# ELDER ABUSE PREVENTION:
# GREY BRUCE SITUATIONAL ASSESSMENT
# AND
# A REVIEW OF THE LITERATURE

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# INTRODUCTION

## 1.1 BACKGROUND

Elder abuse was identified as a community health issue in Grey and Bruce counties in the early 2000s. As a result, the Seniors Advocacy and Awareness Network (SAAN) was established in 2001 with local stakeholders from across Grey and Bruce counties. In 2004, the SAAN and the Grey Bruce Community Care Access Centre (CCAC) were awarded a grant from the Ontario Trillium Foundation that enabled the SAAN to expand services related to the prevention and management of senior's abuse. These services included a 24-hour seniors' hotline, emergency accommodation for abused seniors, training for service providers, volunteer opportunities, development of a Seniors Evaluation and Response Team (SERT) and a Seniors Abuse Resource Coordinator position. The SERT was a multidisciplinary team that provided consultation for service providers who were dealing with difficult and unique cases of elder abuse that required resources and/or expertise beyond the scope of the agency. The Seniors Abuse Resource Coordinator addressed many cases of alleged and confirmed abuse. An evaluation of the SAAN, conducted in 2007, demonstrated the value of having a local coordinator and the necessity of the SAAN services in the community. However, the coordinator role was terminated in 2007 due to a lack of funding. The challenge of securing organizational support and stable funding ultimately led to the termination of the SAAN.

In 2015, the issue regained attention and the Seniors Safety Network was established with members from health and social services, legal services, seniors' services, community groups and community champions. The committee was committed to ending violence against older adults in Grey and Bruce counties through effective collaboration and proactive response (Elder Abuse Prevention Ontario, 2022a). The network is now referred to as the Grey Bruce Elder Abuse Prevention Network (GBEAPN) and is one of several Elder Abuse Networks (EANs) located throughout the province. Elder Abuse Networks are made up of local stakeholders who are committed to delivering education and awareness, advocating for supports and services for vulnerable older adults, and building a strong community response to assist older adults who may be experiencing or at risk of experiencing mistreatment (Elder Abuse Prevention Ontario, 2022b).

Older adults are valuable members of society and have important roles in their communities (e.g., volunteers, caregivers, employees, etc.) (Rosenberg et al, 2022). Aging is a natural part of the life course; however, the issue of elder abuse is an injustice that is increasing in communities (Elder Abuse Prevention Ontario, 2022c). Many older adults are vulnerable to the health and social impacts of abuse, neglect, mistreatment, and ageism (Elder Abuse Prevention Ontario, 2022c, Atkinson & Roberto, 2023). "Elder abuse" or "abuse of older people" is defined by the World Health Organization (WHO) as "a single or repeated act or lack of appropriate action occurring within any relationship in which there is expectation of trust that causes harm or distress to an older person" (2022). The term "ageism" refers to "the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age" (WHO, 2021). Age discrimination and ageism continue to contribute to

the vulnerability of older adults to elder abuse even though age discrimination violates the Canadian Human Rights Act and provincial/territorial human rights codes (Atkinson & Roberto, 2023; Hirst & Majowski, 2022). One Canadian study suggests that older adults define elder abuse in societal terms – "social exclusion, devaluing of their views and contributions, and breach of their human rights" (Hirst & Majowski, 2022).

The literature uses the terms elder abuse, neglect, and mistreatment, interchangeably. "Elder abuse" will be the term used in this document, as it has been most frequently used in the literature. Rootman et al (2021) have noted that the term mistreatment may be a more inclusive term that would encompass ageism and all forms of violence. The term mistreatment also eliminates the word elder, which some people consider discriminatory and disrespectful of Indigenous cultures (Rootman et al, 2021). "Older people" generally refers to those aged 60 and above, according to United Nations (Rootman et al, 2021). The literature uses the terms older adult, older people, and seniors, interchangeably. This document refers to "older adults" with no limits or specification on age.

There are several types of abuse that can cause harm or distress to older adults. Multiple forms of abuse can happen at the same time and can occur in several settings, including institutions, homes, communities or via the internet (WHO, 2022; Elder Abuse Prevention Ontario, 2023a; Hirst & Majowski, 2022). Types of abuse include physical, psychological/emotional, financial, sexual, neglect, and abandonment (Daly & Butcher, 2018; Gallione et al, 2017; Burnes et al, 2016). A few research studies included violation of legal and medical rights; deprivation of choices, decisions, status, finances, and respect; and spiritual and systemic forms of abuse (Guruge et al, 2019; Hirst et al, 2016). Definitions of commonly listed types of abuse are outlined in Figure 1.

Figure 1. Types of Elder Abuse

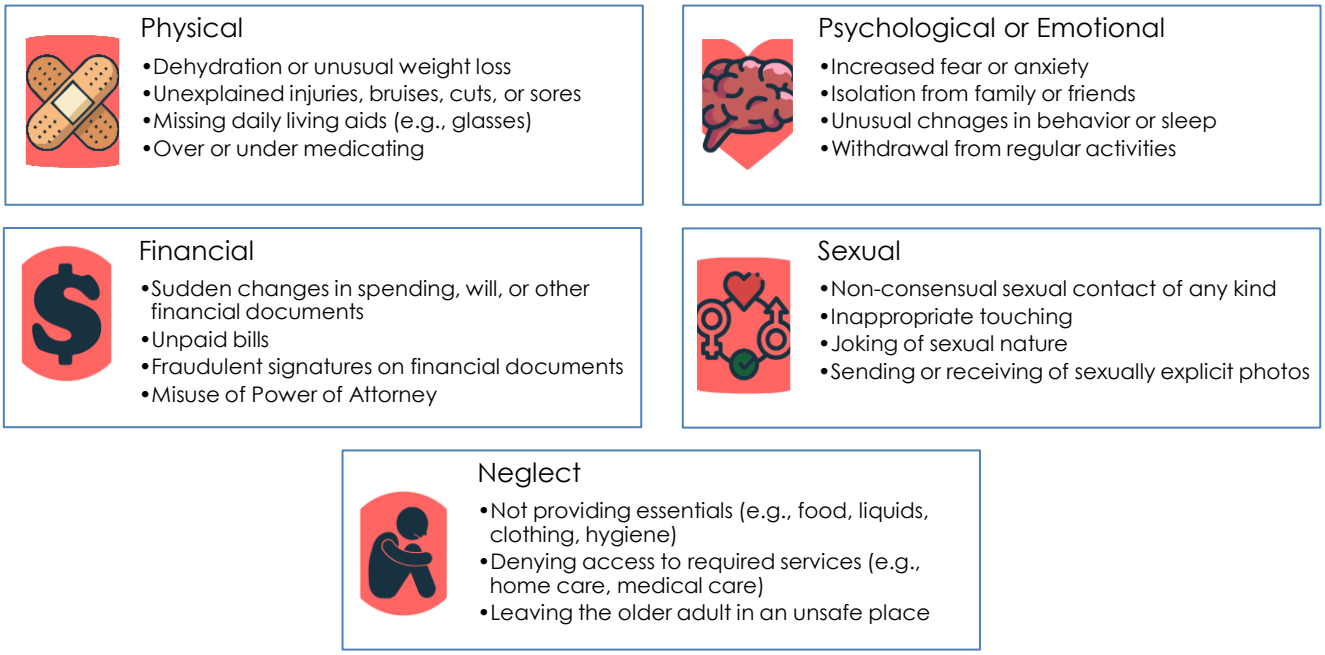
| Form | Description |
|---|---|
| Physical abuse | Includes hitting an older adult or handling the person roughly, even if there is no injury. Giving a person too much or too little medication, or physically restraining a person are also forms of physical abuse. |
| Sexual abuse | Occurs when somebody forces an older adult to engage in sexual activity, this may include verbal or suggestive behaviour, not respecting personal privacy, sexual touching, or sex without consent. |
| Emotional abuse | Includes threats, insults, intimidation, or humiliation, treating the person like a child, not allowing them to see their family and friends. |
| Financial abuse | Occurs when somebody coerces, threatens, or persuades older adults out of their money, property, or possessions. Misusing a power of attorney is a common form of financial abuse. |
| Neglect | Is a failure to provide the necessities of life, such as food, clothing, a safe shelter, medical attention, personal care, and necessary supervision. Neglect may be intentional or unintentional. |

| | |
|---|---|
| Violation of rights and freedoms | Occurs when someone interferes with an older adult's ability to make choices, especially when those choices are protected under the law. |
| Systemic violence/ structural violence | Refers to rules, regulations, policies, or social practices that harm or discriminate against older adults. |

*Note: Adapted from Schoepflin et al (n.d.)*

The literature strongly supports the fact that older adults are experiencing increasing rates of abuse and there are profound consequences for victims, the community, and society (Goodridge et al, 2021; Atkinson & Roberto, 2023; Santos et al, 2020). Everyone in the community including providers, family and neighbours should be aware of the warning signs of abuse. Figure 2 lists signs for each type of abuse that might indicate an older adult is experiencing one or more forms of abuse.

Figure 2. Signs of Elder Abuse




*Elder Abuse Prevention Ontario (2023a)*

Elder abuse is increasingly becoming recognized as a public health problem globally (Atkinson & Roberto, 2023; Goodridge et al, 2021; Shen et al, 2021). Anetzberger (2018) suggests that public health has a responsibility to protect the public and work with health care and non-traditional partners in responding to the mistreatment of older adults. Efforts to prevent the occurrence of elder abuse and to reduce the impact on those experiencing abuse must be considered within public health practice. At the same time, a community-based approach is required as governments, policymakers, health care systems, social services and the public are all being challenged with meeting the complex needs of an aging population (Atkinson & Roberto, 2023; Hirst & Majowski, 2022; Day et al, 2017).

## METHODOLOGY

This document includes both a situational assessment and findings from a review of the literature. The situational assessment followed Public Health Ontario's *Focus on: Six strategic steps for situational assessment* guide (2015) and is intended to inform planning decisions at the community and organizational level. The summary of the literature throughout the document will provide current evidence-based knowledge and strategies to reduce the impact of elder abuse and highlight gaps in research. This will help to inform collaborative work in building capacity to prevent and address the issue of elder abuse in our local communities. See appendix A for the methodology of the literature review.

## THE SITUATION

### 2.1 WHAT IS THE CURRENT SITUATION OF ELDER ABUSE IN GREY AND BRUCE COUNTIES?

The abuse of older adults continues to be a low priority globally despite the extent and severity of the issue (WHO, 2022). Due to limited data collection and likely under-reporting of cases, the magnitude of abuse of older adults in Ontario is not fully known (Elder Abuse Prevention Ontario, 2023). Elder Abuse Prevention Ontario (EAPO, 2023b) suggests that between 8% to 10% of older adults experience some form of abuse. According to the WHO (2018), approximately one in six people aged 60 years and older experience some form of abuse in community-based settings (Marshall et al, 2020). During the COVID-19 pandemic, the rates of abuse of older adults increased in both communities and in institutions (WHO, 2022). Aging populations are rising in many countries and the number of people who experience abuse is predicted to increase (WHO, 2022; Marshall et al, 2020).

In Grey and Bruce counties, most census subdivisions have older populations compared to Ontario and Canada. One in four (26%) of the Grey Bruce population is aged 65 years and older, which makes up the fastest-growing segment of the Grey Bruce population. Between the 2016 and 2021 censuses, there was a 19% increase in older adults aged 65 to 85 years old. The next fastest-growing population is older adults aged 85 years and older with a 9% increase from the 2016 to 2021 census (Grey Bruce Public Health, 2023a). This translates to 45,735 of older adults aged 65 and older in Grey Bruce who may be experiencing, or at risk of experiencing abuse.

> ***One in four*** *of the Grey Bruce population is aged* ***65 years and older.*** *Our local population is older on average than the populations of Ontario and Canada as a whole.*
> *(Grey Bruce Public Health, 2023a)*

## 2.2 WHAT IMPACT DOES THE CURRENT SITUATION HAVE ON HEALTH OUTCOMES, QUALITY OF LIFE AND OTHER SOCIETAL COSTS?

The impact for older adults experiencing abuse can be significant, and it can take longer for older adults to recover from various types of abuse (i.e., physical, mental, financial, etc.) (WHO, 2022). There are numerous adverse health and social outcomes documented in the literature that are associated with abuse of older adults. Several systematic reviews identified the increased risk of premature death as an outcome of elder abuse (Atkinson & Roberto, 2023; Shen et al, 2021; Santos et al, 2020). Other adverse outcomes noted in the literature include morbidity associated with psychological distress, cognitive decline, dementia, delusions, depression, financial ruin, physical injuries, disability, physical health problems (e.g., gastrointestinal disorders, gynecological issues, headache, myalgias etc.), chronic pain, increased emergency room visits and hospitalizations (Atkinson & Roberto, 2023; Daly & Butcher, 2018, Van Royen et al, 2020; Santos et al, 2020; Mosqueda et al, 2016; Day et al, 2017). Increased risk of premature nursing home placement was also identified as a potential consequence of elder abuse (Goodridge et al, 2021; Day et al, 2017). Older adults experiencing abuse may also have greater social disparities such as isolation and loneliness which can deepen over time (Santos et al, 2020). Isolation may be caused by damaged family and social relationships. Victims may choose to isolate themselves if the abuse or violence becomes overwhelming (Santos et al, 2020). One systematic review noted that older adults experiencing abuse may suffer from a loss of property and security as an adverse outcome (Van Royen et al, 2020).

The quality of life for older adults experiencing abuse may perpetually diminish over time (Shen et al, 2021; Rootman et al, 2021). Older adults may be more dependent on others for their activities of daily living and this dependence can increase the risk of abuse (Santos et al, 2020, Daly & Butcher, 2018). A person's quality of life would decline if basic needs, such as water, food, shelter, medication, hygiene, medical assistance, clothing and/or maintained living conditions, are not provided. Elder Abuse Prevention Ontario (2022) refers to this type of abuse as neglect, which can include intentional or unintentional withholding or failure to provide adequate care.

In addition to the individual impacts, there are also impacts of elder abuse on the wider community and for society. Communities are at a disadvantage when older adults are not able to volunteer, contribute to the workforce and/or participate in community and family activities. Societal costs may include direct health care expenses related to hospitalizations, treatment, injuries, rehabilitation, cognitive impairment and mental health (Atkinson & Roberto, 2023; Van Royen et al, 2020; Santos et al, 2020). Other impacts of elder abuse include cost for providing protection and care by the legal and/or social system (Van Royen et al, 2020; Santos et al, 2020).

## 2.3 WHICH GROUPS OF PEOPLE ARE AT HIGHER RISK OF ABUSE?

Elder Abuse Prevention Ontario (2023a, Slide 13) identifies groups of people that are at a higher risk of suffering abuse as an older adult. These include:

- Being a woman
- LGBTQ2S+
- Previous abuse as a child, youth, or adult
- Dementia/Cognitive impairment
- Women with disabilities
- Lower income or poverty
- Depression
- Dependent
- Socially isolated
- Living with someone with addictions
- Deteriorating health situations where one partner cares for the other

Immigrant older adults were highlighted in the literature as a group at a higher risk of abuse. A Canadian study by Guruge et al (2018) discussed the risk of elder abuse for immigrants of various ethnic backgrounds. The authors acknowledged that Ontario (specifically the Greater Toronto Area) is home to many immigrants. It is recognized that the incidence of elder abuse within immigrant communities is difficult to understand due to factors such as language barriers and differences across cultures in what characterizes abuse. The study identified factors that contribute to the abuse of older immigrant women and men, as well as culturally appropriate strategies to address the identified risk factors (Guruge et al, 2019).

## 2.4 WHICH SETTINGS OR SITUATIONS ARE HIGH RISK OR POSE A UNIQUE OPPORTUNITY FOR INTERVENTION?

The abuse of older adults can occur in both community and institutional settings. In the community, abuse can happen in a private home or a family member's home. The abuser may be a family member (e.g., spouse, partner, sibling, son, daughter or grandchild), a friend, a neighbour, an informal caregiver who helps with care or errands, a paid caregiver or a stranger (EAPO, 2023a).

Healthcare providers and other professionals play an essential role in preventing, identifying, and addressing abuse of older adults in the community. Providers may have unique opportunities to engage with and assess older adults in healthcare settings (e.g., hospitals, offices, clinics) and in their own home. For example, paramedics responding to a call or a home care worker providing support may be able to identify abusive situations. A screening tool may be used in professional practice to assess older adults, even if there are no signs of abuse.

According to Yon et al (2019), there is a high prevalence of elder abuse in institutions, such as long-term care homes or assisted living facilities. Staff shortages may lead to abuse or neglect (EAPO, 2022b). An example of abuse that could occur in an institution would be putting an incontinence product on a person instead of assisting them to the washroom to save time or effort. To improve quality of care, Yon et al (2019) suggest that multidisciplinary professionals can build capacity to prevent abuse through training and implementation of best practices across sectors. Surveillance and monitoring of institutional abuse must be improved to better inform policy action (Yon et al, 2019).

Professionals, such as paramedics, pharmacists, social workers, home and community support workers, victim services workers and police, can contribute to preventing the risk of abuse by understanding the risk factors and mitigating risks for older adults. Professionals should be offered opportunities for education and training to increase their awareness and to better understand how to respond to someone experiencing abuse. A multidisciplinary team approach could reduce elder abuse and positively affect outcomes (Rootman et al, 2021; EAPO, 2023a).

## 2.5 HOW DO LOCAL STAKEHOLDERS PERCEIVE THE SITUATION?

Many stakeholders have identified the issue of elder abuse in Grey and Bruce counties and are invested in addressing the issue. The Grey Bruce Elder Abuse Prevention Network (GBEAPN) consists of multidisciplinary stakeholders (e.g., Grey Bruce Community Legal Clinic, Southeast Grey Community Health Centre, Saugeen First Nations, Grey Bruce Public Health, and older adults involved in the community) with interests and mandates to improve the health and well-being of older adults. A liaison from GBEAPN connects with Violence Prevention Grey Bruce, Elder Abuse Prevention Ontario, and Southwest Frail Senior Strategy (SWFSS).

The GBEAPN plans to conduct an environmental scan, including focus groups and surveys, to engage with stakeholders and community members. The scan will aim to identify level of awareness, perceptions, existing response strategies, needs or gaps, mandates, current activities, and resources. The results of the scan will support future directions for addressing the issue of elder abuse in Grey and Bruce counties. The following have been identified as key stakeholders for engagement and collaboration in the environmental scan:

- Health Sector (Primary Care, Hospitals, Paramedics, Public Health)
- Institutions (Long-Term Care)
- Home and Community Care Supports
- Human Services (Social Services, Housing)
- Public Safety (Justice, Law Enforcement, Victim Services)
- Community-Based or Non-Profit Organizations
- Older Adults

## FACTORS MAKING THE SITUATION BETTER AND WORSE

### 3.1 WHAT ARE THE RISK AND PROTECTIVE FACTORS?

There are several risk and protective factors to consider when understanding the issue of elder abuse. The risk and protective factors for elder abuse can either put people at risk for abuse or protect them from experiencing abuse, respectively. The *Social Ecological Model* can be used to demonstrate the complex interaction between the individual, relationship, community, and societal factors. Day et al, (2017) suggest that relationships (e.g., family conflict) and the environment (e.g., few social supports) are factors that are most strongly linked to elder abuse. Individual level factors such as poor mental health may also increase the risk of an older adult being abused (WHO, 2022).

Social determinants are the living and working conditions that influence health across the life course, including older adults (Raphael et al, 2020). Social determinants, such as income, housing, mental health and social safety net, are risk factors for both victims of abuse and abusers of older adults (Atkinson & Roberto, 2023; Santos et al, 2020; EAPO). Santos et al (2020) suggest that having a lower income is a highly significant risk factor for all types of elder abuse.

In Grey Bruce, more than 1 in every 10 adults (12.3%) aged 65 and older lives on a low income (Grey Bruce Public Health, 2023b). Financial stress may lead to conflict within families, escalating to abusive behaviour (Van Royen et al, 2020). Housing concerns, such as affordability and availability, continue to create challenges for many people living in Grey Bruce (Community Foundation Grey Bruce, 2022). The National Collaborating Centre for Determinants of Health (NCCDH) (2023) identifies safety, accessibility, lack of quality subsidized housing and long wait lists for affordable housing as barriers and inequities experienced by older adults. Housing challenges are just one of the interrelated factors contributing to the complex issue of home takeover. A home takeover is when the rightful occupant of a home is forced to accommodate unwanted guest(s). Abuse may be a direct consequence for a home takeover victim, which may be an older adult (GBPH, 2022).

Figure 3 illustrates risk and protective factors for older adults living in community settings. Risk factors can influence one another as you move across the socio-ecological levels. As an example, the individual risk factor of housing instability is influenced by the housing crisis which is impacting the community and society. The individual risk factors are listed under three categories: Social Determinants of Health, Mental and Physical Health, and Life Experiences.

Figure 3: Risk and Protective Factors for Older Adults Living in Community Settings

| | Individual | Relationship | Community | Societal |
|---|---|---|---|---|
| **Risk Factors** | Social Determinants of Health:<br>• Low income or wealth[1,2,3,4]<br>• Fewer financial resources[2]<br>• Financial dependency[5,6]<br>• Low educational level[2,4]<br>• Housing instability[2] and/or shared living due to economic hardship[3]<br>• Social isolation or loneliness[2,3,4,5,6,7]<br>• Age[2,6]<br>• Gender (Women are more likely to be victims of elder abuse)[6,8]<br>• Ethnicity and/or language (e.g., immigrants having limited or no English knowledge)[4,5,7]<br><br>Mental and Physical Health:<br>• Depression[2]<br>• Confusion[6]<br>• Cognitive impairment[1,3,7,8]<br>• Behavioural problems, aggressive behaviours by a person with dementia[1,3,7,8]<br>• Alzheimer's Disease[9]<br>• Poor physical health and/or frailty[1,3,5,6,7,10]<br>• Functional dependence or psychological impairment[3,5,7]<br>• Psychiatric illness[7] | • Shared living with a spouse, adult children, or other caretakers[2,3]<br>• Family disharmony[1,3,7,9]<br>• Poor or conflictual relationships[7,9]<br>• Caregiver burden[1]<br>• Dependency on others for daily activities[2]<br>• Family members are more likely to abuse an older adult (compared to other social groups such as friends)[8]<br>• Type of relationship between victim and abuser (e.g., if the abuser is a child or grandchild, the victim is less likely to carry out a safety plan as well as agree to interventions that could threaten family relationships)[10] | • Limited or lack of social supports and networks[1,2,3,4,9,]<br>• Limited or lack of community resources<br>• Housing crisis (e.g., availability, affordability, etc.)<br>• Geographic location[5], home location[6] | • Social and cultural norms[5]<br>• Ageism[1,14,15]<br>• Increased rates of poverty and social isolation due to COVID-19[7] |

| | | | | |
|---|---|---|---|---|
| | • Stress (physical, functional, psychosocial)[6,11]<br>• Drug and/or alcohol use [4,6,7,8]<br><br>Life experiences:<br>• Prior trauma or abuse[3,4]<br>• History of intergenerational violence[6] | | | |
| **Protective Factors** | • Improving knowledge of abuse[11]<br>• Living alone[12]<br>• Social participation[13]<br>• Ability to seek help[13]<br>• Maintaining healthy habits[13]<br>• Financial stability[13] | • Very good family relationship[2]<br>• Availability of social supports[3] | • Availability of community-based resources and services for older populations and their caregivers[3]<br>• Community cohesion and collective efforts to support older adults[3] | • Public awareness campaigns[13] |

*References:*


1 - *Atkinson & Roberto, 2023*
*2 – Santos et al, 2020*
*3 – Marshall et al, 2020*
*4 – Daly & Butcher, 2018*
*5 – Guruge et al, 2019*
*6 – Gallione et al, 2017*
*7 – Goodridge et al, 2021*
*8 – Pickering et al, 2016*
*9 – Day et al, 2017*
*10 - Burnes et al, 2016*
*11 – Shen et al, 2021*
*12 – WHO, 2023*
*13 - Rootman et al, 2021*
*14 – Levy, 2018*
*15 – Hirst & Majowski, 2022*

It is important to note that there are specific risk factors associated with abuse for older adults living in institutional settings. Examples from the literature include staff qualifications and training, staff shortages, staff personal stress, burnout, negative attitudes, and lack of reporting or following legislation when caring for older adults (Day et al, 2017). Protective factors for older adults living in institutions may include minimizing staff stress, anger management, and education for caregivers on caring for an older adult with cognitive impairments (e.g., dementia) (Hirst et al, 2016).

## 3.2 WHAT HIGH-RISK OR NEGATIVE HEALTH BEHAVIOURS BY VARIOUS GROUPS OF PEOPLE ARE AFFECTING THE SITUATION?

The abuser of an older adult may be someone the victim trusts, has a close relationship to the victim, and/or has knowledge of the victim's physical or mental vulnerabilities (Gallione et al, 2017; EAPO, 2023a). Abusers may include informal caregivers (e.g., family members, friends, neighbours), household employees, financial advisors, and/or a formal caregiver from an agency hired to provide support and services (EAPO, 2023a, Day et al, 2017, Mosqueda et al, 2016).

Abusers are more likely to exhibit the following traits or risk factors as listed below: (EAPO, 2023a Slide 17; Marshall et al, 2020, Gallione et al, 2017, Pickering et al, 2016):

- Substance abuse/gambling
- Poor physical and/or mental health
- Depression
- Previous abuse as a child, youth, or adult
- Ageist attitudes
- Lack of understanding of aging process
- Lower income or poverty
- Dependence on money, food, housing, and/or transportation
- Caregiving assumed out of obligation
- Socially isolated
- Emotional disorders or dependence
- Stress and ineffective coping strategies
- History of trouble with the police

## 3.3 WHAT SYSTEMIC FACTORS ARE POSITIVELY OR NEGATIVELY CONTRIBUTING TO THE PROBLEM?

Government and institutional policies, such as mandatory reporting and case management, are important prevention strategies for elder abuse at the systems level (Hirst et al, 2016). In Ontario, it is mandatory by law to report abuse when the victim lives in an institutional care setting, such as a long-term care or retirement home (under the *Long-Term Care Homes Act, 2007* or the *Retirement Homes Act, 2010*). For older adults experiencing abuse in their own homes, there are no laws to support mandatory reporting. In this case, the abuse may be reported if it is a requirement of a person's employment or professional code of conduct; otherwise, it may go unreported. Abuse can be reported to health or social services by the victim or anyone who suspects elder abuse. If there are immediate concerns about the safety of an older adult, the police should be contacted. Victims may also choose to seek legal advice (EAPO, 2022d).

Institutions must ensure that providers are aware of the laws and/or policies and know how to enforce them (Hirst et al, 2016). Hirst et al (2016) suggest that one of the reasons providers may not comply with reporting requirements is that they do not want to report a co-worker. Another study suggested that a lack of protocols to identify abuse, limited support services and fear of liability were potential barriers to identifying and reporting abuse in healthcare settings (Hirst et al, 2016).

On World Elder Abuse Awareness Day in 2022, the WHO released a report recommending five priorities to prevent and reduce the incidence of abuse among older adults (WHO, 2022). The report recommends "governments, United Nations agencies and development organizations, civil society organizations, academic and research institutions" consider the following priorities to address the problem of elder abuse (WHO, 2022):

1. Combat ageism;
2. Create data to raise awareness and understand the prevalence, risk and protective factors and costs of abuse;
3. Develop cost-effective solutions;
4. Make an investment case; and
5. Improve funding (e.g., more resources)

## ACTIONS TO ADDRESS THE SITUATION

### 4.1 WHAT ARE ORGANIZATIONS DOING TO ADDRESS THIS SITUATION?

The Canadian Network for the Prevention of Elder Abuse (CNPEA) is led by a board of directors from across Canada to promote the rights of older adults and prevent elder abuse and neglect. The CNPEA released *Future Us: A Roadmap to Elder Abuse Prevention* to assist communities in prioritizing elder abuse prevention (Schoepflin et al, n.d.,). *Future Us* is intended to support networks in information sharing, research, engagement across sectors, education, and policy development at the provincial level (Elder Abuse Prevention Ontario) and local level (Grey Bruce Elder Abuse Prevention Network).

Elder Abuse Prevention Ontario meets with local elder abuse prevention network chairs. The Grey Bruce Elder Abuse Prevention Network (GBEAPN) has been chaired by a staff lawyer with the Grey Bruce Community Legal Clinic since 2022 after the network regrouped from inactivity and changes in agency staffing during the COVID-19 pandemic. GBEAPN has since focused efforts on awareness and advocacy for funding to support local elder abuse prevention and response. Activities have included email correspondence to municipal election candidates; requests for proclamations to municipal councils and Indigenous band councils for World Elder Abuse Awareness Day (WEAAD); a presentation to Owen Sound City Council about WEEAD; and lobbying at Queen's Park. A scan of other Public Health Units was conducted to determine what (if any) community activities, policies, or programs have been developed or implemented to support the prevention of elder abuse. Two health units responded: one health unit was aware of their local Elder Abuse Network and Advisory Committee, and the other shared a recent report on older adults highlighting risk factors for elder abuse.

The Grey Bruce Community Legal Clinic provides public education upon request about legal issues relevant to protecting older adults from abuse, such as tenant rights and powers of attorney. Grey Bruce Public Health has addressed the emerging issue of home takeover, which may impact older adults and increase the risk of elder abuse. The issue was identified by Grey County Housing and a collaborative approach was used to raise awareness and develop a multi-stakeholder Home Takeover Response Framework. Stakeholders continue efforts to better understand the prevalence and geographic locations of home takeovers by using a variety of data collection sources (GBPH, 2022).

In 2023, the GBEAPN developed a comprehensive plan to address the community health issue of elder abuse. The project plan is funded by New Horizons for Seniors Program (Government of Canada), Ontario Trillium Foundation, and Ontario Seniors Community Grant. The plan aims to increase community awareness and reduce the incidence of elder abuse by engaging with older adults, providing education, completing an environment scan of local resources, and collaborating with stakeholders to build community capacity. Results of the project will provide a better understanding of the complexity of the problem including intersecting factors that impact health equity related to elder abuse. The project will help to inform how organizations can collaborate to improve coordination and response to elder abuse and will provide recommendations for future local action.

Next Steps for Grey Bruce Elder Abuse Prevention Network:

- Use key findings from the focus groups in Grey Bruce to consider the needs of older adults and ensure their perspectives are incorporated into the work of the Grey Bruce Elder Abuse Prevention Network.

- Use key findings from the Community Partner Elder Abuse Prevention Survey to inform future directions for addressing the issue of elder abuse collaboratively in Grey Bruce, which may include the development of a local Elder Abuse Response Pathway.

## 4.2 WHAT IS THE BEST AVAILABLE EVIDENCE THAT EXISTS TO SUPPORT VARIOUS COURSES OF ACTION?

A literature search was conducted as part of the situational assessment for the Grey Bruce Elder Abuse Prevention Network (GBEAPN) to better understand current evidence (systematic reviews and Canadian peer-reviewed literature) to inform recommendations for local action. See appendix A for the methodology of the literature review.

There were several different approaches taken in the literature to categorize the various types of interventions to prevent elder abuse. For example, some authors used the three-pronged prevention approach to describe interventions as either primary, secondary, or tertiary (Atkinson & Roberto, 2023). In this approach, primary prevention strategies include those efforts to prevent abuse before it occurs by focusing on the source of the problem (e.g., lack of education, caregiver burden, lack of regulations). Secondary prevention interventions aim to identify abuse as early as possible to prevent abuse from escalating or reoccurring. Secondary prevention strategies may include developing and evaluating screening and early detection tools, and training to increase abuse identification and reporting. Tertiary prevention interventions aim to respond to elder abuse when the abuse has already occurred. Examples may include support for the individual who was abused (e.g., self-help groups, safe-houses, helplines, emergency shelters), professional response to cases of abuse (medical, social, legal response) and development and implementation of programs and policies (Atkinson & Roberto, 2023). Other authors categorized interventions based on the socio-ecological level at which the intervention applies (individual, relational, community, societal); the setting of implementation (e.g., home, community-based, institutional); or the intended target audiences (e.g., individual being abused, healthcare providers, caregivers, abusers).

Interventions to prevent elder abuse may be multi-faceted/multi-disciplinary in nature; may encompass many or all levels of prevention (primary, secondary, tertiary); and may apply to several socio-ecological levels and target audiences. Shen et al (2021) recognized that addressing elder abuse needs to be a multisystem effort that targets various change agents (e.g., elders, family, and caregivers) and along multiple domains such as abuse awareness, knowledge and behaviours. For the purposes of this situational assessment, the interventions described in the literature were categorized based on their key characteristics as either health promotion strategies (primary prevention); education and training on recognition and reporting; risk assessment and screening/detection tools; and response interventions addressing abuse (individual, community, and system-level action).

### I. HEALTH PROMOTION STRATEGIES (PRIMARY PREVENTION):

Health promotion, as defined in the 1986 World Health Organization (WHO) Ottawa Charter for Health Promotion, is the “process of enabling people to increase control over, and to improve their health." Health promotion strategies for elder abuse described in the literature include upstream approaches

aimed at preventing abuse from occurring, such as public awareness and education campaigns, risk mitigation and education for older adults, and caregiver support and training.

*Public awareness and education campaigns*

On a societal level, interventions focusing on raising awareness and education on ageism are a primary prevention method to address elder abuse. Levy (2018) and Beaulieu et al (2020) described that ageism places older adults in a marginalized position; contributes to disrespectful, avoidant and patronizing behaviour; and makes older adults more vulnerable to abuse. In June 2006, the International Network for the Prevention of Elder Abuse (INPEA) created World Elder Abuse Awareness Day with a focus on educational activities. This day has since been recognized by United Nations and is celebrated annually on June 15th. Rootman (2021) suggested that intergenerational activity, such as that promoted by Canada's Federal Elder Abuse Initiative *Elder Abuse Awareness Teen Kit – Intergenerational Trust Building* resource, can help provide meaningful engagement between generations that leads to reduced ageism.

Levy (2018) proposed a model – Positive Education about Aging and Contact Experiences (PEACE) – that focuses on two key contributing factors expected to reduce negative ageism: 1) education about aging including facts about the aging process and depictions of positive older adult role models to dispel inaccurate perceptions; and 2) positive contact experiences with older adults that are individualized, cooperative, promote equal status, and involve sharing. The author highlighted a lack of education on aging in school curriculums, and suggested that addressing these factors will help reduce negative stereotypes, prejudice, discrimination and anxieties associated with older adults and aging. Several studies found that a greater accuracy of knowledge of aging is associated with more positive attitudes towards older adults (Levy, 2018).

*Risk mitigation and education for older adults*

Shen et al (2021) identified the importance of focusing on mitigating risk factors (e.g., psychological stress) and promoting protective factors (e.g., improving knowledge) for elder abuse. As an example, they found that money management coaching can help prevent financial abuse, as it increases older adults' knowledge and awareness around financial decision making. Day et al (2016) also suggested that efforts to prevent elder abuse from a public health perspective should focus on known risk factors. Hirst et al (2016) recommended that community activities and supports that enable older adults to disclose concerns and access help should be available and promoted.

To empower older adults and provide opportunity to avoid abusive situations before they happen, Atkinson and Roberto (2023) discussed the need to implement interventions directly with older adults. For example, they emphasize the importance of providing education and guidance on social support and their rights. The authors suggest that focus groups with older adults can help ensure that older adult perspectives are included in prevention program development.

*Caregiver support and training*

Caregiver support and training is another strategy to prevent elder abuse. Atkinson and Roberto (2023) suggested that education for providers on how to avoid neglect when providing care can support prevention efforts. For example, training can be provided on proper movement or transfers of older adults to prevent injury (e.g., pressure ulcers). The authors suggested a review of coroner reports can be supportive in developing education.

Rootman (2021) noted that programs aimed at preventing caregiver stress and burnout can help reduce risk of elder abuse. They highlighted the Strategies for Relatives (START) program in the United States that focuses on improving stress management and reducing anxiety and depression levels among caregivers of people with dementia. Shen et al (2021) identified that family-based interventions that promote a positive change in family dynamic are effective at preventing abuse (as demonstrated by overall statistically significant treatment effect among interventions targeting older adults and family members).

## II. EDUCATION AND TRAINING ON RECOGNITION AND REPORTING

To identify abuse as early as possible and to prevent escalation, it is essential that caregivers, health providers, social service workers and law enforcement can properly recognize abuse and understand the appropriate reporting pathways.

Health professionals play a vital role in screening for elder abuse and detecting vulnerabilities, including in primary care outpatient settings, hospitalizations, and discharge planning (Gallione et al, 2017). Atkinson and Roberto (2023) reported a lack of provider training and lack of confidence in identifying abuse and making appropriate referrals. They highlighted several studies of healthcare professionals that found that both doctors and nurses show poor understanding of the signs of elder abuse and exhibited misperceptions on reporting requirements. Von Royen et al (2020) also reported that professionals are insufficiently trained in detecting and reporting abuse and lack education on the signs and risk factors for abuse of older adults. Several studies suggested a need to increase awareness, education and training for professionals to reduce abuse (Gallione et al, 2017; Atkinson and Robeto, 2023; Van Royen et al, 2020). Further, these studies noted that clear referral pathways are necessary in situations where abuse is recognized, including information on when to report, who to report to, and how to involve the older adult in the referral process.

Hirst et al (2016) suggested that education programs for healthcare providers should: 1) discuss the ethical issues involved with abuse; 2) specify professional and legal responsibilities when abuse is suspected or known; 3) increase knowledge in addressing abuse using a variety of training strategies; and 4) address attitudes that condone abuse. Rootman (2021) suggested that training programs must have information about the aging process, clear procedures regarding how to report abuse, roles of different professionals, cultural considerations, and discussion of case studies. Further, standardized patients are suggested as a key methodology for facilitating skill development related to clinical judgement, recognition and reporting.

Pickering et al (2018) studied an innovative educational intervention using a virtual reality tool to train nurses and social workers to recognize and report elder abuse. This tool used computer-programmed patients to allow virtual interaction with a variety of elder abuse case scenarios. Researchers found incredibly high accuracy (99%) in mandatory reporting decisions amongst participants; however, there was no control group, so results could not be attributed to the intervention with certainty.

## III. RISK ASSESSMENT AND SCREENING/DETECTION TOOLS

The literature has varied terminology related to the tools and instruments used to assess risk of elder abuse or to identify if elder abuse is occurring. For the purposes of this review, risk assessment tools are those tools that assess risk of abuse (primary prevention), while screening/detection tools indicate when abuse has occurred, with a focus on preventing reoccurrence (secondary prevention). Risk assessment tools evaluate the vulnerability of an older adult to potential abuse by focusing on the characteristics of the older adult, their living environments, and the individuals around them. Screening/detection tools focus on those observable elements of abuse that would justify a more in-depth evaluation (Rootman, 2021).

It is essential to be able to identify older adults experiencing abuse, as they may not report it themselves. There are barriers that may prevent older adults from reporting abuse or from seeking help when they experience abuse, including fear of consequences personally or for the abuser; lack of understanding about abuse; lack of knowledge about services; family barriers; and cultural or religious beliefs (Rootman, 2021). Atkinson and Roberto (2023) noted that the quality of relationship between the older adult and the abuser also impacted the likelihood of the abuse incident being reported. Older adults may not want to risk a relationship that they rely on for functional dependence (Goodridge et al, 2021).

Many studies have looked at the development and evaluation of screening/detection tools for abuse. Atkinson and Roberto (2023) reviewed 19 articles focused on screening tool development, 11 of which were specific for healthcare providers. These studies emphasized the importance of having a proactive detection of elder abuse and having protocols in place to handle cases when they arise. Van Royen et al (2020) noted that given cases of elder abuse are often undetected, it is especially important for healthcare providers and social workers providing at-home care services to be equipped and trained with validated tools to detect elder abuse. Pickering et al (2016) noted that home healthcare professionals are at an advantage for being able to assess, identify and report elder abuse as they can directly observe assessment criteria rather than relying on self-reporting. The authors highlighted the QualCare Scale, which is a direct observational rating scale that can assess for elder abuse during routine home assessments by assessing the older adult and the caregivers, and quantifying the quality of caregiving. Pickering et al (2016) advise that assessments should be brief and implemented with routine home visits.

Gallione et al (2017) reviewed 11 screening tools aimed at healthcare providers and noted that several of the tools were tested and validated to support early identification, and had moderate-to-good internal consistency. The tools had noticeable differences in underlying theory and the approaches for

screening and assessment. For example, two tools are brief screening tools suitable for several environments that target the older adult with direct questions. One of the two tools has been validated for nurses and is focused on assessment of older adults in emergency department settings or other hospital settings. The Canadian Elder Abuse Suspicion Index (EASI) tests older adults for their cognitive abilities. The Caregiver Abuse Screen for the Elderly (CASE) tool is a yes/no questionnaire designed to make older adults feel comfortable and answer truthfully (Gallione et al, 2017). The Detection of Elder Abuse through Emergency Care Technician (DETECT) tool was designed specifically for use by emergency responders (paramedics) to assess potential cases of elder abuse. It was found to be effective in increasing emergency responders' frequency of reporting (Atkinson and Roberto, 2023). Other screening and detection tools exist for specific types of abuse, including for the identification of financial abuse (Gallione et al, 2017).

Van Royen et al (2020) suggested that the perspectives of abused older adults and their caregivers should be considered with the development of screening tools and protocols. The authors noted that there needs to be disease-sensitive tools, as cognitive impairment and dementia symptoms are major risk factors for elder abuse. Further, the authors recommended that a screening tool should be concise, easy to use, and consider the frailty of older adults. They suggested that to build trust and rapport with older adults, it would be beneficial to administer the screening tool in a safe and calm environment and ask questions in a narrative and qualitative format. Guruge et al (2019) noted that understanding the incidence of elder abuse among immigrant communities can be difficult due to language barriers and cultural differences in definitions of abuse. The importance of ensuring that elder abuse screening tools are culturally sensitive was noted in the literature.

## IV. RESPONSE INTERVENTIONS ADDRESSING ABUSE (INDIVIDUAL, COMMUNITY, AND SYSTEM-LEVEL ACTION)

Response interventions are necessary when it has been identified that there is a considerable risk of abuse happening or when abuse is already occurring. Elder abuse is a public health problem and requires a response from both health and social service sectors (Day et al, 2017). Interventions may be directed at the individual level (including older adults at risk of abuse or being abused, and the abuser); at the community level (including multidisciplinary providers); and at the systems level (including programs and policy).

*Individual Level – Older adults at risk of abuse*

The response to cases of elder abuse may include intervention methods to support the victims, such as education, psychological support (e.g., helplines and self-help groups), safe-houses, and emergency shelters. Interventions may focus on improving the social network of older adults, using cognitive-behavioural therapy, addressing self-neglect and increasing service use (Atkinson and Roberto, 2023). Interventions may also include home visits by a domestic violence counsellor or police, and provision of support and advocacy on the use of the criminal justice system (Guruge et al, 2019).

Education for older adults who have experienced abuse has been recommended as an appropriate part of response interventions. Marshall et al (2020) reported that education-based interventions for older adults are associated with improvements in knowledge of abuse among older adults and prevention of resident-to-resident abuse in institutions. Rootman (2021) noted two evidence-based studies as examples: one focused on providing educational material and having a visit from a police officer and social worker to raise awareness and reinforce reporting; the other focused on a psychoeducational intervention for cognitively unimpaired older women who had been abused by a family member. Findings from Shen et al (2021) suggest the effectiveness of available elder abuse psychosocial interventions, noting a statistically significant effect size (d = 0.63).

*Individual Level - Abuser*

Interventions may also be directed at the abuser, focusing on education or rehabilitation in a "restorative process" such as psychological treatment programs (Atkinson and Roberto, 2023). Hirst et al (2016) outlined that programs targeting abusers may focus on how to minimize stress, anger management, and education about proper caregiving for older adults with cognitive impairments. Baker et al (2016) evaluated an educational program for abusive caregivers. They noted a significant difference in caregiver knowledge of proper older adult care and an alleviation of caregivers' psychologically abusive behaviour after the sessions.

*Community Level - Multidisciplinary Providers*

The literature has identified a need for education and training for healthcare providers on the proper response to cases of abuse. Atkinson and Roberto (2023) suggested that education and training for nurses on the proper care of victims of elder abuse help them in their role not only as healthcare providers, but as advocates for older adults as well. A Canadian study by Du Mont et al (2017) found that a curriculum designed to support nurses in best practice for caring for older adults who experienced abuse helped improve nurses' self-reported knowledge and skill.

In addition to the response from healthcare providers, several articles highlighted the role of police officers in assisting older adults in getting out of abusive situations by engaging with their networks and using a multidisciplinary approach (Atkinson and Roberto, 2023). The Integrated Police Response for Abused Seniors (IPRAS) is an example of a Canadian evidence-based model including prevention, identification, and response to calls. This model includes an investigative and judicial process. It addresses all cases of abuse, including criminal and non-criminal cases, with an intersectoral response involving police, victims' assistance centres, community-based organizations, adult protective services, public health and social services, and the courts (Rootman, 2021).

Anetzberger (2017) suggested that due to the complexity of elder abuse, practitioners from different disciplines and agencies need to work in teams to respond to cases in an interprofessional, collaborative, and coordinated approach. Families also may need to be involved, as they are often principal caregivers of older adults when there is diminished physical and cognitive capacity. Van Royen et al (2020) noted that healthcare providers, social workers and legal professionals hold complementary knowledge and

skills in the response to elder abuse. Effective response may involve interprofessional teams including criminal justice, health care, mental health care, victim services, civil legal services, adult protective services, financial services, long-term care and delegated decision makers. Teams can coordinate care, leverage resources, increase professional knowledge and improve outcomes (Hirst and Majowski, 2022; Alon and Berg, 2014). Gallione et al (2017) suggest the use of flow charts or algorithms in elder abuse detection and management, as it could support a simple and clear pathway for decision making.

*System Level – Programs and Policy*

At a systems level, interventions to prevent the onset or continuation of elder abuse may include programs and policies addressing the social determinants of health, protective practices, mandatory reporting, and elder abuse case management.

Several articles recommend that the response to elder abuse needs to consider the social determinants of health for older adults, including social support, mental health, financial resources, and housing status. As the population of older adults continues to increase, the literature proposes a need for social and policy changes to address and improve financial security and social service challenges (Marshall et al, 2020). According to a study by Santos et al (2020), having a "lower income" was considered a highly significant risk factor for all types of abuse, indicating that older adults with fewer financial resources are more vulnerable to abuse. The study suggested that low income can lead to housing instability, which further leads to a lack of social bonds and support networks with compromised oversight – conditions which can result in abuse. The rates of abuse among older adults may be reduced through polices aimed to improve supports for families and financial security for households. Addressing elder abuse with increased funding and a national strategy could improve awareness among the public, access to resources (e.g., justice) and solutions that can be enforced (Marshall et al, 2020).

Currently, there are few services available to support older adults and their families who have experienced elder abuse in Canada (Schoepflin et al, n.d.,). There is opportunity for increased funding to go directly into supporting victims and their families through direct services, including those offered by trained professionals in social services, justice, and healthcare sectors who have expertise in elder abuse. Counselling and system navigation support would also be of benefit for victims and their families (Schoepflin et al, n.d.,).

A key strategy identified in the *Ottawa Charter for Health Promotion* is to create supportive environments. This strategy requires the coordination of healthy public policies and promoting health by building and maintaining age-friendly environments (both physical and social). The Global WHO Age-Friendly Cities project helped initiate the age-friendly communities' movement (Rootman, 2021). The Ontario government introduced Community Safety and Well-being Plans in 2019, requiring municipalities to develop and adopt community safety and well-being plans in partnership with health/mental health providers, community/social services, police services/boards, education boards, children/youth services and other sectors. These plans provide an opportunity to advocate for inclusion of older adults in communities, and address prevention of elder abuse (Schoepflin et al, n.d.,).

Government and institutional policies such as mandatory reporting and case management are important prevention strategies for elder abuse at the systems level (Hirst et al, 2016). In Ontario, it is mandatory by law to report abuse when the victim lives in institutional care settings such as a long-term care or retirement home (under the *Long-Term Care Homes Act, 2007* or the *Retirement Homes Act, 2010*). Hirst et al (2016) suggested that improving working conditions in nursing homes; providing education on policies and mandatory reporting laws and how they are enforced; supporting supervision, tracking and monitoring of abuse in nursing homes; and creating supports for healthcare providers are strategies to prevent abuse of older adults in institutions.

Van Royen et al (2020) noted the need for services geared to an aging population and highlighted aging-in-place policies as a tool that governments have been implementing. With this shift towards home-based care, there are significant roles for care partners and home care services in the care of older adults. Along with it, there will be increased need for policies and protocols around in-home care, focused on prevention of elder abuse.

Involving older adults in the development of response programs and policies is important, as the response should align with their views, values and wishes (Van Royen et al, 2020). Atkinson and Roberto (2023) also suggested including the perspective of older adults when developing policy to ensure their voice is heard and empower them on a subject that directly affects them.

## DISCUSSION AND RECOMMENDATIONS FOR LOCAL ACTION

Elder abuse is a societal problem with significant health and social impacts on individuals, families and communities. The response to elder abuse needs to be multi-faceted and address each level of prevention (primary, secondary, tertiary), with a focus towards upstream prevention in addition to crisis response. The literature provided an overview of evidence-based interventions and frameworks related to the prevention, screening and response to elder abuse. Studies focused on health promotion strategies to address elder abuse (primary prevention); education and training on the recognition and reporting of abuse; utilization of risk assessment and screening/detection tools to identify risk of abuse or abuse occurrence; and response interventions at the individual, community and system level.

Several studies recognized the need to address ageism and inaccurate perceptions of the aging process as a root cause of elder abuse. Limited awareness and understanding about aging, combined with limited opportunities for intergenerational social engagement, perpetuate negative stereotypes of older adults and place them in a position vulnerable to abuse. World Elder Abuse Awareness Day provides an opportunity to increase public awareness and understanding of elder abuse globally. There is opportunity for school curriculum to be updated to provide youth with an accurate picture of aging and older adults. Further, schools and community groups can provide intergenerational activities that allow for shared experiences and engagement of younger people and older adults.

Recommendation #1:

- Provide education and increase public awareness on ageism, the aging process, and elder abuse, including through World Elder Abuse Awareness Day campaigns and activities, and by promoting enhanced school curriculums.

Recommendation #2:

- Promote intergenerational activities that allow for shared experiences and engagement of younger people and older adults.

The literature also suggests that education and training can be provided to older adults, their caregivers, and families to prevent elder abuse. Education provided directly to older adults can help to ensure they are aware of their rights and understand what programs and services are available to them. Providing education for caregivers on proper care of older adults; delivering programs that prevent caregiver stress and burnout; and implementing family-based interventions that promote a positive family dynamic may all be effective strategies to prevent elder abuse.

Recommendation #3:

- Provide education to older adults on their rights and on programs and services available to them.

Recommendation #4:

- Provide education and support for caregivers and families of older adults to ensure proper care, to reduce stress and burnout, and to promote positive family dynamics.

There is substantial evidence in the literature identifying the need for education and training to be provided to caregivers, health providers, social service workers and law enforcement on the recognition and reporting of elder abuse. Insufficient training for professionals was noted, as well as a lack of provider knowledge and confidence in identifying abuse and making the appropriate referrals. Education programs should focus on recognition of risk factors and signs of abuse; the ethical considerations involved; professional responsibilities; and the appropriate procedures and reporting pathways.

Recommendation #5:

- Provide education and training to caregivers, health providers, social service workers and law enforcement on recognition of the signs and risk factors for abuse; the ethical considerations involved; professional responsibilities; and the appropriate procedures and reporting pathways.

Risk assessment and screening/detection tools are essential in assessing risk of abuse or detecting when abuse has occurred, respectively. Many studies highlight the importance of proactive detection of elder abuse with the use of screening/detection tools, especially in cases where elder abuse may otherwise go undetected. Healthcare providers and social workers, especially those providing at home care services,

are in a unique position to be able to assess, identify and report elder abuse in the community. Sector-specific tools have been developed (e.g., tools for institutions, home care, emergency care), and the most appropriate tool may depend on the type of professional using it and the setting where it is being applied. The literature also highlights the importance of selecting tools that are culturally sensitive and that include the perspective of older adults.

Recommendation #6:

- Select and promote the use of a validated, culturally appropriate, and sector-specific screening/detection tools for community providers who interact with older adults, and provide education and training on appropriate use.

The literature describes the response to addressing abuse at the individual, community and system levels. At the individual level, interventions may include support for older adults who have been abused, such as education on abuse, psychological support, safe housing and other psychosocial interventions. Interventions may be directed at the abuser, including stress and anger management programs, education on proper caregiving, and psychological treatment and rehabilitation programs. At the community level, the literature emphasized the need for proper response training involving professionals from many sectors. Effective response requires practitioners from different disciplines and agencies working together to respond to cases in an interprofessional, collaborative and coordinated approach. At the systems level, policies and programs need to be in place that address the social determinants of health, promote protective practices (including mandatory reporting) and outline elder abuse case management.

Recommendation #7:

- Provide support at the individual level to older adults who have been abused (e.g., education, psychological support, safe housing) and to the abuser (e.g., education, psychosocial/rehabilitation programs).

Recommendation #8:

- Provide training for professionals of many sectors (health, social, legal) on appropriate response pathways and promote interprofessional, collaborated, coordinated responses.

Recommendation #9:

- Promote policies and programs that address the social determinants of health and promote protective practices, including mandatory reporting.

Literature search results presented limited findings on the complex issue of abuse of older adults who are at higher risk living within diverse communities and subpopulations. This includes older adults from racial and ethnic groups, from sexual/gender/linguistic/religious minority groups, those living with incomes below the federal poverty line and those living with disabilities. One Canadian study explored culturally relevant strategies to address risk factors that contribute to the abuse of older immigrants.

Limited findings from the research present challenges in understanding strategies to raise awareness and address the abuse of older adults in a culturally appropriate way. There is opportunity for engaging with older adults and service workers from culturally diverse communities to further understand the most appropriate language and response that reflects sensitivity and inclusivity.

Recommendation #10:

- Engage with older adults and service providers from culturally diverse communities to ensure their needs and perspectives are incorporated into elder abuse prevention and response strategies.

In the last several years, the prevention of elder abuse has been recognized as a global priority and has had an increasing body of research on risk factors, theories explaining elder abuse, and interventions to prevent abuse. Abuse and neglect of older adults needs further exploration and evidence-based studies. There is a need to evaluate the models presented in the literature that focus on identifying and mitigating elder abuse of all types. Risk assessment and screening/detection tools need to be further tested for validity and reliability with different higher risk groups and across diverse cultural contexts. There is also limited evidence-based practice recommendations to refer to for responding to abuse. Current research on interventions is limited by the number and quality of available studies. Therefore, future research is needed to strengthen the evidence and gain more understanding on the relationship between interventions and changes in elder abuse behaviours.

## CONCLUSION

Older adults are valuable members of our communities and contribute to society in many ways. Health and quality of life of older adults is influenced by many factors, including mental health, physical health, the environment and relationships. Data tells us that older adults are the fastest-growing population in Grey Bruce, and peer reviewed literature confirms that older adults are experiencing increasing rates of abuse. Older adults have the same rights as everyone else and should not be discriminated against based on their age.

The Grey Bruce Elder Abuse Prevention Network (GBEAPN) recognizes the significant impact abuse can have on older adults living in the community. The network is committed to using evidence-based research and recommendations to support project activities and future planning. Priority areas of action include community awareness; education for older adults; an environmental scan of resources; and partnerships to enhance community capacity to prevent, identify and respond to elder abuse.

Everyone has a role to play in making sure people at every stage of life feel safe and valued in their homes and communities. Elder abuse prevention, health and social inequities, and ageism need to be prioritized and addressed in every community. Public health, governments and other allied professionals from multiple sectors must work together to prevent and reduce the impact of elder abuse.

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## APPENDIX A: METHODOLOGY

A literature search was conducted by the Public Health Hub Librarian through the Shared Library Services Partnership on September 25, 2023, as part of the situational assessment for the Grey Bruce Elder Abuse Prevention Network (GBEAPN). The main purpose of the review was to better understand how to respond to elder abuse and to inform future interventions. The key question used to guide the search was: *What evidence-based frameworks exist for the prevention, screening, and response to elder abuse?*

The Ovid Medline database was searched as well as the Cochrane Database of Systematic Reviews using specific search terms to describe the issue, population, locations or settings of elder abuse, interventions, risk factors and sectors. See Table 1 for a full list of inclusion and exclusion terms. The search was limited to studies published in the English language between 2015-2023, yielding 1212 results, including 54 Canadian studies and 119 systematic reviews.

Two members of the Foundational Standards Team at Grey Bruce Public Health completed the initial screening of titles and abstracts followed by full-text article screening of all systematic reviews, Canadian results, and other single studies to ensure specific inclusion criteria was met (Table 1). There were 11 systematic reviews, 4 Canadian results and 6 single studies from 2015-2023 for a total of 21 results included in the summary of the literature. A critical appraisal of the published literature was not conducted considering the limited number of results meeting the inclusion criteria, and considering half of the articles included were systematic reviews.

Sources of grey literature were reviewed and selected for inclusion. Grey literature from websites such as Elder Abuse Prevention Ontario and World Health Organization provided valuable information on elder abuse statistics, general facts, risk factors, impacts and provincial reporting requirements. The book "*Promoting the Health of Older Adults, The Canadian Experience*" by Rootman et al (2021), is referenced in the document as it explores health promotion through the lens of older adults, recognizing this age group as an important and growing population. The framework in the Ottawa Charter for Health Promotion is used to present innovative approaches and best practices in promoting health and supporting the care of older adults.

Table 1: Inclusion and Exclusion Criteria

| **Inclusion** | **Exclusion** |
|---|---|
| • Populations: Elders, Seniors, Older Adults, Older People, Aging Populations, Indigenous Communities | • Articles that are limited exclusively to:<br>  • People with dementia<br>  • People living with mental illness<br>  • Impact of COVID<br>  • Loneliness<br>  • Intimate Partner Violence<br>  • Reducing Social Isolation |
| • Issue: Elder Abuse, Neglect, Mistreatment, Types of elder abuse (e.g., physical, financial) | |

| | |
|---|---|
| • Settings: Private homes, Rental housing, Long Term Care Homes | • Retirement Homes |
| • Intervention and/or Descriptive: Frameworks, Models, Guidelines for Elder Abuse Prevention, Screening, Response, Risk Factors (e.g., Ageism, Isolation), Protective Factors | |
| • Sectors: Community, Home-Based, Health and Social Services, Justice (Legal, Police), Education | |
| • Other: Systematic Reviews, Grey Literature, Best Practice Guidelines in Single Studies, Single Studies that present models and/or frameworks | • Other: Any articles or studies authored outside of North America, Single Studies not including models and/or frameworks |