention, the program demonstrated an effective reduction in the risk factors for elder abuse, and approximately three-quarters of participants achieved progress toward their treatment goal.

b. Assessments

Education programs for caregivers frequently cover detecting signs and symptoms of elder abuse, how to handle suspected cases, the professional's role in safeguarding possible victims, and ethical considerations. However, there is a lack of a user-friendly, concise, multi-dimensional instruments that could assist professionals in spotting signs of elder abuse (De Donder et al. 2015). An ideal screening tool will have following features: (1) risk factors and early warning indicators; (2) brief and detailed yet allow reliable assessments to be done in time-constrained work contexts; (3) be employed by informal caregivers, formal caregivers (both medical and non-medical), or health and social services; (4) pay attention to many types of perpetrators; (5) relate to older people's physical, psychological, and social environments; and (6) be tested for reliability and validity (De Donder et al. 2015). In the United States, researchers Abujarad et al. (2021) created and assessed the usability of a digital health tool called "Virtual cOaching in making Informed Choices on Elder Mistreatment Self-Disclosure" (VOICES), which aims to involve senior citizens in the screening process and provide them with the tools they need to be their own advocates. Participants said they felt comfortable answering questions about abuse, neglect, or mistreatment because digital screening would maintain privacy (Abujarad et al., 2021). Participants' emotional reactions to VOICES included feelings of alertness, activity, and attentiveness. Future studies are required to prove the acceptance, viability, and effectiveness of VOICES as it is still in its early stages of development and testing (Abujarad et al., 2021).

The Elder Abuse and Emotional Consequences Scale (EACS) is a multidimensional assessment tool and can be a useful method for identifying actual cases of elder abuse. Although in early stages of testing it efficacy in assessing for abuse, the EACS, can be applicable both in community and institutional settings, can be used amongst those older adults with mild cognitive impairment or in the early stages of dementia (Neise et al., 2022). However, the EACS was not reliable in capturing dimensions of sexual abuse (Neise et al., 2022). A major limitation of the EACS is that it takes a very broad understanding of abuse, which impeded being able to differentiate the type of abuse and severity of acts of abuse (Neise et al., 2022).

In Belgium, the Risk on Elder Abuse and Mistreatment Instrument (REAMI) was developed and tested using a mixed method design (De Donder et al., 2017). Findings from quantitative measures demonstrated good internal reliability and internal validity the three dimensions of

the instrument (i.e., risk factors of the older person, risk factors of the environment, and signals of abuse). The users of the REAMI reported being satisfied with the instrument due it being user-friendly and shirt and discussed that it increased knowledge and awareness about signals of elder abuse (De Donder et al., 2017). Its ease of use and brief nature may enable more service providers and caregivers to make use of the instrument, however, due to the nature the REAMI, the users felt that they needed to already know the client to make effective use of the REAMI to capture indicators of abuse (De Donder et al., 2017). Therefore, it was not helpful when working with new clients. The REAMI needs to be embedded within larger strategies for addressing abuse, as alone it only provides assessment, but no guidance on next steps. Further, the REAMI is a new instrument for assessment, and therefore, more studies are required to better assess its effectiveness.

c. Interventions

Many measures have been tried to prevent and respond to elder abuse, but evidence for the effectiveness of most of these interventions is still lacking (WHO, 2023). Most interventions that have been assessed and shown to be effective are those focused on education. Other interventions focusing on addressing the actual occurrence of elder abuse are significantly lacking. There have not been any global comparison studies of preventative initiatives and there is also a lack of randomized, controlled intervention studies assessing interventions for elder abuse (Pillemer et al., 2016).

Other than education and training, author Pillmer et al. (2016) found in their literature review that caregiver's interventions, which provide services to relieve the burden of caregiving; money management programs for older adults vulnerable to financial exploitation; helplines and emergency shelters; and multi-disciplinary teams are among the most promising strategies. The authors Wangmo et al. (2017) explores the study in Switzerland and found that the rates of emotional abuse and neglect to elderly in long-term care institutions are lowered with the increased number of nursing staff members. Institutional reforms include recruiting motivated employees that lead to better working conditions, less burnout, and supportive team culture thus improving care. There is some evidence that caregiving interventions, which offer resources to lessen the burden of caregiving, can help avoid onset of abuse and revictimization (Livingston et al., 2013 in Pillemer et al., 2016).

Canadian Context

a. Education

There are many organizations such as Canadian Network for the Prevention of Elder Abuse (CNPEA), Elder Abuse Prevention Ontario (EAPO), and Community & Home Assistance to Seniors (CHATS) that offers seminars and informative learning opportunities to raise awareness of elder abuse. Community partners and advisers from throughout Canada have created a film titled "*Who Should I Tell?*" to raise awareness and encourage discussion about elder abuse among older persons, family, and friends, and the movie has assisted prairie locals in beginning

to talk about elder abuse (CNPEA, n.d.- b). The film is available on the CNPEA website in six languages: English, French, German, Punjabi, Tagalog, and Plain Cree.

In Alberta, a toolkit called, *Addressing Elder Abuse: A Toolkit for Developing a Coordinated Community Response* was released by the provincial government in 2019 to assist communities, organizations, and individuals in providing a multidisciplinary approach to preventing and responding to elder abuse (CNPEA, n.d.-c). It lays out a five-step procedure for communities, civil society organizations, and people to employ in developing a local coordinated community response (CCR) strategy to elder abuse. The CCR model was examined by Alberta Seniors and Housing in 2020, and 98% of respondents said they would advocate the development and implementation of a CCR model to other communities. The formal collaborative approach was viewed as an efficient strategy to eliminate elder abuse, reduce service duplication, build stronger communities, and achieve better results. The CCR model, according to 95% of responders, altered elder abuse prevention in their community and raised awareness and knowledge about services (CNPEA n.d.-c). CHATS (2013) has a library of webinars on various topics related to elder abuse, including neighbours, friends, and families for older adults, elder mediation video, predatory marriage video, and confinement syndrome webinar; and educational workshops related to elder abuse prevention on a registration basis.

b. Assessments

The Elder Abuse Suspicion Index (EASI) was deemed an adequate screening instrument for cognitive intact elderly patients who are at higher risk of elder abuse, conducted by a family physician in a primary care setting in Montreal (Wang et al., 2015; Patel et al., 2021). Since the EASI development and validation work has generated some understanding of the various approaches to elder abuse taken by various disciplines, a modified format (*EASI-sa*) has been shown feasible for seniors to self-administer; *EASI-ltc* for use with residents in long term care facilities with Folstein mini mental scores of 24; and *EASI-leo* used by law enforcement officers (McGill University, 2023).

c. Interventions

There are no comprehensive hospital-based interventions for elder abuse that meet all of the requirements of abused older persons, including psychological, physical, legal, and social concerns (Du Mont et al., 2015). Despite its potential relevance to victim protection, intervention research is scarce (Storey & Perka, 2018). Numerous case study reports and descriptive analyses indicated that other interventions, like multidisciplinary team collaboration including criminal justice, health care, mental health care, adults protective services and long-term care; money management courses and emergency shelter programs that offer temporary migration to an area with medical facilities have promising outcomes, but their cost-effectiveness is not made clear (Pillemer et al., 2016). The most popular intervention across all nations is the helpline, and case studies show that using a helpline can facilitate early intervention that can stop and/or prevent mistreatment (Pillemer et al., 2016).

The Government of British Columbia has established a comprehensive approach to combating elder abuse in British Columbia known as the Together to Reduce Elder Abuse - B.C.'s Strategy (TREA Strategy), and is committed to finding ways to prevent, identify, and respond to elder abuse. The TREA Strategy establishes a framework for addressing three key areas: improved recognition of elder abuse in all of its forms, improved response to reports of elder abuse through awareness building and training, and prevention of elder abuse through an alliance to reduce elder abuse involving all members of society. Interventions include raising community awareness and teaching health care workers to recognize signs of abuse and respond appropriately (British Columbia, 2013).

Recommendations

Based on the review of needs of older adults related to elder abuse, advocacy strategies both within and outside of Canada, policy and legislation for elder abuse, and intervention efforts, the following recommendations for an advocacy strategy in the Region of Peel are suggested. (1) address ageism; (2) increase awareness about elder abuse amongst older adults, families, caregiver, and professionals, including what it is, risk factors, how to report, and where to receive support; (3) improve training efforts and initiatives for all relevant service providers including long-term care workers, health care professionals, and social service workers; (4) address intersectional components that impact risk factors and understandings of elder abuse; (5) work to enhance policies and legislation that ensure the protection of all older adults; (6) increase collaboration and partnerships across sectors, organizations, and all community members; (7) promote the development of assessment and reporting protocols within health care and social service settings; and (8) develop a plan to assess current interventions that exist in Peel Region to determine their effectiveness.

Conclusion

This literature review has explored (1) the phenomenon of elder abuse and associated needs; (2) advocacy strategies that exist globally and in Canada to address elder abuse; (3) the policy and legislation that exists in the United States and Canada to protect older adults from abuse; and (4) the various educational interventions, assessment strategies, and interventions aimed at addressing elder abuse. Based on a thorough examination of these areas of literature, recommendations for an advocacy in the Region of Peel were provided.

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