



# Building an Advocacy Strategy for Elder Abuse in the Region of Peel: Focus Group Analysis

Peel Institute of Research & Training – Family Services of Peel

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## **Introduction**

Elder abuse is defined by the World Health Organization (WHO) 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 takes several forms, including physical abuse, sexual abuse, psychological abuse, financial abuse, and neglect. Elder abuse is a political, social, economic, and human rights issue that requires engagement from societal, community, and individual levels.

Elder abuse is a growing concern in the Region of Peel and beyond. Since 2011, the population of older adults has seen rapid growth, rising 56.5% between 2011 and 2021 (Statistics Canada, 2023). Similarly, rates of abuse experienced by seniors have increased. Current rates of abuse of seniors typically range between 8% and 10% in Canada (EAPO, n.d.). However, the exact rate of abuse or harm experienced by seniors is not fully known due to underreporting and lack of consistent data collection on prevalence. The rapidly aging population has given rise to the recognition that the needs of seniors must be a priority for society to address. One such area of concern that is being increasingly recognized as impacting the well-being and safety of older adults is elder abuse.

With this growing recognition, the Peel Institute of Research and Training (PIRT), in collaboration with the Peel Elder Abuse Prevention Network (PEAPN), launched a research project to (1) strengthen the advocacy efforts of PEAPN; (2) to build evidence that will support programs, services, community initiatives, and policy development for older adults; and (3) develop and implement an advocacy strategy to address elder abuse. This report outlines the findings and recommendations of three focus groups conducted with seniors in the Region of Peel.

## **Methodology**

### **Participants**

Three focus groups were conducted with 28 older adult participants (aged 55+). The focus groups were conducted with the three senior groups at Family Services of Peel. The participants of these groups were recruited based on their belonging to these groups. One focus group was conducted with 10 members of the Chinese Seniors Group, one with 8 members of the Caribbean Seniors Group, and one with 10 members of the Hispanic Seniors Group. Facilitators of the group supported the recruitment of participants by inquiring about participation in their weekly meetings. Participants were compensated with \$30 cash for their engagement.

### **Data Collection**

Two focus groups were conducted virtually via Zoom (Chinese and Caribbean), and one was held in person (Hispanic). Focus groups were 60 to 90 minutes in length. Due to the sensitive nature of the topic of elder abuse, and the need for two of the groups to be conducted in Cantonese and Spanish, the three focus groups were conducted by the facilitators of the seniors' groups in May 2023. Group facilitators were trained by the Director of PIRT in advance to conducting the focus groups to ensure that they had the knowledge and skills to effectively facilitate the discussions in an appropriate and ethical manner. The facilitators were provided

with all necessary materials including consent forms, confidentiality forms, and guiding questions in advance of the scheduled focus group interviews.

Prior to engaging in the focus group discussion, participants were required to read and sign consent forms or have them read to them and provide verbal consent to indicate an understanding of the project and to agree to participate. All focus group interviews were audio recorded and subsequently transcribed to ensure that responses were accurately captured. Where needed, transcripts were translated into English for the purpose of analysis. Below are samples of the focus group questions:

#### *Sample Questions for Focus Groups:*

1. How do you feel about the way society is treating you?
2. What are your thoughts regarding the ways younger generations treat you and other seniors? How do you feel about your relationship with your grandchildren?
3. Do you have any misgivings regarding how you or other seniors have been treated, have you ever felt neglected by those close to you? Did you know that neglect is also a form of abuse?
4. Can you tell me what you understand senior abuse to mean? What are examples of abuse or neglect or harm to seniors?
  - a. It could be something you experienced, or you have heard about from others.
5. How can we reduce the risk of seniors experiencing abuse by family or care workers?
6. What do seniors need to be better protected from any form of abuse?
7. What do you want for yourself and other seniors to be included in an advocacy strategy?

#### **Data Analysis**

The data were analyzed using thematic analysis at the semantic and latent levels. An in-depth reading of the three transcripts was completed, followed by additional reading to code transcripts. Themes were then generated based on information relevant to the development of the advocacy strategy.

## **Results**

### **Seniors' Place in Society**

The senior participants held a mix of views on their place within society – some felt well integrated and supported, whereas others felt displaced due to several factors that intersected with older age. For example, several seniors shared that in Canada they felt they were treated well, integrated easily as immigrants, and felt that they had access to good healthcare and medical treatment. However, others shared contrasting views. Multiple seniors, particularly within the Hispanic senior group, experienced rapidly changing technology and low English language proficiency as major barriers to equitable inclusion in society. For example, one senior shares,

*“I live lost in this society due to my lack of training in modern technology  
...Another factor is that I lack the language to be part of society. I am very  
frustrated because we do not have enough help in these two factors.”*

- Spanish Seniors Group Participant

This participant feels as if they are an outsider, indicating they feel ‘lost’ due to modern technology and not being proficient in English, both of which they feel they lack support with to effectively navigate. Other participants shared similar sentiments about technology – they feel that it has expanded and grown within society and that they have not been adequately supported in learning how to navigate these rapid changes. Extending the way technology has left seniors feeling displaced, another participant highlighted how age, technological literacy, English language proficiency, and health intersect. They share,

*“I do not speak English and even medical consultation becomes complicated for me. Now hospitals have a Tablet (before they had a translator) to help you translate, but if you don’t even know how to turn on a Tablet, this solution won’t work.”*

- Spanish Seniors Group Participant

Here, low English language proficiency, age, and technological literacy interact to create a complex and potentially detrimental barrier to accessing health care. It calls into question whose needs are being considered when certain procedures or processes are implemented in health care settings. Such a solution for translation may work for a young person raised amongst technology but does not effectively consider someone who is older and/or does not have extensive knowledge of and experience using various forms of technology. An older adult in this position may not be able to effectively get their health needs met if they are unable to make use of the tablet as required or be able to effectively communicate with medical personnel. In response to these barriers, seniors in the Spanish group shared desires for access to training, programs, and services that would assist them in learning the knowledge and skills to navigate technology. Such support may help them to feel included in society and allow them to access more services that require technological literacy.

Another factor that impedes seniors from feeling as if they are a part of society is the change in community and neighbourhood connections. One senior said,

*“Society has changed a lot from what it was before and now, especially for us. Before we lived in houses and there was a neighbourhood that was your community – now when you live in an apartment it is a different community – the way they are designed does not favour integration at all, it is a lonely lifestyle.”*

- Spanish Seniors Group Participant

This senior alludes to how community and neighbourhood connection has shifted; people are no longer as closely connected to those living in close proximity. Social connection and integration are important to the well-being of seniors, as well as act as a protective factor from abuse. It is well established in the literature that social isolation and disconnection from networks are risk factors for experiencing abuse. A growing social context in which seniors feel increasingly alone creates the potential for increased risk of abuse, as well as reduced mental health. In contrast, the Chinese community, who live in a community residence for older adults highlighted the

importance of living so closely connected to others who share the same culture and who are also aging. For example, seniors from this group shared,

*“I think because we live in this old building we are much better than other buildings. I find that not every building is like this. They [other seniors] rarely have other friends. We are lucky! Friends are like everyone’s brother and sister here.”*

- Chinese Seniors Group Participant

*“I have lived in this building for more than 10 years. I have friends around me. I don’t feel alone or isolated.”*

- Chinese Seniors Group Participant

These quotes, as well as other discussions among this group, highlight the importance of community and social connection for older adults. It can greatly improve the quality of life and well-being of seniors when they have access to similar others and activities in which they can participate. It can also offer protection from abuse to be so closely connected to a community of people. For example, two of the participants of this group perceived the senior residence as a protective factor from elder abuse in the community and promoted the view that more residences are needed to enhance the independence and well-being of seniors and reduce the risk for abuse.

### Ageism and Healthcare

Ageism refers to discrimination, prejudice, or unfair treatment of someone on the basis of their age that causes harm. Ageism arose as a critical concern for several seniors in the context of healthcare. These ageist practices and attitudes influenced how participants perceived their place within society. Not only was access to healthcare indicated to be impacted by technology at the intersection of language, but age also was discussed as a barrier to accessing certain components of healthcare. Multiple participants in the Caribbean Seniors group brought up age limits on certain healthcare tests and treatments. Sharing a story of a friend, a senior explains,

*“One doctor decided well because of her age they just shouldn’t bother, just let her go blind, you know.”*

- Caribbean Seniors Group Participant

Similarly, a few other seniors said,

*“The healthcare and just in general I think some of the things that bother me about what society does is the cut-off of certain tests at 70 or something. We also know that right now a lot of people are living way past 70s and because some of the tests are mandated to end at 74 or 72.”*

- Caribbean Seniors Group Participant

*“So, you get to a certain age and once there are certain medical issues, they feel like, ‘Okay, because you’re a senior now, it’s okay [to do nothing]”*

- Caribbean Seniors Group Participant

*“The scary thing for me is that because I am a certain number, I’m not entitled to receive that medical care.”*

- Caribbean Seniors Group Participant

These four comments are referring to experiences where age became a barrier to receiving certain forms of medical care, or fear that one may be denied lifesaving or quality-of-life-improving healthcare as a result of being over a certain age. The senior that shared their friend’s story did highlight that upon a second opinion from a different doctor, she was provided care to prevent blindness. This story demonstrates how healthcare professionals may hold certain biases towards older adults, especially those over the age of 70 and who are ill. They may perceive them close to death and potentially see it as a ‘waste’ to provide resources to them. When ageist beliefs enter into medical decisions by doctors, who are expected to operate in the best interest of the patient, it can lead to using age as the reason why some treatment should not be done, rather than considering all the factors on that certain individual’s life that interact to determine if someone can withstand a certain treatment or test. Thus, while age is a factor in healthcare and medical decisions, it should never be the only factor, as everyone ages differently and responds to medical procedures in different ways. Doctors and other health professionals must be educated on how ageism may enter into healthcare settings to be able to reflect on how they may perpetuate certain beliefs in their own practice.

The other area of care and ageism older adults highlighted was care in long-term care residences and care provided by personal support workers (PSWs). In long-term care settings specifically, participants indicated that there are high levels of staff turnover and poor care quality provided which impacts the well-being of seniors. A senior, who was a nurse in a long-term care setting herself, shared her experience and how she saw staff treat senior residents. Key points she brought up were laziness of staff, high staff turnover, rushing through tasks, and lack of compassion and holistic care. She also shared the following story of a comment from a visitor of a resident she was caring for,

*“I remember feeding a patient one day and a visitor was there. And the visitor said to me, she complimented me because I was actually feeding the patient the way the patient needs to be fed.”*

- Caribbean Seniors Group Participant

The fact that something so simple was complimented highlights how typical feeding practices are likely highly rushed and are not done in a way that aligns with what the patient may want or need. She saw providing care that is compassionate and empathic as deeply important and something that other workers should be trained in during their education. That is, training not just on the practical aspects of care, but also on how to be empathic, compassionate, and responsive to the needs of seniors.

This discussion highlights how ageism operates in these settings. It connects to how the COVID-19 pandemic highlighted ageism at work within institutional settings where seniors lived. In these settings, ageism operates systemically, not only at the individual worker level. With low staff levels, low pay, and high demand for services, workers are likely to just not have the time to provide that extra layer of emotional and relational care that is integral to holistic well-being. They are placed in systems that perpetuate ageist care practices due to procedures and staff shortages. That is not to say that ageist attitudes and beliefs do not exist at the individual level, as ageism has been indicated by the World Health Organization (WHO) a major concern at all levels. However, it is an issue that requires systematic engagement and change alongside individual change. Shifting ideologies, such as ageism that exists systemically requires government and policy engagement to build awareness and strength to enable widespread change.

### **A Generational Divide: Lack of Respect and Care for Older Adults**

Participants shared a mix of responses when asked about their perception of how younger generations treat seniors. For some participants, they felt respected and/or cared for by the younger generations in their lives, such as their children and grandchildren. For example, one participant shared how she and her daughter had a conversation with her six-year-old granddaughter to discuss what it means to be respectful to people, both young and old. A couple of other participants from the same group shared similar sentiments about the value of respect being passed down across generations. This example highlights the importance of strong intergenerational engagement for the development of certain values and attitudes.

Unfortunately, not all perceptions about relationships with younger generations were so positive; others were more fraught and highlighted how beliefs about the importance of seniors have shifted and ageist attitudes have increased leading to a sense of displacement in society by seniors. Multiple seniors shared that the value and respect for older adults have dwindled over the years. They speak to a loss of respect for the experience, advice, and needs of older adults, a lack of care, a breakdown of family ties, and a rendering of older adults invisible. Seniors share quotes of generational divides within the family that alienate seniors,

*“But I find my girls, when I try to tell them what is right and what is wrong and they say, ‘no, that was in the older days.’ Like they don’t really respect your experience anymore. And it’s not just me, other people from different backgrounds have told me that the kids have no respect anymore for your [seniors] experience.”*

- Caribbean Seniors Group Participant

*“Young people with the help of technology do not have much empathy for seniors. They lived glued to their cell phones; they barely say hello and there is not much desire or time to share between the grandchildren and the grandparents.”*

- Spanish Seniors Group Participant

The first quote describes a lack of respect for the thoughts, opinions, advice, and experiences of seniors by younger generations. This participant speaks of how her daughters ignore her advice

as outdated or useless based on her age and the time in which she grew up. She also speaks to a broader unwillingness by younger generations to listen to what an older adult may have to offer and a widespread lack of respect for older adults and the experiences they have had. The second quote speaks to the perceived role that technology has played in creating barriers between grandchildren and grandparents. The importance of familial connection appears to have been broken down within these descriptions from seniors. It seems that children and grandchildren ignore the importance of what older generations may be able to offer them and neglect familial relations to engage in technology. Additionally, a senior speaks to specific ideas attached to older adults, saying,

*“For example, they [young people] scold the elderly and complain the elderly are slow and useless and give them derogatory nicknames. This makes the elderly have low self-esteem.”*

- Chinese Seniors Group Participant

This quote highlights two specific stereotypes that have been attributed to the elderly – that they are ‘slow’ and ‘useless.’ As this participant highlights, these are damaging to the self-worth and self-esteem of seniors, which can have detrimental mental health impacts. The literature highlighted how low self-esteem and poor mental health are risk factors for older people experiencing abuse. Other comments from participants about the poor regard for the older population include,

*“the elderly is not listened to”*

- Spanish Seniors Group Participant

*“youth looks at you [senior] as if you don’t exist...they are not friendly”*

- Spanish Seniors Group Participant

*“the youth don’t care about the seniors”*

- Spanish Seniors Group Participant

These quotes allude to the way seniors are rendered second-class citizens or Other in society; tossed aside as unimportant, as not fitting the mold of the ideal, successful citizen. The seniors contrast how they are widely treated now by younger people to how older people were treated in the past,

*“Young people today, unlike us who were raised with grandparents and aunts and were very aware of the family hierarchy...and we were very respectful and loving towards seniors.”*

- Spanish Seniors Group Participant

*“Seniors have lost that very important place in society as a transferer of family histories and traditions.”*

- Caribbean Seniors Group Participant



These comments make specific reference to a change over time. Both speak to how older people were once highly respected within families and in society, as bearers of knowledge, histories, and traditions that they are to pass on to future generations. However, in contemporary society, this is largely lost – older people are no longer at the top of a ‘hierarchy’ for respect or viewed as filled with knowledge and wisdom. Rather, they would more likely be viewed at the bottom in an increasingly neoliberal, productivity-driven society that privileges the self-responsible, independent, productive citizen and denigrates those adults who fall outside of this.

These various elements that create displacement illustrate how the way older adults experience the world, how they are treated by others, and how they perceive their place in society is complex and deeply entangled with several factors that influence their life course and experiences. Seniors perceived level of integration is not solely related to age, but occurs along the intersection of age, English language proficiency, immigration status, technological proficiency, and healthcare, amongst other determinants of health and social positioning. These conversations have highlighted how tackling elder abuse requires tackling ageist attitudes and beliefs that have negatively influenced the place older adults hold in society.

## **Elder Abuse: The Perspective of Seniors**

### **Defining Elder Abuse**

The topic of elder abuse appeared to be a challenging one to discuss. When asked to define elder abuse or mistreatment, the depth of conversation shifted a bit. This was likely due to the sensitivity of this topic, particularly when it may be attributed to actions or inactions of an older adult’s own family members or other people in their lives. However, participants did offer definitions, some of which aligned with those standardly recognized, such as financial abuse, physical abuse, emotional abuse, and neglect. Other participants in the Spanish seniors group also offered some expanded ideas, that refer to treating seniors with indifference, ignoring seniors in public, how ageism intersects with culture and immigration status, and ignoring how seniors were once professionals,

*“indifference is a form of abuse”* -- Spanish Seniors Group Participant

*“the greatest abuse I have had is the indifference of my daughters”*

-- Spanish Seniors Group Participant

*“When they ignore me and don’t help me in the street.”*

-- Spanish Seniors Group Participant

*“Apathy or discrimination towards seniors”*

-- Spanish Seniors Group Participant

*“When they look at me badly because I don’t speak English well.”*

-- Spanish Seniors Group Participant

*“Not taking into account that we were professionals and that we have experience.”*

-- Spanish Seniors Group Participant

The first two speak to indifference as a form of abuse. Seniors may have experienced indifference as abuse because it likely caused them harm, reduced their sense of self-worth, and connection to loved ones, and impacted their mental health and well-being. The third and fourth quotes refer to how seniors may be ignored and rendered invisible even when they may require help in public, as well as potentially face discrimination due to their age. The fifth quote highlights how age may intersect with immigration status, highlighting the compounding nature of discrimination. The last quote highlights how seniors may experience a change in how people view them as members of society as they age and leave the workforce. It implicitly indicates how ageist attitudes and beliefs about productivity and worth may intersect to cause harm and disrespect in the lives of older adults.

Lastly, seniors highlighted how abuse can be subtle and unintentional, as well as that what is considered abuse is related to culture. For example, seniors shared,

*“From a cultural perspective, sometimes we don’t even when we are being abused. It is not intentional.”*

-- Caribbean Seniors Group Participant

*“The old people are being treated like this [poorly/abused] and they don’t realize.”*

-- Chinese Seniors Group Participant

Taken together, these various quotes and comments that align with standardly recognized forms of abuse depict the complex and variable nature of elder abuse. That is, abuse can be defined and experienced differently based on culture, relationships, race, immigration status and more.

### Sharing Experiences

In sharing stories of their own experiences of mistreatment or stories of others in their lives, the participants highlighted the complex and insidious nature of elder abuse and mistreatment. Not only do they speak of how abuse may be intentional and explicit, but they deeply engage with the more subtle, unintentional, implicit forms of mistreatment that can have deep impacts and cause harm in the lives of older adults. For example, one participant shares,

*“I do know a couple of people who are being neglected. And not because the family is [doing it] purposefully, but I think there is a lack of awareness of what neglect is... And sometimes it comes from a cultural perspective – that sometimes the thought of putting a relative in care [is not appropriate]. So, they keep the person at home because in our culture, institutions are not acceptable in many families. Something the family doesn’t have the wherewithal or the capacity to give the person what they need. But they will fight to the end to keep them in the house and neglect is seen and then neglect has to be dealt with.”*

-- Caribbean Seniors Group Participant

This story illustrates how neglect can often be unintentional. Out of a desire to uphold cultural values of caring for aging parents or other relatives at home by loved ones, familial caregivers can end up providing ineffective and even neglectful care because they lack the knowledge, skills, and time to meet all care demands of the aging person. They may take on a caregiver role at home out of cultural duty and desire, but without an adequate understanding of the time, resources, activities, and stress this involves, and to access additional support, they may be unable to meet all caring demands and/or resentment may build leading to escalating forms of abuse or neglect.

Another senior participant highlights the way culture, care, and neglect intersect,

*“And then it is happening especially with people with dementia, because families are finding they get comments likes, ‘well, why the children can’t look after them?’ Well, in many cases, the children have to work. And there’s not enough money to pay professional care, 24 hours or 16 hours. But all I’m saying is I know it is happening a fair bit in our culture because of circumstances and feeling better when they have them in the home... Yeah, inadvertently the neglect happened. Not because they intended it.”*

-- Caribbean Seniors Group Participant

Similar to the above, this story highlights how cultural beliefs around children providing care can lead to the mistreatment of seniors. Children are not always entering into situations where mistreatment occurs with the intent to cause harm; they may have the intent to do good, to provide love and care. However, due to their own responsibilities, such as work, family, etc., and the inability to afford daily professional at-home care, they may not be able to meet the demands of the older adult. These stories highlight how imperative it is for the development of caregiving resources that are educational, affordable, and culturally relevant to help families navigate such situations in a way that will meet cultural needs, care needs, and the needs of the expected caregiver(s).

In contrast to stories about neglectful care, a participant provided a story of relational neglect,

*“My husband’s aunt, she’s 99. She lives alone. She’s very lonely. She has four children. And all she asks is for them to call her once a day. Just call her. She has all her senses. She does all her cooking. She does everything. She pays her bills, everything. But she’s very lonely. And I think the kids figure that because she does all of that, she’s good, but she’s not.”*

-- Caribbean Seniors Group Participant

This participant shares how her husband’s elderly aunt, while, still in good health and able to care for herself, also is experiencing a form of neglect in the form of lack of social connection. She desires a relational connection with her children and that is not being provided. It seems she has been forgotten about, is being ignored, and has been put aside by her family for other parts of their life. It can be easy for younger people to get caught up in the busyness of life and see their health and abilities as signs of well-being and thus, there is no need. However, people have social

and relational needs, which also can be neglected by others. It is important for any educational efforts on neglect and mistreatment to consider relational and social needs, as these are crucial to well-being. In another story of families ignoring and forgetting about an aging member, a participant shared,

*“What about those seniors who are put into homes by their children and their children drop them and don’t ever go back?... They pay the bills and they sell their parents home, they get the money...Parents won’t see them again.”*

- Caribbean Seniors Group Participant

The experience this participant has shared highlights an example of how ageism can influence the behaviour of younger generations and families. A common act of ageism, which was also evidenced during the COVID-19 pandemic is the warehousing of older adults in congregate care settings, where they may experience reduced contact with families and loved ones outside of the home. This is also a form of neglect of the relational and social needs of an older adult. This point also highlights how financial abuse may occur in such a situation. If an older adult is significantly impaired and has provided Power of Attorney (POA) to a child or other family member, they may be taken advantage of financially. When a family member has control over the finances and property of an adult, there is the potential risk that they may steal or misuse those funds or assets. Making families aware of the risk for such financial abuse, and educating older adults on the types of POA through educational efforts can offer protection against financial abuse.

### **Building an Advocacy Strategy**

Senior participants had numerous suggestions on what is needed in an advocacy strategy to address elder abuse and better the lives of older adults in the Region. Their discussion clearly evidenced the need for the strategy to enhance awareness and education, to enhance the training of service providers, and to go beyond elder abuse alone to address needs that create risk for abuse, such as housing, finances, dependency, health, and more. Their discussion, suggestions, and desires are a prominent reminder of how elder abuse, and the well-being of seniors is an intersectional, societal issue, involving intersectoral, multidisciplinary, collaborative, intergenerational, and cross-cultural engagement to ensure that older adults live long, healthy, and safe lives.

### **Change in “MY” Lifetime**

The older adults want to see change now. They see a need for strategies that create short-term action plans and changes so they can benefit from these changes. As one senior says,

*“What they need is not long-term strategic plans. We see tons of long-term strategy planning. Here comes another long-term strategy planning paper and another paper and another paper. By the time they even get to read those papers, the people are dead. We need short-term plans that get stuff done.”*

- Caribbean Seniors Group Participant

Seniors want to see change; change that they can experience. Strategies will always entail long-term goals and plans, as large-scale and long-lasting change takes extended time and effort. However, while extensive change is likely to require long-term planning, efforts must be made to enact changes for seniors in the short term. By mobilizing more resources, creating funding opportunities, and advancing community awareness campaigns at a community, provincial, and national level, we can begin to enact efforts to create change in the short term. These seniors have lived long lives, many of them have raised children, worked for decades, contributed to society, and so, they deserve to experience care, compassion, and a sense of respect and safety in the latter years of life. There is a desire for efforts from the government to create opportunities to enhance the livelihood of seniors to ensure that they can be active members of society, they can protect their health and can live with dignity even as they require additional care. The following sections elaborate on specific areas seniors indicated as being important to address.

### A Holistic Strategy

The participants highlight that this strategy cannot only address elder abuse. Their conversations are a reminder and reinforcement that elder abuse is a complex, multi-factor, societal issue. The literature, alongside the stories and ideas offered by seniors, illustrates how elder abuse develops out of various factors that intersect in a senior's life and relationships to put them at risk for experiencing some form of abuse. These risk factors include, but are not limited to inadequate housing, low income, cognitive decline or impairment, physical and practical dependency, financial dependency, poor mental health, social isolation, and ageism. As these various factors interact with one another and various other lifestyle and familial and relational components, the risk for abuse increases or decreases. Thus, to effectively address elder abuse, we need a strategy that crosses sectoral boundaries. The strategy needs to consider housing for seniors, income and pension, caregiver supports, medical care, long-term care, at-home care, mental health care, and more. These seniors advocate for a strategy that is holistic, intersectoral, and collaborative. The following sections highlight some of the major systemic and community factors that seniors see as imperative to address to improve the well-being of seniors and reduce the risk for elder abuse.

### Housing

Housing arose as a highly important factor for society and the government to address for seniors. This was specifically an area of concern in the Hispanic Seniors group. The Chinese Seniors group highlighted how such a residence for seniors may be helpful in reducing abuse and indicated a desire for more spaces. For the Caribbean Seniors group, housing was a less prominent discussion, highlighting how there are differences across cultural groups on important areas to focus on to enhance well-being.

Seniors, particularly those in good health, who have the capability to care for themselves, desire opportunities to live independently but also to live in close proximity to other older adults with whom they share a culture and can easily connect to prevent social isolation. In suggesting the need to address housing, senior share,

*“We [seniors] dream of living in close communities – where each of us has our own independence and autonomy. That each senior has their apartment and that the neighbours are all friends in common, with a huge room where*

*we can meet, dance, sing, do theater.”*

– Hispanic Seniors Group Participant

*“The government should help us finance this type of housing where the senior can have a dignified, happy life with friends. Now that we [seniors] live longer, we must maintain our independence, mental health, and good habits.”*

– Hispanic Seniors Group Participant

*“Creating an ideal living environment for seniors will help to prevent elder abuse. I hope the government can provide more senior residences and allow for elderly individuals to live in their own living spaces. This would contribute to ensuring a better quality of life for seniors.”*

– Chinese Seniors Group Participant

These responses from participants highlight the strong desire to remain independent through the aging experience. Older adults do not want to become dependent on family members or others to support them and provide them with housing. This is an important area to address, given that dependency of various forms, including functional, practical, and/or financial, as well as social isolation from the community and other loved ones, are major risk factors for abuse. Therefore, having housing options that enable seniors to live independently as well as in a community of other older adults may reduce risk factors of social isolation and dependency in creating vulnerability to experiencing abuse.

### Financial Support

Participants highlighted the income of seniors to be an important need to support their well-being. As people live longer and the cost-of-living increases in Peel and beyond, it may become more challenging for older adults to support their independence and needs financially. The key area regarding income discussed was pensions for older adults. Multiple participants in the Caribbean seniors group highlighted that the pensions of seniors are highly variable, depending on the work they did throughout their lives. Thus, as participants shared, some people are better positioned to be protected from abuse, access services, remain independent, and access enhanced well-being. To improve the well-being and to protect the lives of older adults as they age, seniors view the government as having an integral role. They share,

*“They don’t give enough pension...we all deserve to be taken care of as seniors by the government.”*

– Caribbean Seniors Group

*“But then I know there are people who are not as lucky as myself to have a job that gave you a decent pension. So, I know it’s difficult for them. And the government should do more.”*

-- Caribbean Seniors Group

To improve the well-being and to protect the lives of older adults as they age, seniors view the government as having an integral role. As the second quote indicates, some highlighted that they were comfortable financially because of their past work or access to sources to support financial planning, however, they still agreed that this is a pressing need that the government must take action to address.

### Education and Awareness as Paramount

Education and awareness were viewed as paramount by seniors in addressing elder abuse and ageism and increasing respect for seniors in society. Importantly participants see a need for education and awareness to be aimed not just at seniors, but also be made available for caregivers, family and friends, the general public, youth and children, and professionals across various sectors, particularly those that engage regularly with seniors. There is currently a lack of awareness of what constitutes abuse, the various risk factors, signs of abuse, and how to offer support in cases of risk or where abuse is occurring. Regarding the understanding of what constitutes abuse and types of abuse, one senior spoke of the need for

*“More awareness and education about the different types of abuse. When somebody says abuse, most people have in mind only physical and sexual.”*

- Spanish Seniors Group Participant

This response highlights how people do not have a firm understanding of all the forms that abuse and mistreatment can take. For most people, abuse is understood or recognized when it is of a physical or sexual nature, where abuse may be visible. However, numerous other forms of abuse exist, such as psychological/emotional abuse, financial abuse, and neglect. These may take more subtle forms and seem ‘less severe’, depending on the context. However, they can have extremely detrimental outcomes. Thus, people need education on what these forms of abuse entail and how they can be supported, regardless of whether they constitute a criminal act.

Education for the younger generations, including children and youth was an area that participants viewed as important for awareness efforts. They shared,

*“We need education and integration programs with the youth.”*

-- Spanish Seniors Group Participant

*“Education about the elderly need to start from very early stages of life.”*

-- Spanish Seniors Group Participant

These quotes illustrate the importance of starting education on the needs, livelihoods, and importance of older adults early with young people. Due to seniors feeling discriminated by or disrespected by the younger generations, often due to ageist beliefs and attitudes about older adults, seniors saw educational initiatives for children and youth as necessary to create awareness about the harm their actions or inactions may cause and to bring about change in how seniors are viewed in society. One suggestion for these educational initiatives with young people is to bring these initiatives into the school system. This may involve seminars and lessons for students and talking with younger children about how they treat their grandparents to build a sense of respect

for older adults and increase awareness about the aging process. They also saw these educational efforts as being highly connected to intergenerational activities, in which seniors and young people can actively engage with one another.

Education for caregivers and loved ones is also necessary so that they can be aware of the potential harm their actions or inactions may cause and how they can ensure the care they are providing is appropriate to meet the needs of the older adult(s) in their lives. As noted above, education and training were also viewed as highly important for healthcare professionals and community agencies to ensure that they can prevent and/or address elder abuse, as well as prevent them from engaging in abusive or harmful actions.

By enhancing education efforts around elder abuse and ageism, we may be able to address some of the stigma attached to reporting elder abuse and receiving support. Regarding shame and stigma, two seniors shared,

*“Chinese people who are victims will not speak out because they think it is shameful.”*

-- Chinese Seniors Group Participant

*“A more open communication about it [elder abuse] to eliminate the stigmatization of it.”*

-- Spanish Seniors Group Participant

When the conversation around difficult or stigmatizing phenomena and experiences is opened up, it has the potential to lead to decreases in the shame one may feel in seeking support or reporting abuse. Both the literature on elder abuse and discussion from stakeholders have highlighted that there is stigma around the experience of abuse, especially in certain cultures, that prevents the reporting of abuse to professionals or other supports. By opening up culturally sensitive conversations about elder abuse, there may be possibilities to reduce shame and stigma and support seniors and loved ones in reaching out for support when abuse does occur or vulnerable to abuse is enhanced.

To increase understanding and knowledge in these areas, we need plans of action that lead to the development of educational workshops, seminars, courses, training, etc., that are consistent, culturally sensitive, and can be implemented across different age groups and sectors. These need to be made available at times that are conducive to all people in the community access.

### **Enhance the Training of Service Providers**

Care in health settings, at home, in long-term facilities, and in other services for older are major areas of concern for older adults that arose as critical to integrate into a strategic plan for addressing elder abuse and enhancing the well-being of seniors. The need for improved care provision arose as the top concern in the Caribbean Seniors group. It was also an area of concern in the other two groups, albeit to a lesser degree. Some responses from participants regarding care provision were,



*“The health caregiver must be educated to prevent elder abuse”*  
– Chinese Seniors Group Participant

*“The government should create more funds to improve the quality and safety of long-term care”*  
– Caribbean Seniors Group Participant

*“[They need to be] trained more on the human side and not just technically”*  
– Caribbean Seniors Group Participant

*“[They need to] have more multicultural caregivers, so they can understand our culture and necessities”*  
– Caribbean Seniors Group Participant

These quotes indicate that seniors want healthcare providers, including physicians, nurses, and personal support workers (PSWs) to be educated about elder abuse, well-trained in both practical and emotional aspects of care provision, be paid adequately, have the appropriate support, and come from culturally diverse backgrounds to provide effective and appropriate care to seniors. As people age, care needs begin to intensify and become more complex. Thus, older adults need to be able to access appropriate and effective care that will enable them to meet their needs and support them in cases where abuse may be present. While the focus of these discussions was on health care and long-term care, it holds importance for thinking about care and service provision for older adults across several sectors. All service providers who work closely with the older population need to be well-trained and have the skills to effectively support older adults who may require different types of care and support. Further, given that service providers in sectors such as health, finance, and social services are often closely connected to older adults, they must be well-educated about elder abuse to be able to recognize signs that abuse may be occurring and how to offer support in such situations.

Based on the responses from participants, an effective advocacy strategy will need to include training of service providers in all care positions, as core components of preventing elder abuse and supporting those in cases where it may occur. Care providers are uniquely positioned to support older adults, as they are primary contact persons for many adults. Therefore, it is imperative that they are educated and trained on what elder abuse is, its risk factors and signs, as well as how to support the individual who may be experiencing abuse. This will require enhanced resources to support older adults in these sectors and the development and implementation of more training initiatives for service providers in these various roles.

### **Intergenerational Engagement**

Related to education and awareness initiatives, is the importance of prioritizing intergenerational engagement. Intergenerational initiatives would enable bringing together older adults and younger generations. Participants from all three focus groups were highly interested in such initiatives, viewing them as important to addressing ageism, the generational divide that has

grown between the younger generations and seniors, and reducing elder abuse. In discussing such activities, participants shared,

*“Seniors groups should have a monthly integration program for grandparents with grandchildren.”*

-- Spanish Seniors Group Participant

*“I can teach them something about compassion and I can teach them something about what it means to care. We can learn something from them [youth].”*

-- Caribbean Seniors Group Participant

Both these comments highlight the importance of such initiatives. The second quote indicates that these initiatives would enable mutual learning for both groups; seniors can learn from youth and youth from older adults. Suggested activities to bring generations together include book clubs, outdoor activities, walking, teaching one another, cooking groups, and theatre. These would enable generations to come together, learn from one another, engage in conversations and shared interests, and increase connections.

## **Recommendations**

Based on the findings from the focus groups, the following recommendations are made:

1. Enhance education and awareness for all members of the community, including the general public, youth and children, families and friends, professionals, and government officials.
  - a. Develop and implement education events, such as workshops and seminars for the community that facilitate the spread of knowledge and awareness that is consistent across the Region.
  - b. Ensure education and awareness efforts are culturally sensitive and appropriate. Develop partnerships with ethno-cultural organizations and groups to ensure this need is met.
2. Enhance intersectoral engagement to address elder abuse from the perspective of the social determinants of health. This will facilitate multi-systems focus to ensure that factors that increase the risk for abuse are also addressed.
  - a. Advocate for improvements to housing options for older adults.
  - b. Advocate for enhanced income support for older adults who have financial need.
  - c. Advocate for improved healthcare for seniors that enables all to receive support.
  - d. Continue to create partnerships across these sectors to facilitate addressing the needs of seniors holistically. Engage these partners strategically in action plans and steps.
3. Prioritize intergenerational initiatives that enable bringing together multiple generations of youth, young adults, middle-aged adults, and older adults to connect, engage in shared interests, and learn from one another.

- a. Examine the effectiveness of past and current programs or initiatives that have developed and implemented intergenerational initiatives to understand what has and has not worked.
  - b. Create connections with local school boards to inquire about possible partnerships to create an intergenerational program or workshop.
  - c. Explore the interest of youth and young adults in engaging in intergenerational activities to understand what may support their active engagement in such initiatives.
  - d. Create workshops where youth and young adults can support older adults in learning to navigate technology.
4. Develop and implement enhanced training programs, seminars, and workshops for professionals who work closely with older adults. This will include training for healthcare professionals, professionals in financial services, professionals in legal services, and professionals in social services.
    - a. Examine current training protocols for professionals in critical sectors to explore where gaps and inconsistencies exist. By understanding gaps and inconsistencies, new training can be developed to enhance skills in missing areas and create consistency across sectors and institutions.
    - b. Support enhanced training for healthcare professionals, including physicians, nurses, and PSWs to ensure that care is provided appropriately to older adults.
      - i. Training must be both practical and humanistic to support the use of compassionate care practices built on empathy and relationship building.
    - c. Create partnerships with colleges and universities offering programs or courses that relate to aging or caring for older adults to explore what knowledge is currently being offered and where gaps regarding elder abuse may exist. This will enable the potential formation of a curriculum that will actively address elder abuse and risk to make future providers aware of this concern and vulnerability.
  5. Advocate for increased resources, particularly funding opportunities, that will support the development and implementation of activities, programs, and other initiatives that support seniors in the Region.
    - a. Develop intercultural programs and other initiatives that enable older adults of various ethnocultural backgrounds to come together to engage in activities.
  6. Develop partnerships with ethnocultural organizations in the Region to support the development of educational materials and awareness campaigns to ensure that they are culturally sensitive, relevant, and appropriate.