



Building an Advocacy Strategy for Elder Abuse in the Region of Peel: Stakeholder Interviews

June 2023
Funded by the Region of Peel through the 2022 Community Investment Program
Change Fund

Table of Contents

Introduction	2
Methodology	2
Results	3
The Advocacy Strategy: Need and Development	3
Awareness and Education	5
Addressing Ageism	9
Cultural Humility, Intersectionality, and Equity	10
Everyone Has a Role to Play	11
Engaging with Perpetrators	13
Barriers to Success	13
Recommendations	15
Conclusions	17

Introduction

The population of older adults, in the Region of Peel, Canada, and globally is rapidly aging. In Peel, the population of older adults (aged 65+) saw a growth rate of 56.5% between 2011 and 2021; a rate of growth more than five times that of the working population (aged 15 to 64), which saw a growth rate of 10. % in the same period (Statistics Canada, 2023). Accordingly, the needs of the older population are growing, becoming increasingly important to address. One growing concern of the older population is elder abuse.

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. As such, it requires collective action from societal, community, and individual levels.

The rates of elder abuse, both locally and globally are increasing. Current rates of abuse in Canada typically range between 8% and 10% (EAPO, n.d.). However, due to barriers around reporting, such as lack of knowledge on what constitutes abuse, lack of knowledge of where and how to report, fear of reporting, and stigma, the exact rate of abuse and mistreatment of older adults remains largely unknown. Unfortunately, despite a rapidly growing aging population, expanding needs of seniors, and increasing rates of abuse, there remains a paucity of political support, resources, and services available for addressing elder abuse and the related needs of older adults. The Peel Elder Abuse Prevention Network (PEAPN), a local network organization of the Canadian Network for the Prevention of Elder Abuse (CNPEA) and Elder Abuse Prevention Ontario (EAPO), has made continued efforts to address the issue. However, they remain limited in their reach due to a lack of funding, policies, and strategic advocacy efforts at the local, provincial, and national levels to address the issue. As such, the Peel Institute of Research and Training (PIRT), in collaboration with PEAPN have conducted a research project to develop (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 from ten interviews with stakeholders committed to advocating for the rights of seniors and addressing elder abuse in Peel.

Methodology

Participants

Ten, in-depth, semi-structured interviews were conducted with 11 stakeholders who have been working with seniors or developing and/or implementing strategies related to elder abuse both in the Region of Peel and nationally. One interview was completed with two service providers. Participants were recruited based on their knowledge of elder abuse, advocacy strategizing, and their work in the community with seniors. Invitations were emailed to potential stakeholders, and the vast majority of those invited, agreed to participate. Stakeholders included members of

PEAPN, service providers directly engaged in programming for seniors, program managers of social service agencies, a president of a seniors' club, justice partners, and a member of the team that developed the Future Us engagement strategy for the Canadian Network for the Prevention of Elder Abuse (CNPEA).

Data Collection

Interviews were conducted by two of PIRT's research assistants over a 6-week period from March to April 2023. One interview was conducted in June 2023. All interviews, except one, were held virtually via Zoom or Microsoft Teams and were 35 to 60 minutes in duration. The other interview was conducted asynchronously. Questions were emailed to the agency for completion. Prior to being interviewed, participants were required to read and sign consent forms to indicate an understanding of the project and to agree to their participation. All synchronous interviews were audio recorded and subsequently transcribed to ensure that responses were accurately captured. Below are samples of the interview questions:

Sample Questions for Stakeholder Interviews:

1. Can you tell me about your role working with seniors/elder abuse/advocacy?
2. What types of training and advocacy have you done on elder abuse?
3. Do we need an elder abuse advocacy strategy in the Region of Peel?
4. What do you think needs to be included in an advocacy strategy?
5. Is it important to address ageism? How might we do this?
6. What are some key risk factors to address?
7. Who should be targeted/included in a community campaign?
8. What do you think will be the major barriers to implementing an elder abuse advocacy strategy?

Data Analysis

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

Results

The Advocacy Strategy: Need and Development

Stakeholders unanimously agreed that the development of an advocacy strategy to address elder abuse in the Region of Peel was critical. Several further indicated the need to connect this to a national strategy to advance political efforts and policy change at a broader level to support the well-being of the aging population. Reasons cited for the importance of such a strategy included the growing population of seniors in Peel, rising rates of elder abuse, the need to become more prevention-oriented as opposed to crisis-focused, the need to address the stigma around elder abuse, the need to combat ageism, and the need to increase resources to support seniors.

It is well established that the population of seniors is growing, in Peel, Canada, and globally. The need, indicated by stakeholders, to address elder abuse and other aspects of well-being for seniors is well supported by the literature and global organizations such as United Way and the

World Health Organization (WHO). As indicated in the literature review and in these conversations, formal strategizing for elder abuse is lacking. Policy change is called for at the provincial and federal government levels to address inequities that increase the risk of an older adult experiencing abuse. While several participants indicated that a broader systems change is needed, they also recognized that this is challenging to mobilize. A stakeholder who has worked at the national level emphasized that local efforts, such as building an advocacy strategy, are critical, as

“Change is only going to happen at the local level”.

Her statement indicates the importance of local efforts in contributing to a collective push for broader systems change, provincially and federally.

An important area to address in an advocacy strategy is the lack of reporting of abuse. Low levels of reporting were indicated to be connected to three aspects. The first one involves stigma, shame, and embarrassment. For example, one stakeholder said,

“Elder abuse is a very taboo subject...it’s not something that’s spoken about a lot.”

This sentiment was shared by another stakeholder who runs a weekly program, who stated,

“[Seniors] feel shame [and are] too embarrassed to talk about [abuse]”.

Shame and embarrassment related to elder abuse were often discussed in reference to cultural beliefs. For example, stakeholders noted the reluctance of exposing family conflict within the home, as the family unit was held in high regard.

The second reason for the lack of reporting, in the context of family-based abuse, is the fear of getting a child or grandchild in trouble. Most stakeholders who work closely with seniors agreed that aging parents retain a deep love for their adult children and do not want to see them being punished or shunned. Seniors may also fear the reaction of their child or grandchild if they report their abuse. They may feel unprotected, especially if they live with the child.

The third reason for the low levels of reporting was the minimal understanding of what constitutes elder abuse. Stakeholders indicated that to improve reporting, seniors, families, service providers, and other professionals must first understand what constitutes abuse and what is meant by protection for seniors. Based on these conversations, there appears to be a privileging of support given in the context of physical abuse when it comes to ‘actual experience’. For example, as one stakeholder indicated, if actions only appear as a threat or risk or they lack substantial evidence of harm, there is nothing the police or the justice system can do. An effective advocacy strategy must highlight the ‘risk’ and ‘non-physical’ components of abuse. Improved education, community support, and advocating provincial and federal policies, will protect seniors from all forms of abuse.

Finally, an advocacy strategy was recommended to enable collective action and bring more partners together to improve efforts locally, provincially, and nationally. By developing an advocacy strategy governed through PEAPN, various partnerships can be formed to expand

resources and capacities under larger strategic goals of increasing awareness, advancing prevention efforts, and expanding funding and policies. As one stakeholder said,

“It helps when people that you are engaged with see themselves as part of something that’s much bigger than any one community [or agency].”

This sentiment was broadly shared. Through collective action and collaboration, agencies are able to see themselves as enacting real change for the community.

Awareness and Education

Awareness and education were highlighted by all stakeholders as being the first step to any advocacy strategy for the Region of Peel. Before anything,

“We have to be able to call it what it is. You have to see [abuse] for what it is.”

This quote highlights how to be able to address elder abuse, first and foremost, it needs to be recognized and understood. We cannot effectively engage people in collaborative efforts if they do not understand the issue, its complexity, and what is involved when addressing it. The inability to identify elder abuse is often related to the lack of understanding of what exactly elder abuse is, the shame and stigma attached to it, and cultural differences in understanding and labeling it. As stated by one stakeholder,

“[seniors] are abused, but they don’t realize that they’re being abused”.

This quote highlights how seniors themselves are not always able to label their experiences as abuse. This lack of recognition of elder abuse is not limited to seniors but also extends to family members, service providers, healthcare professionals, and the general public. Thus, the first step is education and awareness, making elder abuse a priority and concern of all people, regardless of age or role in society. This will involve widespread, consistent, yet culturally adaptable education regarding risk factors for abuse, forms of abuse, examples of abuse, signs of abuse, where it occurs, who may perpetrate abuse, how to get support, and how to prevent abuse.

The following two subthemes capture the elements of awareness and education that were highlighted by service providers.

Expanding the Concept of Elder Abuse

The expansion of the conceptualization of elder abuse was seen as critical to advocacy efforts in Peel. As stakeholders highlighted, seniors, providers, and the broader community tend to have a relatively limited understanding of what constitutes abuse. For example, physical assault is readily identified as abuse, as is financial abuse in the form of major scams or theft. However, stakeholders unanimously agreed that there is a tendency to ignore less explicit and more subtle forms of abuse, such as neglect, denial of funds, children taking control of a senior’s finances, denying seniors the ability to have a social life, and dictating the actions of seniors. As one stakeholder said,

“It’s not just physical, right? There’s a lot of moving pieces and it’s not always intentional.”

This quote speaks to the complexity of elder abuse and how intention is not the only signifier that an act may be a form of abuse. Abuse can be both intentional or unintentional. Unintentional abuse may occur due to a lack of knowledge on how to provide care, that their actions or inactions are causing harm or well-intentioned acts that result in harm. A similar sentiment was shared by a stakeholder who runs a program, who elaborated on a lack of understanding by seniors and their children,

“For seniors, they don’t know their rights or what kind of abuses is abuse. Their children, they also don’t get that idea they are abusing when they are not calling their parents or they are not taking them shopping or having a social life with them and just calling them to do the babysitting or something like that”

The above quote illustrates how some older adults are unaware of legislation around abuse, laws protecting their rights, and how abuse can take several different forms. Further, it speaks to how children and family members are also often uninformed about the rights of older adults and what constitutes abuse. This demonstrates just how imperative the role of education is to advocacy. It is not just committing an action with malicious intent, that causes harm to seniors; it can also be chronic, manipulative, unintentional, and subtle actions or words that create harm. For example, one provider shared a story of a woman who was denied, by her children, the ability to leave her home or to even sit outside during the pandemic. Her children forced her to remain inside the home due to their fear she would bring COVID-19 into the home if she left, putting the entire family at risk. This woman shared with the provider that she was suicidal due to the isolation and mistreatment she experienced. Once she was allowed to move about freely, her mental health improved. While the children may have had good intent to protect the health of the family, their act of isolating the older woman severely impacted her mental health.

The responses of stakeholders highlight that educational efforts cannot just address elder abuse generally or only focus on educating older adults. Elder abuse awareness must involve education for seniors, family members (children and grandchildren), service providers, and others. Topics to address include emotional abuse, psychological abuse, financial abuse, and neglect. Emotional and psychological abuse must include a discussion of how certain requests and demands may play on the emotions and psyche of seniors, especially those requests that engage their love and care for family members. For example, a couple of service providers shared how parents expect seniors to always be available to babysit. They ignore the fact that older adults may desire a social life and social interaction of their own, outside the home. This was viewed as playing on the guilt of seniors, particularly women, as this was their grandchild, and therefore, it was

“Something they were supposed to do”.

Yet, it also meant ignoring their own needs, as they may have to cancel social plans, and be unable to get involved in clubs and programs for older adults in the community. Emotional/psychological abuse can include any form of controlling or coercive behavior. Educational workshops would benefit from addressing what it means to act in controlling and/or coercive ways toward an older adult.

Financial abuse must be recognized as more than obvious theft and more well-known scams of seniors via phone, email, or the internet. Financial abuse may also include children skimming money while doing grocery shopping for parents, taking control of seniors' finances and then denying them the funds they need to live comfortably, or even grandchildren constantly demanding money or expensive items. In connection with financial abuse, several stakeholders highlighted power of attorney (POA) abuse. A lawyer specialized in elder law, indicated that in a POA abuse occurs when children, who have been named the substitute decision maker for property and/or personal care, do not appropriately meet the obligations placed upon them under POA law, do not act in the best interest of the older adult, and act in a way that benefits themselves. The substitute decision-maker may steal money, illegally sell the property of an older adult and keep the funds, restrict funds to care for the older adult, or may take some other form of misuse of this role. Further, this lawyer shared how long-term care homes do not always know how to make use of POA. The law firm has seen cases where the long-term care home has taken only the decision of the substitute decision-maker, even when the older person is still capable to make decisions regarding their care. Thus, as this lawyer indicated,

“An elder abuse strategy should seek to address these misconceptions and promote all parties to seek the appropriate advice when it comes to these appointments [of POA] ...It is important that this advice come from those who are knowledgeable in this specific area of law vs a generalist lawyer.”

Therefore, it is critical that educational efforts address POA for older adults, their family members who may take on such a role, and long-term care homes and other medical sites and services where POA plays an important role in the provision of care. Thus, education on POA would need to address how to choose who is appointed to this position, the different types of POA and their associated obligations of the appointee, whom to contact when drafting these documents, how the different types of POA work, and other relevant information.

Overall, the stakeholders clearly indicated that an advocacy strategy must advance deep awareness and education on elder abuse and all the variations it may take. It must highlight that abuse is not only harm that is enacted intentionally but can also be unintended. Most importantly, it must expand how abuse is understood, enhancing via education what constitutes abuse and the various forms abuse can take. Education must come first, as providers shared,

“As we start to get into all of [the various pieces] and provide information, that's when you see participants starting to say, 'hmm, I've been through that, or I know someone that's going through that' or 'oh, I didn't realize that was considered abuse'.

This quote illustrates that as seniors and others are exposed to educational materials, seniors may begin to recognize how they have themselves been mistreated or how others they know have experienced abuse. Further, loved ones and professionals begin to understand what abuse looks like beyond the normative ideas of what abuse is. Education offers a starting point for breaking down barriers to getting support and reducing continued abuse.

Recognizing Risk Factors and Signs of Abuse

The subtheme of recognizing risk factors and signs of abuse is related to expanded understanding of elder abuse. The focus is on the ability of people and providers to recognize risk factors of potential abuse or increased severity of abuse, as well as the signs that someone is enduring some form of abuse or harm. By increasing education on risk factors, we can begin efforts towards a shift to a prevention orientation as opposed to a crisis approach. That is, when people can recognize risk factors, there is an increased possibility of preventing abuse from occurring or escalating to more severe forms. One stakeholder noted,

“There’s a correlation between indicators of abuse at a very early stage.”

This quote illustrates that abuse does not suddenly appear, but rather occurs as a process, that often begins with various risk factors that increase vulnerability. As such, service providers and close loved ones must especially be aware of the risk factors for abuse. By learning about risk factors, signs, and how to compassionately engage in conversations about abuse, a provider may be more proactive in addressing the needs of the seniors and in helping them get the support they need. Specific risk factors highlighted by stakeholders included social isolation, resentment, dependency (financial, social, emotional, physical), and poor mental health. Thus, education on and plans to address risk factors requires intersectoral engagement, as risk factors occur across the areas of housing, finances, healthcare, mental healthcare, social services, legal aid, and more.

Social isolation was indicated to be a major risk factor, as well as a sign of abuse. As a risk factor, stakeholders discussed its connection to COVID-19, which resulted in seniors being unable to connect with support easily and readily in the community. Due to the lockdown and the closure of in-person programs, services, and activities older adults were no longer around people as often, who may have noticed changes in their behaviour or demeanor, which warned of signs of abuse.

Social isolation was also connected to mental health issues and was implicitly indicated as a sign of abuse. This was evident in stakeholders’ discussions about family members who prevented seniors from leaving the home or even their room within the house. If a senior has not been out socially or speaks of being confined to their house or room, it is possible that emotional or psychological abuse or neglect is occurring. To address this, one stakeholder stated,

“It will be important to level a wide range of community touchpoints to identify those who are highly isolated from support networks.”

Social support networks are indicated here to be important protective resources for seniors. They offer protection from abuse occurring and enable recognition of when abuse may be experienced. Advocacy must find ways of connecting with isolated seniors and assist them in building protective networks.

Dependency, whether it be emotional, physical, or financial, arose as a key risk factor. When seniors become dependent on someone, it places them in an increasingly vulnerable state to be taken advantage of and/or experiencing abuse. The dependency of seniors was connected to larger factors such as income, housing, access to care, and austere funding for social services and

home care. Conversations and actions directed at risk factors must be connected to larger efforts that address the interconnected factors that impact the overall wellbeing of seniors. It is these larger factors that influence the connection between a senior's dependency and the resentment of their familial caregivers. As stakeholders indicate, due to a lack of publicly funded care services for seniors, many children take on the role of caregiving for their aging parents. However, they may lack an understanding of all that is involved, they are not trained and are often not equipped with additional resources and supports to help them. This increases their stress and can lead to anger and resentment, which can lead to neglect, emotional abuse, financial abuse, and even physical abuse of the senior for whom they are caring. An advocacy strategy must educate children and grandchildren caregivers of the risk factors of dependency and resentment. It must also push for higher systems change and governmental action directed at providing families and caregivers additional support to properly care for a senior in their life.

Addressing Ageism

The majority of the stakeholders viewed ageism, the discrimination of older adults on the basis of age, as fundamental to address in an advocacy strategy. As noted by multiple stakeholders, seniors are often viewed as

“Inconvenient, especially for families” and “look at them like they’re a burden sometimes.”

This discourse was noted as existing throughout society and as standing in stark contrast to times in the past when elders were viewed as wise, knowledgeable, and deserving of utmost respect. But with neoliberal and capitalist discourses dominating society and relegating anything and anyone deemed ‘unproductive’ or ‘dependent’ as Other, seniors are pushed to the margins of society and viewed as less than, a burden, and inconvenient.

Given these discourses, ageism becomes critical to address. As one stakeholder notes,

“Ageism is fundamental to dealing with elder abuse. It’s woven through all the stuff we do in terms of making the link between the inequities that lead to treating people like second-class citizens.... You can’t separate these things.”

This quote supports the need to combat age discrimination, which may be compounded by other inequities, such as race, class, gender, etc. As such, some seniors may be even further marginalized and at a higher risk of being abused. Including ageism within an intersectional framework for advocacy was supported by another stakeholder:

“The imperative to address ageism is amplified in a community as diverse as Peel as those who belong to racialized communities often experience other forms of systemic discrimination that can become compounded by ageism.”

To effectively address ageism, a stakeholder asserted that it begins with education and awareness. Ageism can be difficult to understand. Stakeholders found it challenging to define it

in expanded and appropriate ways beyond the standard definition. Thus, any advocacy strategy must provide actionable steps to support those engaged to effectively define ageism in all its various forms.

Cultural Humility, Intersectionality, and Equity

This theme is connected to ageism. Due to ageism deeply affecting the lives of seniors, it was discussed separately for ease of understanding. However, as stakeholders demonstrated, it must be addressed in any intersectional and equity framework. This is particularly necessary in the Region of Peel, given its vast diversity.

First and foremost, an advocacy strategy in Peel must be culturally adaptable and intersectional, as one stakeholder indicates,

“Every single kind of culture [is] totally different” and “one culture may see something as being abusive whereas another culture does not, because that is just the norm.”

These quotes highlight how every culture has different conceptualizations of harm, and thus, we need to be adaptable in how we understand abuse. The needs, risk factors, barriers to support, and signs of abuse or harm are going to be highly variable. This means that an advocacy strategy in Peel for elder abuse must be flexible in its approach.

Stakeholders emphasized that awareness campaigns and educational efforts must be based on intersectionality and must be culturally responsive. One stakeholder noted,

“The education needs to be culturally responsive. If our education [on elder abuse] doesn’t include cultural issues, we are not doing our job.”

In connection to cultural responsiveness, a stakeholder shared the importance of cultural humility. Cultural humility arose as being key, especially over cultural competency, as one can never be competent in knowledge and education across all cultures. Such an approach will enable recognizing shared pieces, risk factors, and experiences across seniors, and those that differ based on social positioning and culture.

Another critical, relevant aspect that was addressed involved cultural values, beliefs and stigma that impede discussions on elder abuse and the seeking of support. Several stakeholders shared similar sentiments as this stakeholder, who stated,

“In our culture, it [one] always shows the good things, not the bad things. Especially [if] they are family issues – never, never talking about the family issue.”

This sentiment was shared about the Chinese, South Asian, and other cultures within Peel. In many of these cultures, family is highly regarded and to speak poorly about the family or to make known issues outside of the family system will bring shame to the family and harm one’s place within the family. This demonstrates that an advocacy strategy must address working with

cultural groups and engaging in conversations about abuse in ways that are compassionate and understanding of cultural beliefs and associated fears.

Everyone Has a Role to Play

Stakeholders made clear that an advocacy strategy must involve all members of the community, including youth, families, caregivers, service providers, health care providers, and policy makers across sectors, such as social services, health, policy, law, and education. Addressing elder abuse and advocating for enhanced policy and services must involve collaboration, coordination, and collective action.

Collective Action

Collective action and collective impact approaches to elder abuse advocacy were suggested by several stakeholders. Within a collective action approach, partners can take specific actions to work together towards shared advocacy goals within Peel Region's advocacy strategy and even potentially those included in the national Future Us strategy. Several benefits were listed in relation to collective actions, including pooled resources (both human and financial), as well as

“greater recognition, increased reporting, and improved pathways to services for victims.”

Collective action was indicated to not only include those working specifically in the area of elder abuse, but also partners across sectors. That is, there is a need for strategizing on how to build partnerships and development and implement strategic campaigns that are holistic and address the interrelated issues of housing, finance, mental health, social isolation, etc., that are implicated in elder abuse.

Intergenerational Efforts

Stakeholders generally agreed that intergenerational efforts are integral to effective advocacy efforts. Intergenerational actions involve bringing together seniors and younger generations including adults, young adults, and youth. This is particularly critical to advocacy efforts combatting ageism, increasing support for further programming, services, and policies for seniors, and reducing and preventing elder abuse in the community.

Regarding ageism, one stakeholder stated,

“It is important to train new generations about all [seniors] rights because we just take for granted our grandparents. It's like they had a life already, so they don't need anything more, to they are just there, and when we need it, we can just grab them or we don't need it and then we just totally forget about them.”

and similarly, another states,

“All these training [for elder abuse] needs to be intergenerational training. It's not just for the seniors...you need to train the families. You need to train the grandchildren and everyone. So, there needs to be like a kind of very huge campaign training everyone because everyone we are going to be there at some point.”

Such responses highlight how integral it is, in addressing ageism, to include strategies regarding intergenerational relationships and engagements in the community. Stakeholders recommended promoting the idea that aging is a natural part of life, and that eventually all individuals will get there. It is about forming an understanding of common humanity. That is, that we share common elements of life, including aging, the need for connection, and the need for compassion. If we strive to build common humanity when engaging younger generations, we can ideally facilitate increased respect and care across generational lines. To this, stakeholders called for action to make these intergenerational connections possible, such as establishing intergenerational programs, establishing educational workshops in schools, connecting with caregivers, and connecting with youth.

Family Members and Caregivers

When it came to discussions around the role of family members and familial caregivers, stakeholders called for strategies that enable flexible approaches to educational efforts. Workshops can be structured to increase awareness of the impact of people's actions, both those intended and unintended. That is, actionable steps can be created to address how ageism flows through relationships with seniors. Strategies and plans can be developed to enable educating families to address any forms of abuse they may witness in long-term care facilities, in hospitals, and by home care supports toward the older adults in their lives

Seniors

Stakeholders shared that advocacy strategies should push for increased efforts aimed at educating seniors on what constitutes abuse and that,

“messaging should be clear on what to do when they experience abuse or suspect it among their peers.”

This quote demonstrates how education provided must be clear, specific to the group, and be comprehensive. That is, it must not only outline what abuse is, but also how to support someone when abuse is suspected and the resources available.

Health Care Professionals and Service Providers

Stakeholders viewed increasing the education and training of service providers working with seniors as critical. As shared by a stakeholder,

“People who work with seniors rarely have training in being able to recognize the warning signs, to understand escalating risk and to know what to do with the information.”

This stakeholder highlights a problem with a lack of training received by service providers working with seniors on abuse and how to support seniors in such situations. This is highly problematic, especially when some of these providers are the people who often have the highest level of contact with seniors outside of their family. Thus, they need to have the capacity and

resources to provide supports in both a preventative manner and in response to those who have experienced abuse or who are at risk of experiencing abuse, and

“How best to approach/engage with an elderly person where abuse may be suspected.”

Thus, increased funding, educational efforts, and improved training are needed. As such, an advocacy strategy would need to work to advocate for improved funding and training improvements for staff working directly with seniors in all capacities.

Engaging with Perpetrators

When discussing specific actions to address elder abuse in relation to advocacy, multiple providers noted that engagement with perpetrators of abuse must be included. This is especially critical in the context of perpetrators of elder abuse who are children and/or grandchildren of seniors. With elder abuse, most seniors do not want their children or grandchildren to be punished, shunned, or to get into a form of trouble. The desire to prevent punishment of a loved one enacting abuse can become a barrier to reporting abuse and acquiring necessary support. The wish to maintain familial relations and protect the perpetrator will require new strategies that go beyond the increase of a justice approach. For example, one stakeholder recommended strategies that promote increasing restorative approaches with perpetrators and seniors. A restorative approach is a philosophy for maintaining and repairing relationships where there is conflict or harm. Based in the principles of trauma-informed care and restorative justice, a restorative approach challenges the traditional, punitive approach to abuse and instead focuses on accountability, empathy, and healing for all parties involved.

Barriers to Success

Structural and Systemic Barriers

Stakeholders highlighted several macro-level barriers to the implementation and success of an elder abuse advocacy strategy, the first one being funding. Currently, there is a lack of funding opportunities for work in the area of elder abuse. Funding is crucial to improving services and programs for older adults and advancing efforts related to addressing elder abuse. Currently, PEAPN, which strives to raise awareness about elder abuse, is not funded. The committee is formed by individuals who fit in time for the committee and its goals. Therefore, part of the imperative of raising awareness in this strategy is to build political awareness to facilitate increased funding streams for these initiatives. Creating public support will help to break this barrier.

Secondly, the lawyer group highlighted how elder abuse issues are rarely the focus of policy reform. Thus, it is difficult to enact major changes for seniors related to elder abuse and other needs. One of the main pieces of data that has been pushing for change was the 2020 Military Report on Long-Term Care Homes which highlighted the poor conditions in these settings at the beginning of the pandemic. This report has supported a need to improve long-term care for older adults. However, policy reform for older adults who continue to live in the community remains a relatively untouched area. By building collective action and creating widespread awareness of

elder abuse and related factors, we can strive to advance the importance of policy reform related to the well-being of older adults.

Another barrier is service provider burnout. As indicated by several stakeholders, service providers are currently facing high levels of stress and burnout and are leaving the field. This phenomenon is not limited to those working with seniors. Thus, any strategy that involves providers, must be able to support their stress. The Trauma and Violence Informed Framework, as highlighted by one participant, may facilitate support for care not only for seniors, but for providers as well.

Another critical consideration for discussing elder abuse is the time factor. It takes a considerable level of trust and a sense of safety, for seniors to be able to open up about potential abuse, conflict, and family issues. Trust takes time to build. However, time is a limited commodity, especially in health care or home care sectors. For example, as one stakeholder shared, care workers coming into the home may be a frontline participant to awareness of familial abuse, but they do not have the time to build deep connections with the senior. Due to a lack of staff and austere measures, they must arrive on time at the home, do their job, and leave. This can lead to abuse being overlooked. Time is also important when it comes to workshops that facilitate education on elder abuse. For example, one service provider shared that towards the final weeks of a multi-session workshop, seniors

“started to speak up even more and they felt safe enough to talk about what was happening [in the final week]”.

This quote highlights how critical time is to building trust and comfort for seniors to open up about abuse. It also may illustrate how it took time to educate seniors on abuse before they were able to recognize in their own lives.

Individual and Family Barriers

At the micro and meso-levels, a barrier commonly referred to was the cultural background of an older adult. That is, every culture has different understandings of abuse, different levels of willingness to discuss if abuse is occurring, and receptivity varies. Thus, education must be appropriately tailored and assessments much be culturally sensitive. Another barrier centered on instances when the perpetrator is a family member, as one provider stated,

“Then there’s the guilt, because if they recognize that it’s a child or a close family member or close friend, they don’t want to report it because they don’t want them to get in trouble.”

Familial bonds and care by the senior for the perpetrator can easily impede reporting abuse and accessing support. Thus, strategies might benefit from addressing how to work with perpetrators in more restorative ways. Another suggestion to overcome this barrier was the development of a hotline that would enable seniors to receive some level of support and resources anonymously to increase reporting while navigating their reluctance to report that a loved one is abusing them.

Recommendations

Based on the themes generated from interviews with several stakeholders working with seniors and to address elder abuse in various forms, the following recommendations were made:

1. An advocacy strategy must strive to make elder abuse and the well-being of older adults a priority for all.
2. Advocate for policy change and improved legislation at the local, provincial, and national levels that will enhance the well-being and safety of older adults in Peel.
 - a. Promote advanced support for seniors who continue to live in the community.
3. Advocate for increased resources, both financial and human to support the advancement of initiatives, services, programs, educational workshops, and training related to the needs of older adults and addressing elder abuse.
4. An advocacy strategy in Peel must be informed by intersectional anti-oppressive, anti-racist, and equity perspectives to meet the needs of a diverse population in an appropriate manner.
5. Facilitate collective action that involves political partners.
6. An advocacy strategy in Peel would benefit from aligning broadly with the goals of CNPEA's *Future Us* strategy to create a sense of collaboration and connection and strengthen advocacy efforts.
7. Enhance education and awareness regarding elder abuse and the related needs of seniors that influence risk or vulnerability to abuse.
 - a. Develop and implement multisectoral public awareness campaigns to spread awareness of the need to enhance the lives of older adults in the Region and reduce rates of elder abuse.
 - b. Campaigns and workshops must occur not only in traditional spaces linked to the older population, such as long-term care homes, but must also extend to schools, community centres, and the media.
 - c. Develop and implement educational workshops that advance knowledge on elder abuse, including the different types, risk factors, signs of abuse, how and where to report, and resources and services available for support (i.e., social services, legal, health, finance, etc.).
 - i. Must be adaptable to different cultures and ethnicities, age groups, and professions.
 - ii. Messaging should remain consistent across groups to ensure that all people are aware of the importance of the issue and need for collective action.
 - d. Create partnerships with schools to increase education of children and youth on the importance of the older population, combat ageist ideas and attitudes, and increase awareness of elder abuse.
 - e. Develop and implement educational workshops that specifically address power of attorney abuse (POA).
 - i. Create and implement such workshops in partnership with lawyers specialized in elder law.

- f. Develop and implement educational resources and workshops that address the role of power and control in elder abuse.
 - i. Establish connections with work done in gender-based violence.
- 8. Increase intersectoral engagement in developing collective action to address the needs of seniors and elder abuse. An effective elder abuse strategy must address issues beyond elder abuse, especially those which influence the risk for experiencing abuse.
 - a. Address housing, income, healthcare, access to care services, social isolation, dependency, etc.
 - b. Increase awareness of the complex factors that influence elder abuse to advance collective action that brings together partners from across the sectors of health, mental health, policy, law, immigration, education, not-for-profit social services, etc.
 - c. Involve all members of the community, including older adults, their families, youth and young adults, service providers, health care professionals, and the government.
- 9. Advance the training of service providers that work with older adults across various sectors to ensure they have the knowledge and skills provided to meet the needs of seniors, prevent abuse, and address abuse where it may be occurring.
- 10. Develop a resource network that includes advocacy and enforcement such as specialized services and law firms.
 - a. Create a network that is easily accessible and that can communicate with enforcement agencies, advocacy organizations, and other services to review the situation and provide effective and timely support.
- 11. Prioritize intergenerational engagement to combat ageism, bridge gaps between generations, increase respect for older adults, reduce discrimination and prejudice against older adults, and reduce elder abuse.
 - a. Develop and implement intergenerational programs, events, workshops, etc. that bring together youth, young adults, middle-aged adults, and older adults to share in activities, share knowledge, and spend time together.
 - b. Explore existing initiatives aimed at intergenerational engagement.
- 12. Create programs that enable working with perpetrators of elder abuse in a restorative way. Many seniors do not want to report because they do not want to get a loved one in trouble. By creating programs that bring the perpetrator and victim together, we may begin to engage in a more restorative approach, rather than one that is more punitive.
 - a. This may only be appropriate in some instances and in other cases, the police may need to be more heavily involved.
- 13. Explore the potential for advancing a helpline that supports older adults experiencing abuse to receive support or resources anonymously. Many older adults do not report abuse due to fear of getting a loved one in trouble.
 - a. Provide support, where appropriate, in an anonymous fashion.
 - b. Explore the potential feasibility of this.

Conclusions

In all, the stakeholders interviewed indicated that an advocacy strategy to address elder abuse is needed in the Region of Peel. Seniors, who were once highly respected in society, now face denigration, disrespect, abuse, and neglect. With a growing aging population and increasing rates of abuse in the wake of the COVID-19 pandemic, elder abuse has never been a more pressing issue. Thus, in building a strategy, we wish to create awareness of elder abuse in the numerous and various forms it takes and make it a priority for all. By forming a strategy, we can begin putting solid actions in place that will facilitate advocacy at the political level for improved funding, policy, protection, services, and legislation to better the lives of seniors in the Peel Region and beyond.