



**Decade
of healthy
ageing**

Elder abuse: towards a global strategy

**USC Tamkin 2022 Symposium
on Elder Abuse**

**Dr Christopher Mikton
miktonc@who.int
Demographic change and healthy
ageing
Department of social determinants of
health
WHO-HQ**

Outline

- I. Best laid plans of mice and men...
- II. Why a global strategy now? The UN Decade of Healthy Ageing 2021 – 2030
- III. How is the strategy being developed?
 - 1. Identifying factors that account for low global priority of elder abuse
 - 2. Mapping the evidence on all aspects of elder abuse
 - 3. Drafting the strategy
- IV. 4 emerging priority areas:
 - 1. Ageism
 - 2. Prevalence
 - 3. Solutions
 - 4. Governance

I. Best laid plans of mice and men...often go awry

- COVID – unable to travel
 - Development of strategy delayed by a few months – end of March 2022
 - Findings from global priority and mapping project only partly available
- “**Towards** a global strategy”
- Feedback to miktonc@who.int



II. Why a global strategy now?

UN Decade of Healthy Ageing

2021-2030

Aug 2020: World Health Assembly



Dec 2020: United Nation General Assembly



UN Decade of Healthy Ageing

2021-2030

Unique opportunity to address elder abuse

Decade → bring together actors from different sectors to improve the lives of older people, their families, and the communities in which they live.

4 action areas

1. **Ageism:** changing how we think, feel and act towards age and ageing
2. **Communities:** developing communities in ways that foster the abilities of older people
3. **Primary care:** Delivering integrated care and primary health services responsive to older people
4. **Long-term care:** Providing older people who need it with access to long-term care

→ **Elder abuse = cross-cutting topic**

Platform: <https://www.decadeofhealthyageing.org/>

<https://www.who.int/initiatives/decade-of-healthy-ageing>

1. Factors
behind lack
of priority

III. How this strategy
is being developed

2. Evidence
and gap
map

3. EA
strategy
for
Decade

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1. Identifying factors accounting for low global priority of elder abuse

- Findings available in pre-print (Mikton, Campo-Tena, Yon, Beaulieu, and Shawar)
 - https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4011904
- Starting point: insufficient global priority.
- Aim: identify factors accounting for insufficient global priority with a view to addressing them in the strategy.
- Approach: Tried and tested qualitative policy analysis method

Generating global political priority for urban health: the role of the urban health epistemic community

Yusra Ribhi Shawar^{1,*} and Lani G Crane²

Generation of political priority for global health initiatives: a framework and case study of maternal mortality

Jeremy Shiffman, Stephanie Smith

Generation of political priority for global surgery: a qualitative policy analysis



Generation of global political priority for early childhood development: the challenges of framing and governance

Yusra Ribhi Shawar, Jeremy Shiffman



The framework

1. The **nature of the issue** – greater priority if:
 - Issue straightforward;
 - Affected population is politically powerful, viewed sympathetically and not stigmatized, and is able to advocate for itself;
 - Severity of the issue is clear with tractable solutions available
2. The **policy environment** – greater priority if:
 - Policy windows exist to advance the issue – including global goals & resolutions
 - Disasters (eg the COVID-19 pandemic) highlighting the severity of the issue
3. The **capabilities of proponents** advocating for the issue – greater priority if:
 1. Able to agree on a common understanding of the problem and its solution (problem definition);
 2. Frame the issue in a way that resonates with policy-makers and donors (positioning);
 3. Can create cohesive and effective coordinating mechanisms, with effective leaders and champions in place to steer proponents to achieve collective goals (governance)

(Schiffman and Smith, 2007; Shawar and Schiffman, 2017; Shawar and Schiffman, 2021; Schiffman et al. 2016)

Method

- Literature review:
 - PubMed/MEDLINE, AgeLine, IBSS, Global Health, ProQuest One Literature, JSTOR, WHO Global Health Library, Google Scholar, and several websites of 49 organizations concerned with elder abuse
 - 27 562 → 123 publications included
- Informant interviews
 - 26 key informants
 - International governmental organizations, international non-governmental organizations, academia, and governmental organizations
 - All regions of the world, all country income levels
- Analysis
 - Literature and transcripts of interviews – process tracing methodology and thematic analysis
 - Broad to narrower coding scheme through inductive and iterative process

Key factors accounting for lack of priority

- **Nature of the issue:**

- Inherent complexity of the issue
- Pervasive ageism
- Lack of awareness and doubts about prevalence estimates
- Intractability of the issue.

- **Policy environment**

- Proponents' limited ability to capitalize on policy windows and processes.

- **Capabilities of proponents**

- Disagreements on the nature of the problem and its solutions
- Challenges in individual and – especially – organizational leadership (governance)
- Dearth of alliances with other issues.

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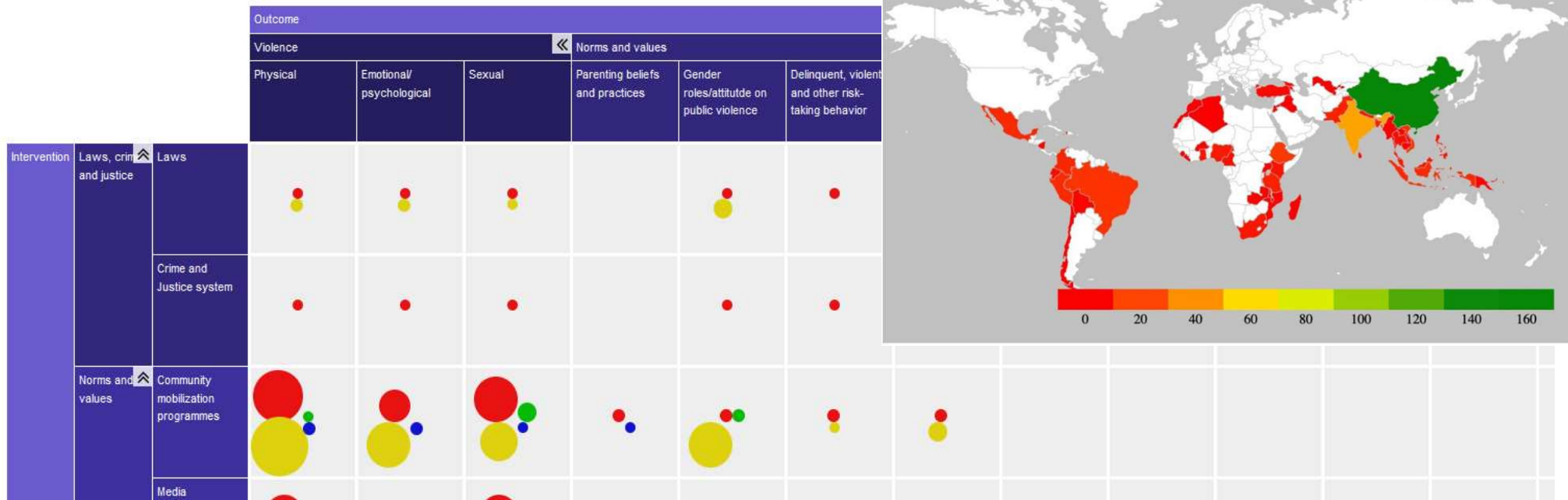
2. Mapping the evidence on elder abuse

- **Evidence and gap maps:**
 - A systematic **evidence synthesis** product which **displays** the available evidence relevant to a specific research question.
 - They provide a **visual and interactive display** of the existing evidence, which is **updated** on a regular basis.
 - Say what **evidence there is**, not what the evidence says
 - EGM based on primary studies; “Megamap” on systematic reviews and other maps

2 types of maps



Interventions for
(This map includes)



<https://www.unicef-irc.org/evidence-gap-map-violence-against-children/>

Mega-map on all aspects of elder abuse

- Prevalence (community and institutions)
- Consequences
- Risk & protective factors
- Interventions to:
 - ✓ Prevent
 - ✓ Detect
 - ✓ Respond
- Partners: U of Sherbrooke, Kent, Sheffield, Trinity College Dublin, USC, and WHO-EURO



Our framework

		Any abuse	Physical	Psychological	Sexual	Financial	Neglect	Other	Poly-victimization
Prevalence	Community settings								
	Institutional settings								
Consequences	Mortality								
	Visit to Emergency Departments								
	Hospitalization								
	Disability								
	Behavioural health service usage								
	Physical health symptoms								
	Psychological/mental health symptom								
	Social service use and social & economic consequences								
	Other								
Risk and protective factors	Individual Victim								
	Individual Perpetrator								
	Relationship								
	Community & society								
	Institutional characteristics								
Prevention	Older people								
	Paid caregiver								
	Non-paid caregiver (family, friend, etc.)								
	Care home, community and public								
	System level (including laws and policies)								
Detection	Older people								
	Paid caregiver								
	Non-paid caregiver (family, friend, etc.)								
	Hospitals and other health facilities, care homes, community and public								
Response	Older people								
	Paid caregiver								
	Non-paid caregiver (family, friend, etc.)								
	Care home, community and public								
	System level (including laws and policies)								

Our mega-map, so far:

- Prevalence (community and institutions): 46 review
- Consequences: 20 reviews
- Risk & protective factors: 47 reviews
- Interventions: 52 reviews



Purposes this map will serve

1. To identify gaps & commission research in more strategic way
 2. To increase discoverability and use of evidence on elder abuse
 3. To produce higher level evidence synthesis products
 4. Inform the development of the global strategy
- Key component of the “**evidence architecture**” (White, 2020) for elder abuse



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3. Timeline for finalizing strategy

- Finish mega-map (early March 2022)
- Write draft strategy
- Hold expert meeting to discuss (end of March 2022)
- Revise strategy
- Publish on World Elder Abuse Awareness Day (15 June 2022)



IV. Priority areas emerging from this work → strategy

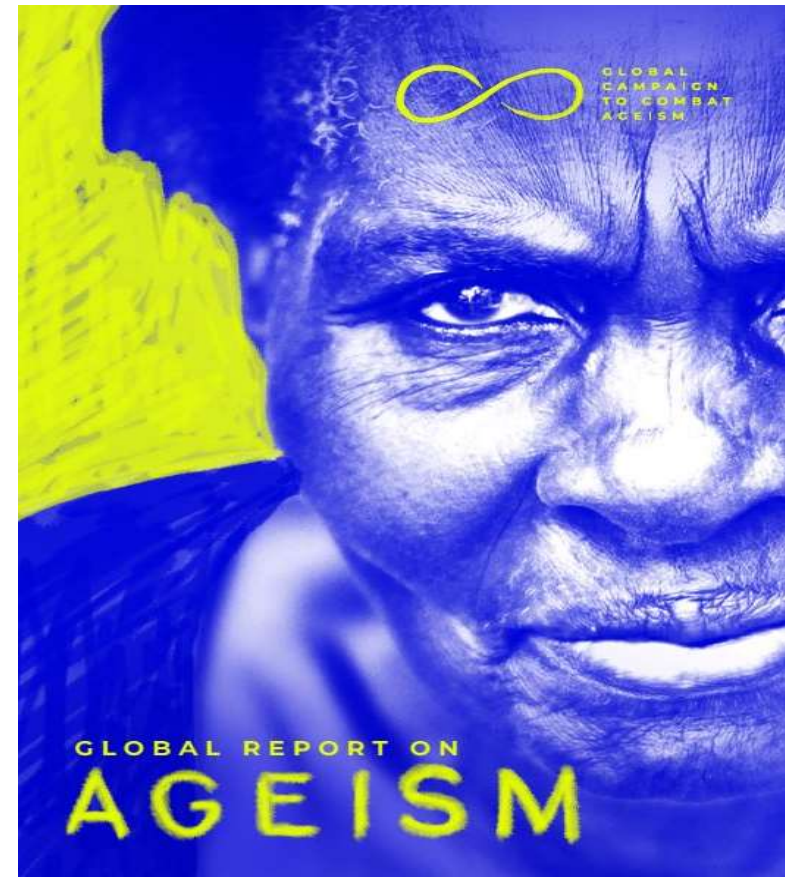
1. Ageism

- Perceptions
 - Ageism as reason EA has received less attention than VAW and VAC
 - Ageism as a risk factor for EA
 - EA as an extreme form of ageism

→ Global report on ageism (2021):

- Synthesizes the evidence

→ Global campaign to combat ageism



Priority areas emerging from this work → strategy

2. Prevalence of elder abuse

- Current global prevalence estimates:
 - ✓ High-income countries mainly
 - ✓ Contested
 - ✓ Lack of awareness
- Need for sound global and regional prevalence estimates, partly for advocacy



Priority areas emerging from this work → strategy

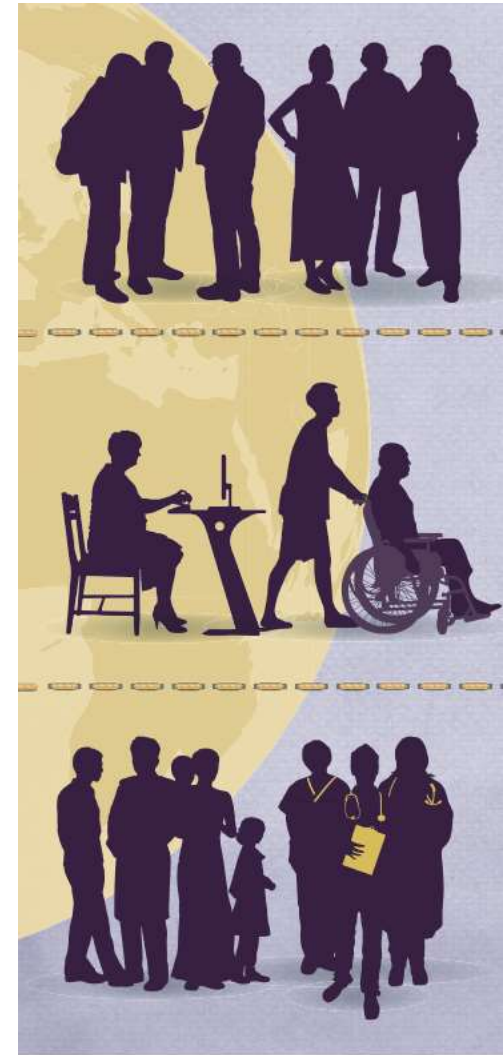
3. Need for proven solutions

- Systematic reviews → no proven interventions
- Echoed by informants in our study

“So, I think we need like, the equivalent of a Manhattan Project or a Marshall Plan...the only thing that people ought to be funding or researching or doing as far as elder mistreatment now goes, is intervention research”

→ Global **“intervention accelerator** → “package” of cost-effective interventions

- INSPIRE – Violence against Children
- RESPECT – Violence against Women
- Increase sense of tractability



Priority areas emerging from this work → strategy

4. Global governance

- How a network or organization steers itself to achieve goals its members agree to
- Increase coordination, funding, cohesiveness
 - Partnership of key UN and other organizations (including INPEA) under Decade of Healthy Ageing?
 - Appointment of lead agency?
 - Coalition-building meeting?



Conclusion

- **25 years ago** → elder abuse started to register on global agenda
 - INPEA
 - MIPAA
 - WHO *World report on violence and health* and *Toronto declaration*
 - WEEAD
- **UN Decade of Healthy Ageing 2021 – 2030**
 - 10-year-long policy window to overcome challenges





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ageing**

Thank you!