



Department of Justice
Canada

Ministère de la Justice
Canada



Enhancement of Canadian Data on the Abuse of Older Persons: An exploratory study

Final Report

Prepared for the Department of Justice Canada

Name of research firm: Université de Sherbrooke

Contract number: 19040-210021/001/CY

Contract value: \$38,420

Award date: April 28, 2021

Delivery date: July 18, 2022

Registration number: POR 004-21

For more information regarding this report, please contact the Research and Statistics Division, Department of Justice Canada, at: rsd.drs@justice.gc.ca

Ce rapport est aussi disponible en français (version originale).

Canada

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Supplier name: Université de Sherbrooke
August 2022

This public opinion research report presents the results of a review of scientific literature, individual interviews with Canadian and international researchers as well as representatives of Canada's provincial and territorial governments, and a group interview with members of the Canadian Network for the Prevention of Elder Abuse, conducted by the Université de Sherbrooke on behalf of the Department of Justice Canada. Interviews were conducted between June 2021 to July 2021, and then from November 2021 to March 2022.

Cette publication est aussi disponible en français sous le titre : Enrichir les données canadiennes sur la maltraitance envers les personnes âgées : Une étude exploratoire.

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284 Wellington Street
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Catalogue Number: J4-118/2022E-PDF

International Standard Book Number (ISBN): 978-0-660-45029-2

Related publications (registration number: POR 004-21):

Catalogue Number: J4-73/2022F-PDF (Final report, French)

ISBN: 978-0-660-45030-8

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Enhancement of Canadian Data on the Abuse of Older Persons: An exploratory study

Research organization and funding

This study was conducted by the Research Chair on the Mistreatment of Older Adult team at the Université de Sherbrooke, which is home to the Research Centre on Aging. The Research Chair was established and funded in 2010 as an enabling action to counter mistreatment through the adoption of the Quebec government's *Plan d'action gouvernemental pour contrer la maltraitance envers les personnes âgées 2010-2015* [2010-2015 government action plan to counter elder abuse]. Its current funding comes from the second action plan covering the 2017–2022 period.

The specifications for this study, funded by the Department of Justice Canada, were approved by the Comité d'éthique de la recherche Lettres et sciences humaines [arts and humanities research ethics committee] of the Université de Sherbrooke on June 28, 2021 (/Ref. No. 2021-2995/Beaulieu).

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Executive Summary

Research purpose and objective

Although it has been studied since 1970, combatting abuse of older persons poses numerous issues and challenges around the world in terms of how it is defined, measured or tracked and given priority in policy, and in terms of practices recognized to be effective. This Canadian exploratory study sought to explore the feasibility of filling national data gaps in the area of abuse of older persons in effort to respond to the Minister of Justice and Attorney General of Canada's mandate letter commitment to improve data collection on "elder abuse". The study has four specific objectives that were contractually agreed upon between the University of Sherbrooke and the Department of Justice Canada (contract value = \$38,420): 1) to obtain information on the challenges and gaps in data collection on abuse; 2) to document the differences between abuse and neglect in data collection; 3) to design pragmatic approaches to successful research/data collection; and 4) to identify important data points to collect on the mistreatment of older persons. The results of this study will help further our knowledge and understanding of the data gaps in the production of data on abuse of older persons, and provide up-to-date scientific elements to inform decision-making.

Methodology

The research process was based on a review of scientific literature, individual interviews with Canadian and international researchers as well as representatives of Canada's provincial and territorial governments, and a group interview with members of the Canadian Network for the Prevention of Elder Abuse (CNPEA). In total, 42 people were interviewed. The interviews were conducted and recorded using Teams or Zoom virtual platforms (one interview was conducted over the phone due to a technical issue), and lasted on average between 60 and 90 minutes. It is important to note that this qualitative exploratory study presents valuable information that is, by its nature, not statistically generalizable to the target population.

Summary of key findings

This report includes a review of the issue of abuse of older persons with a focus on conceptual challenges (terms and definitions), the quality of available data, and avenues for further data collection in Canada.

The conceptual challenges related to the abuse of older persons arise from the choice and use of **terms** and the plurality of **definitions**. The **terms** in use differ considerably in Canada's two official languages. The main terms used in English are "elder abuse", "senior abuse", "mistreatment/maltreatment of older adults" and "abuse of older adults". In French, they are "*maltraitance*", "*mauvais traitements*" and "*abus*". None of the terms, other than the French "*maltraitance*," are without criticism. Respondents preferred the term "*maltraitance envers les personnes âgées*" in French and "abuse of older adults/older persons" in English, while considering the term "mistreatment of older adults/persons". Recently, in July 2022, the World Health Organization (WHO) opted to use the term "abuse of older people". In terms of a **definition**, the Toronto Declaration of 2002 still serves as a reference in many respects, although there is no consensus and it is subject to many nuances and adaptations. It states that: "Elder abuse is 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."

Any definition of abuse usually includes two parts: a statement of the problem and a list of recognized types and forms of abuse. A review of legislation, policies and regulations shows the variety of terms used (abuse, mistreatment, violence, domestic violence in English) in Canadian jurisdictions, the diversity of ways in which the problem is framed, and the recognition of various types and forms of abuse. Most of the differences in provincial/territorial definitions of abuse are related to the way in which the 'trust relationship' (Hall et al., 2016) dimension is framed. There is no doubt that the definition of abuse must include both violence and neglect. The most common forms and types of abuse recognized in provinces and territories include psychological/emotional abuse, physical abuse, material/financial abuse, neglect and sexual abuse. Some jurisdictions include self-neglect. Several avenues are being explored to recognize other types and forms of abuse in a possible Canadian definition, including organizational abuse, abuse of power by agents, spiritual/religious or cultural abuse, and others.

Data quality is primarily affected by the various modes of data collection and recording. Two types of data collection or recording are used worldwide: population-based surveys, which generally rely on self-reporting by people who have experienced abuse or, less frequently, by witnesses to abuse, and administrative or operational data, which is derived from the application of laws or policies, or from public, private, or community-based care, service, public safety, or other organizations. The first is considered more objective than the second, which only reports on situations known to the organizations. It is important that data collection be representative of various subgroups of the older Canadian population. To this end, special attention is given to cultural minorities, older LGBTQ people and people with physical or cognitive disabilities, three subgroups for which data is limited. Next, data from four settings where abuse may occur are examined: the home, residential facilities, rural and remote areas, and prisons. Although it requires further work, abuse in the home is the best documented. Prevalence studies in residential care facilities are rare worldwide and non-existent in Canada; this is a field that needs to be explored. Studies on the abuse of older persons conducted in Canada are rather silent on rural and remote areas, which makes it difficult to understand what might be specific to these areas. In this regard, an expansion of the prevalence studies conducted in the community would allow for detailed analyses by rurality and region. Finally, much work remains to be done regarding abuse in correctional institutions.

The last point in the section on data quality deals with reporting mechanisms and the levers and obstacles to their use. A reflection is offered on the application of Canada's *Criminal Code* in situations of abuse, which often seems marginal compared to the estimated number of cases per year in the country. While some of the consulted experts believe that the *Criminal Code* responds well to situations of abuse requiring legal intervention, others believe that adding a specific section on the abuse of older persons is necessary and that it could help rectify the state of knowledge on the subject. Experts felt that mandatory reporting of abuse is only appropriate when older persons are under protective custody or living in residential and long-term care settings. Each province has adopted legislation and policies to address abuse and, as with the definitions, there is wide variation. It will be a challenge to find a recording method that will allow all these data sources to be compared with one another. Finally, the obstacles faced by practitioners in recognizing abuse and the many obstacles and levers to seeking help, reporting,

and the complaint process that older persons face are outlined in order to highlight the challenges of obtaining complete and quality information.

The final section outlines a series of proposals for a pragmatic Canadian approach to enhancing data collection. It is suggested that Canada align itself with the five priorities identified by the WHO in June 2022 as part of the work for the United Nations Decade of Healthy Ageing. These priorities are: combatting ageism; generating more and better data on prevalence, risk and protective factors; developing and scaling up cost-effective solutions; investing in generating data on the costs of abuse and on the cost-effectiveness of solutions; and, raising funds for both research and intervention (World Health Organization [WHO], 2022) The proposals are then expanded under four additional headings: choice of terminology, adoption of a definition, population-based study data, and administrative or operational data.

1. Study Background

Abuse of older persons (hereafter referred to as abuse) has been the subject of scientific publications since the early 1970s,¹ but in comparison with child abuse or domestic violence, the state of knowledge and practices suffers from a significant gap (Dong et al., 2009; Storey, 2020). The fight against abuse poses many issues and challenges throughout the world, in terms of its definition,² its measurement or traceability (i.e., tracking how it evolves through time), its given priority in policy, or the practices recognized as effective. Without being explicitly included in the 17 United Nations (UN) sustainable development objectives (2015–2030) and the Decade of Health Ageing activity areas of the UN (2021–2030), greater attention is being paid to abuse of older persons by the World Health Organization’s (WHO) Department of Social Determinants of Health, Division of Healthier Populations.

In fact, since 2020, the WHO has undertaken three large-scale initiatives in this area. The first initiative is one of knowledge production. It includes two research studies. The first study consists of an analysis of the global priorities in the fight against abuse of older persons (Mikton et al., 2022). The second study, still in progress, consists of producing a mega-map, registered with Campbell-Cochrane, which will involve using systematic reviews and meta-analyses to summarize and map what has or has not been the subject of research with respect to prevalence, determinants (or risk factors), consequences and interventions. The second initiative, a prioritization of actions to be implemented, includes two steps. First, in March and April 2022, experts from around the world were asked to prioritize the 15 findings from the first process through an online consultation.³ Then, a synchronous consensus meeting was held on April 22, 2022, with the experts⁴ to discuss the seven priorities that emerged and to enrich them with proposals for action. The third initiative was the publication, on June 15, 2022, *World Elder*

¹ Reference from the first article published and recognized in the field: Stannard, Charles I., 1973. “Old folks and dirty work: The social conditions for patient abuse in a nursing home.” *Social Problems* 20, No. 3:329-342. <https://doi.org/10.1525/sp.1973.20.3.03a00060>

² The question of multiple definitions, multiple components and types of abuse will be addressed later in this report. As an initial overview, abuse is generally marked by negligence, physical violence, psychological violence, material or financial violence towards an older person that occurs within a relationship where there is an expectation of trust. These actions or the absence of appropriate actions cause harm or distress in the older person.

³ The 17 themes submitted to the experts included psychometric measurement instrument quality, estimating prevalence (a possible general underestimation and a possible overestimation of certain types, such as psychological abuse), the need for repeated measurements at fixed intervals (like every 5 or 10 years), the shortage or absence of data on abuse in certain environments (including long-term care).

⁴ Government of Canada experts participated in this meeting

Abuse Awareness Day, of the list of five priorities to be implemented by 2030 within the UN's Decade of Healthy Ageing framework. The five priority themes are: combatting ageism; generating more and better data on prevalence, risk and protective factors; developing and scaling up cost-effective solutions; investing in generating data on the costs of abuse and on the cost-effectiveness of solutions; and, raising funds for both research and intervention (World Health Organization [WHO], 2022). Several of these themes are directly relevant to the concerns of the Government of Canada. More specifically, the second theme, "generating more and better data on prevalence, risk and protective factors" is directly in line with the content developed in this exploratory study. According to the WHO, these five priorities should be developed using a life-course approach, a gender analysis, an intersectional approach, an inclusive and participatory approach, and a dual public health and advocacy perspective.

Canada is a major international player in the fight against abuse, having hosted a WHO meeting in 2002, and the Canadian government initiative to enhance Canadian data on abuse is consistent with this international effort. Moreover, the WHO meeting in 2002, attended by researchers, public policy planners and clinical practitioners, saw the adoption of the Toronto Declaration, which contains a definition of abuse, which to this day remains the rationale for the definitions most widely used around the world:

Elder abuse is 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.⁵

1.1. Study objectives

As stated in the contract signed between the University of Sherbrooke and the Department of Justice Canada dated May 3, 2021: "The purpose of this study is to explore the feasibility of filling national data gaps on the abuse of older persons in long-term care homes, other residential facilities, or other data-gap areas and related issues." [unofficial translation] It also states that the

⁵ World Health Organization. "*The Toronto Declaration on Global Prevention of Elder Abuse.*" Geneva: World Health Organization, 2002, p. 3).

Minister of Justice is collaborating with the Minister Responsible for Seniors on work to define and improve data collection on elder abuse. The statement of work in this contract specifies that the expected work is to focus on abuse and not just violence.⁶

The study's four specific objectives, as stated in the contract, are to:

- “Obtain information on the challenges and deficiencies relative to the gathering of abuse data;
- In the course of data gathering, document differences between abuse and negligence;
- Design pragmatic methods for successfully searching for and gathering data;
- Identify significant data points relative to senior abuse to be gathered.”

To achieve these objectives, an exploratory study was carried out that establishes connections between information gleaned from a state of scientific knowledge report and interviews that were conducted with researchers specializing in abuse prevention and with government representatives.⁷ Following the explanation of the methodology (Section 2), the results are grouped into three sections: (1) conceptual challenges (terms, forms and types; definitions); (2) data quality and data enhancement method; and (3) proposals for the adoption of a pragmatic Canadian method for enhancing data gathering.

2. Methodology

2.1. Scientific literature review

The scientific literature review⁸ targeted international scientific literature, with special attention given to Canadian work. Reference searches were conducted in seven databases (*Abstract in*

⁶ The difference between the two concepts will be discussed later. Briefly, let us assume that violence is a component of abuse. However, violence can be committed by any person, community or context (such as war) whereas abuse refers to a specific context of relationship where trust is expected.

⁷ The results are directional and are not statistically extrapolatable to the target population. A qualitative research project has been designed to gather a broad range of opinions and interpretations rather than measure the percentage of the target population that has a particular point of view. The results presented must not be used to estimate the numerical proportion of or the number of persons in the population that have a particular point of view because they are not statistically extrapolatable.

⁸ The literature review was carried out by two qualified Research Chair on Mistreatment of older adults members, Kevin St-Martin and Vanessa Daigle, and with the participation of Jacob Hamelin-Lucas.

Social Gerontology, AgeLine, CINAHL, Medline with full text, PsychArticles, APA PsychINFO and *Social Work Abstracts*) using a variety of keyword combinations pertaining to abuse and older persons as well as predetermined topics for investigation (see Appendix 1).⁹

Articles dealing with abuse and one or more of the identified topics published in English or French in the past 10 years were selected. In cases where the data bank search did not find a minimum of five relevant articles, the year of publication criterion was extended to a maximum of 15 years. No age restriction was applied in order to include work on populations that might be experiencing accelerated aging.¹⁰

2.2. Individual and group interviews

Engagements in the form of individual and group interviews¹¹ were conducted from June 2021 to July 2021 and then from November 2021 to March 2022 with representatives of 11 Canadian provincial and territorial governments¹² as well as with 11 Canadian researchers, members of the Canadian Network for the Prevention of Elder Abuse (CNPEA) and 4 international researchers.¹³ The interviews were conducted and recorded using Teams or Zoom virtual platforms,¹⁴ and notes were taken by the interviewer. Provincial and territorial government representatives were invited to participate in the study via an email sent (see Appendix 2) by the Government of Canada through its Forum Secretariat of Federal, Provincial and Territorial Ministers Responsible for Seniors. In five cases, the federal, provincial, or territorial government representatives decided to be accompanied at the interview by other government personnel or adult protection services

⁹ As agreed upon with the Department of Justice Canada, the abuse of older Indigenous persons was not examined for the purposes of this study, as it would be more appropriately explored through a separate and tailored study that considers Indigenous ways of knowing at all stages of the research process. However, the experts' input was not excluded if they covered this topic during data collection.

¹⁰ This includes people who, because of a disability, have a faster aging process than the average person (such as people with Down's Syndrome) or people who, because of their living conditions, age more rapidly (such as homeless people, prisoners or others).

¹¹ The interviews were conducted by qualified Research Chair members: Marie Beaulieu (English), Kevin St-Martin (English), Julien Cadieux Genesse (French). The interviews were analyzed by Kevin St-Martin and Marie Beaulieu.

¹² At the Government of Canada's request, the interviews were suspended from August 25 to November 5, 2021, because of the election campaign.

¹³ Quebec and Prince Edward Island declined the Government of Canada's invitation to participate in the interviews.

¹⁴ One interview was conducted over the telephone because of a major problem in establishing a connection with a digital platform.

representatives (nine additional participants). The Canadian and international researchers were selected on the basis of their recognized and complementary expertise¹⁵ in the abuse prevention field. An invitation to participate in an individual interview was sent to them by email (see Appendix 3). In addition, a group interview was conducted on Zoom with six members¹⁶ of the Board of Directors of the Canadian Network for the Prevention of Elder Abuse (CNPEA) (see Appendix 4). These individual or group interviews were held in French or English and lasted on average between 60 and 90 minutes (the longest interview lasted 130 minutes). In total, 42 people were interviewed, including 35 women. See Appendix 5 for the interview protocols in French and Appendix 6 for the interview protocols in English.¹⁷

It is important to note that this qualitative exploratory study presents valuable information that is, by its nature, not statistically generalizable to the target population.

3. Conceptual challenges

The objective of this section is to identify the conceptual challenges, in French and English, related to abuse: choice and use of terms, and what is covered in definitions of abuse (positioning the problem, components of abuse, and types and forms of abuse).

3.1. Terminology choice and use

To be consistent with the concepts used by the Department of Justice Canada, the interviews used the terms “*mauvais traitement*” in French and “senior abuse” in English. This terminology, for which there was no consensus among the Canadian and international participants, takes the complexity of abuse into account. All jurisdictions, except Nunavut, have terminology taken

¹⁵ The diverse expertise made it possible to discuss not only definitions, the state of knowledge and overall problems in gathering quantitative data on the abuse of older persons, but also more specific problems relative to subgroups of the older Canadian population, such as older immigrants, older people in ethnocultural communities, LGBTQ older persons or others.

¹⁶ All 17 members of the CNPEA Board of Directors were invited to this meeting. The most suitable time for the majority of the members who agreed to participate in the study was scheduled.

¹⁷ Although this report was produced in French, the interview protocols are included in Canada's both official languages to grasp the terms used.

from an organization specializing in abuse prevention or used in various types of government documents, including legislation (Government of Canada, 2021a).¹⁸

In French as in English, variations were found to designate both the target demographic (older adults) and the phenomenon (abuse). The terms most frequently used in Canada and internationally include “elder abuse”, “elder abuse and neglect”, “senior abuse”, “abuse of seniors”, “abuse of older adults”, “mistreatment of older adults” and “abuse of vulnerable adults” (St-Martin, 2019). This last term stands out from the others because it refers to abuse of any adult person in a vulnerable situation rather than solely to abuse of older persons (Government of Canada, 2021a). In French, the terms most frequently used are “*maltraitance envers les personnes âgées*” (Government of Quebec, 2010, 2017b, 2022), “*mauvais traitements envers un aîné*” (Government of Ontario, 2021) and “*abus à l’égard des personnes âgées*” (Government of Canada, 2021a).

Although these various terms may, at first glance, appear to be similar and interchangeable, they are differentiated by many conceptual nuances. Tables 1 and 2, respectively, show the arguments in favour of and criticisms of the various terms used in English and in French.

Table 1 – Arguments For and Against Terms Used in English According to Scientific Articles and Interviewed Experts

Terms	Arguments For	Arguments Against
Elder abuse	<ul style="list-style-type: none"> - May be interpreted as a separate phenomenon, one disassociated from the meaning given to it by Indigenous peoples - Term used most often internationally and in scientific articles 	<ul style="list-style-type: none"> - Controversial because for Indigenous peoples, “Elder” does not refer to age, but rather to a person who stands out as a model for their peers because of their spirituality, wisdom, values, teachings and contribution to the community - Does not implicitly include neglect
Senior abuse	<ul style="list-style-type: none"> - Removal of the word “elder” is more respectful of Indigenous peoples 	<ul style="list-style-type: none"> - Is perceived as restrictive, even derogatory and ageist, because of its association with certain government benefits, whereby a minimum age is required to access certain services, such as the Old Age Pension

¹⁸ This is discussed in Table 3 – Definitions of Abuse of Older Persons and Types of Abuse by Canadian Province or Territory.

Terms	Arguments For	Arguments Against
		<ul style="list-style-type: none"> - Risk of not being meaningful to persons whose aging experience is different - Does not implicitly include neglect
Mistreatment / maltreatment of older adults	<ul style="list-style-type: none"> - “Mistreatment” includes both violence and neglect - “Older adults” is viewed as less pejorative than “elder” 	<ul style="list-style-type: none"> - “Mistreatment” and “maltreatment” are perceived as weaker terms than “abuse”
Abuse of older adults	<ul style="list-style-type: none"> - Combines “abuse”, which is perceived as a strong term and “older adults”, which is perceived as inclusive. 	<ul style="list-style-type: none"> - Does not implicitly include neglect - Is not used internationally

Table 2 – Arguments For and Against Terms Used in French According to Scientific Articles and Interviewed Experts

Terms	Arguments For	Arguments Against
<i>Maltraitance</i>	<ul style="list-style-type: none"> - Term most often used in the international Francophonie - Includes violence and neglect 	<ul style="list-style-type: none"> - (No argument raised)
<i>Mauvais traitement</i>	<ul style="list-style-type: none"> - Is still used in a few provinces and territories and also by the CNPEA 	<ul style="list-style-type: none"> - Term fallen out of favour in the international Francophonie
<i>Abus</i>	<ul style="list-style-type: none"> - Term used by part of the French-speaking population and still appropriate for describing financial abuse situations. 	<ul style="list-style-type: none"> - Anglicism originating from “elder abuse” - The literal translation of the term is not appropriate for referring to offences committed against individuals.¹⁹

The experts consulted said that “elder abuse” was the English term most used in Canada.

According to CNPEA members, the term is fully understood by the public and used both by older persons when they talk about themselves and the majority of employees in government and community services. Since use of the term stems mainly from awareness campaigns, any change

¹⁹ According to the online Larousse dictionary, *abus* means “improper, excessive or unjust use of something” (unofficial translation, n.d., consulted on April 12, 2022 at <https://www.larousse.fr/dictionnaires/francais/abus/314>). A person is not an object; therefore, it is not an appropriate term.

to the term requires considering what gains would be made and whether any progress would be lost. Several participants in the interviews acknowledged that the word “Elder” had a specific connotation for Indigenous peoples, which is central to discussions about the adoption of a term that is more representative of all nations in Canada.²⁰

“Senior abuse” is the alternative term most often proposed, according to CNPEA members. It is also the term put forward by the Department of Justice Canada in documents associated with this study. However, several participants pointed out that the term “senior” is beginning to be perceived more negatively by the general public. In addition, older persons prefer to be referred to as “older adults” or “older persons.” “Older persons” is also the term used at the UN.²¹ Consequently, use of the term “abuse of older adults” or “abuse of older persons” could be more inclusive. There is no consensus about adding the term “neglect” after “elder abuse” to make the neglect aspect more explicit in the definition. Nevertheless—and this will be discussed in this report—there is no doubt that neglect should be included in the forms or types of abuse.

A few participants, including CNPEA members, suggested replacing the term “abuse” with the term “mistreatment,” which is being used increasingly because of its association with the term “well-treatment” (*bientraitance*). Furthermore, it is a comprehensive term that encompasses the concepts of both violence and neglect. However, it would not have the same scope as “abuse”, which echoes the legal terminology used in the *Criminal Code* (such as “abuse of a person who is vulnerable”, “sexual abuse” or “abuse of an intimate partner”). Nevertheless, this may be an advantage for the term “mistreatment” because some older persons may have difficulty acknowledging having experienced a form of “abuse”, while being open to calling what they experienced “mistreatment”. It should be noted that the WHO reflected on changing the term used and decided, in July 2022, to adopt the term "abuse of older people".

²⁰ In English, the literature and some conversations with the study’s participants highlighted that the term “Elder” has a different meaning for Indigenous peoples. This is why the use of the term “abuse of older persons” is proposed. In French, no literature or interviews with participants raised issues with the term “aîné”. Consequently, the use of the term “maltraitance envers les personnes âgées” is proposed.

²¹ See the work of the Open-ended Working Group on Ageing for the purpose of strengthening the protection of the human rights of older persons: <https://social.un.org/ageing-working-group/>.

3.2. Definitions²²

The frames of reference used to construct and define the problem evolve alongside the work of researchers, definition committee members and public decision-makers, based on the priority requirements of each time period concerned (Hall et al., 2016). Consequently, this work is continually being renewed and has presented challenges for many years. In Canada, as far back as 1990, Podnieks et al. noted the confusion induced by the lack of clarity in definitions; some going so far as to cover the full range of psychosocial problems that older persons might encounter, such as untreated medical problems, adequate housing issues and others. In 2015, McDonald et al. made a similar finding of lack of international definition and noted that this made it difficult to compare research findings.

Generally speaking, a definition of abuse has two parts: (1) an outline of the problem followed by (2) a varied number of possible types and forms of abuse. As described above, since its enactment by the WHO in 2002, the WHO's definition of abuse is the one most widely adopted (Harbison, 2016; Mikton et al., 2022) by actors involved in the fight against abuse (Beaulieu et al., 2021). The following is the definition currently promoted by the WHO:

Elder abuse is 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.

This type of violence constitutes a violation of human rights and includes physical, sexual, psychological and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect (WHO, 2021a, online).

There is no full consensus around this definition. It gives rise to many nuances and adaptations both in terms of positioning the problem and recognizing types and forms of abuse, thereby creating a major scientific challenge (Hall et al., 2016; Harbison, 2016; Ho et al., 2017; Isham et al., 2019; Killick et al., 2015; McDonald, 2011; and Yon et al., 2019). Different definitions lead to different types of data gathering, which limits the ability to compare the findings and thereby

²² The Minister of Justice and Attorney General of Canada's Mandate Letter outlines a commitment to continue to "work with the Minister of Seniors to strengthen Canada's approach to elder abuse by finalizing the national definition of elder abuse". During the summer of 2021, Employment and Social Development Canada (ESDC) held national consultations to obtain input on a federal policy definition of elder abuse. In support of the mandate letter commitment, ESDC continues to explore how best to move forward with the creation of a federal policy definition.

to understand the problem. Moreover, this affects the public response in terms of prevention, detection, and direct intervention. Is it possible to bring together, or even unify, definitions that are intended for public policy or legal purposes and definitions that can be operationalized in research? There is no simple answer to this question, although in some provinces and territories there is a willingness to do so.²³

3.2.1. Positioning the problem

The plurality of definitions, particularly in regards to positioning the problem, can be explained in part by divergences in the objectives and agendas of the stakeholders from which they originate because the meaning given to abuse is not immune to influence from political, economic or social contexts (Harbison, 2016). Moreover, researchers, including participants in this study, point out that the perspectives of older persons are not included in the positioning of the abuse problem and that this needs to be corrected (Mysyuk et al., 2016; Roulet, Schwab and Wangmo, 2021; Kilick et al., 2015). Another criticism is that the definition seems to be limited to an interpersonal dimension, thereby excluding abuse perpetrated by a group or a community against one or more people, and fails to take into account the institutional determinants at the root of the problem.²⁴ In addition, the definitional differences reflect cultural dimensions²⁵ that affect the positioning of the problem and the recognition of some forms or types of abuse (Killick et al., 2015), which, in some cases, leads to incompatibility between new definitions and current definitions (McDonald, 2011).

²³ For example, in Quebec, the definition used in the Survey on Elder Abuse in Québec 2019 (Gingras, 2020) adopted the definition of the Plan d'action gouvernemental pour contrer la maltraitance envers les personnes âgées 2017-2022 (Government of Quebec, 2017b). Nevertheless, not all types and forms of abuse were the subject of data collection.

²⁴ Quebec, through its definition adopted in June 2022, attempts to transcend these various challenges by broadening the definition of abuse to include dynamics other than interpersonal interactions.

²⁵ Some examples are accusations of witchcraft in Africa or failure to show filial piety in Asia, which are not typically considered as types of abuse in the West.

Each Canadian province and territory promotes one or more definitions of abuse²⁶ (see the list in Table 3) from public policies, legislation or services.²⁷

²⁶ Terms used to refer to abuse in official definitions are in bold. Terms that are unofficial translations are not in bold.

²⁷ In the table, asterisks above each definition designate the type of publication they originate from: * government website/** legislation/***/ public policy/***/ services

Table 3 – Definitions of Abuse of Older Persons and Types of Abuse by Canadian Province or Territory

Provinces and Territories	English		French	
	Definition	Types	Définition	Types
Alberta	<p>“Elder abuse is any action or inaction by self or others that jeopardizes the health or well-being of a senior.” (Government of Alberta, 2022, online) *</p>	<ul style="list-style-type: none"> - Financial - Emotional - Physical - Sexual - Neglect - Medication 	<p>« <i>La maltraitance envers les personnes âgées consiste en toute action ou inaction par vous ou d’autres personnes qui compromet la santé ou le bien-être d’une personne âgée.</i> » (Gouvernement de l’Alberta, 2022, en ligne) *</p>	<ul style="list-style-type: none"> - <i>Exploitation financière</i> - <i>Violence; psychologique</i> - <i>Violence physique</i> - <i>Violence sexuelle</i> - <i>Négligence</i> - <i>Administration de médicaments</i>
British Columbia	<p>““Abuse” means the deliberate mistreatment of an adult that causes the adult (a) physical, mental or emotional harm, or (b) damage or loss in respect of the adult’s financial affairs.” (Government of British Columbia, 1996, online) **</p>	<ul style="list-style-type: none"> - Physical assault - Sexual assault - Humiliation - Intimidation - Overmedication - Withholding; medication - Censoring - Invasion of privacy - Denial of access to visitors - Self-neglect 	<p>« <i>Abus veut dire la maltraitance délibérée d’un adulte lui causant (a) un préjudice de nature physique, psychologique ou émotionnelle, ou (b) du dommage ou des pertes de ses avoirs financiers.</i> » (Gouvernement de la Colombie Britannique, 1996, traduction libre) **</p>	<ul style="list-style-type: none"> - <i>Agression physique</i> - <i>Agression sexuelle</i> - <i>Humiliation</i> - <i>Intimidation</i> - <i>Sur médication</i> - <i>Ne pas fournir de médication</i> - <i>La censure</i> - <i>Violation de la vie privée</i> - <i>Empêcher de recevoir des visiteurs</i> - <i>Autonégligence (Traduction libre)</i>
Manitoba	<p>“Abuse”: “An act or omission that is mistreatment, whether physical, sexual, mental, emotional, financial or a combination of any of them,</p>	<ul style="list-style-type: none"> - Physical - Mental and emotional - Sexual - Financial - Neglect 	<p>« <i>Mauvais traitements » :</i> « <i>Actes ou omissions qui constituent de la maltraitance sur les plans physique, sexuel, mental, affectif ou financier ou sur</i></p>	<ul style="list-style-type: none"> - <i>Physique</i> - <i>Mental et émotif</i> - <i>Sexuel</i> - <i>Financier</i> - <i>Négligence</i>

Provinces and Territories	English		French	
	Definition	Types	Définition	Types
	and causes or is reasonably likely to cause death of a patient, serious physical or psychological harm to a patient, or significant loss to a patient’s property”. (Government of Manitoba, 2000, online) **		<i>plusieurs de ces plans et qui causent ou peuvent vraisemblablement causer le décès d’un patient, un préjudice physique ou psychologique grave à un patient, des pertes matérielles importantes à un patient. » (Gouvernement du Manitoba, 2000, en ligne) **</i>	
New Brunswick	A neglected or abused adult is “a disabled person or an elderly person, or is within a group prescribed by regulation, and is a victim of or is in danger of being a victim of physical abuse, sexual abuse, mental cruelty or any combination thereof”. (Government of New-Brunswick, 2021, online) **	<ul style="list-style-type: none"> - Physical abuse - Sexual abuse - Mental cruelty Neglect 	Un adulte maltraité est « toute personne adulte handicapée, toute personne âgée et tout adulte entrant dans un groupe prescrit par règlement, qui est ou risque de devenir victime de sévices ; d’atteintes sexuelles ; de cruauté mentale ; ou de toute combinaison de ces divers éléments. » (Gouvernement du Nouveau-Brunswick, 2021, en ligne) **	<ul style="list-style-type: none"> - Sévices - Atteintes sexuelles - Cruauté mentale Négligence
Newfoundland and Labrador	“Elder abuse refers to action that harm an older person or puts that person’s health or welfare at risk [...]. This often results from the actions of someone who is	<ul style="list-style-type: none"> - Physical - Psychological - Emotional - Verbal - Sexual 	« Les abus envers les aînés réfèrent à des actions posées qui nuisent à une personne aînée ou mettent à risque la santé ou le bien-être de la personne [...]. C’est souvent	<ul style="list-style-type: none"> - Physique - Psychologique - Émotionnel - Verbal - Sexuel

Provinces and Territories	English		French	
	Definition	Types	Définition	Types
	trusted or relied on by the victim.” (Government of Newfoundland and Labrador, 2007, p. 38) ***	<ul style="list-style-type: none"> - Financial - Spiritual, religious and cultural - Neglect - Self-neglect 	<i>le résultat des actions d’une personne de confiance ou sur qui la victime compte. »</i> (Gouvernement de Terre-Neuve-et-Labrador, 2007, traduction libre) ***	<ul style="list-style-type: none"> - Financier - Spirituel, religieux et culturel - Négligence - Autonégligence (Traduction libre)
Northwest Territories	“ Elder abuse is any intended or careless act that causes injury or harm to an older person. This injury can be inflicted by family members, friends, or caretakers.” (Northwest Territories Network, n.d. online) ****	<ul style="list-style-type: none"> - Physical - Sexual - Emotional/ mental - Financial abuse 	<i>L’abus envers les aînés est n’importe quel acte intentionnel ou négligent qui blesse ou pose préjudice à une personne aînée. Cette blessure peut être infligée par un membre de la famille, des amis, ou des proches aidants. »</i> (Northwest Territories Network, s.d., traduction libre) ****	<ul style="list-style-type: none"> - Physique - Sexuelle - Émotionnelle/psychologique - Financier (Traduction libre)
Nova Scotia	“ Elder abuse is the infliction of harm on an older person. It involves any act, or failure to act, that jeopardizes the health and/or well-being of an older person. Such action or inaction is especially harmful when it occurs within a relationship where there is an expectation of	<ul style="list-style-type: none"> - Physical - Sexual - Financial - Emotional - Violation human/civil rights - Neglect 	<i>« La violence envers les personnes âgées est le fait de causer du mal à une personne âgée. Il peut s’agir de toute action ou de toute inaction qui compromet la santé ou le bien-être d’une personne âgée. Une telle action ou inaction est particulièrement nuisible lorsqu’elle se produit dans</i>	<ul style="list-style-type: none"> - Physique - Sexuelle - Financière - Psychologique - Violation des droits et libertés - Négligence

Provinces and Territories	English		French	
	Definition	Types	Définition	Types
	trust.” (Government of Nova Scotia, 2005, p. 28) ***		<i>une relation où il existe une certaine attente en matière de confiance. »</i> (Gouvernement de la Nouvelle-Écosse, 2005, p. 1) ***	
Nunavut	<p>“Family abuse occurs when a person, a child of or in the care of a person, a parent of a person or another family member of a person is subjected to one or more [intentional or reckless] acts or omissions by another person with whom the person has: a) a spousal relationship; (b) an intimate relationship; (c) a family relationship; or (d) a care relationship.” (Government of Nunavut, 2006, p. 2-3) **</p>	<ul style="list-style-type: none"> - Mental or emotional - Damage to property - Physical harm - Sexual abuse - Financial exploitation - Privation of necessities of life 	<p>« <i>Il y a violence familiale lorsqu’une personne, l’enfant d’une personne ou dont une personne a la garde, ou encore le père, la mère ou un autre membre de la famille d’une personne est l’objet d’un ou de plusieurs actes ou omissions [commis intentionnellement ou par insouciance] qui sont l’œuvre d’une autre personne avec laquelle elle a, selon le cas : a) une relation conjugale ; b) une relation intime ; c) une relation familiale ; d) une relation de soins. »</i> (Gouvernement du Nunavut, 2006, p. 3) **</p>	<ul style="list-style-type: none"> - <i>Psychologique ou affective</i> - <i>Dommages matériels</i> - <i>Préjudice physique</i> - <i>Abus sexuel</i> - <i>Exploitation financière</i> - <i>Privation des nécessités de la vie</i>
Ontario	<p>“Elder abuse is often defined as any act or lack of action, within a relationship where there is an</p>	<ul style="list-style-type: none"> - Physical - Psychological - Sexual 	<p>« <i>Par mauvais traitements à l’égard des personnes âgées, on entend le plus souvent tout acte ou toute</i></p>	<ul style="list-style-type: none"> - <i>Physique</i> - <i>Psychologique</i> - <i>Sexuelle</i>

Provinces and Territories	English		French	
	Definition	Types	Définition	Types
	expectation of trust that harms a senior and causes them distress or risks their health or welfare” (Government of Ontario, 2021, online) *	<ul style="list-style-type: none"> - Financial Neglect 	<i>omission se produisant dans une relation au sein de laquelle on s’attend à un sentiment de confiance, qui est source de préjudice et de détresse chez une personne âgée ou pose un risque pour sa santé ou son bien-être. » (Gouvernement de l’Ontario, 2021, en ligne) *</i>	<ul style="list-style-type: none"> - Financière Négligence
Prince Edward Island	“Abuse of older adults refers to actions that harm an older person or jeopardize the person's health or welfare. There is no single cause of elder abuse. It may occur in relation to a single event or combination of life events such as physical or mental health illness, retirement, employment or family difficulties, addiction, or a dispute. It can affect older adults of any background, culture, religion, and economic status.” (Prince Edward Island Government, 2015, online) *	<ul style="list-style-type: none"> - Physical - Emotional/verbal - Financial - Sexual - Neglect - Denial of civil and human rights - Self-neglect 	<i>« L’abus des personnes âgées comprend les actions qui nuisent à une personne âgée ou compromettent sa santé ou son bien-être. Il n’y a pas de cause unique de l’abus des personnes âgées. Il peut être relié à un événement unique ou une combinaison d’évènements de vie comme des maladies physiques ou mentales, la retraite, l’emploi ou des problèmes familiaux, de la dépendance, ou une dispute. Il peut affecter les personnes âgées de tous les milieux, de toute culture, religion, et tout statut économique. » (Gouvernement de l’Île-du-</i>	<ul style="list-style-type: none"> - Physique - Émotionnelle/verbale - Financière - Sexuelle - Négligence - Refus de respecter les droits civils et humains de la personne - Autonégligence <p><i>(Traduction libre)</i></p>

Provinces and Territories	English		French	
	Definition	Types	Définition	Types
			prince-Edouard, traduction libre) *	
Quebec	<p>“There is Mistreatment when an attitude, a word, an act or a default of appropriate action, single or repeated, occurs within any relationship with a person, a community or an organisation where there is an expectation of trust, which causes, intentionally or not, harm or distress to an adult.” (Government of Québec, 2022, p. 6, unofficial translation) ***</p>	<p>Violence or neglect taking the type of:</p> <ul style="list-style-type: none"> - Physical - Psychological - Sexual - Material or financial - Organizational - Ageism - Violation of rights 	<p>« Il y a maltraitance quand une attitude, une parole, un geste ou un défaut d’action appropriée, singulier ou répétitif, se produit dans une relation avec une personne, une collectivité ou une organisation où il devrait y avoir de la confiance, et que cela cause, intentionnellement ou non, du tort ou de la détresse chez une personne aînée. » (Gouvernement du Québec, 2022, p. 6) ***</p>	<p>Violence ou négligence de type</p> <ul style="list-style-type: none"> - Physique - Psychologique - Sexuelle - Matérielle ou financière - Organisationnelle - Âgisme - Violation des droits
	<p>“A single or repeated act, or a lack of appropriate action, that occurs in a relationship where there is an expectation of trust, and that intentionally or unintentionally causes harm or distress to a person.” (Government of Québec, 2017a, online) **</p>	-	<p>« Un geste singulier ou répétitif ou un défaut d’action appropriée qui se produisent dans une relation où il devrait y avoir de la confiance et qui cause, intentionnellement ou non, du tort ou de la détresse à une personne. » (Gouvernement du Québec, 2017a, en ligne) **</p>	
Saskatchewan	<p>“Elder abuse is the mistreatment of an older</p>	Types :	« L’abus est la maltraitance des personnes aînées. Cela	Types :

Provinces and Territories	English		French	
	Definition	Types	Définition	Types
	<p>person. It can be physical abuse, emotional abuse, or neglect. The person who does it may be a caregiver, a family member, a spouse, or a friend. There are three types of elder abuse. They are:</p> <p>Domestic abuse. This usually happens in the person's home or in the home of the caregiver. The abuser is often a relative, a close friend, or a paid companion.</p> <p>Institutional abuse. This happens in a nursing home, foster home, or assisted-living facility. The abuser's job is to help care for the vulnerable adult.</p> <p>Self-neglect. In addition to abuse from others, a vulnerable adult may not take care of himself or herself very well.” (Saskatchewan Health Authority, 2021, online) *</p>	<ul style="list-style-type: none"> - Domestic abuse - Institutional abuse - Self-neglect <p>Acts :</p> <ul style="list-style-type: none"> - Violence - Emotional or psychological abuse - Sexual abuse - Neglect - Abandonment - Financial abuse 	<p><i>peut être physique, émotionnel, ou de la négligence. La personne qui la commet peut être un proche aidant, un membre de la famille, un(e) conjoint(e) ou un(e) ami(e). Il y a trois types de maltraitance envers les personnes âgées. Ils sont :</i></p> <p><i>Maltraitance à domicile. Elle survient habituellement dans la résidence de la personne ou dans la résidence d'un proche aidant. La personne maltraitante est souvent un membre de la famille, un(e) ami(e) proche, ou un accompagnateur payé.</i></p> <p><i>Maltraitance institutionnelle. Elle survient dans un foyer de soins infirmiers, un foyer d'accueil, ou une résidence-services. L'emploi de l'agresseur est de prendre soin de l'adulte vulnérable.</i></p> <p><i>Autonégligence. En plus de la maltraitance provenant</i></p>	<ul style="list-style-type: none"> - <i>Maltraitance à domicile</i> - <i>Maltraitance institutionnelle</i> - <i>Autonégligence</i> <p>Actes :</p> <ul style="list-style-type: none"> - <i>Violence</i> - <i>Maltraitance émotionnelle ou psychologique</i> - <i>Maltraitance sexuelle</i> - <i>Négligence</i> - <i>Abandon</i> - <i>Maltraitance financière (Traduction libre)</i>

Provinces and Territories	English		French	
	Definition	Types	Définition	Types
			<p><i>des autres, un adulte vulnérable peut ne pas prendre soin de lui-même adéquatement. »</i> (Saskatchewan Health Authority, 2021, Traduction libre) *</p>	
Yukon	<p>“Abuse: “abuse” means the deliberate mistreatment of an adult that (a) causes the adult physical, mental, or emotional harm, or (b) causes financial damage or loss to the adult.” (Government of Yukon, 2003, p. 67) **</p>	<ul style="list-style-type: none"> - Physical - Mental/emotional - Financial 	<p>« Mauvais traitement : <i>Mauvais traitement infligé à un adulte qui a) cause à l’adulte un préjudice physique, mental ou émotionnel ; ou b) cause à l’adulte des dommages ou des pertes d’ordre financier. »</i> (Gouvernement du Yukon, 2003, p.68) **</p>	<ul style="list-style-type: none"> - <i>Physique</i> - <i>Émotionnelle/mentale</i> - <i>Financier</i>

Table 3 shows the variety of definitions for abuse of older persons that are in use in Canada's provinces and territories. Although the majority of them include a description of what abuse is (an action or lack of action that may have consequences for the older person's health and well-being), who may be affected (an older person or an adult) and who the perpetrators may be (a presumed trustworthy person), many differences may be observed. The first difference concerns the target audience, which is not always older persons. In fact, the Nunavut definition covers family abuse (Government of Nunavut, 2009), whereas the Yukon and Quebec action plan definitions cover adults. Another difference concerns the trust relationship. The Newfoundland and Labrador definition suggests that abuse is not necessarily committed by a person of trust (Government of Newfoundland and Labrador, 2007, p. 38). Comparisons of data collected in the provinces and territories through administrative or operational surveys/programs will necessarily be affected by these definitional nuances and variations. The second finding is the **diversity of types and forms** of abuse recognized in different jurisdictions (discussed further in section 3.2.3).

In brief, according to Canadian and international researchers, there are already a large number of excellent definitions of abuse. To create a new definition that would be specific to the Canadian context would simply exacerbate the challenges of comparing and pooling data. A Canadian definition of abuse should therefore be based on the most popular definitions, such as the WHO's definition. However, a number of provincial and territorial government representatives expressed an attachment to their definition, which may complicate the task of reaching a Canada-wide consensus.

3.2.2. Components of abuse

According to Hall et al. (2016), many of the divergences in the positioning of the abuse problem relate to one or more of the following five components:

- **Intentionality**
- **Single or repeated actions**²⁸

²⁸ Not covered in the interviews.

- **Trust relationship**
- Consequences, i.e. **harm or distress**
- **Vulnerability**

Of these components, most of the researchers who were interviewed considered the **trust relationship** to be key because the nature of the relationship calls for different interventions. Incidents committed by strangers would thus be considered outside the scope of abuse (e.g., fraud, theft, assault), and treated as criminal victimization and subject to referral to victim services.²⁹ The work carried out by the WHO (Mikton et al., 2022) suggests that the trust relationship concept should be broadened to take fabricated or perceived relationships into consideration (e.g., cyber fraud, wire fraud or other; see section 3.2.3). However, one of the interviewed individuals criticized this component (i.e., the trust relationship) because older persons could be held accountable for placing their trust in a person or institution that is not trustworthy.³⁰ This increases the likelihood that the abused person will be blamed.³¹ Moreover, Canadian law tends to exclude the trust relationship, which is considered subjective and limiting (McDonald, 2011).

Intentionality is seen as an important component in the context of intervention, but not as essential to a definition because an action can cause harm or distress to a targeted older person, regardless of the abuser's intention. However, intentionality may be important when it is a matter of criminal responsibility, without it being included in the definition.³² Consequently, researchers tend to propose excluding this component, or if it is included, to accompany it with the specification that the abuse may or may not be intentional.³³

With respect to **consequences**, the researchers and provincial representatives agreed on specifying that abuse results in a consequence or a high risk of consequences for the persons targeted by the abuse. That is, it is reasonable to assume that actions or lack of actions directed

²⁹ In doing so, these data are not included in the data that report situations of abuse.

³⁰ Many efforts are made to move away from an analysis that blames the abused person for the abuse suffered because of their lifestyle, relationships, etc.

³¹ This phenomenon of putting the burden on the victim is known as "victim blaming".

³² In criminal law, an action or inaction not only has to be criminal in nature (*actus reus* in Latin), but it also has to be proven that the accused intended to commit this crime or was in the state of mind to do so (*mens rea* in Latin)

³³ This is specified in the two definitions of abuse used in Quebec.

toward an older adult are likely to affect their overall well-being in the short or long term (Beaulieu et al., 2018).

Lastly, the **vulnerability** component, which is not included in the WHO definition, was a subject of debate among the experts consulted, with some wanting and others not wanting to see it included in the definition. First, it is important to clarify what vulnerability refers to: Is it intrinsic, temporary, permanent? A common definition is that of Schroeder and Gefenas (2009): "to be vulnerable means to face a significant probability of incurring an identifiable harm while substantially lacking ability and/or means to protect oneself" (p. 117). Some researchers say that vulnerability should take precedence over age, but the complexity of determining what vulnerability is leads to chronological age being taken as a shortcut. Others say that vulnerability is a social construct with edges that are too blurry to be included in a definition. For example, a person may be vulnerable in one context and not in another and anyone may be vulnerable at some point in their life.³⁴ According to these respondents, a possibly acceptable compromise would be to look at situations of vulnerability rather than vulnerability itself. This would have the advantage of not considering vulnerability as a permanent characteristic, but rather as something that can vary according to context. Lastly, studies show that it is difficult to determine whether vulnerability is a risk factor (existing before the abuse occurs) or a consequence (the result of the abuse). For example, cognitive decline, depression, anxiety, relational difficulties and poor health are all identified as both risk factors and consequences of abuse (Roberto and Hoyt, 2021; Storey, 2020; Yunus et al., 2017).

One of the researchers pointed out that these definitional elements are important in the contexts of research, policy or legislation, but the resulting definitions often resonate very little with the general public. Therefore, if the Government of Canada wishes to develop a definition to be included in a public policy, it should be clear and straightforward for the public. This could help people understand what abuse is, recognize the signs, and possibly shorten their reaction time to the problem, whether they are the target or a witness.

³⁴ For example, in the contexts of waking up from general anesthesia, shock following a bereavement, or any other physical, psychological or social condition that is likely to make anyone less alert.

3.2.3. Types and forms of abuse

The types and forms of abuse vary, depending not only on the culture, but also on the various actors involved in drafting the definition and their political, social and economic contexts (Harbison, 2016). This means older persons do not necessarily recognize the same types and forms of abuse as researchers or stakeholders. In particular, older persons tend to exclude sexual abuse and to feel that there can only be abuse if there is intentionality (Mysyuk et al., 2016; Roulet Schwab and Wangmo, 2021). In addition, some older persons consider physical abuse as the primary form of abuse, while other types are secondary aspects of the problem (Mysyuk et al., 2016). It has also been observed that they tend to include systemic issues, such as ageism,³⁵ as being types of abuse (Killick et al., 2015).

Table 3 shows variations in types and forms of abuse based on the definitions used in Canada. Physical, and psychological or emotional abuse (called mental cruelty in New Brunswick) are included within all of the typologies used in Canada. In addition, most definitions include financial abuse and neglect. Only the Yukon does not specifically address sexual abuse. Some provinces and territories include organizational abuse, medical or medication management abuse, spiritual/religious/cultural abuse, violation of rights, deprivation of the necessities of life, ageism, censorship, abandonment, denial of visitors and self-neglect. The two Quebec definitions include two forms of abuse: violence (inappropriate action) and neglect³⁶ (failure to take appropriate action) under which each type falls (Government of Quebec, 2017b, 2022).

The Canadian researchers and CNPEA members interviewed suggested that Canada use an updated Toronto Declaration as a basis for developing a possible definition that would highlight physical, psychological and emotional, sexual and financial abuse, as well as neglect as types of abuse. The definition could also include institutional abuse, abuse of authority by an abuse victim's representative, spiritual, religious and/or cultural abuse, medical abuse, violation of dignity and disrespect.³⁷ The list of types and forms of abuse should be accompanied by a

³⁵ “Ageism arises when age is used to categorize and divide people in ways that lead to harm, disadvantage, and injustice. It can take many forms including prejudicial attitudes, discriminatory acts, and institutional policies and practices that perpetuate stereotypical beliefs.” (WHO, 2021b, online).

³⁶ It is recognized that neglect can be physical, psychological, sexual, material or financial, a violation of rights or ageism.

³⁷ These last two types of abuse refer to attitudes towards older adults that could be distinguished from the psychological abuse in which they are often integrated.

comprehensive set of concrete examples, so that those affected can recognize when the definition applies to them. It was suggested that vague and broad definitions should not be used, especially for psychological abuse, in order to more effectively differentiate between abuse and mere conflict. With respect to financial abuse, the researchers generally took care to exclude fraud committed by strangers, making reference to the concept of trust. One of the researchers pointed out, as did some of the government representatives, that it may be difficult to differentiate between abuse and fraud committed when a trust relationship is simulated and that its inclusion in the definition of abuse could obscure other types of abuse. Conversely, in order to respect cultural differences, the statement on forms and types of abuse should not be too rigid. Lastly, neglect, considered to be a type of abuse in Canada (except in Quebec where it is a form of abuse)³⁸, must be included in a possible definition because it arises in many abuse situations, whether or not the abuse is physical, psychological, financial, sexual or other. There was no consensus on including self-neglect in a definition of abuse. For some, self-neglect should be excluded given the absence of a relational component. For others, particularly representatives of provincial and territorial governments who recognize self-neglect, it is vitally important that self-neglect be included in the definition of abuse.

4. Data quality

4.1. Methods of collecting or compiling data

Data quality of abuse prevalence estimates is a recurring issue because it is based on the use of reliable and validated measurement instruments. Two data collection or compilation methods are used in the world: 1) population surveys, which are usually based on self-reported information provided by individuals who have suffered abuse or by witnesses of abuse situations, and 2) administrative or operational data, which are derived from the application of law or policy, or from various public, private or community organizations specialized in care, service, public safety or other organizations.

³⁸ As shown in Table 3, Quebec recognizes two forms of abuse (abuse and neglect), each of which can be broken down into seven types (physical, psychological, sexual, material or financial, organizational, violation of rights, ageism). For example, there can be sexual abuse that takes the form of violence or neglect. In doing so, Quebec recognizes 14 scenarios of abuse (2 forms X 7 types).

Population surveys of self-reported abuse by older persons (rarely by witnesses, except in residential facilities) are considered more reliable than statistics produced with administrative or operational data, because older persons may report situations that have not been the subject of a formal request for help, report or complaint. Of course, survey respondents may, voluntarily or involuntarily, fail to report certain situations. Administrative or operational data, when clearly recorded, make it possible to report on the situations known following a request for help, a detection, a report or a complaint. Since the same abused person may be compiled in administrative or operational data and also in reports of people who have used various services, the same person may have been counted in several places. In doing so, for example, across the country or within a province or territory, there is a risk of cross-referencing data drawn from the application of laws and policies with data from a variety of service agencies such as police, health and social services, abuse of older persons' hotlines, and victim services agencies, as the same person may have been recorded in more than one location.

The following sections explore the Canadian data available for each of these two modes of collection or compiling: 1) population-based survey data and 2) administrative or operational data.

4.1.1. Population surveys of abuse prevalence in Canada

Most population surveys are quantitative, but some involve a mixed-method approach that combines usually closed-ended questions asked over the telephone or in person (quantitative) and portions of interviews, including open-ended questions (qualitative) (Keygnaert et al., 2021; Naughton et al., 2012). The validity of the measurement scales used in the prevalence surveys is currently³⁹ being examined in an “evidence and gap map” literature review conducted by an international team headed by Malaysian researcher, Dr. Fadzilah Hanum Mohd Mydin. In the absence of a benchmark measurement, various validated and unvalidated tools are used to conduct population surveys, including tools initially designed for clinical identification. One of the challenges of using tools developed for clinical use is the fact that none of them are adapted to all situations and practice contexts: some are designed for use by physicians in private practice, others in hospital emergency departments, and others in the context of family caregivers

³⁹ The results of this work, in which WHO and Marie Beaulieu are participating, are expected in late 2022 or 2023.

undergoing psychosocial monitoring at home or other. (Laforest et al., 2013). Moreover, these tools that help identify clues are supposed to be accompanied by clinical validation to ensure that the situation is indeed one of abuse.

In Canada, at least five population studies have provided a picture of the extent of abuse (see Table 4 for a chronological listing). Three of these studies, preceded by an asterisk (*), were devoted entirely to the abuse of older persons; the other two present analyses from specific modules on the abuse of older persons inserted into broader data collections.

Table 4 – Canadian Abuse of Older Persons Prevalence Studies

Surveys	Characteristics	Abuse Prevalence
* National Survey on Abuse of the Elderly in Canada (Podnieks et al., 1990)	Method: Telephone Period: Last 12 months Region: 10 provinces Location: Home Age: 65+ years	Overall (4%) Physical (0.5%) Psychological (1.4%) Financial (2.5%) Neglect (0.4%)
General Social Survey: Family Violence in Canada: A Statistical Profile, 2000 (Statistics Canada, 2000)	Method: Telephone Period: Last 5 years Region: 10 provinces Location: Home Age: 65+ years.	Physical/sexual (1%) Psychological (7%) Financial (1%)
* Into the Light: National Survey on the mistreatment of older Canadians (McDonald et al., 2015a)	Method: Telephone Period: Last 12 months Region: 10 provinces Location: Home Age: 55+ years.	Overall (8.2%) Physical (2.2%) Sexual (1.6%) Psychological (2.7%) Financial (2.6%) Neglect (1.2%)
* Survey on Elder Abuse in Québec 2019 (Institut de la Statistique du Québec, 2020)	Method: Telephone Period: Last 12 months Region: Quebec Location: Home Age: 65+ years	Overall (5.9%) Physical (0.8%) Sexual (0.4%) Psychological (4.6%) Financial (0.8%) Neglect (0.4%)
Canadian Longitudinal Study on Aging (results taken from Burnes et al., 2022)	Method: Telephone and in-person interviews Period: Last 12 months Region: 10 provinces Location: Home Age: 65+ years	Overall (10%) Physical (1.3%) Psychological (8.8%) Financial (1.4%)

To this can be added some data collection modules in various recurrent studies such as general social surveys or the compilation of police data.

Although these prevalence studies provide an idea of the extent of abuse in Canada, more research is needed to obtain a complete picture. In fact, these surveys set out all of the major limitations, in excluding, for example, First Nations living on reserves, older persons living in long-term care facilities, in one of Canada's territories, or speaking neither English or French. Nevertheless, it is important to point out that the Canadian Longitudinal Study on Aging differs from other surveys in that it repeatedly surveys the same respondents (Canadian Institutes of Health Research, 2018), which makes it possible to track changes in the situation and better understand the circumstances in which abuse events occur (Burnes et al., 2022). Nevertheless, this study only focuses on physical, emotional, and material/financial abuse; thus, various types including sexual abuse and neglect are not documented.

In addition to the choices of methods⁴⁰ that can restrict the scope of the data, other factors make it more difficult to estimate abuse prevalence and pool the findings of various studies: the large number of abuse definitions and types (Hall et al., 2016; Jackson, 2018; Yon et al., 2017); the lack of consensus on the number of times an event occurs for it to be considered abuse⁴¹ (Dong, 2015); variations in the periods studied (over the past year, over the past five years, from age 65+, etc.); or exclusionary criteria applied (for example, exclusion of certain contexts such as residential, territories, or vulnerable populations such as persons with reduced cognitive ability). The exclusion of some groups of older persons (Friedman et al., 2015; Hall et al., 2016) or of some communities where abuse may occur (Burnes et al., 2015; McDonald, 2018) is especially problematic because it systematically leads to an underestimation of actual abuse prevalence (Jackson, 2018). The trend of looking at abuse from a binary perspective (i.e., is there or is there not abuse?) also limits the ability to carry out an in-depth analysis of data collected. Adding severity indicators would help obtain a better overview of the situation because there is a considerable difference between a person who has had two minor episodes of abuse and a person who has had more than ten severe episodes of abuse (Burnes et al., 2017).

⁴⁰ Such as the method of recruitment, sample size, how the questionnaire will be administered (in person or face to face), etc.

⁴¹ This comment is quite common, especially in psychological or emotional abuse, in order to draw the line between strained or conflicting relationships and abuse. The following question illustrates the nature of the issue: does a person have to have experienced someone raising their voice three, ten or twenty times in a period of one, three, six or twelve months for a situation to be considered abuse?

Canadian researchers have reported similar limitations as those mentioned above and are critical to the quality and extent of Canadian data obtained in large-scale prevalence studies. In particular, they criticize the lack of representativeness because the compiled data or the analyses of the data do not make it possible to cover all living environments of older persons (e.g., at home, group living environments, care homes) or all areas (urban, semi-urban or rural). In addition, the composition of the samples limits detailed analysis based on various characteristics of older persons that may be abuse vulnerability factors (e.g., being a member of an ethnocultural minority, being an Indigenous person, being a person with mental health issues). In that regard, one interviewed individual said that Canadian data on abuse would be primarily representative of the reality of White older persons living in their own home who are able to participate in a telephone survey.⁴²

Provincial and territorial government representatives, having expressed their thoughts spontaneously on the subject, were also similarly concerned about the limitations of the data. Because provinces and territories (except for Quebec) do not conduct population surveys of abuse, they only have access to partial data from the application of their laws and policies, analyses carried out by Statistics Canada or within the framework of the General Social Survey, or more specifically produced by various services (e.g., police, justice system, healthcare and social services network, community organizations, ombud, or adult protection services or others).

International researchers point out that problems encountered in terms of the richness and sophistication of Canadian data are no different from those encountered elsewhere. This is a widely shared problem, and one that is the focus of international attention in the second recommendation of the Decade of Healthy Aging's priority work on the abuse of older persons, "generate more and better data on prevalence, risk and protective factors", released by the WHO in June 2022 (WHO, 2022). This makes it important for Canada to interact with the WHO and with researchers from various countries.

⁴² This is also a criticism that can be made of the Canadian Longitudinal Study which could be improved in terms of diversity. While it shows that being Black is an increased risk factor for maltreatment, it is also revealed that over 95% of the respondents to this study are White.

4.1.2. Administrative or operational data

Although it is not recommended to only use statistics produced based on administrative or operational data (derived from the application of laws or policies,⁴³ or from public, private or community care, public safety or other organizations)⁴⁴ these statistics, when combined with other information sources such as large-scale prevalence surveys or Statistics Canada data, can help obtain a more comprehensive and specific overview of the abuse problem (Conrad et al., 2021; DePrince et al., 2020). For example, police reports may contain information on certain types of abuse that would otherwise be invisible, such as exploitation of an older person's home (e.g., theft of property and resources, a tenant paying little or no rent, use of the home for illegal activities) (DePrince et al., 2020).

The data gathered from service-providing organizations pose many challenges, which were identified by this study's various participants, including provincial and territorial representatives, who pointed out two shortcomings: the lack of data-gathering guidelines and of a centralized data repository.⁴⁵ These shortcomings, combined with underfunding of data-producing organizations⁴⁶ and communication problems within and between departments and governments, affects the compatibility of data, as well as access to it.⁴⁷ The small amount of data released to the public is also descriptive: socio-demographic characteristics, number of reported cases or number of situations monitored. Analyses from the ongoing WHO-led mega-map should contribute to an inventory of data that can be collected on both the prevalence and characteristics

⁴³ While not claiming to be comprehensive, this report provides an important inventory of key legislation and policies developed through discussions with provincial/territorial officials and research of various documents and websites. For example, Table 3, which outlines definitions of abuse, is based on existing provincial and territorial legislation, policies and regulations, and Table 5 outlines abuse legislation in Canadian jurisdictions.

⁴⁴ These include police data from the federal Uniform Crime Reporting Survey and the Statistics Canada Homicide Survey. Provincially, data can be drawn for example from provincial or municipal police services, victims' aid services, telephone hotlines (e.g., older persons, violence, abused older persons), health and social services network statistics, statistics produced by the various services protecting vulnerable or older persons (e.g., public trustee, adult guardianship), data produced by the ombud (or ombud for older persons).

⁴⁵ Some jurisdictions do not have an electronic repository within their adult protection service and only keep report and assessment in paper format, making it difficult to pool and share anonymized data.

⁴⁶ In particular, one provincial stakeholder gave an example of funding that had dwindled to the point where data collection and compiling could no longer continue.

⁴⁷ In particular, participants identified that many actors involved in the fight against abuse (e.g., police, justice, health services, social services, adult protection services), under various government departments and agencies, collect data within their agency or service that will never be cross-referenced with that of other services under other departments, because there is no mechanism to do so.

of abused persons and abusive individuals, groups or organizations. Nevertheless, the provinces and territories with adult protection services are somewhat noteworthy for the abundant detail of the compiled data (such as types of abuse), although there may still be gaps. For example, financial abuse situations are not necessarily handled by these service-providing organizations.

4.2. Overview of the state of data for particular segments of the older population

According to 2016 Canada Census data, there are more than 250 ethnic origins and more than 200 spoken languages reported by people living in Canada. Of the Canadian population, 22.3% identify as belonging to an ethnic minority, including nearly 16% who are 65+ years old. In addition, 4% of Canadians openly identify as LGBTQ2+,⁴⁸ 7% of whom are older persons (Statistics Canada, 2016). This diversity is rarely reflected in studies of abuse (Walsh et al., 2010). There was also a consensus among the interviewed researchers about the lack of detailed quantitative data on abuse of older persons belonging to minority groups (e.g., immigrants, ethnocultural groups, Indigenous people and LGBTQ persons).

According to the government representatives, this limitation in the data is exacerbated by the fact that service-providing organizations and existing reporting mechanisms rarely gather information on physical or mental health status, on persons belonging to an ethnocultural, sexual or gender minority or on the living environment of abused persons.⁴⁹ This information would be taken into consideration particularly in situations where it is directly related to the reporting, complaint, or intervention context. Some respondents with field experience⁵⁰ also said they felt uncomfortable with systematically asking people questions about aspects of their private lives, such as belonging to an ethnocultural or sexual minority or a having mental health issue, simply for the purposes of obtaining “more data.” They said that one needed a good reason to ask these types of questions. In other words, the need for richer data must be shown to outweigh the possible harms that may be experienced by respondents. However, many researchers said that it was not a

⁴⁸ The term LGBTQ is used throughout the report to refer to lesbian, gay, bisexual, trans people. However, for consistency with the cited study, the acronym LGBTQ2+ is retained here.

⁴⁹ Those who wrote this report know that there are studies that collect this data, such as the 2019 General Social Survey and the Canadian Longitudinal Study on Aging, to name a few, but these are reported here by those representing the provinces and territories.

⁵⁰ They are both people who accompanied the provincial and territorial stakeholders during the interviews and people from the research field with very applied research practices.

problem exclusive to abuse. Rather, the exclusion of data on minorities is a problem in nearly all research fields.

4.2.1. Older persons belonging to an ethnocultural minority

According to the Centre of Expertise on the Well-Being and Physical Health of Refugees and Asylum Seekers (CERDA), immigration for many older persons is synonymous with family conflict. Financial problems, changing cultural standards, loss of family values and sponsorship relationships can create tension and lead to experiences of abuse (Johnson et al., 2019).

Abuse prevalence is affected by factors common to the majority of ethnocultural communities and risk factors specific to each community (Zheng et al., 2019). Common factors include language barriers⁵¹ or the dependency of newcomers on their family and friends because of sponsorship programs (Li et al., 2020). According to a Canadian study under the Elder Abuse Resource and Supports Program in Edmonton, 10% of interventions in abuse cases were further complicated by language barriers (Storey and Perka, 2018). There are many older persons belonging to ethnocultural minorities who say they have difficulty obtaining access to services that would be sensitive to and understanding of their culture and beliefs (Dow et al., 2020). Also observed was an increased distrust of the medical and research communities, which makes it difficult to involve this population in various research projects (Nkimbeng et al., 2020). This might partially explain why people belonging to ethnocultural minorities use assistance or reporting services less frequently (Burnes et al., 2016) and why the abuse they experience is rarely reported to the police (Dong et al., 2015).

Many of the experts consulted mentioned these particular problems experienced by older persons arriving in Canada. They pointed out that a lack of trust in the authorities, fear of altering their community's image, dependence on family, fear of having to return to the country from which they came (especially in the case of refugees) and lack of belief in the usefulness of the research were the main barriers to reporting, asking for help and participating in research.

⁵¹ People who are not proficient in the language or languages spoken in the country where they live.

Despite these common elements, it is important to study ethnocultural groups as distinct groups and not as opposing categories (e.g., Caucasians vs. non-Caucasians) (Burnes et al., 2015). In fact, different communities and cultures experience abuse differently and do not have the same tendencies to report abuse, make complaints or ask for help. It is always difficult to identify cultural frameworks without engaging in abusive generalizations or caricatures. However, by way of examples, the following are a few highlights that emerge in the literature. Chinese communities attach special importance to respect for the elderly, which means that being overly bossy, using a scornful tone of voice or being reprimanding may be considered psychological abuse (Zhang, 2019). Conversely, being demanding and critical is sometimes considered a sign of love. Westerners might therefore consider some situations to be abusive, when in fact, they are signs of affection (Zheng et al., 2019). Among Iranian older persons, religious values, the importance of preserving family honour, values of patience and endurance in the face of adversity and the desire to deal with family conflicts within the family mean that abuse is rarely reported, particularly when the abusing person is a family member (Adib et al., 2019). These examples reflect the importance of showing cultural sensitivity when gathering data on abuse, which involves finding trust-building ways to approach older persons and working with translators (if not possible to proceed otherwise).

4.2.2. LGBTQ older persons

There are few scientific articles and data on abuse of LGBTQ older persons (Walsh et al., 2010; Westwood, 2019), which contributes to the invisibility of the problem (Candrian and Cloyes, 2020; Walsh et al., 2010). This invisibility is exacerbated by the fact that LGBTQ older persons face many more obstacles to reporting abuse and asking for help. For example, some may have been ostracized by their families because of their sexual orientation or their gender identity and now have problems related to housing and choosing a caregiver. Therefore, if the primary caregiver proves to be abusive, the victim has few options for getting away from the abuser without referring to formal assistance providers (e.g., police, healthcare and social services network). However, LGBTQ older persons who have had multiple negative experiences dealing with the healthcare and social services systems are reluctant to go to these assistance providers

(Bloemen et al., 2019; National Resource Center on LGBT Aging, 2016). In addition, for many LGBTQ older persons, going to live in a residential care setting means having to conceal their sexual or gender identity again for fear of being stigmatized⁵² (Bloemen et al., 2019; Waling et al., 2019; Willis et al., 2016). Consequently, it is more difficult to get access to this population to gather data.

The interviews conducted revealed that public decision-makers are still not aware of the problems that could arise for LGBTQ older persons. In fact, although the majority of the provincial and territorial government representatives identified LGBTQ older persons as possibly vulnerable to abuse and difficult to obtain access to for data-gathering purposes, some said they did not see the relevance of gathering specific data on LGBTQ older persons because they experience aging in the same way as other older persons.

4.2.3. Older persons with physical or cognitive disabilities

Older persons with physical or cognitive disabilities, amounting to 37.8% of the Canadian elderly population in 2017 (Morris et al., 2018), also tend to be underrepresented in abuse prevalence studies, although they are at greater risk of experiencing abuse (Dong, 2015; Dugas and Lamotte, 2015). While the scientific literature essentially deals with abuse committed by caregivers in the home or workers in residential facilities, a recent qualitative research study highlights the importance of taking a close look at the dynamics between providers of public, private or community services and older persons with disabilities who live at home (Beaulieu et al., 2022).

Determining abuse prevalence for these populations is a complex task because the signs of abuse are often subtle. Caregivers and professionals tend to want to provide assistance and meet the

⁵² Stigmatization can open the door to situations of abuse. A research project, under the direction of Dr. Marie-Eve Bédard, is currently underway on discrimination against people from the LGBTQ communities in private residences in Quebec. The results will allow us to make links with the issue of the abuse of older persons in the LGBTQ community.

older person's perceived needs, which sometimes results in doing too much for the older person and failing to take their capacities into account. This is especially common in residential and long-term care facilities where the older residents have lost a lot of their autonomy.⁵³ However, two research studies done in countries other than Canada clearly show greater abuse prevalence for older persons with physical or cognitive disabilities than for the general population (Giraldo-Rodriguez et al., 2015; Sathya and Premkumar, 2020).

A Canadian study points out that older persons with physical disabilities and functional challenges are less able to defend themselves or to escape if they are experiencing abuse, and that they make fewer requests for help (Burnes et al., 2015). According to another Canadian study, possible reasons for the low percentage of requests for help are fear of not being taken seriously, dependence on the abusive person for care or management of finances, and difficulty getting help by themselves (Walsh et al., 2010). A third Canadian research study highlights the importance of family and friends to support older persons with disabilities in requesting services, throughout the service trajectory, which may include requests submitted to numerous organizations (Beaulieu et al., 2022).⁵⁴

For persons with cognitive disabilities, memory problems can affect their ability to recall incidents of abuse after they occur, which can result in under-reporting (Ho et al., 2017). Their direct participation in information gathering is limited without the support or approval of a third party. Healthcare professionals may be a major source for data gathering (Mouton et al., 2019), provided they are able to identify abuse situations. The indicators can be easily confused with communication or perception problems and health problems associated with severe cognitive impairment, such as Alzheimer's disease (Touza and Prado, 2019). These various issues make it more difficult to gather data from these people and lead to their exclusion from population surveys (Ho et al., 2017).

⁵³ This refers in particular to wanting to do so much for the older person that they can no longer do what they are still able to do. This is detrimental to the senior's power to act, because this high level of protection can lead to the loss of the senior's agency, the mobilization of their abilities or capabilities.

⁵⁴ This study highlights the support of family members, which older persons say they greatly appreciate in the process of reporting or requesting help, a process that can bring them into contact with many services. This research has nevertheless shown that people with cognitive problems or an intellectual disability see their loved ones taking a certain leadership role in reporting or requesting help.

The interviewed researchers who stated their opinions on the topic reiterated what was said in the collected studies and expressed concern about the exclusion of older persons with disabilities from the data-gathering and overall research. They said that this exclusion resulted from fear on the part of ethics committees with respect to these populations. It is possible that ethics committees see this population as more vulnerable than they really are.

4.3. Overview of data based on where abuse occurs

4.3.1. In the home

As found in population surveys conducted in Canada (see Table 4), the most studied location where abuse may occur is the home. The literature tends to devote particular attention to children and other family members of the older person or to friends and neighbours, thus concealing the scale of abuse situations occurring in the home that involve providers of public, private or community services (Beaulieu et al., 2022). Consideration should therefore be given to gaining a greater understanding of the problem outside the dynamics of family members, friends, and neighbours in order not to limit data on abuse of older persons to a single intra-family dynamic (Beaulieu et al., 2022).⁵⁵

Nevertheless, the fact remains that family members are involved in a large percentage of abusive situations occurring in the home, making it challenging to gather data (Government of Canada, 2021b). In particular, researchers and field workers cannot systematically use friends and loved ones as reliable sources (Wong et al., 2020). It can also be difficult to have a private conversation with the older person in their home (Norrie et al., 2018) and the friend or family member may try to hide the abuse to protect themselves (Lachs, 2017). However, when they are not the perpetrators, close family members and friends tend to be very knowledgeable of the older person's habits, needs, finances and behaviour, and will be able to identify changes that might be abuse indicators (Mercier et al., 2020). When a close family member or friend appears to be

⁵⁵ This is especially important because some types of abuse of older persons are largely committed by people other than family members and neighbors, as the Survey on Elder Abuse in Québec clearly shows. It shows that 29.0% of sexual abuse, 22.0% of material or financial abuse, 18.4% of physical abuse and 9.7% of psychological abuse are committed by service providers (Gingras, 2020).

impeding an investigation, it is important to find alternative ways to speak to the older person in private, if their condition permits (Norrie et al., 2018).⁵⁶ In fact, data gathering may raise ethical and reporting issues that are important to anticipate in the training of persons who collect data, notably through interviews.

4.3.2. Residential care facilities

Compared with the home, abuse in residential facilities (residences for the elderly and long-term care homes) has not been the subject of much study (Botngård et al., 2021; Yon et al., 2019b).⁵⁷ The characteristics of these facilities, accommodating a wide variety of older residents (ranging from those who are fully autonomous to those needing continuous care) who have contact with close family members and friends, other residents and staff members, and are living within an institutional culture specific to the facility, make it a complex task to study abuse situations that occur there (Myhre et al., 2020).

The only meta-analysis looking at abuse in residential and long-term care facilities found that there is little self-reported data provided by older persons, compared with the information provided by third parties (i.e., close family members and friends, or staff members). However, the study estimated high percentages of self-reported abuse prevalence for psychological abuse (33.4%), physical abuse (14.1%), financial abuse (13.8%), neglect (11.6%) and sexual abuse (1.8%). In addition, 64.2% of staff members admitted to having inflicted abuse in the past year (Yon et al., 2019b).

In these environments, an abusive situation may be perceived as a succession of organizational failures by the mechanisms set up to protect the older persons living there (Manthorpe and Martineau, 2017), for example, a staff shortage, inadequate training, excessive workloads, and absence of or non-use of reporting mechanisms. Managers' knowledge and perceptions of abuse and its causes can also have a significant impact on their willingness to investigate and take

⁵⁶ This occurs in particular in telephone surveys where older persons are asked whether they are alone or free to talk. If they are not, the interviewer can offer to call them back. A code word can even be given to mean that someone is in the room and the conversation has to end.

⁵⁷ While it is impossible to say that there is an abundance of data on the prevalence of abuse of older persons in the home, there is more than in residential facilities for older adults.

action. Many feel that abuse is primarily inflicted by a family member or friend and that it does not concern them or the employees. It seems unimaginable to them that employees would inflict abuse, through violence or neglect, without having been previously provoked by the older person. They purportedly believe that abuse inflicted by older persons on staff members causes burnout, dissatisfaction and emotional problems leading to actions taken in response (Myhre et al., 2020).

Abuse inflicted on residents by other residents is a specific problem in group living environments that is now attracting attention (Baumbusch et al., 2018; Ellis et al., 2018; Falardeau et al., 2021; McDonald et al., 2015b). Determining the exact prevalence of this type of abuse is a complex task because of the numerous terms and definitions used, the many reporting mechanisms (e.g., incident and accident reports, police reports, employee observations) and the tendency to under-report these situations. In addition, situations of abuse inflicted on residents by other residents are often considered a normal state of affairs in long-term care centres, because incidents of interpersonal violence are considered part of the natural progression of severe neurocognitive impairment (Baumbusch et al., 2018). In these cases, complaints made by family members, friends or residents tend to be minimized or dismissed (McDonald et al., 2015b) and very little evidence of the abuse is documented (Ellis et al., 2018). Consequently, associating the abusive behaviour with a pathology contributes to the establishment of a cycle of silence and resignation for the abused persons and their family members and friends (Baumbusch et al., 2018; Ellis et al., 2018).

Lastly, it may be difficult to generalize data gathered in residential facilities because they are varied (private or public) and all have their own specific culture. In fact, two facilities of a similar type, for example, two private residences for older persons, may be significantly different in terms of size, number of residents, number of employees or employees' jobs (Friedman et al., 2019).

The interviewed researchers and government representatives confirmed that there is lack of data on residential facilities, but they were also surprised by this fact, given that several provinces and territories have adopted legislation requiring the mandatory reporting of abuse in long-term care facilities. They believe that existing mechanisms should be leveraged for data collection and that more resources should be dedicated to compiling the data they produce.

4.3.3. Rural communities and remote regions

There are few studies of abuse in rural communities and in remote regions in Canada. In fact, the literature review conducted for this study found only one Canadian article specifically dealing with rural communities and the authors point out that older persons living in rural communities in Canada tend to be marginalized, to have limited access to resources and to receive little attention from researchers, politicians and public decision-makers (MacKay-Barr and Csiernik, 2012). Three of the above-cited Canadian population studies dealt briefly with rural communities. According to the Family Violence in Canada report, there is a higher prevalence of psychological and financial abuse in rural areas (Statistics Canada, 2000), whereas the *Into the Light* survey (McDonald et al., 2015a) and the Survey on mistreatment of older persons in Québec (Institut de la statistique du Québec, 2020) did not examine them.⁵⁸ There were similar findings in Australia (Blundell and Warren, 2019), a country with a similar population distribution to Canada. However, the researchers said that, although the abuse prevalence is similar, the cultural and structural differences between rural and urban communities are such that it may be difficult to prevent, detect and take action against abuse in rural communities.

With respect to remote areas, a scoping review of rural and remote abuse that included articles from Australia, Canada, the United States, and the United Kingdom found that the literature tends to focus exclusively on rural settings or does not make a clear conceptual distinction between these two types of settings. This can be problematic because, as the authors point out, the reality is not exactly the same in remote areas. While the challenges there are similar, they are amplified by the lack of services and difficulties in getting to the location (Warren and Blundell, 2019).

Canadian researchers as well as government and territorial representatives argue that older persons living in rural communities and remote regions are one of the neglected populations in the gathering of Canadian data. Their reasons for saying so are poorer access to technology and

⁵⁸ The McDonald et al. survey report is not specific about how community size and remoteness are taken into account in the sample composition and analyses. The Survey on Elder Abuse in Québec clearly notes that the sample is representative of the size of communities in Québec, but the analyses do not mention this. It is therefore impossible to know whether the analyses were done and found to be inconclusive.

telecommunications, a lack of infrastructure to support in-person data gathering (e.g., lack of hotels, few modes of transportation, long distances between homes), a limited range of services facilitating reporting, and language barriers (particularly in Indigenous communities). These problems are worse in remote regions and especially in Canada's territories, where, according to the persons interviewed, it is necessary to use alternative means of transportation to reach certain locations (e.g., all-terrain vehicle, snowmobile, helicopter) and it is also necessary to put together a sample of older persons within a population that is younger than the Canadian average. In fact, according to Statistics Canada (2021), only 9.2% of the population of the three territories is 65 or older, compared with 18.5% of the population of the 10 provinces.

According to other studies, there are some factors that create more barriers to reporting and requesting help in rural communities, such as: self-sufficiency-based culture, strong feelings of belonging to one's community, maintenance of a patriarchal view of the family, belief in the sanctity of marriage, desire to protect family honour, problems maintaining confidentiality within small communities, economic stress (Blundell and Warren, 2019; Roberto et al., 2013; Warren and Blundell, 2019), social and geographic isolation, limited services (Blundell and Warren, 2019; Dyer et al., 2020; Snow et al., 2020; Roberto et al., 2013; Vandsburger and Robinson, 2013; Warren and Blundell, 2019) and lack of modes of transportation to leave abuse situations and seek help (Dyer et al., 2020; Warren and Blundell, 2019). Very elderly women in particular would be more affected by these factors and less prompt to report violence inflicted on them, request help or use the services provided (Roberto et al., 2013).

According to the experts consulted, improving data gathering in these communities is a long-term process that primarily involves circulating information on what constitutes abuse and improving the range of services. What is needed is a "train the trainer" type of approach whereby a subject matter expert goes to rural areas to provide older persons and service providers with information, so that they, in turn, increase understanding of what is happening locally (Dyer et al., 2020).

4.3.4. Correctional facilities

In 2019, a joint study conducted by the Office of the Correctional Investigator and the Canadian Human Rights Commission concluded that abuse of incarcerated older persons was “largely hidden and under-documented in Canada” (Correctional Investigator Canada and Canadian Human Rights Commission, 2019, p. 70). The reaction of the interviewed experts is a reflection of this problem, because a majority of them were surprised to be questioned about it and several said they had never taken abuse toward this segment of the population into consideration.

However, they argued that it is a difficult community to obtain access to for research purposes and that there are few mechanisms in place to enable reporting. In that regard, some Canadian legislation aimed at protecting older persons explicitly excludes incarcerated persons, as is the case with adult protection programs in British Columbia and Yukon.

According to the scientific articles, abuse of older persons in correctional facilities may be difficult to differentiate from other types of abuse experienced in these facilities. From the start, older inmates must be treated in the same way as younger inmates (Maschi et al., 2012). This implies experiencing harsh behaviour, such as neglect of medical needs (e.g., substance withdrawal needs, chronic disease, mental health), verbal abuse from corrections officers, violence between inmates, and vaginal and anal searches. While these situations should be considered neglect and psychological, physical and sexual abuse, respectively, these actions or inactions tend to be trivialized, if not normalized, in correctional facilities (Smoyer et al., 2019). Nevertheless, these situations have greater consequences for older persons (Smoyer et al., 2019). In that regard, inmates in the United States are considered elderly after age 50 because both accelerated ageing and a greater need for access to healthcare services after age 50 have been observed in correctional facilities (Stojkovic, 2007). In addition, older persons with severe forms of cognitive deficit are especially at risk of being abused in correctional facilities. In fact, the expectation that prisoners respond quickly to instructions from persons in authority sets them up for failure and results more often in consequences, such as being placed in isolation (Maschi et al., 2012). Their difficulty in defending themselves makes them more susceptible to being targets of sexual abuse (Maschi et al., 2012).

4.4. Overview of reporting mechanisms and of levers promoting and barriers preventing their use

This section explores the quality of administrative or operational data. Access to quality data on abuse that is representative of the persons experiencing abuse largely depends on the mechanisms set up to report abuse and receive reports or complaints of abuse. In Canada, the division of powers between the federal government and the provincial and territorial governments means that, despite some similarities, there is no standard reporting mechanism across the country. Although the federal government is responsible for setting up reporting protocols for financial institutions⁵⁹ and application of the *Criminal Code*, other cases of abuse fall under the jurisdiction of the provinces and territories.⁶⁰

4.4.1. Federal mechanism: the *Criminal Code*

In Canada, there is no specific crime of abuse of older adults. However, the existing provisions allow for the criminalization of some abuse situations. For example, physical, sexual, psychological and financial abuse as well as neglect may be related, respectively, to assault (s. 265), sexual assault (s. 271), harassment (s. 264.1), theft (s. 322) and the duty to provide the necessities of life (s. 215). Since 2012, the *Criminal Code* explicitly includes the victim's age as an aggravating factor that must be taken into consideration in determining a sentence (former Bill C-36, *An Act to amend the Criminal Code (elder abuse)*, 1st Session, 41st Parliament, s. 2 [received Royal Assent 14 December 2012]). Harbison (2011) reports that a study conducted by the Department of Justice Canada in 2009 identified nearly 40 sections in the *Criminal Code* that could apply to situations of abuse of older persons.⁶¹ There is no shortage of possibilities.

⁵⁹ For example, the Canadian Anti-Fraud Centre (<https://www.antifraudcentre-centreantifraude.ca/index-eng.htm>), collects information on fraud and identity theft. These situations can occur in the context of a presumed trust relationship, and therefore abuse. In addition, in terms of prevention and awareness, the provinces and territories can develop their own strategies, such as Nova Scotia's Safety First (https://novascotia.ca/just/Prevention/personal_safety_intro.asp). Another example is the Desjardins movement, which, like other banks and savings banks, is raising awareness of financial exploitation among its clients (<https://www.desjardins.com/ca/personal/goals-life-events/retirement/enjoying/elderly-financial-exploitation/index.jsp>).

⁶⁰ See Table 5 for more information on the different abuse laws by province and territory.

⁶¹ As agreed upon with the Department of Justice Canada, this report only looked at criminal law. However, it is recognized that civil law could be applied in some situations of abuse.

Nevertheless, it is difficult to analyze police data and court data on the subject because, although data on victims' ages can be found in some files, it is rare to find information on the presence of an effective or presumed trust relationship between the abusing person and the older person.

Moreover, in spite of these provisions, abused older persons rarely exercise the legal options open to them. They are often hesitant to engage with the justice system, notably the police, for various reasons such as: taking matters to court is not a reflexive response in their culture; they are ashamed at having trusted someone who was unworthy of their trust; fear of losing contact with a loved one; fear of having no support network and having to be relocated elsewhere; or they have internalized the idea that they do not deserve better treatment (Harbison, 2016). In addition, the lack of legal aid programs and support services contribute to the perception that legal proceedings are complex and not an optimal way to resolve the situation (Harbison, 2016).

In light of the above, one may wonder whether including sections specifically related to abuse of older persons directly in the *Criminal Code* might offset some of the current limitations of the system and benefit abused older persons. Many of the Canadians⁶² consulted believe that, in its current form, the *Criminal Code* makes it possible to respond appropriately to abuse situations that require legal action, insisting that it is an option that older persons rarely wish to exercise. However, noting a lack of knowledge, the experts said that there was a need for training and education with respect to abuse, for the various people who practise law (e.g., judges, legal advisors, lawyers, notaries) or who enforce the law, such as members of the police force. Those in favour of including abuse in the *Criminal Code* have a similar view regarding the lack of knowledge, but argue that the problem would correct itself naturally if abuse were included in the *Criminal Code*.

One researcher warned against including abuse directly in the *Criminal Code* because doing so might have consequences in terms of putting pressure on older persons to seek redress in the justice system, even if it is not the first option they would want to take. The interviewed respondents therefore proposed that groups of older persons be consulted directly in order for an informed decision to be made. Experts also proposed that a list be drawn up of caregivers and healthcare workers with a history of inflicting abuse in order to restrict them from being

⁶² Research experts from countries other than Canada were not asked this question; only Canadian participants were.

employed in positions involving contact with older persons. Perhaps a registry could be created, similar to the National Sex Offender Registry.

4.4.2. Provincial and territorial mechanisms: mandatory reporting and adult protection

Canada's provinces and territories have various pieces of legislation governing the abuse of older persons. Although no legislation deals with the abuse of older persons directly or exclusively, it is still able to regulate certain aspects. This includes legislation on adult protection, spousal violence, abuse in healthcare facilities, neglect and Quebec's *Charter of Human Rights and Freedoms* (Canadian Centre for Elder Law, 2011).

Table 5 – Abuse Legislation in Canada’s Provinces and Territories

Province or Territory	Statute⁶³	English		French	
Provinces		Areas of Application	Response and Reporting Mechanism	Contexte d’application	Mécanisme de réponse et de signalement
Alberta	<i>Protection for Persons in Care Act, S.A. 2009, c. P-29.1</i>	An adult who receives care or support services from a lodge accommodation, hospital, mental health facility, nursing home, social care facility, or other service provider is being abused or has been abused.	Every person must report to: A complaints officer, a police service, or a committee, body or person authorized under another enactment to investigate abuse. The protection for Persons in Care office accepts complaints.	<i>Un adulte recevant des services de soins ou du soutien de la part d’un milieu d’hébergement, d’un hôpital, d’un établissement psychiatrique, d’une maison de retraite, d’un établissement de soins sociaux ou d’un autre fournisseur de services est ou a été victime d’abus. (traduction libre)</i>	<i>Toute personne doit faire un signalement à : Un agent des plaintes, un service de police ou un comité, un organisme ou une personne autorisée sous une autre promulgation à enquêter. L’office de Protection for Persons in Care accepte les plaintes. (traduction libre)</i>
British Columbia	<i>Adult Guardianship Act, R.S.B.C., 1996, c. 6.</i>	Adult is living anywhere (except in a prison) is being abused or neglected and is unable to seek support or assistance.	Any person may notify a designated agency. The designated agencies are the regional health authorities, Providence Health Care Society, and Community Living BC.	<i>Une personne adulte vivant n’importe où (sauf en prison) est abusée ou négligée et n’est pas en mesure de chercher du soutien. (traduction libre)</i>	<i>N’importe qui peut notifier une agence désignée. Les agences désignées sont les autorités de santé régionales, la Providence Health Care Society et Community Living BC. (traduction libre)</i>
		A report of abuse or neglect has been received, there are	An employee of a designated agency	<i>Un signalement d’abus ou de négligence a été reçu,</i>	<i>Un employé d’une agence désignée doit :</i>

⁶³ The statutes for Alberta, British Columbia, Prince Edward Island, Nova Scotia and Saskatchewan have no official French translation. The information in presented for these provinces is therefore unofficial translations.

Province or Territory	Statute ⁶³	English		French	
		reasons to believe an adult is abused or neglected, or a representative, decision maker, guardian or monitor is hindered from visiting or speaking with the older adult.	must: Refer to health care, social, legal accommodation or other services; assist older adult in obtaining services; inform public guardian and trustee; investigate abuse or neglect; or report criminal offence to police.	<i>il y a des raisons de croire qu'une personne adulte est abusée ou négligée, où un représentant, un décideur, un gardien légal ou un moniteur est empêché de visiter ou de parler avec la personne aînée. (traduction libre)</i>	<i>Se référer aux services de soins de santé, sociaux, légaux, ou autres services ; assister les personnes adultes âgées pour obtenir des services ; informer le gardien public et le curateur ; enquêter l'abus ou la négligence ; signaler une infraction criminelle à la police. (traduction libre)</i>
	<i>Community Care and Assisted Living Act, R.S.B.C. 2002, c.75</i>	An adult who is residing in a community care facility or assisted living residence witnesses or experiences elder abuse or neglect.	Licensee of the facility must notify: The parent or representative, or contact person of the person in care; medical practitioner or nurse practitioner responsible for the care of the person in care; medical health officer; and funding program.	<i>Une personne adulte résidant dans un établissement de soins communautaires ou en résidence assistée est témoin ou subit de la maltraitance ou de la négligence. (traduction libre)</i>	<i>Un licencié de l'établissement doit informer : Le parent ou représentant, ou la personne de contact de la personne recevant des soins ; le médecin ou infirmière responsable des soins de la personne recevant des soins ; médecin hygiéniste ; et le programme de financement. (traduction libre)</i>
Manitoba	<i>Protection for Persons in Care Act,</i>	A resident, in-patient or person receiving respite care in health facility is	Employee or service provider at a health	<i>Une personne adulte résidante, étant un patient ou étant une</i>	<i>Un employé ou une personne aidante à un établissement de soins de santé doit</i>

Province or Territory	Statute ⁶³	English		French	
	<p>C.C.S.M. c. P144.</p> <p><i>Loi sur la protection des personnes recevant des soins</i></p> <p>C.P.L.M. c. P. 144</p>	<p>being abused, or is likely to be abused.</p>	<p>facility must promptly report to:</p> <p>The Minister to the Protection for Persons in Care Office.</p>	<p><i>personne recevant des soins de sursis dans un établissement de soins de santé se fait maltraiter ou à de grandes chances de se faire maltraiter</i></p>	<p><i>rapidement communiquer avec :</i></p> <p><i>Le ministre de la Loi sur la protection des personnes recevant des soins.</i></p>
	<p><i>Vulnerable Persons Living with a Mental Disability Act,</i></p> <p>C.C.S.M. c. V90</p> <p><i>Loi sur les personnes vulnérables ayant une déficience mentale</i></p> <p>c. V90</p> <p>C.P.L.M</p>	<p>An adult has had a mental disability since childhood and is in need of assistance to meet basic needs is being abused or neglected, or is likely to be abused or neglected.</p>	<p>A person who provides care, support services or related assistance, substitute decision maker, or committee must report to:</p> <p>The executive director appointed by the Minister designated by the Lieutenant Governor in council with the administration of this act.</p>	<p><i>Une personne adulte ayant une maladie mentale depuis l'enfance et ayant besoin d'aide pour subvenir à ses besoins qui a reçu de mauvais traitements ou qui a été négligée ou a de grandes chances d'être la cible de mauvais traitement ou d'être négligée.</i></p>	<p><i>Une personne qui fournit des soins de santé, des services de support ou assistance similaire, un décideur de remplacement, ou un comité doit signaler au :</i></p> <p><i>Directeur exécutif nommé par le ministre désigné par le lieutenant-gouverneur en conseil de l'application de la présente loi.</i></p>
<p>Newfoundland and Labrador</p>	<p><i>Adult protection act,</i></p> <p>S.N.L. 2011, c A-4.01</p>	<p>An adult living anywhere (except a mental health facility) who is incapable of caring properly for himself or herself, not</p>	<p>Any person who reasonably believes that an adult may be in need of protective intervention must give information to:</p>	<p><i>Une personne adulte vivant n'importe où [sauf un établissement de santé mentale] qui est incapable de</i></p>	<p><i>Toute personne qui croit raisonnablement qu'un adulte pourrait avoir besoin d'une intervention pour assurer sa protection doit fournir de l'information au :</i></p>

Province or Territory	Statute ⁶³	English		French	
		suitable to be in a mental health facility, not receiving proper care and attention and refuses, delays or is unable to make provision for proper care and attention for himself or herself.	The Director of Adults in need of protective intervention, or to a social worker or a peace officer (who must inform the Director).	<i>s'occuper correctement d'elle-même et qui ne peut pas être admise en établissement de santé mentale, ne recevant pas les soins et l'attention nécessaire et refusant, retardant ou ne pouvant pas s'assurer d'avoir les soins et l'attention nécessaire pour elle-même. [traduction libre]</i>	<i>Directeur des adultes en besoin de protection, ou à un travailleur social ou à un officier de la paix [qui doit en informer le Directeur]. [traduction libre]</i>
Nova Scotia	<i>Protection for Persons in Care Act, S.N.S. 2004, c. 33.</i>	An adult who is a patient of a hospital or a resident of a health facility (i.e., special care home) is being abused or is likely to be abused.	Employees and service providers of a health facility must promptly report to: The Minister assigned by the Governor in Council with the administration of this act.	<i>Une personne adulte étant un patient d'un hôpital ou résident d'un établissement de soins de santé (maison de soins spéciaux) se fait abuser ou est à risque de se faire abuser. (traduction libre)</i>	<i>Les employés et le fournisseur de service d'un établissement de santé doivent rapidement signaler au : Ministre désigné par le gouverneur en conseil de l'application de la présente loi. (traduction libre)</i>
	<i>Adult Protection act, R.S. 1989, c. 2.</i>	An adult living anywhere is the victim of abuse or not receiving adequate care, is incapable of protecting	Any person must report to: The Minister of Community Services.	Une personne adulte, peu importe où elle vit, est victime d'abus ou ne reçoit pas de soins adéquats, est incapable de se	N'importe quelle personne doit communiquer avec : Le ministre des Services communautaires. (traduction libre)

Province or Territory	Statute ⁶³	English		French	
		himself/herself and refuses, delays or is unable to protect himself/herself.		protéger et refuse, retarde ou n'est pas en mesure de se protéger. (traduction libre)	
New Brunswick	<i>Family Services Act, S.N.B. 1980, c. F-2.2</i> <i>Loi sur les services à la famille LN-B 1980 c. F-2.2</i>	An adult living anywhere is being abused or is at risk of abuse.	Professional person (i.e., care worker, physician, nurse, or other health or mental health professional, social worker, etc.) may report to:	<i>Une personne adulte vivant n'importe où se fait maltraiter ou est à risque de se faire maltraiter.</i>	<i>Une personne professionnelle (soignant, médecin, infirmière, ou autre professionnel de la santé ou santé mentale, etc.) peut signaler au :</i> <i>Ministre du Développement social.</i>
Prince Edward Island	<i>Vulnerable Persons Living with a Mental Disability Act, C.C.S.M. c. V90</i> <i>Loi sur les personnes vulnérables ayant une déficience mentale c. V90 C.P.L.M</i>	An adult has had a mental disability since childhood and is in need of assistance to meet basic needs is being abused or neglected, or is likely to be abused or neglected.	A person who provides care, support services or related assistance, substitute decision maker, or committee must report to: The executive director appointed by the Minister designated by the Lieutenant Governor in council with the administration of this act.	<i>Une personne adulte ayant une maladie mentale depuis l'enfance et ayant besoin d'aide pour subvenir à ses besoins qui a reçu de mauvais traitements ou qui a été négligée ou a de grandes chances d'être la cible de mauvais traitement ou d'être négligée.</i>	<i>Une personne qui fournit des soins de santé, des services de support ou assistance similaire, un décideur de remplacement, ou un comité doit signaler au :</i> <i>Directeur exécutif nommé par le ministre désigné par le lieutenant-gouverneur en conseil de l'application de la présente loi.</i>

Province or Territory	Statute ⁶³	English		French	
Ontario	<p><i>Long Term Care Homes Act 2007, S.O. 2007, c.8.</i></p> <p><i>Loi de 2007 sur les foyers de soins de longue durée L. O. 2007, c.8</i></p>	<p>Adult is residing in a long-term care home. Harm, abuse or neglect has occurred or may occur.</p>	<p>The person who manages the long-term care home (licensee), any staff member and any person who provides professional services (i.e., health, social services) must report to:</p> <p>The Director appointed by the Minister. Minister of Health and Long-Term Care</p> <p>A resident may also report the incident but is not obligated to do.</p>	<p><i>Une personne adulte résidant dans un foyer de soins de longue durée subit ou risque de subir un préjudice, un mauvais traitement ou de la négligence.</i></p>	<p><i>La personne responsable du foyer (titulaire de permis), tout membre du personnel et toutes personnes dispensant des services professionnels (santé et services sociaux) doivent signaler au :</i></p> <p><i>Directeur nommé par le ministre de la Santé et des Soins de longue durée.</i></p> <p><i>Un résident peut aussi signaler un incident, mais n’y est pas tenu.</i></p>
	<p><i>Retirement Homes Act 2010, S.O. 2010, c. 11</i></p> <p><i>Loi de 2010 sur les maisons de retraite, L.O.2010, c.11</i></p>	<p>Adult is residing in a retirement home experiences abuse or neglect or the Resident’s bill of Rights is not respected.</p>	<p>The person responsible for the retirement home (licensee) and any person who provides professional services (health and social services) must report to:</p> <p>The Registrar assigned to this act by the board</p>	<p><i>Une personne adulte résidant dans une maison de retraite subit de mauvais traitements ou de la négligence ou la Déclaration des droits des résidents n’est pas respectée.</i></p>	<p><i>La personne responsable de la résidence (titulaire de permis) et toutes personnes dispensant des services professionnels (santé et services sociaux) doivent signaler au :</i></p> <p><i>Registreur assigné à cette loi par le conseil.</i></p> <p><i>*Un résident peut aussi signaler un incident, mais n’y est pas tenu.</i></p>

Province or Territory	Statute ⁶³	English		French	
			*A resident may also report the incident but is not obligated to do so.		
Quebec	<p><i>Charter of Human rights and freedoms CQLR c. C-12</i></p> <p><i>Chartre des droits et libertés de la personne, L.R.Q., c. C-12</i></p>	An aged person living anywhere is the victim of exploitation.	<p>Victims, group of victims, or advocacy organization can file a complaint to:</p> <p>The Commission des droits de la personne et des droits de la jeunesse.</p>	<p><i>Une personne adulte plus âgée vivant n'importe où est victime d'exploitation.</i></p>	<p><i>Les victimes, groupes de victimes ou un organisme voué à la défense des droits peuvent porter plainte à :</i></p> <p><i>La Commission des droits de la personne et des droits de la jeunesse.</i></p>
	<p><i>Act to combat maltreatment of seniors and other persons of full age in vulnerable situations L—6. 3, c 10, c. 1.</i></p> <p><i>Loi visant à lutter contre la maltraitance envers les aînés et toute autre personne majeure en situation de</i></p>	<p>An adult living in an accommodation and long-term care centre, an intermediate resource or a family-type resource, or a private seniors' residence.</p> <p>An adult who is under tutorship or curatorship or having an approved protection mandate experiences maltreatment.</p>	<p>Any Professional or healthcare and social service provider must report to:</p> <p>The local service quality and complaints commissioner or the police.</p> <p>*Any person, including a person who does not work for the institution can also report.</p>	<p><i>Une personne adulte, vivant dans un centre d'hébergement et de soins de longue durée, une ressource intermédiaire ou de type familial, ou une résidence privée pour aînés.</i></p> <p><i>Une personne adulte sous tutelle ou curatelle ou ayant un mandat de protection homologué subit de la maltraitance.</i></p>	<p><i>Tout professionnel ou prestataire de services de santé et de services sociaux doit effectuer un signalement auprès du :</i></p> <p><i>Commissaire aux plaintes et à la qualité des services ou de la police.</i></p> <p><i>*Toute personne incluant les personnes qui ne travaillent pas pour l'établissement peut aussi signaler.</i></p>

Province or Territory	Statute ⁶³	English		French	
	<i>vulnérabilité</i> , L-6.3, c 10, c. 1.				
Saskatchewan	<i>Victims of Domestic Violence act</i> , S.S. 1994, c. V-6.02.	An adult is living in the community (i.e., not in care) and domestic violence has occurred.	A victim, a person on behalf of the victim (with the victim's consent), or a person on behalf of the victim with leave of the court or designated justice of the peace may apply for a protection order from the court.	<i>Une personne adulte vit dans la communauté [n'est pas dans un établissement de soin] et il y a eu de la violence domestique. [traduction libre]</i>	<i>Une victime, une personne se prononçant au nom de la victime [avec son consentement], ou une personne de la part de la victime avec la permission du tribunal ou un juge de paix désigné peut faire une demande de protection au tribunal. [traduction libre]</i>
	<i>Personal Care Homes Regulations</i> , R.R.S. c. P-6.01 Reg. 2.	An adult who is a resident in a personal care home has experience a serious incident. "Serious accident" includes harm or suspected harm suffered by a resident as a result of unlawful conduct, improper treatment or care, harassment or neglect.	The person in charge of the residence (licensee) must inform: The resident's supporter or a member of the resident's family, resident's personal physician, the department and the regional health authority.	<i>Une personne adulte résidant dans une maison de soins personnels est affectée par un accident. « Accident sérieux » inclut un préjudice avéré ou soupçonné dû à un comportement illégal, traitement ou soin inapproprié, harcèlement ou négligence. [traduction libre]</i>	<i>La personne responsable de l'établissement [titulaire de permis] doit informer : La personne qui s'occupe du résident ou un membre de sa famille, son médecin de famille, le département et l'autorité régionale de santé. [traduction libre]</i>
Territories					

Province or Territory	Statute ⁶³	English		French	
Northwest Territory	<p><i>Protection Against Family Violence Act, S.N.W.T. 200, c.24.</i></p> <p><i>Loi sur les mesures de protection contre la violence familiale L.T.N.-O. 2003, c.24</i></p>	An adult living in the community (i.e., not in care) experiences family violence.	<p>A victim, or a person on the behalf of the victim with the victim's consent (family, friend, lawyers, etc.) can apply for</p> <p>An <i>ex parte</i> or a restraining order from the court.</p>	<p><i>Une personne adulte vivant dans la communauté [qui ne reçoit pas de soins] subit de la violence familiale.</i></p>	<p><i>Une victime ou une personne agissant au nom de la victime avec son consentement [famille, ami, avocat, etc.] peut appliquer pour :</i></p> <p><i>Une ex parte ou une injonction du tribunal.</i></p>
Nunavut	<p><i>Family Abuse Intervention Act, S.Nu. 2006, c. 18</i></p> <p><i>Loi sur l'intervention en matière de violence familiale L.Nun 2006, c.18</i></p>	An adult living in the community (i.e., not in care) experiences family abuse.	<p>A victim, or a person on the behalf of the victim with the victim's consent (family, friend, lawyers, etc.) can apply for:</p> <p>An <i>ex parte</i> or a restraining order from the court.</p>	<p><i>Une personne adulte vivant dans la communauté [qui ne reçoit pas de soins] vit de la violence familiale.</i></p>	<p><i>Une victime ou une personne agissant au nom de la victime avec son consentement [famille, ami, avocat, etc.] peut appliquer pour :</i></p> <p><i>Une ex parte ou une injonction du tribunal.</i></p>
Yukon	<p><i>Adult Protection and Decision</i></p>	An adult living anywhere (except in prison) is abused or	Anyone may make a report to	<p><i>Une personne adulte vivant n'importe où [sauf en prison] subit</i></p>	<p><i>Toute personne peut faire un signalement à :</i></p>

Province or Territory	Statute ⁶³	English		French	
	<p><i>Making Act, S.Y. 2003, c. 21.</i></p> <p><i>Loi sur la protection des adultes et la prise de décisions les concernant, L. Y. 2003, c.21</i></p>	<p>neglected and is unable to seek support or assistance.</p>	<p>A designated agency (The Senior's Services/ Adult Protection Unit is currently the only designated agency in the Yukon).</p>	<p><i>de mauvais traitements ou de la négligence et n'est pas en mesure d'aller chercher du soutien ou de l'aide.</i></p>	<p><i>Un organisme désigné [Services aux aînés/Unité de protection des adultes est le seul organisme désigné au Yukon].</i></p>

Source: Table adapted and updated from the one produced by the Canadian Centre for Elder Law (2011, pp. 49-51)

Table 5 shows that these statutes often include abuse-reporting responsibilities or obligations that reflect the organization of services within each province and territory. The nuances in the wording relative to reporting responsibilities or obligations are an indicator of the weight that each statute gives to freedom of choice and protection of the elderly (Donnelly, 2019). For example, adult protection legislation in New Brunswick, Prince Edward Island and Yukon states that any person may report an abuse situation to the appropriate authorities (e.g., police, law enforcement authority, special board, department). In contrast, in Nova Scotia, the legislation stipulates that every person has an obligation to report abuse. The same is true of Newfoundland and Labrador's *Neglected Adults Welfare Act* and Alberta's *Protection for Persons in Care Act*. The laws protecting persons receiving care tends to impose the obligation to report only on employees and institutions. However, there is no legislation in Canada that makes it mandatory to report abuse, regardless of the circumstances, place of residence or state of vulnerability (Canadian Centre for Elder Law, 2011).

As a general rule, the experts consulted are in favour of legislation that covers abuse and feel that mandatory reporting for everyone is appropriate when it concerns older persons who are subject to a mandate in case of incapacity (sometimes called protection mandate) or living in residential and long-term care facilities. However, they are against mandatory reporting for older persons who are living in the community and not subject to a mandate in case of incapacity because their autonomy to make their own decisions must be respected.

To a lesser extent, some respondents were less in favour of mandatory reporting and more in favour of mandatory response, maintaining that what is important is the quality and promptness of the response and the action to be taken. This could help reduce the effects of discontinuity between services, which is a burden on abused older persons and their close family members and friends who go with them to various service providers (see Beaulieu et al., 2022). However, some researchers said that making abuse-reporting mandatory for the entire population would not be systematically oppressive if applied appropriately. Instead, it would be a tool used to get in contact with older persons to determine whether or not they want steps taken to resolve the situation. The inconvenience that reporting may involve for a person who is able to refuse help or services would not counterbalance the benefit of the help provided for a person in a state of vulnerability who would not have otherwise been able to request help. This implies that

mandatory reporting includes a mandatory response within a reasonable period of time, which, according to a number of experts, is missing in the mechanisms currently in place. These limitations also led some government representatives to say that they were completely opposed to mandatory reporting of abuse. They believe that the mechanisms in place have not demonstrated their effectiveness and in a number of provinces constitute a legal obligation that affects the population without creating any actual benefit.

Mandatory reporting, if embedded in a culture focused on reporting rather than action, can lead to negative consequences and cause professionals to feel pressured to act against what they believe is in the older person’s best interest (Donnelly, 2019; Harbison, 2016). Nonetheless, Australian data suggest that having a formal reporting protocol in place can contribute to a significant increase in reporting, up to 10 times more (Donnelly, 2019).

4.4.3. Barriers to detecting and reporting abuse and requesting help

Determining the prevalence of abuse depends on front-line service providers (particularly those that are active in the health and social services networks) as well as witnesses and older persons themselves. In fact, if these three groups of people are unable to detect abuse situations, report them, make a complaint, and ask for help, the data will only reflect an under-estimation of the problem.

Table 6 – Healthcare Professionals and Social Services Providers’ Barriers to Abuse Detection and Reporting

Barriers	Healthcare Professionals and Social Services Providers
Lack of knowledge and training	<ul style="list-style-type: none"> - Lack of a clear definition of what abuse is - Lack of knowledge of reporting procedures and mechanisms - Lack of knowledge of legislation pertaining to abuse - Difficulty confirming that there is indeed abuse
Logistical and institutional barriers	<ul style="list-style-type: none"> - Complex, frustrating and time-consuming reporting methods - Absence of protocols to follow in case of abuse - Lack of abuse detection and impact reduction procedures to avoid escalation - Lack of resources in the community (e.g., community services) - Lack of communication between professionals

Barriers	Healthcare Professionals and Social Services Providers
Emotional and moral barriers	<ul style="list-style-type: none"> - Anxiety about abuse and perception of an emotional burden - Fear of the abused person's possible reaction when the abuse is identified - Fear of making false accusations - Fear of causing harm and fear of the situation getting worse after it is reported - Fear that appropriate action may not be taken for the person after the abuse is reported - Empathy for the abusing person - Lack of confidence in one's ability to identify, define and report an abuse situation - Fear of having to get involved in lengthy legal proceedings - Fear of causing a rupture in the relationship - Perception of no intentionality on the part of the abusing person - Ethical dilemmas and paradoxes that arise as a result of abuse reporting - Perception that the abuse is a family problem - Fear of reprisals - Insecurity about protection of the whistleblower

Source: Table modelled on Garma (2017) and Mercier et al. (2020).

Three types of barriers hinder the detection and reporting of abuse by professionals (see Table 6). These barriers are mainly due to a lack of initial training, discrepancy between what is learned in training and problems encountered in practice, absence of standard detection protocols, reporting and response procedures, and an organization structure not adapted to the needs of older persons (Mercier et al., 2020; Hirst et al., 2016; Van Den Bruele et al., 2019).

Table 7 – Obstacles and Facilitating Factors of Asking for Help in a Situation of Abuse

	Abused Person	Witness
Obstacles	<ul style="list-style-type: none"> - Protecting family ties (dependent relationship; fear of conflict, of ending the relationship or of harming the person responsible for the mistreatment). - Fear of retaliation and consequences (fear that the situation will get worse). - Feelings of shame, embarrassment and guilt (ashamed of being mistreated, fear of being judged, feeling guilty about the situation). 	<ul style="list-style-type: none"> - Fear of retaliation (fear for oneself and for the older person). - Doubt related to a lack of information (not understanding the situation, the actions to be taken and the available resources; fear of making a mistake). - Refusing to interfere in the situation (interfering in someone else's business). - The older person will not consent (the older person refuses to allow the witness to ask for help).

	Abused Person	Witness
	<ul style="list-style-type: none"> - Lack of ability (lack of physical, psychological, social or financial means). - Lack of awareness of mistreatment and resources or lack of trust. 	<ul style="list-style-type: none"> - Distrusting of support services (negative perception of services).
Facilitating Factors	<ul style="list-style-type: none"> - Reaching one's personal limits (intolerable situation). - Awareness of mistreatment and available resources (ability to recognize mistreatment, knowing one's rights, the actions required and the available support services). - Access to quality support and accompaniment services (services that are professional, confidential and respectful of a person's rhythm and that lead to a trusting relationship). - Personal characteristics (having the ability and strength that are required to ask for help). - Desire to regain power over one's life. 	<ul style="list-style-type: none"> - Awareness of mistreatment, of the situation and the available resources (enough awareness to ask for help). - Beliefs and values (feeling of injustice and of the need to help others). - Perception of the seriousness of the situation (intolerance of the situation; vulnerability of the older person ; wanting to prevent the situation from escalating).

Source: Table excerpted from Beaulieu, Pelletier and Dubuc (2018, p. 17)

For older persons and witnesses of abuse situations, reporting to the police or any authority responsible for the application of laws or regulations, or asking for help from the police, healthcare services, community services or other available resources, is a significant ordeal. A number of individual, relational and contextual factors may have a positive or negative effect on making a decision about reporting or asking for help (Beaulieu et al., 2018). Table 7, based on a literature review and a large quantity of data gathered from older persons, lists the possible factors impeding or encouraging older persons and witnesses to ask for help.

Some of the identified facilitating factors, such as the older person's perception that the situation has become intolerable, are very personal to each older person. Consequently, it may be difficult to take action to resolve them. Nevertheless, actions can be taken as a society to strengthen a number of facilitating factors and minimize the impact of obstacles, particularly by raising awareness of abuse, demystifying factors that impede requests for help, acknowledging the importance of witnesses, and raising awareness of resources providing help (Beaulieu et al., 2018).

5. Proposal for Adopting a Pragmatic Canadian Approach to Improving Data-Gathering

Any pragmatic approach to improving the quality of abuse of older persons prevalence data in Canada involves various steps, some of which can be carried out simultaneously. The following section includes our proposals from this exploratory work.

5.1 Alignment with international priorities

First, we suggest that Canada align itself with the international priorities set out in June 2022 by the WHO for the Decade for Healthy Aging 2021-2030 proclaimed in December 2020 by the UN. These five priorities, previously stated in the context of the study, are: combatting ageism, generating more and better data on prevalence, risk and protective factors, developing and scaling up cost-effective solutions, investing in generating data on the costs of abuse and on the cost-effectiveness of solutions, and raising funds for both research and intervention (World Health Organization [WHO], 2022). It would be appropriate for each relevant government department in Canada to take stock of its actions on each of the priorities and then share this information for collaborative interdepartmental planning. In addition, since the provinces and territories play an active role in the fight against abuse (notably through the application of laws and policies and the deployment of various services that support abused persons, or even certain abusers), this action-planning according to each of the international priorities should be discussed at the federal, provincial and territorial levels.⁶⁴ This prioritization work could be initiated as soon as possible.⁶⁵

The WHO suggests that the development of these five priorities should include a life-course approach, a gender analysis, an intersectional approach, an inclusive and participatory approach, and a dual perspective of public health and advocacy. In accordance with this suggestion from the WHO it is proposed that these approaches and perspectives be integrated into the Canadian approach to implementing the actions to be carried out according to each of the priorities. In fact,

⁶⁴ This includes the Federal/Provincial/Territorial Forum of Ministers Responsible for Seniors, while recognizing that other governmental and intergovernmental bodies may also be involved in determining the actions to be taken under each of the five international priorities.

⁶⁵ If it is not already done.

these approaches and proposals suggested by the WHO can be applied to most proposals outlined in this fifth section of the report. We will therefore elaborate on them now, so that they can be kept in mind for the rest of this report.

First, a few remarks on the adoption of a life-course approach. Two of the prevalence studies conducted in Canada, namely those of McDonald (2018)⁶⁶ and the Survey on mistreatment of older adults in Québec (Gingras, 2020), adopted a life-course approach, whereas the Canadian Longitudinal Study (Burnes et al., 2022) adopted a systemic ecological approach. These three studies have shown the importance of the life course in understanding abuse of older persons. Analyses revealed that prior victimization experiences, including child abuse, were associated with greater risk of experiencing abuse as an older adult. These findings argue for the collection of life course data, including victimization history, not only in population-based studies, but also, where possible, in all other data collection.⁶⁷ It may even be appropriate to consider adopting a life-course approach to collecting information from abusive individuals, groups or organizations, particularly given that some theories suggest that abusive individuals may have experienced abuse at other times in their lives.

The question of gender analysis⁶⁸ is central to the issue of abuse of older persons. The vast majority of prevalence studies and data collected by law enforcement, policy, and other agencies, if not all, produce gender analyses. Whether reporting general prevalence results or prevalence by type of abuse, it is essentially the first data reported to describe those who are abused. These analyses are important because gender, particularly female gender, is identified in many, but not all, studies as a factor that increases vulnerability to abuse.⁶⁹ As far as gender identity is

⁶⁶ Also part of a publication from McDonald et al. in 2015.

⁶⁷ These include Statistics Canada surveys, the General Social Survey, data collected through the application of laws and regulations, and especially data collected by various services, including health and social services that follow up on abused older persons.

⁶⁸ Not only of the difference between aging as a woman and aging as a man, but also of the recognition of various gender identities.

⁶⁹ This is notably the case for the Survey on Mistreatment of older persons in Québec and the Canadian study led by McDonald, to name two recent ones. Nevertheless, the Canadian Longitudinal Study does not confirm this hypothesis; women are identified as being less at risk than men (Burnes et al., 2022). Gender also did not emerge in the meta-analysis published by the WHO (Yon et al., 2017). These discordant results argue for continued and further work by gender.

concerned, to our knowledge, the work is not very advanced. Therefore, there is a need to consider the possible addition of questions to this effect.⁷⁰

Taking an intersectional approach calls for the consideration of a host of social factors and determinants of health and well-being that interrelate to shape a person's life course. These may include sex/gender, age, ethnocultural background, migration history, presence of a disability and age of onset, education, income, and other factors. Although many data on abuse are presented with one or more of these dimensions in mind, to our knowledge, few research studies have explored their intersection. This is an area that should be explored. Nevertheless, to ensure that Canadian data collects as much information as possible on the characteristics of abused older persons and those who abuse them, we suggest that any study or data collection consider including the determinants identified in the WHO mega-map, the results of which are expected in the fall of 2022.

An inclusive and participatory approach can mean in concrete terms the inclusion and participation of older persons or groups representing them in the work of establishing actions related to each of the priorities.⁷¹ These inclusive approaches must also ensure the presence of older persons from various living environments, including those discussed in this report: residential care, rural and remote environments, and prisons. The challenge of inclusion, in particular in ensuring a diversity of participants in the various population-based studies, will have to be clearly discussed with the ethics and research committees which, for the moment, strictly limit the participation in research of people who have been declared incompetent.⁷² In fact, older persons must be involved at every stage if we want them to identify with the fight against abuse. For example: choice of terminology, definition, questions to ask them, awareness campaign, knowledge of the obstacles and levers to requesting help, reporting or complaint process, publicizing the various resources for help or reporting or complaints.

⁷⁰ For more information, see subsection 5.3 on population survey data.

⁷¹ Multiple strategies can be used to work with older persons: setting up a work committee with representatives of various government departments and agencies and older persons' groups, organizing targeted consultations of groups of older people using different platforms to reach them, calls for submissions from older persons' groups to express their views and concerns, etc.

⁷² Perhaps a meeting could be scheduled for the people responsible for the "Tri-Council policy statement: ethical conduct for research involving humans" to think of ethical precautions and data collection methods that would make it possible to reach participants who have been declared incompetent or to consider third-party respondents.

A dual perspective of public health and the defence of rights also calls for the adoption of a broad position with regard to abuse, which will be considered both and simultaneously as a public health and legal issue, in particular the defence of rights. This WHO proposal invites a lot of intersectoral and interdepartmental work. In concrete terms, it may be desirable to develop the two perspectives in parallel and avoid siloing initiatives.

5.2 Choice of terminology

It is very important for Canada to adopt terminology for which there is a consensus in English and in French in order to send a clear message. While no term is perfect, we suggest adopting the term “abuse of older persons” or “abuse and neglect of older persons” in English to move away from the designation of older persons as “elders” or “seniors”. The term "mistreatment of older adults" or "mistreatment of older persons" may also be considered, as several international actors have advocated for the replacement of the term "abuse" with "mistreatment" in the various work carried out by the WHO. The Government of Canada must keep in mind the limitations of the use of "mistreatment" outlined above. By adopting the term “older persons”, Canada would be consistent with the UN. However, there is a risk of remaining out of step with researchers who, unless there are changes in the coming years, will continue using the term “elder abuse.” In addition, the WHO made a decision in July 2022 to use the term "abuse of older people" from now on. Although the term "older people"⁷³ did not come up as a suggestion in our consultations, it may be appropriate to explore its possible use. In French, the term “*maltraitance des personnes âgées*” can replace the term “*mauvais traitement*” in order to be in line with the international Francophonie. This is what we propose while acknowledging that there are no particular objections to the term “*mauvais traitement*”, although it is used less and less.

⁷³ The term "people" is more distant. It marks a certain distance from a person-centered or adult-centered approach. The pros and cons should be weighed carefully before taking this approach.

5.3 Adopting a definition

As for the **definition** of abuse, it is clear that Canada will not be able to combine all of the definitions already in use in the provinces and territories; Table 3 has shown their diversity. However, from an overall public policy rather than a research perspective, Canada could adopt a broad definition modelled on basic elements of the Toronto Declaration. This will require extensive work, inspired by a consensus decision-making approach, which could be initiated by the development of a co-constructed definition or by the proposal of a definition by different key actors. This could lead to the adoption of the definition that may not be subject to a unanimous consensus, but raises the least disagreement or opposition. In line with what was discussed in section 3.2 of this report, it is important to review the two components of the definition, namely the identification of the problem and the forms and types of abuse recognized. Taking into account the views of provincial and territorial representatives, the list of forms and types should be expanded to include as much as possible of what is already considered to be abuse in different parts of Canada.⁷⁴ After many months of a pandemic that has led to excess mortality among older persons and has exposed a range of abuse to the public, many experts consulted strongly suggested that systemic or organizational abuse be clearly identified in the definition. If this is the case, validated measurement scales for this component should be identified or developed.

A definition set out in a public policy is bound to overlap with other definitions, particularly in protection services or systems (e.g., trusteeship, guardianship, homologated mandate in case of incapacity⁷⁵) that apply to adults of various ages declared as being vulnerable. The adoption of a definition will clearly be more complicated if Canada wishes to adopt a legal definition (in the *Criminal Code*) or a scientific definition of abuse. It will then be necessary to work closely with the actors concerned.

⁷⁴ Some debate can be anticipated, particularly on the issue of self-neglect.

⁷⁵ In Quebec, a homologated mandate in case of incapacity is a mandate that has been made official by a judge after the incapacity has been confirmed through a medical and psychosocial assessment. It is only after the mandate has been homologated that it becomes executory, meaning that the mandatary (person chosen as a representative) has the right to exercise their role (L'Appui, n.d.).

5.4 Population survey data

The solutions put forward by the various experts to improve the quality of Canadian prevalence data through longitudinal studies include research funding, the development and validation of measurement scales by type and form of abuse, repeated measures over time (such as the Canadian Longitudinal Study), the combination of various methods to reach respondents (e.g., telephone, internet, in-person), and samples that are representative of all Canadian settings. Experts are unanimous on the importance of mixed designs in order to give more depth to the results.

A number of actions could be implemented to improve the quality of data gathered in **population surveys**. As we have already mentioned, the first is to agree on the various types and forms of abuse to be recognized in Canada. Although the work has begun, perhaps it will be necessary to hold a conference, for example, to reach a consensus and consolidate decisions. Then, it will be important to use measurement scales with recognized psychometric characteristics for each type of abuse. To do that, we suggest using as a basis the results of the Malaysian research team's evidence and gap map project underway, which covers tools and more specifically scales to collect data. These tools and scales for each type of abuse will have to be enriched and even built on to cover a wide variety of situations.⁷⁶ Given that population-based prevalence studies are costly, Canada will have to decide what it wishes to support. The following are the three possible options, in order of priority:

1. Work with the Canadian Longitudinal Study to improve the abuse data gathering module and ensure that the study is repeated with the same respondents on a regular basis;
2. Improve general social surveys (GSS) with a complete module on abuse of older persons;
3. Provide regular funding for various research projects assigned to university researchers or research firms.

In the Canadian Longitudinal Study, there are concrete areas for improvement. First, it is important to expand the modules with questions according to the various types of abuse so that they are no longer limited to psychological/emotional abuse, material or financial abuse and physical abuse. It is imperative to add content with regards to neglect and sexual abuse.

⁷⁶ This can be costly and time consuming.

Furthermore, it might be interesting to include questions about rights violations and organizational or systemic aspects. In terms of sample, an improvement is also desirable, since none of the participants come from the three Canadian territories or First Nations living on reserves.⁷⁷ In addition, 96.8% of the participants are White, which does not reflect Canadian diversity. If the problem of non-White participation was associated with a language comprehension issue,⁷⁸ is it possible to consider interviews in languages other than French or English to enrich the representation of non-French or non-English-speaking older persons? Is it possible to consider the use of interpreters, although this poses challenges? If the question of gender identity is not asked, it may be considered for inclusion. As well, one researcher indicated that the response rate for the abuse module is low and quality would be improved if it were increased. In terms of the strength of the longitudinal study, we suggest that analyses that cross-reference abuse with a series of psychosocial determinants of health and well-being, such as social isolation, social provisions, physical and mental health issues, and living environment, should be continued, and even enhanced if possible.

Data from the General Social Survey (GSS) and various studies conducted by Statistics Canada are also useful sources that could be enhanced. They already collect a good deal of information on violence and crime against older persons. A few adjustments could be made to take advantage of this tool to collect more detailed data on abuse, in particular by introducing questions on the presumed trust relationship. For example, it is important to ensure that the various cycles of the GSS include a comprehensive module on abuse of older persons and do not limit data collection to the family relationship context, as this obscures a number of abuse situations, including those committed by service providers. It is therefore necessary, as was suggested with the Canadian Longitudinal Study, to ensure that the sample is diverse and representative of all living environments (including older persons in prisons) and all senior profiles. It is also necessary to consider measurement scales for each type and form of abuse, rich sociodemographic questions

⁷⁷ As the Government of Canada works to advance reconciliation and renew the relationship with Indigenous Peoples through a relationship based on recognition, respect, cooperation and partnership, it is important to expand the sample.

⁷⁸ This is a hypothetical question, because we don't know what the cause is.

about both the abused older person and the abuser, questions about consequences, and finally questions about seeking help, reporting or making complaints.

Canada regularly funds research on the abuse of older persons. This is an avenue that should be pursued, with specific criteria⁷⁹ for funding in order to cover the diversity of abuse situations as broadly as possible and not limit it to intra-family violence in the home, or to a reduced dynamic of employees towards older persons in residential care. How can we ensure the vision of the problem is broad, rather than partial and at times biased?

Regardless of the option selected, it is recommended, as previously noted, that a life course approach be included to increase understanding of the problem of abuse by means of compelling testimonials. Sensitive methods will also have to be developed to reach some groups of older persons, particularly through qualitative research and selecting interviewers with whom these older persons (e.g., members in ethnocultural communities, LGBTQ people, people with disabilities) will want to share information. It is also encouraged to enhance these studies with rich information on the physical, psychological, material or financial, and even social consequences of abuse. To this end, it is proposed that the content of the mega map produced under the direction of the WHO, which lists all the consequences that have been documented in the world, be used as inspiration.

More specifically about LGBTQ people, the National Resource Center on LGBT Aging (2016) makes a number of recommendations to support the participation of people from these communities in research and surveys. Notably, tools and questionnaires should adopt inclusive language and not assume sexual orientation or relationship status. Sociodemographic variables related to sexual and gender diversity should be included in abuse studies (Westwood, 2019), such as questions about sex assigned at birth and gender identity (person with a gender identity different from their sex at birth).

The sensitivity of the topic is such that some older persons will always be reluctant to talk about it; hence the importance of choosing the right interviewers and training them. The questions must make it possible to properly identify the abusive person, group or institution so that the data

⁷⁹ A list of these criteria could be co-constructed by a group of experts, taking into account the various elements put forward in this report and the specific comments made in connection with the Canadian Longitudinal Study.

contains detailed information based on relational dynamics. In the case of in-person interviews, training of interviewers will be essential to ensure that they do not cause or find themselves in an awkward situation.⁸⁰

Moreover, sampling plans will have to be reviewed so that meetings can be arranged with older persons across Canada and older persons from various groups. Lastly, it is important to validate the mixed data-gathering scenarios, including in-person data gathering and possibly data gathering using the Internet in addition to the traditional method of asking questions over the telephone. This data gathering should include closed-ended questions (for statistical purposes) as well as open-ended questions (perhaps the open-ended questions will not be helpful in determining statistical data, but they may increase understanding of the problem and lead to the development of more sensitive questions that can be used to identify what older persons are experiencing).

5.5 Administrative or Operational Data

The solutions put forward by the various experts to improve the data collected by means of administrative or operational statistics suggest that, before data are collected, all those likely to identify or receive a request for help, a report or a complaint of abuse should be trained. They should be able to recognize what abuse is, its signs and indicators, and be able to identify their own barriers as shown in Table 6. In some cases, it may be appropriate to train them in the use of screening tools. This recommendation for training on the subject of abuse of older persons concerns all types of stakeholders, from legal actors (e.g., police, lawyers, notaries, judges) to psychosocial actors, to financial actors, etc. It is suggested that specific identification and intervention programs be put in place, such as the Service de Police de la Ville de Montréal's Integrated Police Response for Abused Seniors⁸¹ practice or the Calgary police's collaborative and intersectoral model.⁸² In short, in order to increase the number of requests for assistance, as well as reports and complaints to various jurisdictions, there will need to be recurring strategies

⁸⁰ In reference to the words of international researchers who have recounted forms of verbal or sexual assault in the context of home-based data collection.

⁸¹ <https://spvm.qc.ca/en/Seniors/Integrated-Police-Response-for-Abused-Seniors-IPRAS>

⁸² <https://www.kerbycentre.com/support-services/elder-abuse-response-team/>

to raise awareness among various audiences. Without this, data collection will continue to be insufficient due to unrecognized cases.

The Uniform Crime Reporting Survey tracks criminal victimization of older persons in Canada, based on situations reported⁸³ to, or that come to the attention of police.⁸⁴ It includes some information on the relationship between the older person and the person who victimized them. While it can be assumed that all victimizations by family members are abusive because they occur within a presumed trust relationship, this is more difficult to determine with neighbours or other non-relatives who may have established a trust relationship, such as service providers. Is there a way to add this information to the police data? It must always be remembered that this tool, even if enhanced, will never cover all abuse. For example, only situations of serious neglect or death will be recorded. Nevertheless, this tool will always remain an indicator of how police are mobilized in situations of abuse. It may also be possible to use this data for preventive purposes.

The consulted experts also suggested that the funding methods of organizations, including community organizations working to fight abuse, should be reviewed in order to improve and even standardize data collection mechanisms, create a central data repository, and improve access to various services for abused older persons. Budgets must cover expenses associated with data analysis and reporting. In addition, and related to what was discussed in Section 4.4.1, the idea of creating a registry of people who have been identified as abusers of older adults may be worth exploring.⁸⁵

If it is desirable to combine provincial and territorial and even regional or local organizations in order to supplement the pan-Canadian data and the data from prevalence surveys, it will be necessary to think about a straightforward, consistent model for collecting data in order to avoid making the task burdensome for the participating organizations. It will also be important to consider how to strengthen the use of some of the existing data-compiling mechanisms that

⁸³ Since some situations reported to the police are not reported or will not go to investigation.

⁸⁴ Outside of the UCR, additional data may be found in police services' internal databases. For example, see Department of Justice Canada's empirical examination of Ottawa Police Service's Elder Abuse Section: [An Empirical Examination of Elder Abuse: A Review of files from the Elder Abuse Section of the Ottawa Police Service \(justice.gc.ca\)](https://www.justice.gc.ca/eng/1525/1525-0001/0001-eng.html).

⁸⁵ Such a registry is not without ethical, legal and other issues.

might point to potential abuse, such as the content of incident and accident reports in residential facilities for older adults.

6. Conclusion

This Canadian exploratory study had four specific objectives: 1) to gain insight into the challenges and gaps in data collection on abuse; 2) to document the differences between abuse and neglect in data collection; 3) to devise pragmatic approaches to successful research/data collection; and 4) to identify important data points to collect on abuse of older persons.

With respect to the first objective, numerous challenges and multiple gaps were identified throughout the report. Wherever solutions were suggested by the participants or in the literature, they were put forward in relation to objectives 3 and 4.

The second objective was treated as a cross-cutting issue in this report. It quickly became apparent that, when looking at abuse of older persons, specific attention must always be given to both the violence and the neglect dimensions. It is important to distinguish between them because, as we have seen in Table 5, the use of the word violence in the law is confusing, when the types and forms covered by the same law address neglect.

The third and fourth objectives have been extensively addressed in sections 4 and 5 of the report. Numerous avenues are proposed for collaborative federal, provincial and territorial work in which Canada is in dialogue with international actors, including the WHO. Any approach must be inclusive of older persons and the groups that represent them.

In closing, it is important to note that the development of data on abuse of older persons must be seen as a process of continuous improvement. Even if all of the suggestions made in Section 5 were implemented, there would still be data gaps to fill, as the changes made would identify new knowledge and data needs that could lead to new data production and collection. There is and will always be room for improvement and this will require adjustments that will include insight gained from the advancement of knowledge about abuse of older persons. Nevertheless, the results of this study will help further our knowledge and understanding of the data gaps in the

production of data on abuse of older persons, and provide up-to-date scientific elements to inform decision-making.

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Appendix 1 – Keywords Searched for in Databanks

1. Set keywords

Main categories	Keywords
Problem / Phenomenon	Abus* [or] Exploit* [or] Maltreat* [or] Mistreat* [or] Violen* [or] Neglect*
Population	Elder* [or] Older adult* [or] Older person* [or] Senior* [or] Retired person* [or] Vulnerable adult*

2. Variable keywords (sub-categories combined with main categories)

Sub-categories	Keywords
Scale of the problem	
Prevalence	Prevalence [or] Incidence [or] Frequency
Methodology issues	
Definition	Definition [or] Terminology [or] Typology
Methodology issue	Challenges [or] barriers [or] difficulties [or] issues [or] problems [or] limitations AND Methodology [or] Research
Barriers to reporting and asking for help	
Barriers to reporting	Barriers [or] Obstacles [or] Challenges AND Report*
Request for help	Help seeking [or] Service utilization
Subgroups of older people at risk	
LGBTQ2S+	LGBTQ2S+ [or] Lesbian [or] Gay [or] Homosexual [or] Bisexual [or] Transgender [or] Queer [or] Sexual Minority
Person with disabilities	Handicap [or] Impairment [or] Disabilities [or] Dementia [or] Alzheimers [or] Memory Loss [or] Cognitive Decline [or] Intellectual Disability* [or] Mental Retardation [or] Learning Disability* [or] Developmental Disability*
Ethnocultural minority	Migrant [or] Refugee [or] Immigrant [or] Immigration [or] Cultural minorit* [or] Ethnic minorit* [or] Racial minorit* [or] Ethnic Group
Living environment	
Prison environment	Prison [or] Jail [or] Incarcerat* [or] Imprisonment [or] Correction Facilities [or] Correctional Facilities
Rural environment	Rural [or] Remote communit*
Residential and long-term care facility	Retirement home [or] Nursing homes [or] Care homes [or] Long-term care [or] Residential care [or] Aged care facility
Home	Community-dwelling [or] Community dwelling [or] Living at home [or] Community setting

Appendix 2 – Email Inviting Provincial and Territorial Representatives

Hello dear colleagues,

This email is to inform you that a team of researchers led by Professor Marie Beaulieu of the Université de Sherbrooke will soon be undertaking an exploratory study⁸⁶ for the Department of Justice Canada. This study will be examining the feasibility and challenges in addressing national data gaps around senior abuse. Professor Beaulieu previously worked with the FPT Forum of Ministers Responsible for Seniors to develop the guide, Social isolation of seniors - Supplement to the social isolation and social innovation toolkit: A Focus on LGBTQ Seniors in Canada.

As you may be aware, every province and territory has different reporting requirements for incidents of senior abuse and harm in various settings, including long-term care homes. National self-reported victimization surveys, such as the General Social Survey on Canadians' Safety (also more commonly known as GSS on Victimization), do not cover all of the living environments for seniors. The purpose of this research project is to address the task noted in the Minister of Justice's Mandate Letter to invest in better data collection with respect to senior abuse, by first conducting an in-depth examination of these challenges. The resulting report will offer pragmatic options to address these information gaps, and in the long-term contribute to better data collected at the national level on senior abuse.

Professor Beaulieu and her team would like to conduct interviews via a virtual platform with provincial and territorial representatives that have knowledge and understanding of the senior abuse/neglect reporting mechanisms in place in their jurisdiction. Interviews will be conducted in either official languages between June and October 2021, and should take no longer than 1.5 hours. Please see attached the letter of information explaining in more detail the purpose of the study. If you are interested in participating or know of a contact in your jurisdiction that would be best suited to speak to these issues, please inform the research assistant Kevin St-Martin via email (Kevin.St-Martin@USherbrooke.ca). Kevin will contact each individual to explain the project and schedule an interview via a virtual platform.

Thank you all for your assistance. If you have any questions or concerns, please do not hesitate to contact Professor Marie Beaulieu (Marie.Beaulieu@usherbrooke.ca) or Kevin St-Martin (Kevin.St-Martin@USherbrooke.ca) or even the Justice Canada representative responsible for coordinating this project, Natacha Bourgon (Natacha.Bourgon@justice.gc.ca).

The Research Team

Professor Marie Beaulieu, Principal Researcher – Université de Sherbrooke
Kevin St-Martin, Research Assistant – Université de Sherbrooke
Julien Cadieux-Genesse, Research Professional – Université de Sherbrooke

⁸⁶ Approved by the Research Ethics Committee of the Université de Sherbrooke.

Appendix 3 – Individual Interview Invitation Letter

Invitation to Participate in a Canadian Study on Senior Abuse

Dear Sir, Madam:

The Government of Canada's Department of Justice is funding a project entitled *Addressing National Data Gaps on Senior Abuse: An exploratory study* (Project 2021-2995) which will be under my direction.

Project Goal

This study explores diverse ways to fill any gaps in data collection on senior abuse in Canada.

What is involved?

Using individual interviews, we will collect data from three groups of key actors: Canadian researchers, international researchers, and provincial and territorial representatives involved in countering senior abuse. Additional data collection in the form of focus groups will be held with members of the Board of Directors of the only national network dedicated to senior abuse in Canada.

As an **international / Canadian researcher/ provincial or territorial government representative** involved in actions to counter mistreatment, your expertise in this field is of great interest to us.

During the interview, to be held virtually via digital platform (Microsoft TEAMS or other application you prefer), the principal themes addressed will be the following. Please note that these were identified in partnership with the project's Advisory Committee:

- Definitions and typologies concerning senior abuse,
- Settings in which senior abuse may occur,
- Formal instances in which complaints and reports may be filed,
- Strengths and limits associated with methods of detecting senior abuse,
- Strengths and limits of data collection methods regarding the prevalence of senior abuse,
- Populations at increased risk of senior abuse,
- Challenges encountered following the filing of a complaint or report (including actions directed towards these populations).

Collected information will enable the identification of existing challenges and gaps in the definition of senior abuse and related data collection. Ultimately, this information will be used to propose to the Canadian Department of Justice a pragmatic, phased approach to changes.

The interview will be conducted in either of the two official languages of Canada, as you prefer. It is estimated to last **between 60 and 90 minutes**.

Please **notify us by email of your desire** to work with a member of our team. Respecting your availability, we will mutually agree on a date and time of the interview. We will then send you a consent form by e-mail which you must complete and return to us.

Thank you for considering participating in this exploratory study. We are convinced that your input will provide valuable insight.

Marie Beaulieu, PhD, MSRC/FRSC

Telephone: 819-780-2220, ext. 45270, Marie.Beaulieu@usherbrooke.ca

Principal Investigator and Project Leader

Chairholder, Research Centre on Mistreatment of Older Adults, University of Sherbrooke

Co-Director of a WHO Age-friendly Communities Collaborative Centre

Professor at the School of Social Work, University of Sherbrooke

Researcher at the Research Centre on Aging of the CIUSSS de l'Estrie-CHUS (Research Centre on Aging – Regional Health and Social Services Network – Eastern Townships)

Appendix 4 – Group Interview Invitation Letter

Invitation to Participate in a Canadian Study on Senior Abuse

Dear Sir, Madam:

The Government of Canada's Department of Justice is funding a project entitled *Addressing National Data Gaps on Senior Abuse: An Exploratory Study* (Project 2021-2995) which will be under my direction.

Project Goal

This study explores diverse ways to fill any gaps in data collection on senior abuse in Canada.

What is involved?

We aim to conduct a focus group with the Board of Directors of the *Canadian Network for the Prevention of Elder Abuse*, which you are a part of. This focus group will mobilise your opinion and expertise in the field of senior abuse.

Additional data collection in the form of individual interviews will be held with three groups of key actors: Canadian researchers, international researchers, and provincial and territorial representatives involved in countering senior abuse.

During the focus group, to be held virtually via digital platform (Microsoft TEAMS or other application you prefer), the principal themes addressed will be the following. Please note that these were identified in partnership with the project's Advisory Committee:

- Definitions and typologies concerning senior abuse,
- Settings in which senior abuse may occur,
- Formal instances in which complaints and reports may be filed,
- Strengths and limits associated with methods of detecting senior abuse,
- Strengths and limits of data collection methods regarding the prevalence of senior abuse,
- Populations at increased risk of senior abuse,
- Challenges encountered following the filing of a complaint or report (including actions directed towards these populations).

Collected information will enable the identification of existing challenges and gaps in the definition of senior abuse and related data collection. Ultimately, this information will be used to propose to the Canadian Department of Justice a pragmatic, phased approach to changes.

The focus group will be conducted in English, as you prefer. It is estimated to last **90 minutes**.

Please **notify us by email of your desire** to work with a member of our team. Respecting your availability and the availability of the other members of the Board of Directors of the *Canadian Network for the Prevention of Elder Abuse*, we will mutually agree on a date and time of the interview. We will then send you a consent form by e-mail which you must complete and return to us.

Thank you for considering participating in this exploratory study. We are convinced that your input will provide valuable insight.

Marie Beaulieu, PhD, MSRC/FRSC

Telephone: 819-780-2220, ext. 45270, Marie.Beaulieu@usherbrooke.ca

Principal Investigator and Project Leader

Chairholder, Research Center on Mistreatment of Older Adults, University of Sherbrooke

Co-Director of a WHO Collaborating Centre for Age-friendly Cities and Communities

Professor at the School of Social Work, University of Sherbrooke

Researcher at the Research Centre on Aging of the CIUSSS de l'Estrie-CHUS (Research Centre on Aging – Regional Health and Social Services Network – Eastern Townships)

Appendix 5 – Individual and Group Interview Protocols and Sociodemographic Questionnaire (French)

Protocole d'entrevue

Introduction – Notes à la personne qui mène l'entrevue

1. S'assurer que l'on a bien reçu le formulaire de consentement signé. Sinon, le redemander.
2. Vérifier si l'informateur clé a des questions au sujet du formulaire ou du projet avant d'amorcer l'entrevue.
3. Préciser à l'informateur clé qu'il n'est pas tenu de répondre à toutes les questions et qu'il peut mettre fin à l'entretien en tout temps.
4. Rappeler à l'informateur clé que la rencontre est enregistrée via Teams (ou autre plate-forme numérique). Si cela lui convient toujours, **débuter l'enregistrement.**
5. Mettre en contexte le projet :
 - Je vous rappelle que l'entrevue va durer entre 60 et 90 minutes.
 - Le but, tel que vous l'avez vu dans le formulaire de consentement, est d'explorer diverses façons de combler les lacunes en données canadiennes sur la maltraitance envers les personnes âgées.
 - L'entrevue couvre plusieurs thèmes où il vous est demandé de partager un avis professionnel basé sur vos connaissances et pratiques (ou sur celles de votre province ou territoire - pour les représentants des gouvernements) en vue d'éclairer de futurs travaux canadiens.
 - **Ne soyez pas surpris, nous n'aborderons pas la maltraitance envers les personnes âgées autochtones. Ce sujet d'importance fait l'objet de travaux approfondis de la part du Gouvernement canadien en sus de notre consultation.**

Questionnaire sociodémographique

Date : _____

Prénom : _____

Nom : _____

Informateur-clé :

- Chercheur du Canada
- Chercheur international
- Représentant de gouvernement provincial ou territorial
- Membre du c.a. du CNPEA

Identité de genre :

- Homme
- Femme
- Autre (précisez) : _____

Organisme d'appartenance : _____

Province

- Alberta
- Colombie-Britannique
- Île-du-Prince-Édouard
- Manitoba
- Nouveau-Brunswick
- Nouvelle-Écosse
- Ontario
- Québec
- Saskatchewan
- Terre-Neuve-et-Labrador

Territoire

- Territoires du Nord-Ouest
- Nunavut
- Yukon
- Pays (pour les chercheurs internationaux) : _____

Groupe de discussion focalisée : CNPEA

Vous provenez de diverses juridictions provinciales et territoriales au Canada. À ce titre, vous êtes parmi les rares personnes qui ont une vision pancanadienne de la lutte contre la maltraitance envers les personnes âgées.

Le terme maltraitance (*elder abuse and neglect*) fait-il consensus au Canada ?

- Quels sont les principaux éléments du consensus ?
- Qu'est-ce qui fait dissensus ?

Comment définissez-vous le terme « personne âgée »?

- Selon vous, à partir de quel âge une personne peut-elle être considérée comme une personne âgée?
- Y-a-t-il d'autres facteurs à considérer à part l'âge pour déterminer si une personne peut être qualifiée « d'ânée »?

Si le Canada devait se doter d'une définition de la maltraitance envers les personnes âgées pouvant être promue dans les politiques publiques, quels éléments devrait-elle contenir ?

(Laisser parler puis vérifier avec les sous-thèmes qui suivent)

- Repartir de la Déclaration de Toronto ou non
- Forme et types
- Relation de confiance
- Intentionnalité
- Conséquences (tord et détresse)
- Vulnérabilité

Si le Gouvernement décidait d'adopter de nouvelles dispositions législatives en ce qui concerne la maltraitance envers les personnes âgées, quelles suggestions de contenu feriez-vous ?

(Prendre en note les suggestions et poser la question de clarification qui suit)

- Est-ce que cela devrait être une disposition du code criminel canadien? Sinon, où devrait-elle être inscrite ?

Que pensez-vous des données de prévalence canadienne qui reposent sur des études de maltraitance subie autorévélee (*les nommer au besoin : recherche Podnieks, recherche NICE + 2 cycles de l'Enquête sociale générale + Étude longitudinale canadienne*) ? *(Laisser parler puis introduire les sous-thèmes)*

- Prévalence
- Mode de collecte de données (téléphone ou autre)
- Lieu de vie (domicile, CHSLD et autres milieux de soins, milieu carcéral, autre)
- Durée (derniers 12 mois, depuis 65 ans, autres)
- Types et formes
- Groupe d'ânés minoritaires (incapacités, LGBTQ, immigrants, Communautés culturelles parlant peu ou pas une des 2 langues officielles canadiennes, milieux carcéraux, etc.)

Que pensez-vous des données produites par divers services : police, ombudsman/protecteur du citoyen, curateur/guardianship ou autre instance de protection, institution financière, autre ?

- Quels rôles jouent-elles pour établir le portrait de la situation canadienne selon vous ?
- En quoi les données issues de ces sources nous amènent-elles une perspective différente ou complémentaire sur le phénomène ?
- Pourrait-il en être autrement ?

Bien que les lois de signalement obligatoire diffèrent selon les provinces et territoires, que nous disent-elles de la prévalence de la maltraitance envers les personnes âgées ?

- Croyez-vous que les données sur leur implantation ainsi que les statistiques annuelles produites sur leur usage sont connues ?
- Avez-vous des suggestions pour améliorer ces données (compilation, accès, etc.) ?

Spécifiquement, comment pourrait-on bonifier l'Enquête sociale générale pour enrichir les données sur la prévalence de la maltraitance envers les personnes âgées ?

- Quelles sont ses forces ?
- Quelles sont ses limites ?
- Que pourrait-il être changé ou ajouté pour les combler ?

Comment nous assurer d'amasser des données sensibles et nuancées auprès de certains sous-groupes d'aînés ?

- Incapacités (de naissance ou acquise au cours de la vie) ?
- LGBTQ ?
- Communautés culturelles ?
- Immigrants parlant peu ou pas une des 2 langues officielles ?
- Milieux carcéraux ?
- Autres ?

Quels sont les principaux défis que rencontrent les citoyens ou leurs proches quand ils veulent signaler la maltraitance ?

- Comment agir pour minimiser ces défis ?

Quels publics devraient être rejoints en priorité dans les messages de prévention ?

- Avez-vous des suggestions quant au message à faire passer ?

Quelles suggestions feriez-vous au gouvernement canadien pour enrichir sa compréhension et ses collectes de données au sujet de la maltraitance envers les personnes âgées ?

Avez-vous d'autres réflexions tirées de votre expérience dont vous aimeriez nous faire part avant la fin de l'entrevue ?

Merci d'avoir pris le temps de me rencontrer. Votre participation fut très appréciée. Si vous pensez à de nouvelles informations que vous souhaitez nous partager, n'hésitez pas à nous contacter. Vous avez nos coordonnées sur le formulaire de consentement.

Entrevue individuelle : Chercheurs internationaux

Merci d'accepter de participer à cette entrevue. Votre point de vue éclairé de chercheur international qui a mené des enquêtes de prévalence sur la maltraitance ou qui en a produit des méta-analyses nous importe grandement.

Avant d'aborder les collectes de données, commençons par le **concept même à l'étude**.

- Dans le cadre de ce projet, nous utilisons le terme générique « maltraitance envers les personnes âgées ». Dans vos travaux, quels termes utilisez-vous ?
- Pourriez-vous nous expliquer votre décision d'utiliser ce terme à la place de « maltraitance » (*en vérifier le rationnel*) ?

Quelle **définition** de (*reprendre ici le terme qu'ils utilisent le plus souvent*) utilisez-vous ?

- Qu'est-ce qui motive l'utilisation de cette définition plutôt qu'une autre ?
- Quelles en sont ses forces ?
- Quelles en sont ses limites ?
- À la lumière des éléments précédents, comment pourrait-elle être améliorée ? (*Y a-t-il des éléments à ajouter ou à soustraire ?*)
 - Sonder spécifiquement sur
 - Repartir de la Déclaration de Toronto ou non
 - Forme et types
 - Relation de confiance
 - Intentionnalité
 - Conséquences
 - Vulnérabilité

Comment définissez-vous le terme « personne âgée »?

- Selon vous, à partir de quel âge une personne peut-elle être considérée comme une personne âgée?
- Y a-t-il d'autres facteurs à considérer à part l'âge pour déterminer si une personne peut être qualifiée « d'âgée »?

De façon générale, que pensez-vous de **l'état des données sur la prévalence** de la maltraitance dans le monde ?

Il est connu qu'il y a de nombreuses variations entre les recherches de prévalence qui reposent sur des données de maltraitance subie autorévélee. Pouvez-vous me donner votre avis sur a) ce qui se fait et b) ce qui peut être amélioré pour chacun des 12 thèmes suivant :

- Terme proposé aux répondants : maltraitance ou autre
- Formes dont il faut tenir compte (violence, négligence, autonégligence, autre)
- Types dont il faut tenir compte (physique, psychologique, matériel et financier, sexuel) (organisationnel) (âgisme, violation des droits, autres)
- Validité des échelles et indicateurs (ce qu'ils couvrent et ne couvrent pas)
- Dynamique relationnelle (proche, aidant, dispensateur de services, organisation, autre)

- Limité à une « relation dans laquelle il devrait y avoir de la confiance » ou plus large ?
- Durée de la maltraitance (depuis quand la maltraitance est-elle installée)
- Durée qui doit être couverte par les questions (12 derniers mois, depuis âge de 65 ans ou autre)
- Intentionnalité (de la personne ou de l'organisation maltraitante)
- Historique de victimisation à différents âges de la vie
- Dévoilement ou demande d'aide
- Signalement formel
- Conséquences (court terme, long terme)

Et maintenant, faisons la même démarche sur un autre volet de la recherche, soit les **défis méthodologiques**. SVP, donnez-moi votre avis sur a) ce qui se fait et b) ce qui peut être amélioré pour chacun des 4 thèmes suivant :

- Stratégie d'échantillonnage
- Types de collecte de données (téléphone, face à face ou autre)
- Populations plus difficiles à rejoindre (incapacité, milieux CHSLD ou soins, milieux carcéraux, LGBTQ, immigrants, communautés culturelles, etc.)
- Répondant (personne elle-même, proche, intervenant ou autre)

Que pensez-vous de l'usage des données produites par divers services (police, protection des adultes, application de lois de signalement obligatoire, ombudsman, autre, etc.) pour compléter les enquêtes populationnelles ?

- Quelles sont les forces et limites de telles approches ?
- En quoi les données issues de ces sources nous amènent-elles une perspective différente ou complémentaire sur le phénomène ?

Dans la perspective où le Gouvernement canadien souhaite améliorer sa collecte de données sur la maltraitance envers les personnes âgées, quel est le principal conseil que vous leur donneriez et quel est le pire piège qu'il devrait éviter ?

Avez-vous d'autres réflexions tirées de votre expérience dont vous aimeriez nous faire part avant la fin de l'entrevue ?

Merci d'avoir pris le temps de me rencontrer. Votre participation fut très appréciée. Si vous pensez à de nouvelles informations que vous souhaitez nous partager, n'hésitez pas à nous contacter. Vous avez nos coordonnées sur le formulaire de consentement.

Entrevue individuelle : Chercheurs canadiens

Merci d'accepter de participer à cette entrevue. Votre point de vue éclairé de chercheur canadien qui mène, ou a mené, des recherches dans le domaine de la maltraitance envers les personnes âgées nous importe grandement.

Avant d'aborder les collectes de données, commençons par le **concept même à l'étude**.

- Dans le cadre de ce projet, nous utilisons le terme générique « maltraitance envers les personnes âgées ». Dans vos travaux, quels termes utilisez-vous ?
- Pourriez-vous nous expliquer votre décision d'utiliser ce terme (*en vérifier le rationnel*) ?

Quelle **définition** de (*reprendre ici le terme qu'ils utilisent le plus souvent*) utilisez-vous ?

- Qu'est-ce qui motive l'utilisation de cette définition plutôt qu'une autre ?
- Quelles en sont ses forces ?
- Quelles en sont ses limites ?
- À la lumière des éléments précédents, comment pourrait-elle être améliorée ? (*Y a-t-il des éléments à ajouter ou à soustraire ?*)
 - Sonder spécifiquement sur
 - Repartir de la Déclaration de Toronto ou non
 - Forme et types
 - Relation de confiance
 - Intentionnalité
 - Conséquences
 - Vulnérabilité

Comment définissez-vous le terme « personne âgée »?

- Selon vous, à partir de quel âge une personne peut-elle être considérée comme une personne âgée?
- Y a-t-il d'autres facteurs à considérer à part l'âge pour déterminer si une personne peut être qualifiée « d'ânée »?

Le gouvernement du Canada souhaite se doter d'une définition de la maltraitance envers les personnes âgées pouvant être promue dans ses politiques publiques. Quels éléments cette définition devrait-elle contenir ? (*Laisser parler puis vérifier avec les sous-thèmes qui suivent*)

- Repartir de la Déclaration de Toronto ou non
- Forme et types
- Relation de confiance
- Intentionnalité
- Conséquences (tord et détresse)
- Vulnérabilité

Si le gouvernement décidait d'adopter de nouvelles dispositions législatives en ce qui concerne la maltraitance envers les personnes âgées, quelles suggestions de contenu feriez-vous ? (*Prendre en note les suggestions et poser la question de clarification qui suit*)

- Est-ce que cela devrait être une disposition du Code criminel canadien? Sinon, où devrait-elle être inscrite ?

De façon générale, que pensez-vous de **l'état des données sur la prévalence** de la maltraitance au Canada ?

- Comment ces données se comparent-elles aux données internationales ?
- Qu'est-ce qui explique ces différences selon vous ?

Il est connu qu'il y a de nombreuses variations entre les différentes recherches de prévalence qui reposent sur des données de maltraitance subie autorévélee. Pouvez-vous me donner votre avis sur a) ce qui se fait et b) ce qui peut être amélioré au Canada pour chacun des 12 thèmes suivant :

- Terme proposé aux répondants : maltraitance ou autre
- Formes dont il faut tenir compte (violence, négligence, autonégligence, autre)
- Types dont il faut tenir compte (physique, psychologique, matériel et financier, sexuel) (organisationnel) (âgisme, violation des droits, autres)
- Validité des échelles et indicateurs (ce qu'ils couvrent et ne couvrent pas)
- Dynamique relationnelle (proche, aidant, dispensateur de services, organisation, autre)
 - Limité à une « relation dans laquelle il devrait y avoir de la confiance » ou plus large ?
- Durée de la maltraitance (depuis quand la maltraitance est-elle installée)
- Durée qui doit être couverte par les questions (12 derniers mois, depuis âge de 65 ans ou autre)
- Intentionnalité (de la personne ou de l'organisation maltraitante)
- Historique de victimisation à différents âges de la vie
- Dévoilement ou demande d'aide
- Signalement formel
- Conséquences (court terme, long terme)

Et maintenant, faisons la même démarche sur un autre volet de la recherche, soit les **défis méthodologiques**. SVP, donnez-moi votre avis sur a) ce qui se fait et b) ce qui peut être amélioré au Canada pour chacun des 4 thèmes suivant :

- Stratégie d'échantillonnage
- Types de collecte de données (téléphone, face à face ou autre)
- Populations plus difficiles à rejoindre (incapacité, milieux CHSLD ou soins, milieux carcéraux, LGBTQ, immigrants, communautés culturelles, milieu rural, etc.)
- Répondant (personne elle-même, proche, intervenant ou autre)

Que pensez-vous de l'usage des données produites par divers services (police, protection des adultes, application de lois de signalement obligatoire, ombudsman, autre) pour compléter les enquêtes populationnelles ?

- Quelles sont les forces et limites de telles approches ?
- En quoi les données issues de ces sources nous amènent-elles une perspective différente ou complémentaire sur le phénomène ?

Quelles suggestions feriez-vous au gouvernement canadien pour enrichir sa compréhension et ses collectes de données au sujet de la maltraitance envers les personnes âgées ?

Avez-vous d'autres réflexions tirées de votre expérience dont vous aimeriez nous faire part avant la fin de l'entrevue ?

Merci d'avoir pris le temps de me rencontrer. Votre participation fut très appréciée. Si vous pensez à de nouvelles informations que vous souhaitez nous partager, n'hésitez pas à nous contacter. Vous avez nos coordonnées sur le formulaire de consentement.

Entrevue individuelle : Représentant de gouvernement provincial ou territorial

Merci d'accepter de participer à cette entrevue. En tant que représentant d'un gouvernement provincial ou territorial, votre point de vue nous importe grandement puisque vous êtes à même de nous offrir une vision sur les particularités de votre juridiction.

Avant d'aborder les collectes de données, commençons par le **concept même à l'étude**.

- Dans le cadre de ce projet, nous utilisons le terme générique « maltraitance envers les personnes âgées ». Quel(s) **terme(s)** utilisez-vous le plus souvent dans vos travaux ou vos documents gouvernementaux ?

Quelle **définition** de (*reprendre ici le terme qu'ils utilisent le plus souvent*) utilisez-vous ?

- À votre connaissance, qu'est-ce qui motive l'utilisation de cette définition plutôt qu'une autre ?
- Votre province / territoire a-t-elle / il une définition de la maltraitance qui soit dans ses politiques publiques ?
 - Si oui, la demander et en demander l'origine (document de référence)?
- Y a-t-il une autre définition de la maltraitance qui soit en usage (ex. curateur, services de protection ou autre) ?
 - Si oui, la demander et demander dans quel contexte elle est utilisée.
- Selon vous, cette ou ces définitions couvrent-elles adéquatement les situations vécues par les personnes âgées ?
 - Comment pourraient-elles être améliorées ?

Comment définissez-vous le terme « personne âgée »?

- Selon vous, à partir de quel âge une personne peut-elle être considérée comme une personne âgée?
- Y a-t-il d'autres facteurs à considérer à part l'âge pour déterminer si une personne peut être qualifiée « d'ânée »?

Si le Canada devait se doter d'une politique publique sur la maltraitance envers les personnes âgées, quels éléments essentiels devrait-elle contenir ?

Si le gouvernement décidait d'adopter de nouvelles dispositions législatives en ce qui concerne la maltraitance envers les personnes âgées, quelles suggestions de contenu feriez-vous ?

(Prendre en note les suggestions et poser la question de clarification qui suit)

- Que devrait-elle couvrir ?
- Devrait-elle inclure des conditions sur le signalement obligatoire ?
- Est-ce que cela devrait être une disposition du Code criminel canadien? Sinon, où devrait-elle être inscrite ?

Il existe de nombreuses façons de consigner les données sur la maltraitance. Sur le plan canadien, on peut penser spécifiquement à quelques enquêtes de maltraitance subie autorévélee

ou à des questions qui furent posées dans le cadre de l'Enquête sociale générale. Votre province ou votre territoire consigne-t-elle/ il des données sur la maltraitance envers les personnes âgées ?

- Si oui,
 - Par quel moyen ?
 - Ces données sont-elles publiques ? Si oui, comment y accéder?
- Comment pourrait-on améliorer les méthodes de consignation des données ?

Dans votre province/ territoire, êtes-vous en mesure d'amasser des données sensibles et nuancées auprès de certains sous-groupes d'aînés ?

- Incapacités ?
- LGBTQ ?
- Communautés culturelles parlant peu ou pas une des 2 langues officielles ?
- Milieux carcéraux ?
- Personnes vivant en milieu rural ?
- Autres ?

Selon les réponses données, poser la question de relance suivant : Quels sont les défis rencontrés pour ces sous-groupes d'aînés ?

Selon vous, votre province / territoire accorde-t-elle / il la même importance à l'ensemble des milieux dans ses politiques, pratiques et consignation des données. Pensons au domicile, aux résidences, aux milieux hospitaliers, etc.

- Si non, qu'est-ce qui peut expliquer ces différences ?

Plusieurs outils et stratégies peuvent être employés pour repérer la maltraitance. À votre connaissance, votre province / territoire a-t-elle / il des mécanismes en place pour faciliter le repérage de la maltraitance ?

- Si oui,
 - Quels sont-ils ?
 - Quelles sont les forces et les limites associées à ces méthodes ?
 - Est-ce que l'efficacité/ fiabilité/ validité de ces méthodes a été évaluée ?

Que pensez-vous des lois sur le signalement obligatoire ?

- Est-ce que votre province / territoire dispose d'une telle loi ? (*Si oui, pouvez-vous, svp, nous en acheminer une copie*)
 - Produisez-vous des données sur son usage ?
 - Quelles en sont les forces et les limites ?
 - Comment ces lois et leur suivi pourraient-ils être améliorés ?

Votre province / territoire a-t-elle / il des mécanismes formels de plaintes concernant la maltraitance ? (*Si oui, pouvez-vous, svp, nous en acheminer une copie*)

- Quels sont-ils ?
- Quels sont les principaux défis que rencontrent les citoyens ou leurs proches quand ils veulent signaler la maltraitance ?
 - Comment pourrait-on agir pour minimiser ces défis ?

- Que pensez-vous de la possibilité de mettre en place un mécanisme fédéral de plainte ou de signalement de la maltraitance ?
 - Qu'est-ce qui devrait être fait pour assurer le succès d'un tel mécanisme ?
 - Auprès de quelle population ce mécanisme fédéral devrait-il être applicable ?

Quels seraient les principaux défis à anticiper pour la réalisation d'une enquête sur la maltraitance au sein de votre province / territoire ?

- Comment pourrait-on agir pour minimiser ces défis ?

Quels publics devraient être rejoints en priorité dans les messages de prévention de la maltraitance au sein de votre province / territoire et au niveau fédéral?

- Avez-vous des suggestions quant au message à faire passer ?
- Quels éléments pourraient être mis de l'avant dans un message de prévention ayant une portée pancanadienne ?

Quelles suggestions feriez-vous au gouvernement canadien pour enrichir sa compréhension et ses collectes de données au sujet de la maltraitance envers les personnes âgées ?

Avez-vous d'autres réflexions tirées de votre expérience dont vous aimeriez nous faire part avant la fin de l'entrevue ?

Merci d'avoir pris le temps de me rencontrer. Votre participation fut très appréciée. Si vous pensez à de nouvelles informations que vous souhaitez nous partager, n'hésitez pas à nous contacter. Vous avez nos coordonnées sur le formulaire de consentement.

Appendix 6 – Individual and Group Interview Protocols and Sociodemographic Questionnaire (English)

Interview Protocol

Introduction – Notes for the interviewer

1. Confirm that we have received a copy of the signed consent form. If not, ask the participant to resend it.
2. Ask if the participant has any questions about the forms or the project before beginning the interview.
3. Inform the participant that they may choose not to respond to any question and they may end the interview at any time.
4. Remind the participant that the meeting will be recorded via TEAMS (or other digital platforms). If this is acceptable to them, **start recording**.
5. Put the project in context:
 - A reminder that the interview will last from 60 to 90 minutes.
 - As you saw in the Consent Form, this project explores various ways to fill the gaps in existing data collection concerning senior abuse in Canada.
 - The interview will cover several themes under which sharing a professional opinion based on your knowledge and practices (or those of your province or territory – for those who represent their governments) will enlighten future Canadian efforts.
 - Although at the Research Chair on Mistreatment of older adults we prefer the term “mistreatment”, we will be using “senior abuse” through out this interview as it is the term used by the Canadian Department of Justice.
 - **Do not be surprised. We will not address senior abuse in First Nations communities. This critical issue is the subject of extensive studies by the federal government above and beyond our consultation.**

Sociodemographic questionnaire

Date: _____

First Name: _____

Last Name: _____

Key actor:

- Canadian researcher
- International researcher
- Provincial government or territorial representative
- Board Member of the CNPEA

Gender identity:

- Man
- Woman
- Other (specify)_____

Organisational Affiliation: _____

Province

- Alberta
- British Columbia
- Prince Edward Island
- Manitoba
- New Brunswick
- Nova Scotia
- Ontario
- Québec
- Saskatchewan
- Newfoundland and Labrador

Territory

- Northwest Territories
- Nunavut
- Yukon

- Country (for international researchers): _____

Focus group: CNPEA

You all come from several provincial and territorial jurisdictions in Canada. As such, you are among those rare individuals who have a pan-Canadian perspective on countering senior abuse.

Is there consensus in Canada on the use of the terms *elder abuse and neglect*?

- What are the principal elements of agreement?
- Where is there dissent?

How do you define what an “older person is”?

- In your opinion, from what age can someone be considered an older person?
- Are there any other factors to consider besides age in determining if a person qualifies as “old”?

The Canadian government wants to adopt a definition of senior abuse that could be promoted in its public policies, what elements should it contain? (*Let them speak, then ask about the following for clarification*)

- Return to the Toronto Declaration or not
- Form and types
- Relationship of trust
- Intentionality
- Consequences (harm and distress)
- Vulnerability

If the federal government should decide to adopt new legislation concerning senior abuse, what suggestions for content would you make? (*Take note of these suggestions and ask the following for clarification*)

- Should this be a provision of the Canadian Criminal Code? If not, where should it be inscribed?

What is your opinion of the data concerning prevalence in Canada that is based on studies of the self-declared experience of abuse (*les nommer au besoin : Podnieks’ research, NICE + 2 cycles of General Social Survey + Canadian Longitudinal Study on Aging*)? (*Let them speak, then ask about the about following for clarification*)

- Prevalence
- Data collection methods (telephone or other)
- Environments (home, long-term care and other healthcare settings, prison system, other)
- Timespan (last 12 months, from age 65, others)
- Types and forms
- Minority groups (Persons with disabilities, LGBTQ, immigrants, cultural communities speaking little or neither of Canada’s two official languages, prisons, etc.)

What is your opinion of data produced by various services: police, ombudsman/public protector, curator/guardianship or other protective services, financial institution, other?

- In your opinion, what role does it play in drawing a portrait of the Canadian situation?
- How does the data coming from these sources lead us to a different or complementary perspective of the phenomenon?
- Could it be otherwise?

While the laws on mandatory reporting differ in each province and territory, what does mandatory reporting tell us about the prevalence of senior abuse?

- Do you believe that the information on its implementation as well as the annual statistics it produces are well-known?
- Do you have any suggestions to improve this? (compilation, access, etc.)?

In particular, how could the General Social Survey be improved to enrich data on the prevalence of senior abuse?

- What are its strengths?
- What are its limits?
- What could be changed or added to fill the data gaps?

How do we ensure that the data collected from specific sub-groups is sensitive and nuanced?

- Persons with disabilities (from birth or acquired during the lifespan)?
- LGBTQ?
- Cultural communities?
- Immigrants speaking little or none of the two official languages?
- Prison system
- Others?

What are the main challenges citizens and their loved ones face when they want to report senior abuse?

- How could these challenges be minimized?

Which audiences should have priority access to prevention messages?

- Do you have any suggestions regarding these messages?

What suggestions would you make to the Canadian government that would enrich its understanding and its data collection practices on the subject of senior abuse?

Do you have other reflections drawn from your experiences that you would like to share before the end of the interview?

Thank you for taking the time to meet with me. Your participation is very much appreciated. If you think of any other information you would like to share; please do not hesitate to contact us. Our coordinates are listed on the consent form. Have a good day.

Individual interview: International researcher

Thank you for participating in this interview. As an international researcher who has led inquiries into the prevalence of senior abuse or has produced meta-analyses, your viewpoint is of immense interest to us.

Before addressing data collection, let's start with the **concept of this study**.

- In this study, we are using the generic term 'senior abuse'. In your work, which term do you use?
- Could you explain your decision to use this term? (*Verify their rationale*)?

Which **definition** of ____ (*use the term they favor*) do you use?

- What motivates you to use this definition more than others?
- What are its strengths?
- What are its limits?
- Considering the previous points, how could it be improved? (*Are there elements to add or remove?*)
 - Explore specifically:
 - Return to the Toronto Declaration or not
 - Form and types
 - Relationship of trust
 - Intentionality
 - Consequences (harm and distress)
 - Vulnerability

How do you define what an "older person is"?

- In your opinion, from what age can a someone be considered an older person?
- Are there any other factors to consider besides age in determining if a person qualifies as "old"?

In general, what do you think of the **state of existing data on the prevalence** of abuse worldwide?

It is well-known that there are numerous variations between research studies on prevalence that are based on self-declared senior abuse data. Could you give me your opinion on: a) what is being done at present, and b) what can be improved under each of the following themes:

- Term proposed to respondents: abuse or other
- Forms to take into account (violence, negligence, self-neglect, other)
- Types to take into account (physical, psychological, material and financial, sexual, organisational, (ageism, rights violation, others)
- Validity of scales and indicators (what is or is not covered)
- Relational dynamic (loved one, helper, service provider, organisation, other)
 - Limited to a 'relationship of trust' or broader?
- Duration of abuse (when did the abuse begin)
- Timespan (previous 12 months, from the age of 65 or other)
- Intentionality (of the abusing person or organisation)

- History of victimisation at different stages of life
- Disclosure or request for help
- Formal reporting
- Consequences (short-term, long-term)

Now, let's take the same approach to another area of the study - **methodological challenges**. Please give me your opinion on: a) what is being done at present and b) what can be improved under each of the following four themes:

- Sampling strategy
- Types of data collection (telephone, face to face or other)
- Difficult to reach populations (Persons with disabilities, long-term care or healthcare settings, prison environments, LGBTQ, immigrants, cultural communities, etc.)
- Respondent (individual, loved one, intervener or other)

What is your opinion on the use of data produced by various services (police, adult protection, application of mandatory reporting, ombudsman, other) to complete population studies?

- What are the strengths and limits of these approaches?
- How does the data arising from these sources lead us to a different or complementary perspective of the phenomenon?

In view of the fact that the Canadian government wishes to improve its data collection on senior abuse, what is the best advice you can give it and what is the worst pitfall to avoid?

Do you have other reflections drawn from your experiences that you would like to share before the end of the interview?

Thank you for taking the time to meet with me. Your participation is very much appreciated. If you think of any other information you would like to share; please do not hesitate to contact us. Our coordinates are listed on the consent form. Have a good day.

Individual interview: Canadian researcher

Thank you for accepting our request for an interview. As a Canadian researcher, your informed viewpoint leads to research that is immensely important to us.

Before addressing the subject of data collection, let's start with **the concept of this study**.

- In this study, we are using the generic term 'senior abuse'. In your work, which term do you use?
- Could you explain your decision to use this term? (*verify their rationale*)?

Which definition of _____ (*use the term they favor*) do you use?

- What motivates you to use this term more than others?
- What are its strengths?
- What are its limits?
- Considering the previous points, how could it be improved? (*Are there elements to add or remove?*)

Explore specifically:

- Return to the Toronto Declaration or not
- Form and types
- Relationship of trust
- Intentionality
- Consequences (harm and distress)
- Vulnerability

How do you define what an "older person is"?

- In your opinion, from what age can someone be considered an older person?
- Are there any other factors to consider besides age in determining if a person qualifies as "old"?

The Canadian government wants to adopt a definition of senior abuse that could be promoted in its public policies, what elements should it contain? (*Let them speak, then ask about the following for clarification*)

- Return to the Toronto Declaration or not
- Form and types
- Relationship of trust
- Intentionality
- Consequences (harm and distress)
- Vulnerability

If the federal government decided to adopt new legislation concerning senior abuse, what suggestions for content would you make? (*Take note of these suggestions and ask the following for clarification*)

- Should this be a provision of the Canadian Criminal Code? If not, where should it be inscribed?

In general, what do you think of the **state of existing data on the prevalence** of abuse in Canada?

- How does this data compare to those of other countries?
- In your opinion, what can explain any differences?

It is well-known that there are numerous variations between research studies on prevalence that are based on self-declared senior abuse data. Could you give me your opinion on a) what is presently being done and b) what can be improved under each of the following themes:

- Term proposed to respondents: abuse or other
- Forms to take into account (violence, negligence, self-neglect, other)
- Types to take into account (physical, psychological, material and financial, sexual) (organisational) (ageism, rights violation, others)
- Validity of scales and indicators (what is or is not covered)
- Relational dynamic (loved one, helper, service provider, organisation, other)
 - Limited to a 'relationship of trust or broader?
- Duration of abuse (when did the abuse begin)
- Timespan (previous 12 months, from the age of 65 or other)
- Intentionality (of the abusing person or organisation)
- History of victimisation at different stages of life
- Disclosure or request for help
- Formal reporting
- Consequences (short-term, long-term)

Now, let's take the same approach to another area of the study, - **methodological challenges**. Please give me your opinion on a) what is being done and b) what can be improved under each of the following four themes:

- Sampling strategy
- Types of data collection (telephone, face to face or other)
- Difficult to reach populations (Persons with disabilities, long-term care or healthcare settings, prison environments, LGBTQ, immigrants, cultural communities, etc.)
- Respondent (individual, loved one, intervener or other)

What is your opinion on the use of data produced by various services (police, adult protection, application of mandatory reporting, ombudsman, other) to complete population studies?

- What are the strengths and limits of these approaches?
- How does the data coming from these sources lead us to a different or complementary perspective of the phenomenon?

What suggestions would you make to the Canadian government that would enrich its understanding and its data collection practices on the subject of senior abuse?

Do you have other reflections drawn from your experiences that you would like to share before the end of the interview?

Thank you for taking the time to meet with me. Your participation is very much appreciated. If you think of any other information you would like to share; please do not hesitate to contact us. Our coordinates are listed on the consent form. Have a good day.

Individual interview: Provincial government or territorial representative

Thank you for accepting our request for an interview. As a representative of a provincial or territorial government, your viewpoint is immensely important to us as you can provide an understanding of the particularities of your jurisdiction.

Before addressing the subject of data collection, let's start with **the concept of this study**.

- In this study, we are using the generic term 'senior abuse'. In your work or in government documents, which term(s) do you use most often?

Which **definition** of _____ (*use the term they favor*) do you use?

- To your knowledge, what motivates the use of this term more than others?
- Does your province/territory include a definition of senior abuse in its public policies?
 - (If yes, ask what it is and request its origin (reference document).
- Is another definition of senior abuse used by other parties (e.g., public curator, protection services or other)?
 - (If yes, ask what it is and in which context it is used).
- In your opinion, does this (or these) definition(s) adequately cover situations experienced by older persons?
 - How could they be improved?

How do you define what an "older person is"?

- In your opinion, from what age can someone be considered an older person?
- Are there any other factors to consider besides age in determining if a person qualifies as "old"?

If Canada had to use a definition of senior abuse that could be promoted in its public policies, what essential elements should it contain?

If the federal government decided to adopt new legislation concerning senior abuse, what suggestions for content would you make? (*Take note of these suggestions and ask the following for clarification*)

- What should be covered?
- Should it include conditions on mandatory reporting
- Should this be a provision in the Canadian Criminal Code? If not, where should it be inscribed?

There are various ways to document data on abuse. We can think specifically of some studies of self-declared abuse or questions posed in the General Social Survey on the federal level. Does your province or territory document senior abuse data?

- If yes,
 - By which method?
 - Is the data made public? If yes, how is it accessed?
- How could these documentation methods be improved?

In your province or territory, are you able to collect sensitive and nuanced data on specific sub-groups?

- Persons with disabilities?
- LGBTQ?
- Cultural communities speaking little or none of the two official languages?
- Penitentiaries?
- Rural populations?
- Others?

(Depending on the answers given, ask the following follow-up question: What challenges do these populations face?)

In your opinion, does your province/territory accord equal importance to all settings in its policies, practices, and data collection? Consider home, residences, hospital settings, etc.

- If not, what would explain this inequality?

Several tools and strategies could be used to identify abuse. To your knowledge, does your province/territory have mechanisms in place to facilitate the identification of abuse?

- If yes,
 - What are they?
 - What are the strengths and weaknesses of these methods?
 - Is the efficiency, reliability and validity of these methods evaluated?

What do you think about legal requirements for mandatory reporting?

- Does your province/territory have such legislation? (*If yes, could you please send us a copy for reference*)
 - Do you collect data on its usage?
 - What are its strengths and limits?
 - How could this legislation be improved?

In your province/territory, are there formal complaint mechanisms concerning senior abuse? (*If yes, could you please send us a copy for reference*)

- What are these mechanisms?
- What principal challenges do citizens and their loved ones face if they wish to report an incident of abuse?
 - How could these challenges be minimized?
- What is your opinion about possibly implementing a federal complaint or reporting system for senior abuse?
 - What should be done to ensure the success of such a mechanism?
 - Towards which population should this federal mechanism be applied?

What would be the main challenges to implementing an inquiry into senior abuse in your province/territory?

- How could one minimise these challenges?

Which audiences should be prioritised to receive messages on preventing senior abuse in your province/territory and on the federal level?

- Concerning these messages, do you have any suggestions to convey?
- Which elements could be highlighted in a prevention message with a pan Canadian scope?

What suggestions would you make to the Canadian government that would enrich its understanding and its data collection practices on the subject of senior abuse?

Do you have other reflections drawn from your experiences that you would like to share before the end of the interview?

Thank you for taking the time to meet with me. Your participation is very much appreciated. If you think of any other information you would like to share; please do not hesitate to contact us. Our coordinates are listed on the consent form. Have a good day.

Appendix 7 – Political Neutrality Certification

I hereby certify, as senior officer at the U de S, that the deliverables fully comply with the political neutrality requirements of the Government of Canada stated in the Policy on Communications and Federal Identity and the Directive on the Management of Communications. Specifically, the deliverables do not contain any reference to electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leader.

A handwritten signature in cursive script, appearing to read "Marie Beaulieu".

Marie Beaulieu, PhD, Holder of the Research Chair on Mistreatment of Older Adults, Université de Sherbrooke and Research Centre on Aging of the CIUSSS Estrie-CHUS [integrated university health and social services centre of the Eastern Townships – University of Sherbrooke Hospital].