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WORLD ELDER ABUSE AWARENESS DAY (WEAAD)

The upcoming 15th of June is the date designated by the United Nations General Assembly as “World Elder Abuse Awareness Day.” It is a day when the world acknowledges the significance of elder abuse as both a Public Health issue and a Human Rights issue.

Sometimes referred to as elder “mistreatment” or “maltreatment,” elder abuse can take on many forms. It often occurs in a relationship in which there is a natural expectation of trust. It can include psychological, emotional, physical, and sexual abuse; neglect (caregiver neglect, self-neglect); abandonment; financial exploitation; and loss of dignity. Not all individuals over the age of 65 depend on care from others, but it is during the last years of life, that people find themselves uncomfortably vulnerable to abuse. According to the World Health Organization (WHO) 1 in 6 older adults’ experience some type of abuse. Evidence suggests that elder abuse is prevalent, predictable, costly, and, tragically, sometimes fatal.

According to the Government of Canada, seniors are a rapidly growing segment of the population and are living longer and healthier lives than previous generations. Seniors, 65 years of age and older, represent about 17 % of the population. As this group continues to expand, elder abuse is emerging as an increasingly worrisome issue. It is estimated that 4% to 10% of seniors experience abuse; nevertheless, only 20% of the incidents are reported. The majority of people 65 and over (92.1%) live in private households, either part of a couple, alone, or with others. Consequently, the majority of the cases of abuse are at the hands of a partner or a close relative. Most elder abuse investigations in Canada are reported to the police as incidents of domestic violence.

Often, elder abuse may go unnoticed by members of the public or police, hence increasing the isolation of victims. As seniors continue to age, their activities outside the home might decrease. Being confined indoors, whether voluntarily or involuntarily, increases the likelihood that certain forms of abuse will remain undetected.

WHAT CONSTITUTES ELDER ABUSE?

Definitions of elder abuse vary, and they continue to evolve. The World Health Organization (WHO) defines elder abuse 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.” It can be verbal, physical, psychological or emotional, sexual or financial. It can also be neglect—either intentional or unintentional.

Elder abuse hurts both women and men. The risks they face, however, are different. Older women are more likely than older men to have experienced a history of emotional, physical or sexual abuse.



- Women of an older age may have fewer financial resources than men. They may find it more difficult to leave an abusive relationship. Also, women tend to live longer than men. If a woman loses income or assets through financial abuse, it will affect her significantly and for an extended period of time.
- On average, a woman tends to be smaller in size than a man and maybe less capable of defending herself from physical abuse.
- Older women are more likely than older men to be widowed or to live alone.
- Older women are much more likely than older men to live in a residential care facility, where abuse may occur at the hands of staff, volunteers or family.
- Older men are less likely than women to have a network of people to provide support and protection.
- Older men may depend on their spouse or partner to do the cooking and cleaning, making it harder for them to leave an abusive relationship.
- Older men are likely to have a regular income, such as a pension, putting them at a higher risk of falling victim to fraud.
- In some relationships, the man may be much older than the woman, making them more vulnerable.

Elder abuse has traditionally been viewed as “gender-neutral,” leading to inadequate responses that focus exclusively on personal or interpersonal problems. A new analysis that takes into consideration the dual forces of ageism and sexism in elder abuse is necessary.

It is important to observe the patriarchal structures that support practices that place older women at higher risk of abuse. The financial dependency of women and the expectation for them to fulfill domestic roles can result in isolation and vulnerability to abuse. These patriarchal structures are the same issues that affect women at a younger age, putting them at risk of experiencing violence and abuse. Those structures don’t recede; if anything, they become more pervasive as they are now catalyzed by the vulnerabilities that are often associated with ageing: Fragility, physical or mental illness, limited access to resources, restricted mobility and low.

SOCIAL TABLE FOR SENIORS: Family Services of Peel, together with Peel Elder Abuse Prevention Network, recently launched a “Social Table for Seniors.” This unique initiative was made possible with the support of the Region of Peel Community COVID-19 Project Fund.

The Social Table for Seniors will help reduce the impact of isolation suffered by individuals of “retirement age” in the Peel Region. During regular times (before pandemic), some seniors may have faced challenges regularly participating in social activities. This challenge has been exacerbated by social distancing rules, resulting from COVID-19 prevention efforts, during the last few months.

Research has shown that social isolation increases the risk of abuse. It also impacts social, emotional, psychological, and cognitive health and is associated with higher levels of depression and suicide. One in four seniors lives with a mental health problem or illness. Among adults in the community who are 65 years of age and older, 10% to 15% suffer from depression.



The Social Table for Seniors initiative will see Community Connectors from the Hispanic, South Asian, Middle Eastern and Chinese communities bringing seniors together. They will utilize social media tools, such as YouTube, WhatsApp, and Zoom. They will provide seniors with opportunities to build community connections and reduce isolation, both during and after the pandemic.

Weekly group sessions will be held in four languages: Spanish, Hindi, Arabic and Mandarin. Training will be provided to help seniors navigate online. Every group will decide on the type of social table or club that is of most interest to them, as it pertains to their cultural interests. Examples include group discussions on books, dancing, and cooking. It could include a simple and casual get-together. The whole idea will be for participating seniors to feel cared about and connected.

Agencies and individuals who serve seniors will make referrals of their most vulnerable clientele. They will conduct phone interviews and utilize screening tools. Community Connectors will identify the supports needed by seniors to have access. Data collection will be organized to gather information on the impact of isolation on seniors as a result of COVID-19.

For more information about this program or referrals, please contact Sandra Rupnarain, Director of Client Services at Family Services of Peel at srupnarain@fspeel.org or 647 338 3267.

RECOMMENDATIONS: Elder abuse is prevalent in community-dwelling, especially among minority older adults. Significant knowledge gaps are identified in the literature. An inconsistency exists in how elder abuse is defined. Insufficient research has been conducted on screening practices, etiological factors, intervention, and the prevention of elder abuse. Concerted efforts of researchers, community organizations, healthcare professionals, legal professionals, social service providers, and policymakers will help address the global problem of elder abuse.

National longitudinal research is needed to define better the incidence, risk and protective factors, and consequences of elder abuse in diverse racial and ethnic populations. Health professionals should consider integrating routine screening of elder abuse in clinical practice, especially among high-risk populations. Patient-centered and culturally appropriate treatment and prevention strategies should be instituted to protect vulnerable populations. In the face of huge gaps on the topic of elder abuse, unified and coordinated efforts at the national level will help preserve and protect the human rights of vulnerable ageing populations.

