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Executive Summary

As the decade comes to a close, it has become increasingly clear that abuse and neglect of older adults has come to be recognized as a problem worthy of serious academic inquiry and coordinated social action on the part of all Canadians. The purpose of this paper is to provide an overview of the important developments that have occurred in the field since the publication of the first discussion paper in 1989. Existing problems in defining abuse and neglect, issues surrounding data on incidence and prevalence, the lack of progress on the theoretical front and the related problems of identifying risk factors are revisited. Changes in adult protection legislation, along with advances in the creation of protocols for detection, intervention, and programming are described. We conclude by surveying some of the preventive strategies that have been adopted across Canada in recent years and by offering suggestions for future directions.

Issues related to definitions have historically generated considerable controversy in discussions about abuse and neglect of older adults, and these still persist today. Consequently, there continues to be a multitude of definitions available in the literature. Most would agree, however, that there are three major categories (domestic abuse and neglect, institutional abuse and neglect, self abuse and neglect) and three major types of abuse (physical, psychological and financial). Unfortunately, beyond this, little agreement exists. Stakeholders appear to be growing tired of the continued debate around definitions, nevertheless, this issue should not be shelved. It remains important because definitions determine who will be counted as abused and who will not; what the legislation does and does not cover; and who is and is not eligible for service. Thus, as Canada approaches the next millennium, the challenge will be to sharpen the definitions; seek agreement among practitioners, academics, legislators, and policy-makers about definitions; incorporate perspectives on abuse and neglect articulated by our ethnic communities and ensure the participation of those most affected by the definitions—the seniors themselves.

To date, a substantial number of studies have documented the existence and nature of abuse and neglect of older adults. However, only a few have provided data on the prevalence and incidence of the problem among non-institutionalized seniors. Accurate data has been

difficult to obtain because of differences in definitions, methodologies and samples. Consequently, at this time, it is not possible, with any degree of confidence, to interpret the reported prevalence rates, which vary from 1 to 4% in Australia, Norway, the United States, and Canada to a high of 20% in France. Incidence rates are still unknown in most countries, including Canada. Therefore, there is no way of knowing whether abuse and neglect is getting better or worse. In Canada, we only have prevalence data from 1989 which, at best, offers a quick snapshot of the problem. From the standpoint of strategic planning, two priorities have emerged. The first is the need to know the actual dimensions of the problem so that interventions can be calibrated to meet them. This could be achieved through follow-up with the participants in the Ryerson study (1989). Additionally, an incidence study, comparable to the National Incidence Study on Child Abuse, is necessary to help plan for the future.

Canadians have been slow to investigate the abuse and neglect of older adults in institutions. Despite this, there is evidence to suggest that this is a widespread problem. In Canada, however, there are currently no real incidence or prevalence studies of abuse and neglect in institutions. Additionally, few theories have been offered to explain this phenomenon. North American scholars have articulated a number of hypotheses. These include: the lack of comprehensive policies with respect to infirm seniors; financial incentives that contribute to poor-quality care are built into the long-term care system; poor enforcement of institutional standards; poorly trained staff; and work related stress.

The last decade had seen increasing pressure placed on Canadian institutions to establish protocols for detection, intervention, and prevention of abuse and neglect. While these are long overdue, no information is available on how many facilities have incorporated these strategies and no information is available on whether they work. It is argued therefore, that at this time, prevalence studies are needed to quantify how many older adults are abused or neglected in institutions at any given point in time. This would document the extent of the current problem and, in turn, allow us to focus on where and how limited resources should be used. At the same time, incidence studies are needed to provide clues about the etiology of abuse. These would also provide us with the data to evaluate the efficacy of preventive programs. Finally, the *outcomes* of abuse need serious consideration because there appears to be some evidence that abuse is associated with increased mortality rates in institutions.

With respect to our current knowledge about the characteristics of victims and perpetrators, a decade and a half of research can be summarized in the following way: victims of psychological and physical abuse are often in good health but suffer from psychological problems, while their abusers often have a

history of psychiatric illness and/or substance abuse, often live with the victims, and are financially dependent; patients with dementia who exhibit disruptive behaviour and who live with family caregivers are more likely to suffer physical abuse, while their abusive caregivers may have low self-esteem and may be clinically depressed; a typical financial abuse victim may not exist; and victims of neglect tend to be very old, with cognitive and physical incapacities, which serves as a source of stress for their caregiver. Importantly, race and ethnicity have emerged in the literature as two new risk factors, but most of the discussion to date has been based on speculation.

A review of the abuse and neglect literature suggests that there have been few new developments on the theoretical front. Because there is such a paucity of incidence studies in the world, it is not surprising that little headway has been made in this regard. At present, most people still rely on the same old theories with the same old flaws. Importantly, there is still a strong tendency to blur the boundaries between theoretical explanations and the individual risk factors related to abuse. For example, specific risk factors, like stress, are often treated as full theoretical explanations even though stress is a factor that could be incorporated into many different theories. At present, at least four distinct theoretical perspectives are available in the literature. They are the situational model, social exchange theory, symbolic interactionism, and the feminist model. Recently, there has been some suggestion that there may not be one all inclusive explanation for abuse and neglect of older adults. If this is the case, it is suggested that theorists will have to cast their nets wider than the current gerontological and family violence literature.

Investigations into the specific factors hypothesized to be associated with abuse and neglect remains limited and those that do exist suffer from significant methodological problems. The principal factors that have been associated with abuse include the personality traits of the abuser, the intergenerational transmission of violence, dependency, stress, and social structural factors such as ageism—all of which can be subsumed under any of the previously mentioned theories. At present, because the field has made such little progress, it is unwise to assume that we can predict who will be abused and/or neglected regardless of how many protocols exist or how elaborate they are. At the direct service level, there are few formal response protocols, policies, and procedures; those that do exist range from unsystematic assessments that rely on professional judgement rather than objective data, to checklists of risk indicators. Many of the screening and assessment tools currently in use are based on assumptions found in the domestic violence literature and, thus, contain the same weaknesses found in the field. Currently, there is a clear content bias toward issues related to physical abuse and neglect. As such, the instruments available today most likely catch only a small percentage of the total abuse cases.

Four major kinds of programs have been developed to respond to abuse and neglect: the statutory adult protection service programs; programs based on the domestic violence model; advocacy programs for seniors; and an integrated model. All fifty states in the United States and four Canadian provinces have dealt with the problem of abuse and neglect by enacting special adult protection legislation. This approach is influenced by child welfare models and is characterized by legal powers of investigation, intervention, and mandatory reporting. There has been, and continues to be, considerable controversy over adult protection legislation and programming. Proponents argue that such intervention means that the rights of older adults are safeguarded, and that attempts can be made to improve their quality of life while protecting them from harm. Opponents vigorously challenge this position and suggest that this system of care infantalizes seniors and violates their independence.

The domestic violence approach has gained considerable momentum in North America because it is not seen as violating people's rights, or as discriminating on the basis of age. This response consists of a multi-pronged approach that includes a whole range of health, social, and legal resources. This model is not without critics who are quick to point out problems with police response and restraining orders, poorly managed shelters, and a shortage of follow-up services. This model also fails to apply in cases of neglect.

Like the domestic violence model, an advocacy approach acknowledges that the older adult is potentially vulnerable and may be in a dangerous situation. Advocacy programs believe that the least restrictive and intrusive interventions should be used. Advocacy undoubtedly plays a role in protecting and furthering the rights of victims. However, knowing one's rights is one thing—acting on them is another. Those who can assert themselves are more likely to gain attention. Unfortunately, many victims are in need of help but, because of disability or isolation, may not get the assistance they require.

An observable trend at the direct service level has been the development of multidisciplinary teams using an integrated model. Although little research has established the efficacy of this approach, many believe that it enhances the quality and quantity of care. The main drawback appears to be that teams spend more time per case than professionals acting alone.

A glaring lack of program evaluation still exists in the field. At present, even the most fundamental questions about what types of services work, for whom, and under what circumstances, remain unanswered. This is an area that requires immediate attention. Evaluation is important, and thus, it has been suggested that deliberation by clinicians, researchers, and seniors about how to measure the effectiveness of interventions would be useful at this critical juncture.

At present, there appears to be three major types of roadblocks to the provision of services to abuse seniors. Some are associated with client variables, some are attributed to front-line practitioners and others exist as a result of broader systems level issues. The most obvious barrier is related to the hesitancy of victims to engage with services. At the system level, barriers include: agency mandates that do not specifically address abuse and neglect; inadequate funding of appropriate resources; and an overall lack of coordination among existing services. What is needed at this time is a broad-based community response that includes services that are available, affordable, accessible, known, and perceived as appropriate by the seniors themselves. It also appears that mainstream services do not appropriately address the needs of seniors from diverse backgrounds. This alone presents many challenges at the service delivery level.

Education and public awareness are critical elements in any comprehensive approach to abuse and neglect of older adults. This includes the education of older adults themselves, professionals, caregivers and the public. A number of exciting and innovative programs have developed within Canada in this regard.

Thus, when one reflects on the developments in the field of abuse and neglect of older adults in the last decade, there is reason to be proud because considerable progress has been made. This is not to suggest that there is nothing more to be done. Most of our progress has been made in the areas of prevention and intervention, with only small gains in the area of research. It seems that the next logical step for Canada would be the formation of a national organization devoted to the abuse and neglect of older adults that could pull together the strands of practice, education, and research. From this, a national strategy for action can be developed through the participation of all stakeholders, the most important of which being Canadian seniors.