CLSA Webinar

Risk and Protective Factors for Elder Abuse in Canada: Findings from the CLSA

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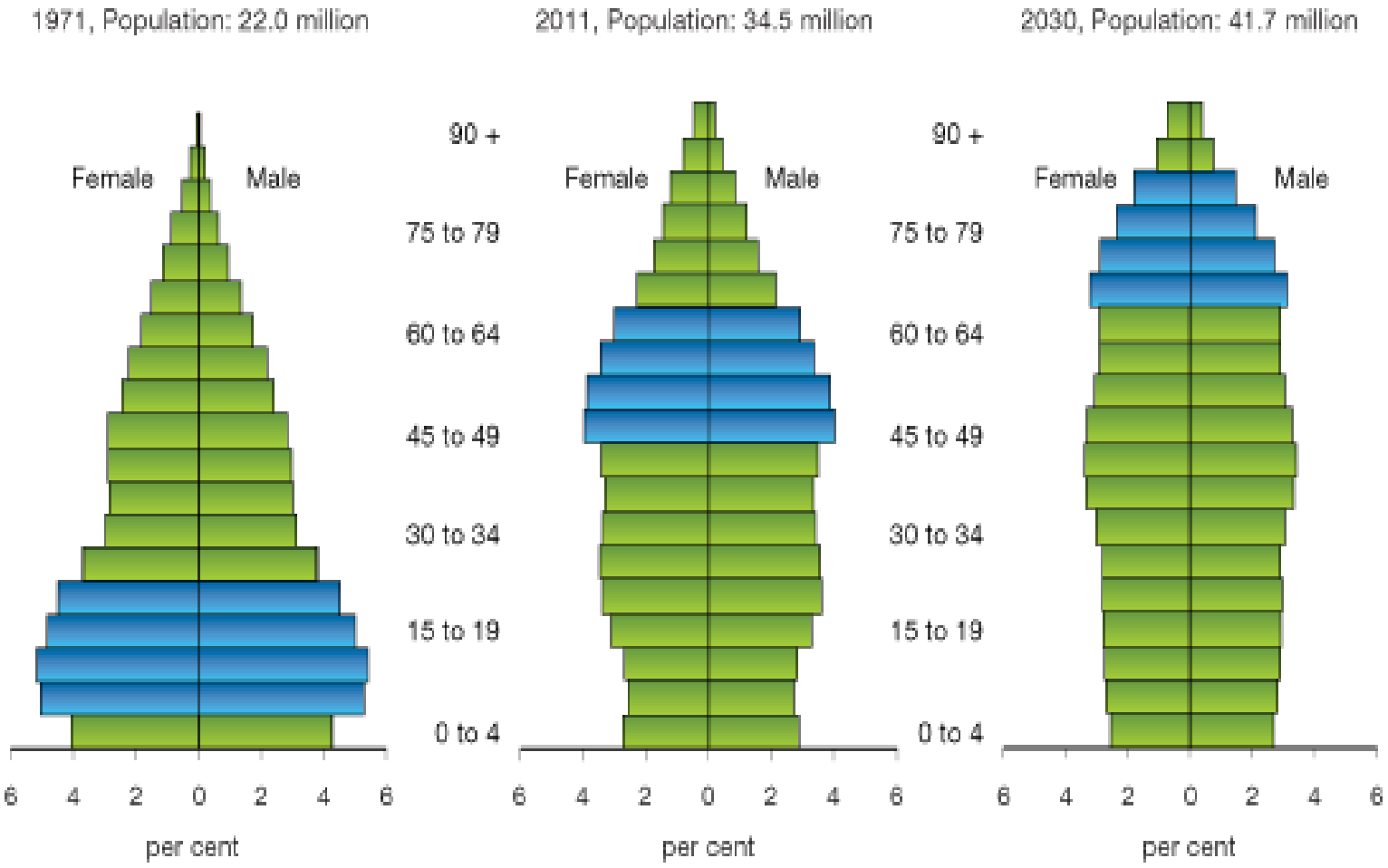
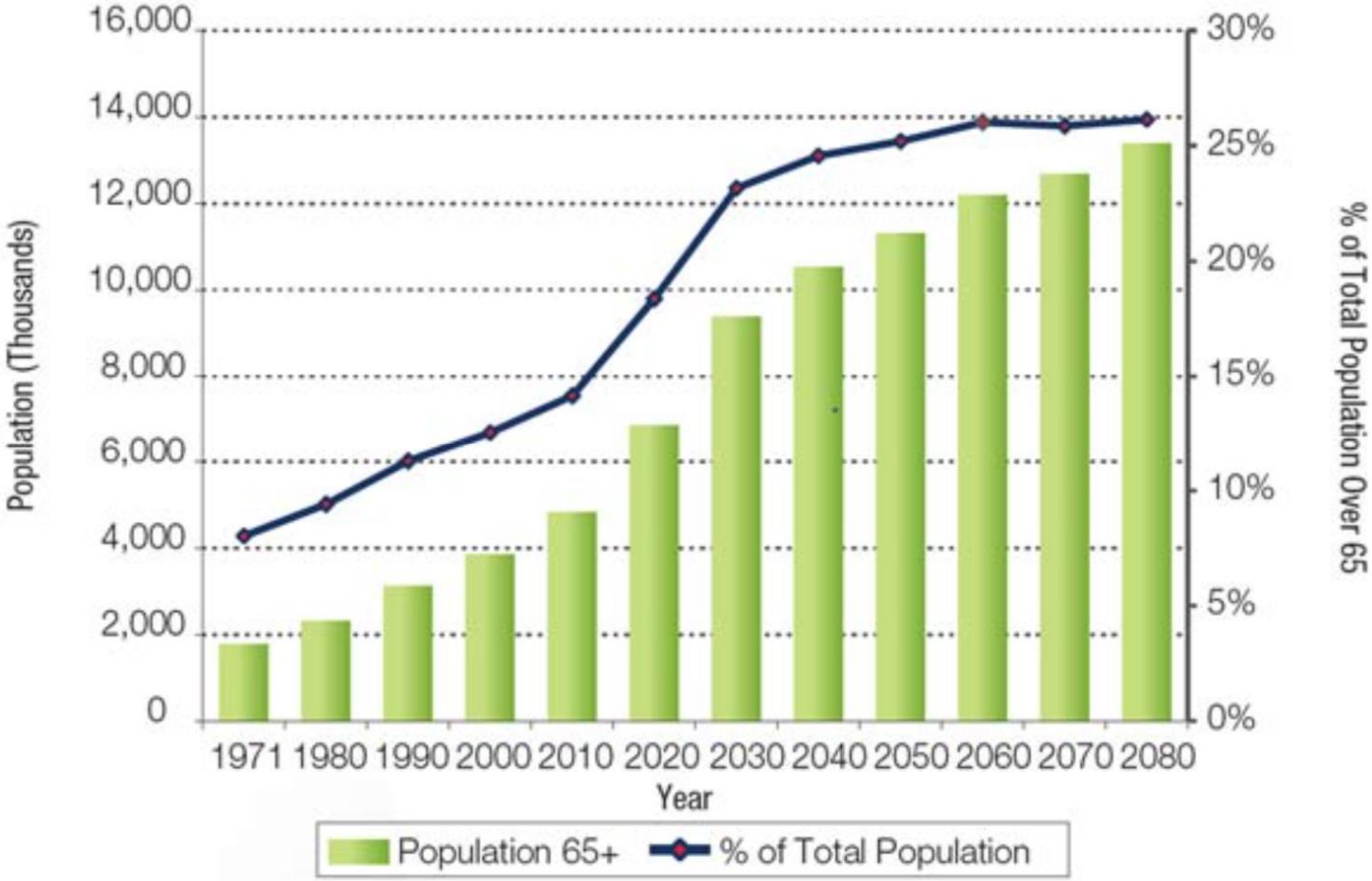
Population Age Structure



What are the main reasons for this shift in population structure?

Proportion of Canada Population Over 65

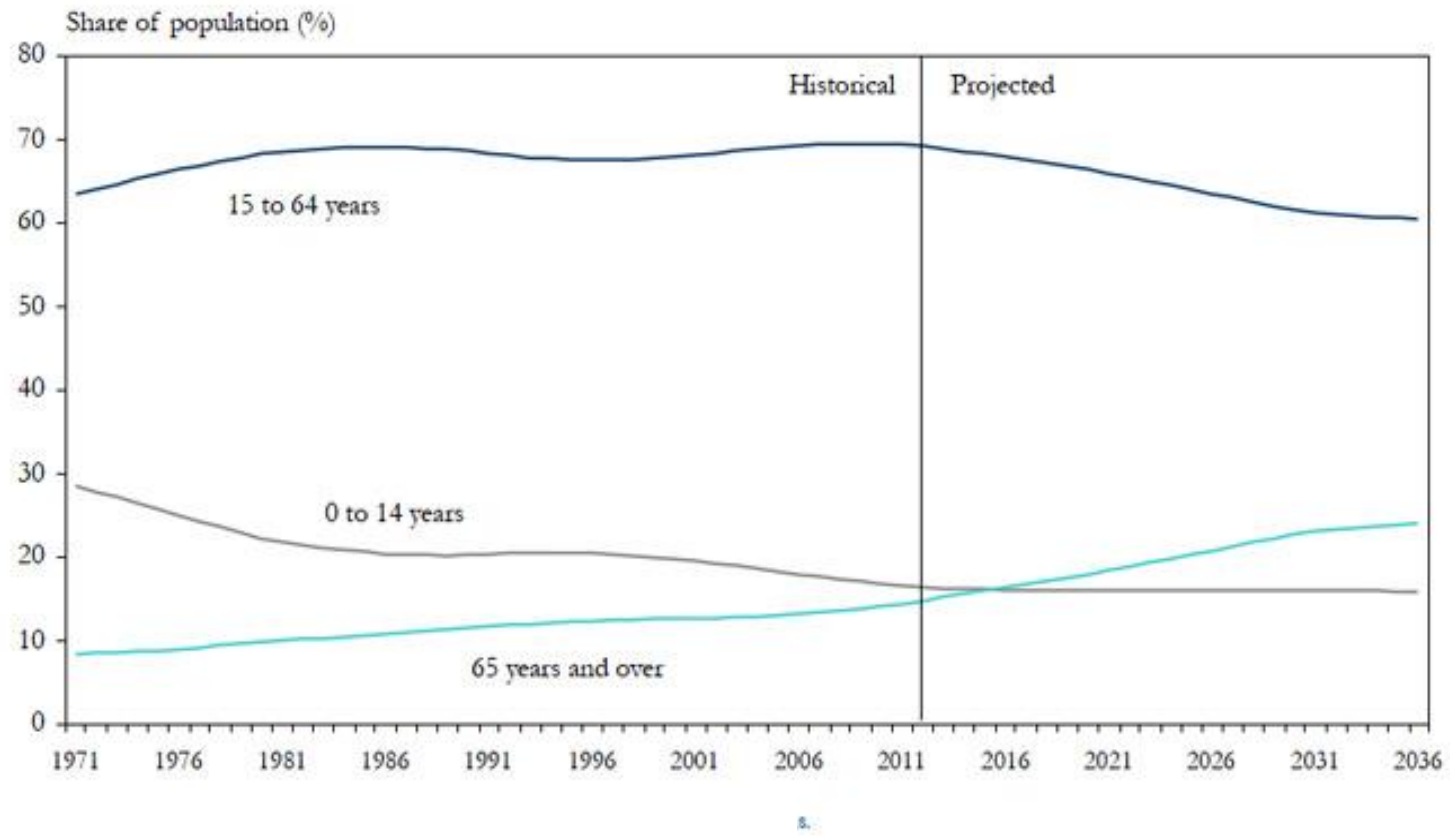


Ontario

Population 65+ expected to double over next 25 years – 2M to 4.2M

Chart 5

Proportion of population aged 0–14, 15–64 and 65+ in Ontario, 1971 to 2036

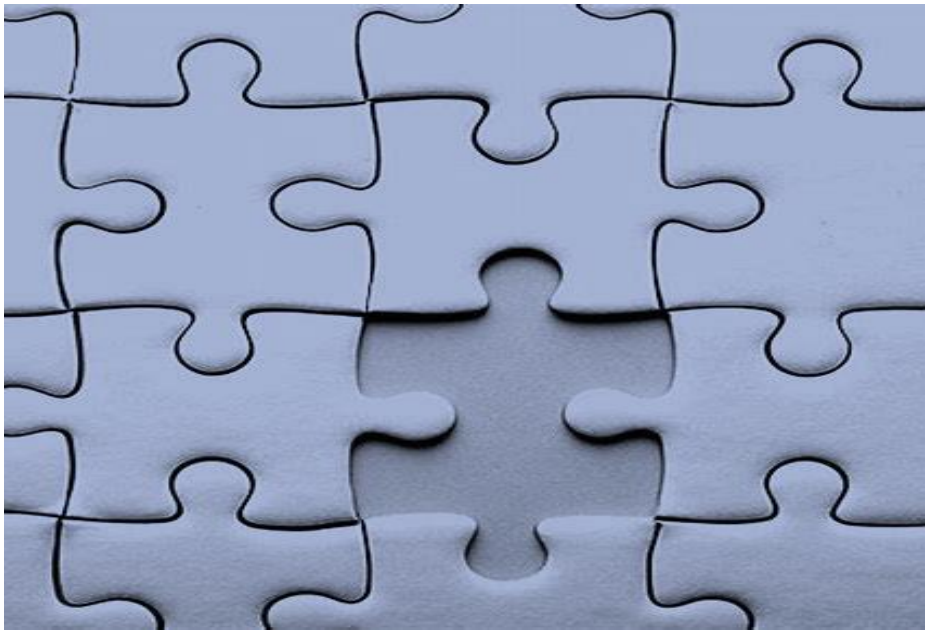


What Does This Mean for the Issue of EA?

In the absence of effective prevention interventions, the absolute scope of EA will expand in in proportion with projected older adult population growth

EA Prevention Knowledge Gap

Our understanding of effective EA prevention interventions represents largest knowledge gap in the field.



Prevention Development

Development of effective, targeted, and mechanistic prevention interventions is predicated, in part, on our understanding of EA risk and protective factors:

- Targeted *primary, secondary or tertiary* prevention efforts:
  - Public education/awareness, education/training
  - EA screening tools
  - Community response programs working with older adults experiencing EA

Elder Abuse (EA) Definition

"An intentional act or failure to act by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult" (CDC, 2016).

Acts

- Emotional/psychological abuse
- Physical abuse
- Sexual abuse
- Financial abuse/exploitation

Omissions

- Neglect by others

Consequences/Costs

Individual

- Mortality (3X)
- Psychological distress (e.g., anxiety, depression)
- Poor physical health
- Injury (e.g., upper extremities)
- Financial loss

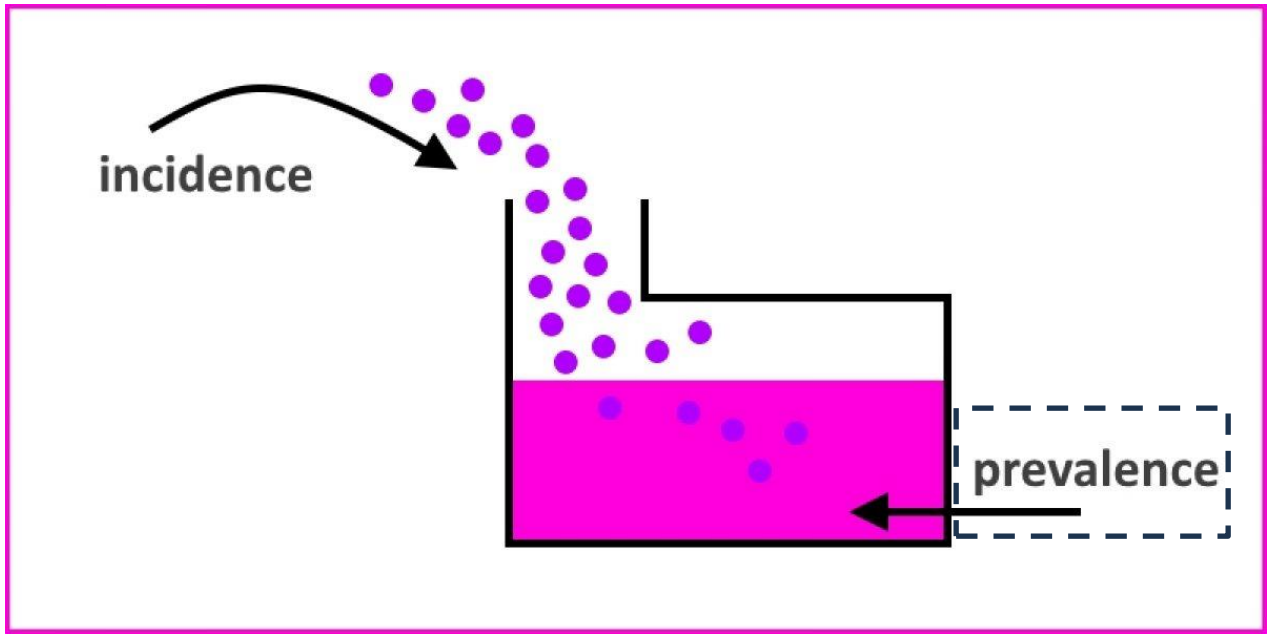
Societal Costs

- Hospitalization
- Nursing home placement
- Emergency room use
- Social service, legal, and law enforcement

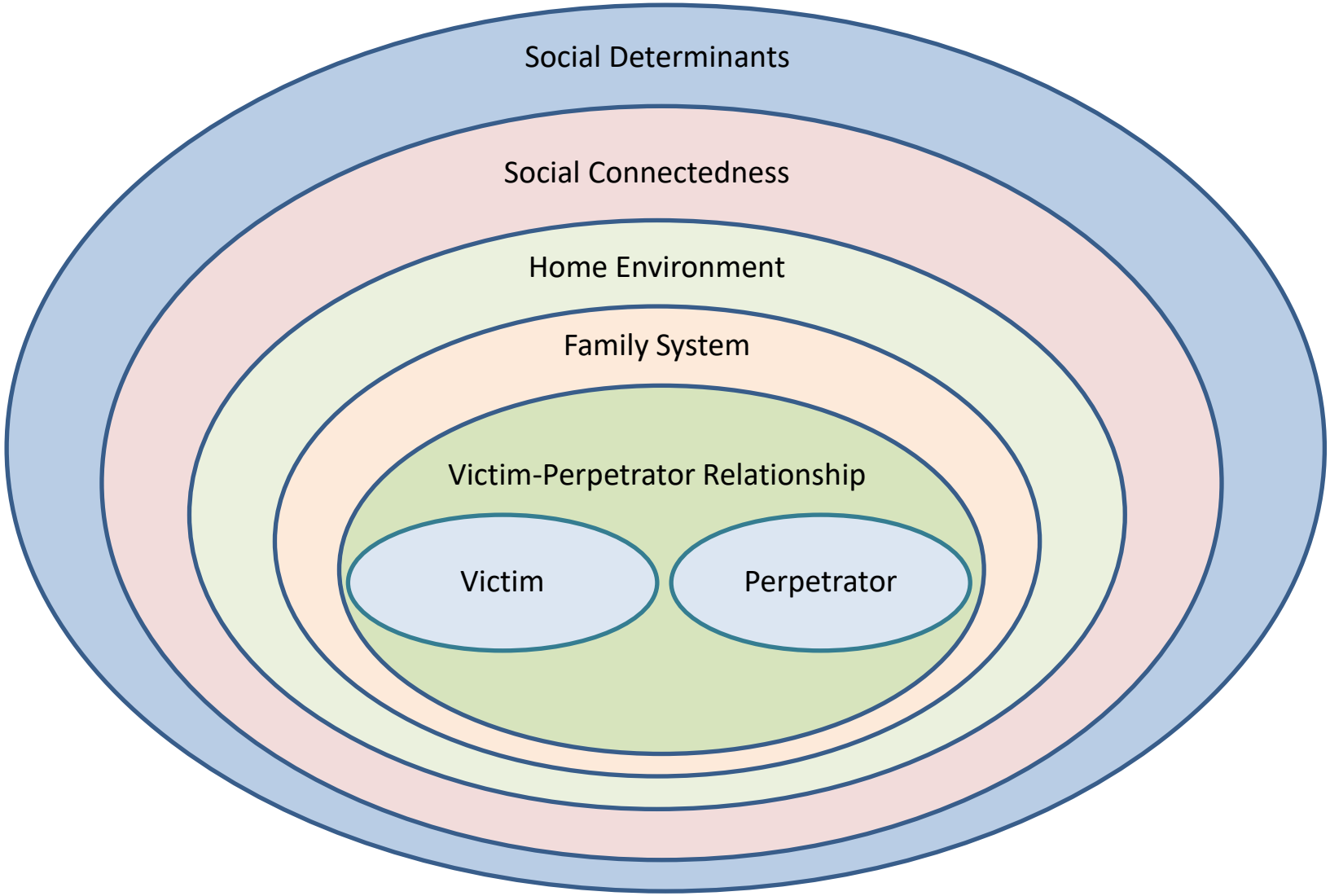
How Big is This Problem and What Places Older Adults at Risk?

Findings from CLSA

Incidence versus Prevalence



Ecological-Systems Perspective



Prior Research Limitations

Basic Science on EA Risk/Protective Factors:

- Studies using convenience sample research designs (social service or clinical health settings) -> selection bias and threats to external validity
- Geographically confined, prospective studies linking population-based older adult samples to agency records to identify EA victims -> selection bias that may reflect characteristics specific to agency
- Population-based cross-sectional EA studies -> greater external validity but lack capacity to make causal inferences between proposed risk factors and EA

LETTERS
https://doi.org/10.1038/s43587-022-00280-2
nature aging
Check for updates

Elder abuse prevalence and risk factors: findings from the Canadian Longitudinal Study on Aging

David Burnes[1]✉, Karl Pillemer[2], Tony Rosen[3], Mark S. Lachs[4] and Lynn McDonald[1]

Research Question

1) What is the one-year prevalence of elder abuse (emotional, financial, physical) in Canada?
2) What baseline factors are associated with elder abuse victimization over a three-year period?

CLSA Methods

- Telephone and in-person interviews with a national, stratified, random sample of over 50,000 adults aged 45 to 85 at baseline
- Data from most recent and available CLSA baseline (2015) and follow-up (2018) data collection waves
- EA module (covering emotional, physical, and financial abuse subtypes) administered only at follow-up and restricted to older adults aged 65 or older
- Analytic sample involved CLSA participants completed both baseline and follow-up interviews and were age 65 or older at follow-up (n = 23,468)
- Sample is skewed toward a White, higher-income, and well-educated sample of older adults
- Data weighted to account for sample misrepresentation from unequal sampling probabilities, frame coverage error and non-response.

Exclusions

Baseline sampling strategy excluded individuals with the following characteristics:

1) Lived in three territories, in the Nunavik region of Québec, Nunatsiavut region of Newfoundland and Labrador, and other remote regions
2) Lived on federal First Nations reserves and other First Nations settlements in the provinces
3) Full-time members of the Canadian Armed Forces
4) Lived in institutions, including long-term 24-hour care settings
5) Temporary VISA holders or had transitional health coverage
6) Cognitive impairment
7) Unable to respond in English or French languages

Individuals living in senior residence settings providing minimal levels of care were included in the sample. Individuals who became institutionalized during CLSA follow-up were included either through personal or proxy-based interviewing.

Analysis

- Multivariable logistic, ordinal, or multinomial regression models to analyze independent baseline variables as potential risk/protective factors of EA or EA severity
- Selection of independent variables into models based on significance in unadjusted analysis ($p < .05$), and tolerance and variance inflation factor (VIF) diagnostics to account for multicollinearity
- Omnibus Test of Model Coefficients and Hosmer-Lemeshow Test to understand multivariable logistic regression model fit
- All multivariable models controlled, at minimum, for sex, race/culture, and age as basic demographics, and whether the interview was conducted in person or over the telephone.
- Analyses undertaken for aggregate EA (any type of abuse), as well as separately for emotional abuse, physical abuse, and financial abuse subtypes

Findings

One-Year Prevalence

- Overall EA: 10.0% (95% CI, 9.6%-10.4%)
- Emotional abuse: 8.8% (95% CI, 8.4%-9.2%)
- Financial abuse: 1.4% (95% CI, 1.3%-1.6%)
- Physical abuse: 1.3% (95% CI, 1.2%-1.4%)

One in ten older adults living in the community in Canada experience some form of EA each year

One-Year Prevalence

One-Year Period Prevalence (Population-Based Studies)

- Canada: 8.2% - 10.0% (Burnes, 2021; McDonald, 2018)
- North America: 9.5% (Pillemer, Burnes, Riffin, & Lachs, 2016)

Approximately **1 out of every 10** adults aged 60 or older experiences some form of EA each year in Canada

- 970,000 older adults

Under-estimated prevalence:

- Under-reporting among elders
- Excludes cognitive impairment
- Excludes older adults in institutional settings

Currently no effective primary prevention initiatives in place to reduce incidence and prevalence or buffer against rising population of older adults

Risk and Protective Factors (2 or more types)

Physical Status
- # of chronic health conditions
- # functional impairments (ADLs/IADLs)

Mental Health
- Life satisfaction
- Depressive symptoms
- PTSD symptoms

Childhood Experiences
- Child maltreatment

Home Environment
- # household cohabitants

Social Connectedness
- Total social support

Social Determinants
- Gender female
- Lower education
- Inadequate income to support basic needs

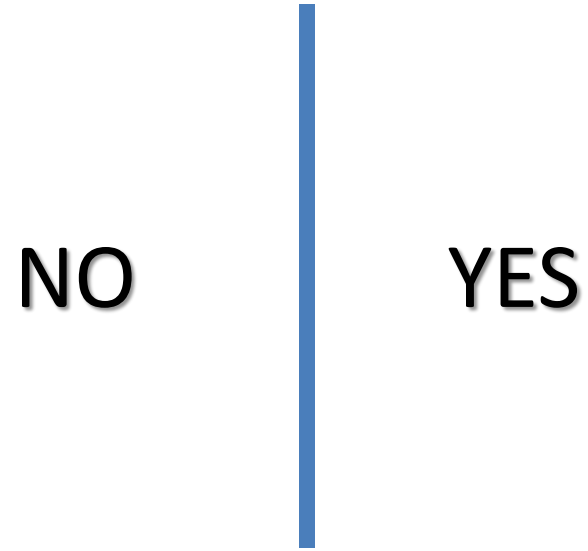
Black-identifying older adults at heightened risk of financial abuse

Risk Factors for Trusted Other

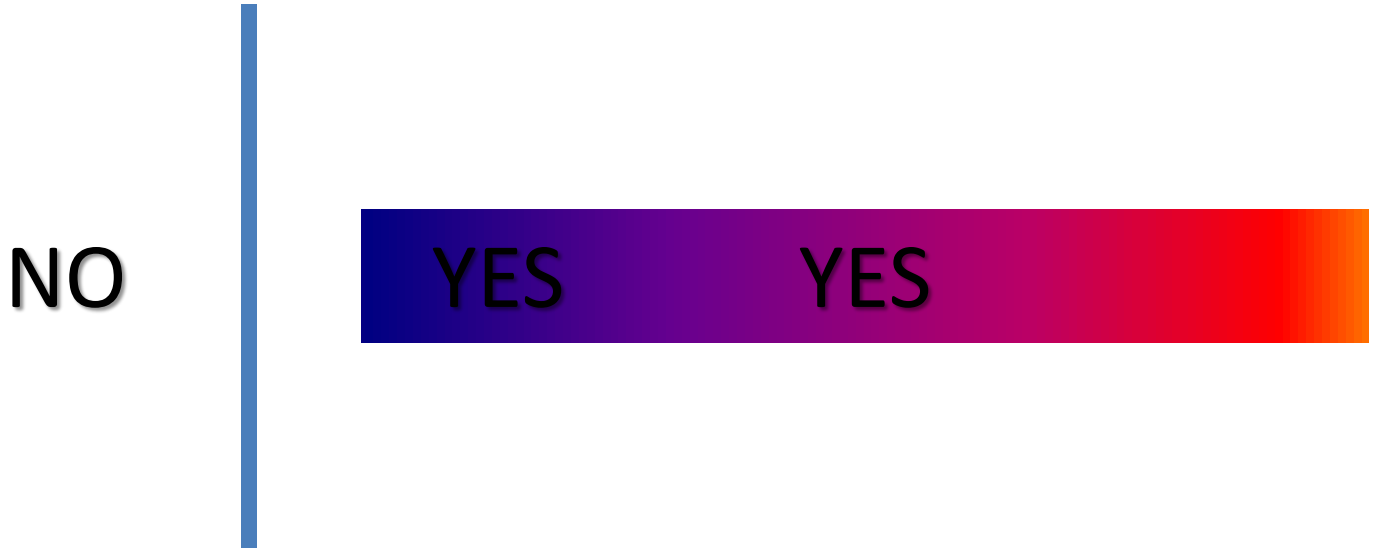
Trusted Other
Caregiver stress
Mental Illness
Substance Abuse
Dependency (financial)
Abused by Older Adult as Child

Prevalence Studies

EA measured as a dichotomous outcome



Prevalence Studies



Move Towards Understanding EA in Terms of "Severity"

As a phenomenon, EM exists with tremendous variation in severity

- Subjective appraisal, perception and interpretation of the problem
- Frequency of mistreatment behaviours
- Multiplicity of behaviours with a given mistreatment type
- Multiplicity of mistreatment types

Why Focus on Severity?

Varying objective severity is predictive of adverse outcomes

Victims enduring more frequent and varied mistreatment behaviors more likely to experience:

- Poor mental health
- Physical health
- Chronic pain
- Hospitalization
- All-cause mortality

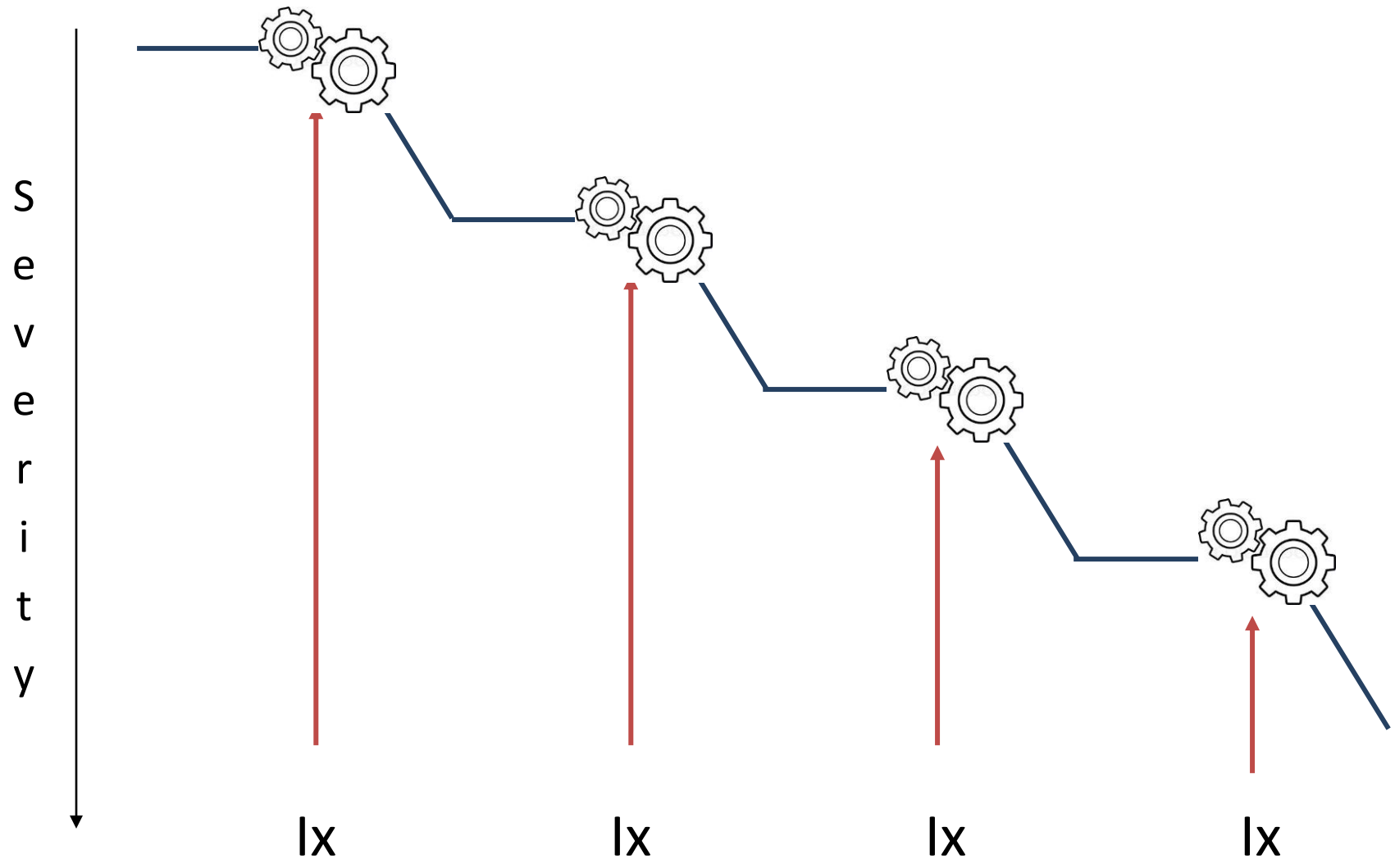
(Dong et al., 2009; Dong, Simon, & Evans, 2012; Fisher et al., 2011)

Why Focus on Severity?

Consistent with the way clinicians and clients intervene with the problem of EM

- We never (rarely) completely extricate a victim from their EM situation
- Idea of “complete” case resolution or “elimination” of risk is not realistic
- Clinicians are not looking to move a case from a “yes” to “no” status
- Binary conceptualization is not how clinicians think

Targeted Interventions (Ix)



Research/Evaluation/Measurement

YES

100 0

Severity Spectrum

T1 T2

Key Message

Severity offers a different framework through which to understand the problem of elder mistreatment

Findings from the CLSA: Severity

Research Question

1) What baseline factors are associated with elder abuse *severity* among victims over a three-year period?

Analysis of factors for EA severity restricted to the sub-samples of older adults defined as victims of EA prevalence

Capture Spectrum in Variation of Severity (frequency, multiplicity)

One behaviour event in past year

Multiple behaviour types once in past year

One behavior several times in past year

Multiple behaviour types several times in past year

Risk and Protective Factors (2 or more types, distinguishing mild from severe)

Physical Status
- Self-reported health

Cognitive Status
- Higher Rey score*

Mental Health
- PTSD symptoms – Aggregate, Emotional

Home Environment
- **Perpetrator co-habitation**

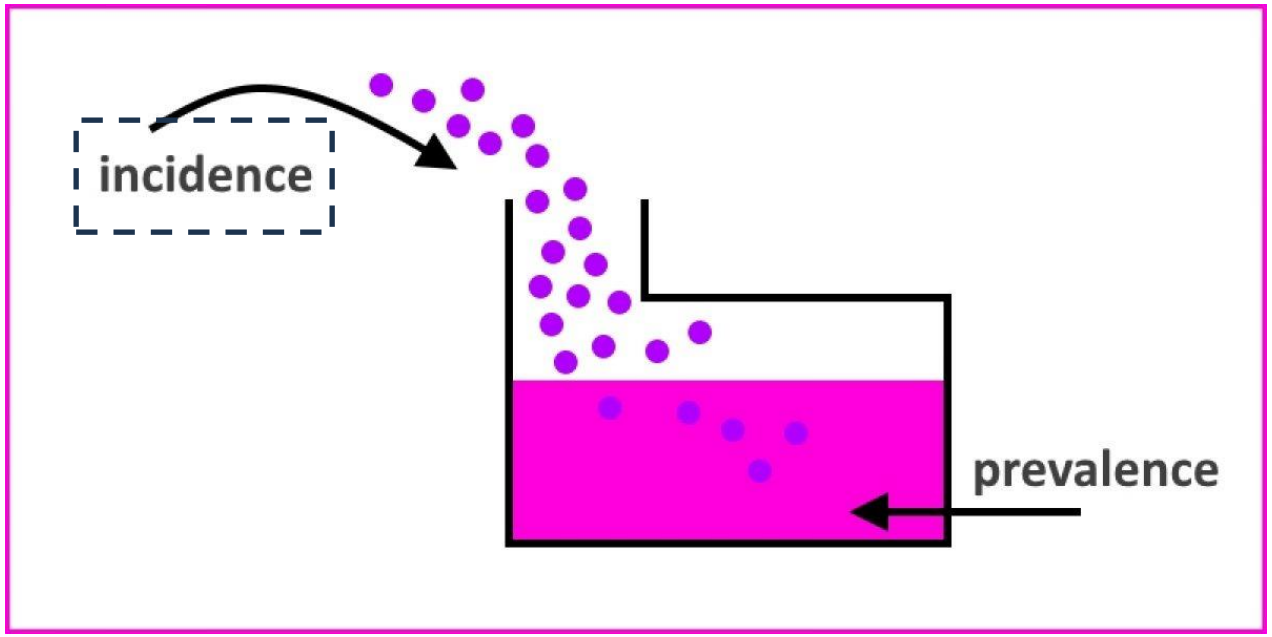
Social Determinants
- Gender female
- Lower education

Childhood Experiences
- Child maltreatment

Implications and Key Messages

- Longitudinal designs advance prior EA risk factor research
- Approx. 1 in 10 older adults experience EA within a given year
- Healthcare providers (family doctors, ER, homecare workers) who work with older adults can play key role in EA prevention
- Poor mental – not just physical – health key predictor of EA
- Further emphasis on examining inter-personal/family violence as a *life course* issue, rather than being conceptualized as discrete *life stage* issues across separate domains of childhood maltreatment, intimate partner/domestic violence, and EA
- Social connectedness represents critical protective factor
- Risk factors span several ecological domains: physical, mental, childhood, home, social support, social determinants

Incidence versus Prevalence



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Estimated Incidence and Factors Associated With Risk of Elder Mistreatment in New York State

David Burnes, PhD; David W. Hancock, PhD; John Eckenrode, PhD; Mark S. Lachs, MD, MPH; Karl Pillemer, PhD

Research Questions

1) What is the incidence of EA over a ten-year period?

2) What factors are associated with EA incidence (or new cases entering the population)?

Thank you

Questions