



Putting an End to Ageism and Elder Abuse Once and For All

NIA NATIONAL INSTITUTE ON AGEING 



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Elder Abuse is Rooted in Societal Ageism

Older Canadians are valuable members of our communities, yet many become increasingly vulnerable to various forms of ageism, abuse, mistreatment, and isolation as they age. Ageism is commonly understood to be, “the stereotyping of, and discrimination against, individuals or groups because of their age”.¹ While this can include those who are young or old, ageism appears to be a more significant issue for older members of our society. Indeed, ageism appears to be the last acceptable ‘ism’ in society.

Ageism manifests itself in multiple ways, such as prejudicial attitudes and stereotypes towards older people, old age, and the ageing process; discriminatory practices against older people; and institutional practices and policies that perpetuate attitudes and stereotypes about older people.^{2,3} While there has been work undertaken in Canada and

internationally to address ageism, it still remains a significant problem. In a recent Canadian survey on ageism, 63% of respondents older than 65 years of age indicated that, “they have been treated unfairly or differently because of their age”.⁴ Comparatively, 80% of Canadians agree with the statement, “older adults 75 and older are seen as less important and are more often ignored than younger generations”; while 51% agree that, “ageism is the most tolerated social prejudice when compared to gender or race-based discrimination”.⁵ Canadians of any race, sex or gender can be victims of ageism.

Negative attitudes regarding older Canadians can have a significant impact on their health, well-being, and involvement within their communities. Ageism is at play frequently within areas such as health care when a person’s age, rather than their overall status, influences decisions to recommend a diagnostic test or provide a treatment.

There is ageism in the workforce when a person's age, rather than their experience and abilities, influences hiring decisions. Mandatory retirement was only ended in Canada in December 2011, the year our first baby boomers started turning 65 year of age, when the federal government officially repealed the section of the Canadian Human Rights Act that permitted mandatory retirement.⁶ Nevertheless, according to a recent poll, 74% of Canadians still consider age discrimination to be a problem in the workplace.⁷ Finally, ageism exists when older adults' special needs are not accommodated accordingly, which raises concerns that this population is seen as being of lesser value in society than younger people. This disregard for older people can lead to social isolation and elder abuse.

Social Isolation

There is a growing concern that older Canadians are particularly at risk of becoming socially isolated. Although multigenerational living is once again on the rise, especially in expensive housing markets, people today are less likely to be living in intergenerational communities than in previous generations, and are less likely to participate regularly in traditional faith-based or social groups. Furthermore, the growing presence of physical and cognitive limitations that can occur as we age - including dementia - along with the fact that older Canadian also tend to outlive their decision to stop driving by up to a decade. These factors may all

contribute to limiting one's ability and or willingness to interact with others.

The increased social frailty that can develop with time can put older Canadians at particular risk of becoming socially isolated, especially if they outlive their spouses or partners, family members, or friends. A report focusing on ageing in rural and remote areas of Canada also emphasized that social isolation can be caused by having a lack of transportation options.⁸ The onset of the COVID-19 pandemic sadly began to expose the levels of social frailty that exist in Canada today, and how quickly it can grow in times of crisis.

Research shows that about 30% of Canadians are at risk of becoming socially isolated while Statistics Canada estimates that between 19-24% of Canadians over the age of 65 wish they could participate in more social activities.⁹ Social isolation can have a significant effect on a person's overall health and well-being as it can lead to loneliness, depression, elder abuse, and other consequences. Importantly, a person may feel isolated even while living with others. For example, an older person who lives with their family may still be alone for significant stretches of time while other members in the home are at work or in school. In fact, experiencing loneliness has been equated as being as dangerous as smoking 15 cigarettes a day and confers a 45% increased risk of mortality.¹⁰ Finding ways to minimize this across our communities should remain a priority.

Older Canadians are at increased risk for social isolation when they:¹¹

- Live alone;
- Are 80 or older;
- Have compromised health status, including having multiple chronic health problems;
- Have no children or contact with family;
- Lack access to transportation;
- Have a low income;
- Have a changing family structure, such as where younger family or community members migrate for work and leave older adults behind,
- Live in isolated urban, rural or remote situations; and
- Have experienced a critical life transition (e.g. retirement, bereavement).

Social isolation is considered both a risk factor for and a result of elder abuse, representing the complexity and importance of the social network around the health and well-being of older Canadians.¹² While the negative effects of isolation are primarily borne by older adults themselves, communities are also at risk of suffering from the lack of involvement of valued older community members. Indeed, missing the valuable contributions older adults can lead to, “a lack of social cohesion, higher social costs, and the loss of an unquantifiable wealth of experience that older adults bring to families, neighbourhoods and communities”.¹³

Elder Abuse

The World Health Organization defines the abuse of older adults as “a single or repeated act, or lack of appropriate action, occurring in any relationship where there is an expectation of trust that causes harm or distress to an older person”.¹⁴

Elder abuse can destroy an older person’s quality of life, and significantly increase their overall risk of death. Elder abuse can take several forms, including physical abuse, psychological or emotional abuse, financial abuse, sexual abuse, and neglect.

Understanding the Forms of Elder Abuse¹⁵

Financial Abuse	The most common form of elder abuse, financial abuse, often refers to the theft or misuse of money or property like household goods, clothes or jewelry. It can also include withholding funds and/or fraud.
Psychological (Emotional) Abuse	The willful infliction of mental anguish or the provocation of fear of violence or isolation is known as psychological or emotional abuse. This kind of abuse diminishes the identity, dignity and self-worth of the older person. Forms of psychological abuse include a number of behaviours, for example: name-calling, yelling, ignoring the person, scolding, shouting, insults, threats, provoking fear, intimidation or humiliation, infantilization, emotional deprivation, isolation or the removal of decision-making power.
Physical Abuse	Any physical pain or injury that is willfully inflicted upon a person or unreasonable confinement or punishment, resulting in physical harm, is abuse. Physical abuse includes: hitting, slapping, pinching, pushing, burning, pulling hair, shaking, physical restraint, physical coercion, forced feeding or withholding physical necessities.
Sexual Abuse	Sexual abuse is understood as contact resulting from threats or force or the inability of a person to give consent. It includes, but is not limited to: assault, rape, sexual harassment, intercourse without consent, fondling a confused older adult, intimately touching an older adult during bathing, exposing oneself to others, inappropriate sexual comments or any sexual activity that occurs when one or both parties cannot, or do not, consent.
Neglect	Neglect can be intentional (active) or unintentional (passive) and occurs when a person who has care or custody of a dependent older adult fails to meet his/her needs. Forms of neglect include: withholding or inadequate provision of physical requirements, such as food, housing, medicine, clothing or physical aids; inadequate hygiene; inadequate supervision/safety precautions; withholding medical services, including medication; overmedicating; allowing an older adult to live in unsanitary or poorly heated conditions; denying access to necessary services (e.g., homemaking, nursing, social work, etc.) or denial of an older adult’s basic rights. For a variety of reasons, older adults themselves may fail to provide adequate care for their own needs and this form of abuse is called self-neglect.
Systemic Abuse	The society, and the systems that develop within it, can generate, permit or perpetuate elder abuse. Most prevalent is discrimination against older adults, due to their age and often combined with any of these additional factors: gender, race, colour, language, ethnic background, religion, sexual orientation, ability, economic status or geographic location.

The prevalence and severity of elder abuse is difficult to ascertain since, in many instances, abuses are often underreported or go unnoticed. This is largely due to the fact that many older persons are not willing to report elder abuse because of the social stigma attached to it or their reluctance to report a loved one or caregiver causing the abuse.¹⁶ For instance, reporting abuse could mean the withdrawal of care or the loss of their caregiver and ability to live independently in the community, making their decision to report abuse much more difficult. As a result, while up to 10% of older Canadians appear to experience some form of abuse,¹⁷ it's estimated that only one in five incidents of elder abuse are ever reported.¹⁸

Health Canada notes that financial abuse of older adults tends to be the most common form of abuse (62.5%), followed by verbal (35%) and physical abuse (12.5%), along with neglect (10%).¹⁹ Primary caregiver stress has also been shown to significantly contribute to the incidence of elder abuse, highlighting the need to provide families and caregivers with increased education and support.

Many forms of elder abuse are also on the rise. For example, shortly after the 2008 recession, large Canadian law firms reported seeing a striking increase in the number of challenges to Powers of Attorney, some of which constitute financial abuse.²⁰ Similar reports are emerging during the COVID-19 pandemic, along with a sharp rise in scams and frauds targeting seniors.

In 2018, there were 12,202 cases of police-reported violence against older

adults in Canada, 33% of which were victimized by a family member.²¹ While older adults are the least likely demographic to suffer violent crime, they are the population most at risk of suffering violence at the hand of a family member or relative.²² From 2009 to 2018, the rate of police reported violence against older adults by family members increased by 11%, while spousal violence and violence against children either plateaued or decreased during the same period.²³

Elder abuse is also more complicated than abuse in other age categories (e.g. child abuse), since older adults generally have the capacity to, and are expected to, address issues themselves. However, the power imbalances that can occur in the relationships between older adults and their families or caregivers, especially if the former is dependent on the latter for having one's living, or care needs met, further complicates these situations. The increasing prevalence of older Canadians living with dementia, functional impairments, or poverty due to economic downturns and now during the COVID-19 pandemic, is placing older Canadians in increasingly vulnerable positions that could lead to abuse or neglect.

As Canada's population ages, elder abuse may also increase unless it is more comprehensively recognized and addressed. At a minimum, increasing awareness among older Canadians and members of the public about elder abuse and neglect, so they can better understand when and how they should provide help is a needed first step.

Ageism, Elder Abuse, and Social Isolation Pose Significant Negative Health Risks for Older Canadians

Ageism, elder abuse, and social isolation negatively impact the health of older adults. While some forms of elder abuse, including physical or sexual abuse, in particular, have more obvious negative health implications,²⁴ other forms of elder abuse such as emotional and financial abuse have the potential to deprive older adults of basic necessities for health and well-being. Additionally, ageist stereotypes based on perpetuated myths regarding the abilities and competencies of older adults affect their ability to remain active and valued members of society. Similarly, social isolation – whether it is self-imposed or imposed upon by others – is also known to have tangible and significant effects on the health status of older Canadians.

Social isolation has been proven to lead to engagement in adverse health behaviours such as: smoking, drinking and maintaining an unhealthy diet.²⁵ This may help explain why isolated older adults are more likely to experience a fall, coronary heart disease, stroke, suicide and depression.^{26,27} Evidence further suggests that social isolation is related to specific illnesses such as dementia. Specifically, “the lack of supportive social networks has been linked to a 60% increase in the risk of dementia and cognitive decline.”²⁸

Studies show that social isolation is a significant predictor of death.²⁹ Importantly, social inclusion is a significantly *protective* factor against death and dementia.^{30,31}

1. Elder Abuse and Social Isolation Have Systemic Cost Implications

The impact of ageism, social isolation and elder abuse on the individual health status of older Canadians also directly results in broader health and social system costs. For example, social isolation has been shown to be a significant risk factor for hospitalizations³² and hospital readmissions³³ amongst older adults. In fact, socially isolated older adults are four to five times more likely to be admitted to hospital than older adults in general.³⁴ Disease specific costs known to be correlated to social isolation, such as heart disease, stroke, dementia and depression as well as falls are themselves significant. Finally, social isolation has been identified as one of the top four predictors for placement into more costly nursing home settings.³⁵

2. Certain Populations Are More Vulnerable to Experiencing Social Isolation and Elder Abuse

Current evidence suggests that there are specific older populations of Canadians that are particularly at risk of experiencing social isolation and elder abuse. The National Seniors Council *Report on the Social Isolation of Seniors* (2014)³⁶ highlighted the following specific populations as being at greatest risk:

- Older adults with physical, mental health issues (including older adults with Alzheimer's disease or other dementia, or multiple chronic illnesses)
- Low income older adults
- Older adults who are caregivers
- Indigenous older adults
- Older adults who are newcomers to Canada or immigrants (language proficiency issues, separation from family, financial dependence on children, low levels of inter-ethnic contact, discrimination); and,
- Older adults who are lesbian, gay, bisexual, transgender, queer and others (LGBTQ+)

Older immigrants currently arriving in Canada under the family class category were highlighted by the *Special Senate Committee on Aging* as a particularly vulnerable group,³⁷ mainly because they are subjected to a 10-year sponsorship period. As a result, sponsored parents or grandparents are not entitled to social assistance even if they become citizens during this time.

This means that these older adults will remain ineligible for the Old Age Security (OAS) and Guaranteed Income Supplement (GIS) benefits that other income-taxpaying older Canadians would receive.³⁸ In addition, many vulnerable older immigrants would not have had any employment history in Canada, thus making them ineligible for the Canada Pension Plan or Quebec Pension Plan (CPP/QPP) unless they come from a country with a reciprocal pension agreement. This also leads to sponsored older adults having limited or no access to certain forms of provincial and territorial home, community, and nursing home care, until after being resident for ten years. Many of these older adults with no independent sources of income, as a result, live in a perpetually vulnerable state due to their limited care options. They are also largely dependent on their families as a result, which can place them at increased risk of abuse, exploitation or neglect. What should be noted is that in facing the same issues, the Canadian government did lower spousal sponsorship periods from 10 to a 3-year sponsorship period, so doing the same to support older Canadians who remain the last group subject to a greater than 10-year sponsorship period is possible.

What Are the Warning Signs of Elder Abuse?

Whether you're a front-line worker in a health care setting or a financial institution, a professional who works with older adults, or a concerned member of the public, look for these signs of potential abuse:³⁹

- Older adults who tell you they are being abused or hurt
- Unexplained injuries such as bruises, sprains, broken bones, scratches
- Sudden emergence of depression, withdrawal, or fear
- Changes in social activity such as missing religious services or other planned social gatherings
- 'New' family or friends getting involved in their lives for the first time
- Bills not being paid and household services being cancelled
- A lack of food in the house, being left alone for extended periods, and not having access to personal devices such as glasses or hearing aids or phones, can be signs of neglect.

If you suspect that someone is abusing an older person, look for:⁴⁰

- **Controlling behaviour:**
 - Sudden, unexplained changes to Wills, Powers of Attorney, or Advance Care Plans
 - Not allowing older adults the right to freely make decisions and choices
 - Refusing to allow them to visit with anyone alone
 - Isolating them from friends and family
 - Using the "silent treatment" to control them
 - Not allowing them to use the phone
 - Disregard for their privacy
 - Locks on the outside of the bedroom door
 - Reading or withholding their mail
 - Handling all of the money
- Blaming the older adult for the abuse: "It's your fault that I pushed you!"
- A strong sense of entitlement: "I can do what I want! You owe me!"
- Treating the older adult like a child: "Do what I tell you!"
- Frequent arguments, name calling or threats
- Leaving a dependent person alone for long periods of time.

When in Doubt

Abuse may not always be easy to spot or confirm. And many may feel uncomfortable making allegations, especially against family and friends. Warning signs do not necessarily mean that abuse is happening. When in doubt, ask questions, seek advice from experts on abuse, avoid knee-jerk reactions and be respectful. Be sure to trust your instincts. If you have immediate concerns about safety, call the police.

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