Tackling abuse of older people

Five priorities for the United Nations Decade of Healthy Ageing (2021–2030)

Decade of healthy ageing

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Background

Abuse of older people: a serious problem that has received too little attention

The World Health Organization [WHO] defines "elder abuse" or "abuse of older people" as a single or repeated act or lack of appropriate action occurring within any relationship in which there is expectation of trust that causes harm or distress to an older person.[1] It can occur in either community or institutional settings and can take many forms, including physical, psychological, financial/material, sexual abuse and neglect *[2]*. WHO has estimated that one in six people aged 60 years and older experiences some form of abuse in the community annually *[3]*. In institutions, such as nursing homes and other long-term care facilities, the rates of abuse of older people appear to be higher still, with two of three staff reporting that they have abused an older person in the past year *[4]*. The number of older people who experience abuse is predicted to increase, even if its prevalence remains constant, as many countries are experiencing rapid population ageing. By 2050, the global population of people aged 60 years and older will more than double, from 1 billion in 2019 to about 2.1 billion *[5]*.

Abuse of older people can have serious consequences, including premature mortality, physical injuries, depression, cognitive decline, poverty and placement in long-term care institutions *[6–8]*. Yet, despite its extent and severity, abuse of older people remains a low global priority. It receives little attention from international and national organizations and governments *[9–12]* and few resources *[10, 13]*.

The United Nations Decade of Healthy Ageing 2021–2030

The United Nations Decade of Healthy Ageing 2021–2030 ["the Decade"] offers a unique 10-year opportunity to address abuse of older people in a concerted, sustained, coordinated way. The Decade is a global collaboration among governments, civil society, international agencies, professionals, academia, the media and the private sector to improve the lives of older people, their families and the communities in which they live. The Decade plan focuses on four priority action areas [see Box 1]. Within the Decade, abuse of older people is recognized as an important issue that cuts across the four action areas *[14]*; however, there is currently no coordinated approach to tackling abuse of older people.

[1] WHO considers "elder abuse" or "abuse of older people" to be a sub-set of the broader category of violence against older people, which itself is one of several different types of violence [e.g. violence against women, violence against children]. Violence against older people includes both violence that occurs within a relationship in which there is expectation of trust [i.e. abuse of older people] and violence which occurs outside such relationships [e.g. violence against an older person by a stranger in a public space]. WHO defines violence as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation *[1]*.

The Decade also supports implementation of the Madrid International Plan of Action on Ageing *[15]*, which addresses abuse of older people, and the United Nations 2030 Agenda for Sustainable Development and the Sustainable Development Goals, which include two targets for eliminating or significantly reducing violence, including against older people [5.2 and 16.1].

Box 1. Decade action areas

1. Changing how we think, feel and act towards age and ageing
2. Ensuring that communities foster the abilities of older people, including in labour, education, housing, social protection, transport and technology
3. Delivering integrated care and primary health services that are responsive to older people
4. Providing access to long-term care for older people who need it

Aim

The aim of this document is to present the priorities for tackling abuse of older people in a coordinated, strategic way within the Decade.

Method

The priorities were selected in a systematic, three-step process [see Fig. 1] based on the expertise and advice of a wide range of experts and stakeholders including policy-makers, researchers, and representatives of international and civil society organizations and of governments.

Fig. 1. Three step-process for selecting priorities

- Identification of a long list of challenges in the field of abuse of older people through:
  - a study of factors that account for the low global priority of abuse of older people
  - gaps identified on a mega-map and in systematic reviews

STEP 1

Identifying the challenges

- Online survey to rank the long list of challenges
- Meeting of experts and stakeholders to:
  - discuss a short list of priority challenges and
  - generate solutions for each of the challenges selected

STEP 2

Shortlisting priorities

- Final list of five priorities based on feedback from meeting participants on draft of "Tackling the abuse of older people: five priorities for the UN Decade of Healthy Ageing 2021–2030"
- Five priorities for tackling abuse of older people

STEP 3

Five priorities for tackling abuse of older people

Step 1
Identifying the challenges

> *Study of factors that account for the low global priority of the abuse of older people*

A rigorous, tried and tested method involving a systematic review of the literature and 26 interviews with key informants was used to identify factors that account for the low global priority of abuse of older people *[16]*. Ten challenges were identified, organized into three groups:

1. **Four factors related to the nature of the issue:**

   - The issue is inherently complex, due, for instance, to the many different types of abuse of older people and their variation by culture.
   - Ageism was considered to be both the major reason for the low global priority of and a major risk factor for abuse of older people. The shame and stigmatization associated with abuse of older people were also viewed as contributing to the low priority of the issue.
   - There is both lack of awareness and doubts about the validity of current estimates of the prevalence of abuse of older people.
   - There is wide agreement that currently almost no interventions have been proven to work in high-quality evaluations.

2. **One factor related to the policy environment:**

   - Policy windows and processes such as the 2030 Sustainable Development Goals and the COVID-19 pandemic have not been capitalized upon.

3. **Five factors related to proponents of tackling abuse of older people:**

   - There has been difficulty in reaching a common understanding of the problem of abuse of older people and of solutions for it.
   - Dual framing of abuse of older people as an issue of human rights and public health has dominated the field, and potential synergies in the dual framing have not been investigated.
   - Global networks and organizational and individual leadership should be strengthened, particularly through better coordination, more cohesive networks and better funding.
   - There are no alliances with other issues, such as other forms of violence prevention, ageism, disability and dementia.
   - Funds are lacking.

Gaps identified on a mega-map and in systematic reviews

Mega-map of all main aspects of abuse of older people

To help select priorities, the evidence and gaps in the evidence on all aspects of the abuse of older people – prevalence, consequences, determinants and interventions – were mapped on a mega-map. A mega-map is a map of evidence and gaps based on systematic reviews rather than primary studies. It identifies, maps and provides a visual interactive display of all the evidence from systematic reviews relevant to a research question or policy area *[17]*. The mega-map created is based on over 100 systematic reviews *[18]*. Such maps, however, show what evidence there is but not what the evidence says. Therefore, an overview was conducted of recent high-quality systematic reviews included in the mega-map with synthesized findings on the main aspects of abuse of older people [see next section].

Of the reviews in the mega-map, 41 addressed the prevalence of abuse of older people, 30 in the community and 23 in institutional settings; several addressed both. Most focused on physical, psychological and sexual abuse and only a few on systemic abuse [i.e., rules, regulations, policies or social practices that harm or discriminate against older adults]. Nineteen reviews addressed the consequences of abuse of older people, most on depression [n = 15] and general health [n = 11]. Fewer reviews covered social and economic consequences. Some 45 reviews addressed a very wide range of risk and protective factors, with most on individual-level risk factors related to victims [e.g. mental health problems [n=32], disability [n=31]] and perpetrators [e.g. caregiver burden and stress [n=19]]. Fewer reviews addressed community and societal-level risk factors, and very few covered community and societal-level protective factors. Interventions were addressed in 28 reviews, most on interventions for professional care-givers and to detect rather than prevent or respond to abuse of older people.

Overview of systematic reviews

As testified by the 100 plus reviews included in the mega-map, research on abuse of older people has made progress. Yet, findings from recent high-quality reviews included in the mega-map highlight important gaps. For instance, estimates of the global, regional and national prevalence of the problem are still limited by use of inconsistent operational definitions of abuse of older people and the absence of a standard international measurement instrument with sound psychometric properties. In addition, data on the prevalence in many low- and middle-income countries and institutional settings remain limited *[3, 4, 19]*.

Gaps in the evidence on the consequences of abuse of older people include limited understanding of the unique outcomes of the different sub-types of abuse, the role of gender in mediating consequences, the impact of abuse of older people on use of health care and the costs associated with the wide range of consequences of abuse of older people, both in institutions and in the community and in different countries *[20–22]*. Some of the main gaps in understanding of risk and protective factors include lack of data on risk factors at community and societal levels, on protective factors more generally, on the relative importance of risk and protective factors and on cross-cultural differences and causal status *[23–25]*.

Although many interventions have been tested to prevent or reduce abuse, almost none has proven to be effective in high-quality evaluations. This applies to both narrowly focused programmes and broad societal strategies such as policies and laws. Furthermore, data on the costs and cost–effectiveness of interventions is extremely limited *[6, 19, 26–28]*.

Long list of 15 challenges to be ranked

A long list of 15 challenges facing the field of abuse of older people was established from the study of factors that account for the low priority of abuse of older people, the mega-map and the overview of systematic reviews [see Annex for full list].

Step 2
Shortlisting priorities

Online ranking of long list of priority challenges

On 22 April 2022, WHO convened an online meeting of experts and stakeholders to establish a short list of priorities for addressing the abuse of older people within the Decade. The 50 participants who accepted the invitation were asked to rank the long list of 15 challenges in an online survey [SurveyMonkey] before the meeting [see Annex]. Forty-five of the 50 completed the survey, a response rate of 90%. The 49 experts and stakeholders who participated in the meeting represented the six WHO regions and were in one or more of the following groups: governments [7], policy-makers [7], researchers [17], international organizations [22], civil society organizations [13], the International Network for the Prevention of Elder Abuse [10] and funders [3].

The results of the survey are presented in Fig. 2, where challenges with higher scores are given higher priority.[2] The long list of challenges was presented to each respondent in a different random order.

[2] See https://bit.ly/36Q2bCK for an explanation of the method used to calculate the results.

Fig. 2. Results of survey of participants for ranking challenges by order of priority (six top-ranked priorities in green)

The challenge of ageism was ranked highest, with a score of 10.36. This was followed by five challenges related to data, evidence and research: limited data on prevalence [2nd], lack of data on costs of abuse of older people and cost effectiveness of solutions [3rd], lack of effective solutions [4th], gaps in understanding of risk and protective factors [5th] and lack of implementation science [6th]; tied in 6th position was lack of funding.

Only one of the priority challenges ranked in positions 8–15 was related to evidence and research [gaps in understanding of consequences, in 9th position]. All the others were related to the nature of the problem [inherent complexity in 8th position and shame and stigma in 10th position]; policy processes [difficulty in capitalizing on global windows and processes in 13th]; and governance and advocacy [framing of the issue in 11th, insufficient coalition-building in 12th, weakness of global networks and leadership in 14th and lack of agreement on a common definition of abuse of older people in 15th position].

Some 40 additional priorities were suggested by survey participants. Analysis indicated that 35 could be subsumed under one of the 15 priority challenges in the long list. Many of the additional priorities focused on a particular aspect of one of the 15 priority challenges in the long list, such as "improving capacity of professional staff", "lack of research on policies" and "lack of adequate legal frameworks", which were classified under "lack of solutions". The limited use of gender and/or intersectional perspectives was a challenge suggested by five survey participants, which is poorly covered by the 15 challenges in the long list and cuts across many of them.

Meeting of experts and stakeholders

The six highest-ranking challenges were selected for further discussion for the final short list. As two challenges were tied in 6th place, the following seven challenges were discussed:

1. Ageism;
2. limited data on the prevalence of abuse of older people;
3. lack of data on costs of abuse of older people and cost-effectiveness of solutions;
4. lack of effective solutions;
5. gaps in understanding of risk and protective factors;
6. lack of implementation science addressing abuse of older people; and
7. lack of funding.

While the focus of the Decade will be on the six highest-ranking priorities, those ranked lower will also be addressed, especially once significant progress has been made on the higher-ranking priorities.

Meeting participants were divided into smaller, self-selecting groups, each with a moderator, and generated three priority solutions for each of the seven priority challenges.

Step 3

Five priorities for tackling abuse of older people

As several of the priority challenges selected during the meeting overlap and some can be addressed only in sequence, the short list of seven priority challenges was reorganized into five higher-order priorities, in approximately the same order, and reformulated as follows:

» **Ageism ›** *Combat ageism*

» **Limited data on the prevalence of abuse of older people and gaps in our understanding of risk and protective factors ›** *Generate more and better data on prevalence and on risk and protective factors*

- Prevalence and risk and protective factors were merged, as data on prevalence and on risk and protective factors are often collected together.

» **Lack of effective, cost-effective and scalable solutions ›** *Develop and scale up cost-effective solutions*

This subsumes the challenges of:

- lack of effective solutions;
- lack of cost-effective solutions: included here and also below, as data on cost-effectiveness often come from studies of the effectiveness of solutions; and
- lack of implementation science addressing abuse of older people: the availability of such research would accelerate the scaling up of solutions and their routine use and institutionalization in policy and practice.

» **Lack of data on the costs of abuse of older people and the cost–effectiveness of solutions, also included above ›** *Make the investment case*

- A more persuasive case for investing in halting abuse of older people can be made once data on the costs and on the cost–effectiveness of solutions are available.

» **Lack of funding ›** *Raise funds*

- Lack of funds for all aspects of tackling abuse of older people, including funding of research on prevalence, consequences, costs, risk and protective factors, interventions and their scaling-up and implementation.

In the survey and during the meeting, the following approaches were recommended towards one or more of these priorities: life-course, gender-specific, intersectional, inclusive and participatory, public health, and human rights.

The five priorities finally chosen for tackling abuse of older people during the Decade are listed in Box 2. These five priorities are primarily, though not exclusively, aimed at governments, UN agencies and development organizations, civil society organizations, academic and research institutions and funders.

Box 2. The five priorities for tackling abuse of older people during the Decade

1. Combat ageism.
2. Generate more and better data on prevalence and on risk and protective factors.
3. Develop and scale up cost–effective solutions.
4. Make an investment case.
5. Raise funds.

The next section briefly summarizes the rationale for each priority and outlines the solutions that could be taken during the remainder of the Decade, as proposed in small group discussions during the meeting.

The guiding principles of the Decade *[5]* should be adhered to in tackling the five priorities. In particular, the following approaches should be considered.

» A **life-course approach** is a temporal, societal perspective on the health and well-being of individuals and generations, with recognition that all stages of a person's life are intricately intertwined with each other, with the lives of others born in the same period and with the lives of past and future generations. It includes recognition of how earlier influences – including past experiences of violence and abuse – may be risk factors for the abuse of older people.

» A **gender-specific approach** includes recognition of and response to the different specific risks and vulnerabilities of women and of men in relation to abuse of older people and takes into account the interaction of gender with ageism in the context of abuse of older people. The approach includes recognition that gender norms, socialization, roles, differential power relations and differential access to and control over resources contribute to differences in vulnerability and susceptibility to abuse of older people and to how such abuse is experienced, how help is sought and how services are accessed.

» An **intersectional approach** is one in which consideration is given to the different aspects of a person's social and political identities and their relation to hierarchies of privilege or disadvantage [e.g., age, sex, gender, race, ethnicity, class, socioeconomic

status, religion, language, geographical location, disability status, migration status, gender identity and sexual orientation] interact and potentiate each other, which may result in inequality in health and other outcomes.

» An **inclusive and participatory approach** draws on the voices and lived experience of older people, particularly survivors of abuse, "concerned others" and community organizations that provide services for survivors.

» Both a **public health approach**, based on science, evidence and multi-sectoral collaboration, and a **human rights approach**, anchored in a system of rights and corresponding State obligations established by international law, which addresses older people as holders of rights, and ensures that no one is left behind.

Priority 1. Combat ageism

Rationale: Ageism is considered a major risk factor for abuse of older people and is a main reason for its low global priority and sometimes, in its more extreme manifestations, is a form of abuse of older people. "Ageism" refers to the stereotypes [how we think], prejudice [how we feel] and discrimination [how we act] directed towards people on the basis of their age. It can be institutional, interpersonal or self-directed *[29]*.[3]

Proposed actions:

» Contribute to the Global Campaign to Combat Ageism, an initiative supported by 194 Member States. WHO was requested to develop the Global Campaign, with partners, to enhance the daily lives of older people and optimize policy responses *[31]*. The *Global report on ageism [29]* provides the evidence for the Global Campaign, which will [i] generate evidence on ageism to better understand what it is, why it matters and how it can be addressed; [ii] build a global coalition to improve data collection, share knowledge and coordinate the prevention and response to ageism; and [iii] raise awareness to transform understanding of age and ageing.

» Focus on the link between ageism and abuse of older people in the Global Campaign. This should include how ageism intersects with other forms of prejudice and discrimination – especially sexism, racism, homophobia, transphobia and ableism – in abuse of older people. The Global Campaign addresses various aspects of ageism, such as in employment, artificial intelligence and human rights. The Global Campaign will strengthen the focus on ageism and abuse of older people, perhaps by making it a theme of World Elder Abuse Awareness Day [15 June] and/or the International Day of Older Persons [1 October].

» Conduct research on the links between ageism, other forms of prejudice and discrimination and abuse of older people. Although ageism is widely considered to be a major risk factor for abuse of older people and to account for its low global priority, there are currently few empirical data to link the two *[24, 29]*. More research on the links should be conducted in both community and institutional settings.

[3] To avoid the ageist connotations of "the elderly" and in keeping with the recommendation of the *Global report on ageism [29]*, the term "*elder abuse*" has been avoided in this document in favour of "abuse of older people" *[30]*.

Priority 2. Generate more and better data on prevalence and on risk and protective factors

Rationale: There are few data on the prevalence of abuse of older people, particularly in low- and middle-income countries and in institutions, and the accuracy of the available estimates has been questioned. Understanding the prevalence is the basis for communicating the scale of the problem. Important gaps also remain in understanding risk and protective factors, which limit the development of effective solutions.

Proposed actions:

» Encourage researchers to use clear operational definitions agreed by consensus, to use transparent definitions and to consider carefully whether to include forms of abuse of older people that are poorly covered by current definitions [e.g., culturally and/or majority/minority group-specific forms, financial fraud and scams, systemic or organizational abuse].

» Develop an instrument for measuring abuse of older people based on the best existing instruments and on findings from recent reviews of the psychometric properties of existing instruments [which indicate that the psychometric properties of few of them are supported by strong evidence], develop and test [cognitive testing, pilot testing, field testing] a longer and a shorter version of the new instrument to establish its reliability, validity and cross-cultural validity.

» Conduct a multi-country survey of abuse of older people with the instrument in 12 or more countries in different regions, including in a range of low- and middle-income countries, in both communities and institutions.

» Integrate the shorter version of the new instrument as a module into data collection on, e.g., ageing or violence, when possible.

» Use the multi-country surveys and existing prevalence studies [identified from the mega-map mentioned above] to generate national, regional and global estimates of abuse of older people regularly, including for advocacy.

» Generate more and better data on risk and protective factors, particularly on risk factors at community and societal levels, protective factors overall, the relative importance of risk and protective factors, their causal status and their cross-cultural differences. This can be done by collecting cross-sectional data on risk and protective factors from studies of prevalence and longitudinal data from ongoing cohort studies on ageing, including studies on health and retirement.

Priority 3. Develop and scale up cost–effective solutions

Rationale: Currently, almost no effective solutions are supported by evidence from high-quality studies; cost-effective,[4] scalable solutions are lacking in particular.

Proposed actions:

» Create an "intervention accelerator" for increasing solutions to abuse of older people, consisting of a global network of intervention developers, evaluators and implementers. Such a network would follow in the footsteps of similar initiatives to develop and scale up interventions for violence against women and children [e.g., INSPIRE *[33]* and RESPECT *[34]*]. This would involve the following.

» Identify the most promising interventions to date, from narrowly focused interventions to broad national policies, laws and human rights instruments in high-, middle- and low-income countries. The search should include all forms of abuse of older people in both communities and institutions and should draw on advances in other fields, such as quality-of-care programmes and other violence prevention strategies, such as in hospitals and institutions for children with disabilities.

» Create a database of detailed information on the interventions, the rigour of their evaluation, the type of abuse targeted [e.g., physical abuse, sexual abuse, emotional or psychological abuse, neglect and financial abuse]. The database should also include a compilation of the most promising policies, laws and human rights instruments.

» Create a network of intervention developers and incentivize them to share their knowledge, pool their resources and collaborate to refine existing and develop new, effective interventions.

» In parallel, convene experienced evaluators and economists to advise and help the network of intervention developers to evaluate the effectiveness and cost–effectiveness of the interventions.

» Develop a package of cost–effective interventions for all the main forms of abuse and for multiple sectors to prevent and respond to abuse of older people that are appropriate to to low-, middle- and high-income countries.

» Disseminate the interventions widely and scale them up, with implementation scientists and relevant implementation toolkits, to reduce the global prevalence of all forms of abuse of older people.

Priority 4. Make an investment case

Rationale: There is a dearth of data on the costs of abuse of older people and the cost–effectiveness of solutions required to make a case for investment. Yet, in addition to making the human rights and moral case for action, making the investment case is also critical to increase the global priority of abuse of older people and raise funds.

Proposed actions:

» Review studies on the full range of costs of abuse of older people [e.g., health, social and economic], identifying relevant studies on the prevalence and consequences of abuse of older people included in the mega-map to estimate such costs.

[4] Cost–effectiveness analysis is a means of examining both the costs and the outcomes [e.g., reduction in abuse of older people or in symptoms associated with abuse] of one or more interventions. Interventions [or the status quo] are compared by estimating the cost of gaining a unit of a health outcome [e.g., one case of abuse prevented] *[32]*.

» Develop a programme of research to begin to fill gaps.

» Once the programme of research on the cost–effectiveness of interventions [described above] has yielded sufficient findings, produce a report making the case for investing in addressing abuse of older people.

» Use the report to raise awareness of abuse of older people in ministries of finance, the donor community and others.

Priority 5. Raise funds

Rationale: There is wide agreement that the field of abuse of older people is under-funded and that funds are required to improve understanding, to develop, test and scale-up cost-effective solutions and to increase awareness of the issue.

Proposed actions:

» Drawing on the four priorities described above, develop:

- a short document providing tips for making a case to donors for investing in the field of abuse of older people, including linking it with the Sustainable Development Goals, the Open-ended Working Group on Ageing and other human rights mechanisms and with issues higher up the political agenda [e.g., dementia, disability, lesbian, gay, bisexual, transgender, queer and intersex rights and the rights of domestic workers and professional caregivers, including those working in institutional care]; and

- an online living document with the overall goals for funding the four priorities for addressing abuse of older people, including specific projects that require funding, with approximate costings.

» Scan the donor landscape, and create an online database of potential funders [governments, research foundations and private philanthropies].

» Develop a strategy for a coordinated approach by United Nations agencies and other stakeholders to potential donors, for example by organizing meetings with one or more potential donors, not directly to ask for funds but to:

- make a case for investing in research on abuse of older people;

- explore the areas of interest of potential donors; and,

- if appropriate, present priority projects that require funding, including costings.

Conclusion

Globally 1 in 6 people aged 60 years and older experience abuse in the community every year with potentially severe physical and mental health, financial, and social consequences. Rates of abuse in institutions are even higher. Yet, abuse of older people remains a low global priority. The Decade is a unique chance for a step change in the way abuse of older people is tackled. It offers an opportunity to address abuse of older people in a more concerted, sustained and coordinated way and to reduce the number of older people worldwide who experience abuse.

This document outlines five priorities, arrived at through wide consultation, to prevent and respond to abuse of older people: combat ageism, generate more and better data on prevalence and on risk and protective factors, develop and scale up cost–effective solutions for abuse of older people, make an investment case for addressing the issue, and raise funds for tackling abuse of older people. If governments, United Nations agencies and development organizations, civil society organizations, academic and research institutions and funders implement these priorities, we can finally start to prevent abuse of older people globally and hence contribute to improving their health, well-being and dignity.

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Annex

Survey sent to meeting participants for ranking the long list of challenges and descriptions of challenges

1. Please rank the following abuse of older people challenges in order of priority from 1 [highest priority] to 15 [lowest priority].

- Inherent complexity of issue
- Ageism
- The shame and stigma associated with abuse of older people
- Limited data on the prevalence of abuse of older people
- Lack of effective solutions
- Difficulty in capitalizing on global policy windows and processes
- Lack of agreement on a common definition of abuse of older people
- The framing of the issue
- Weakness of global networks and leadership
- Insufficient coalition-building with other issues
- Lack of funding
- Gaps in our understanding of consequences
- Lack of data on costs and cost-effectiveness of solutions
- Gaps in our understanding of risk and protective factors
- Lack of implementation science addressing abuse of older people

List of challenges facing the field of abuse of older people to rank by priority [as sent to survey participants]

This long-list of challenges was identified on the basis of:

- Work WHO recently completed on factors accounting for the inadequate global priority of the issue of abuse of older people [pre-print available here: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4011904];
- An evidence and gap map, which is soon to be completed. Such evidence and gap maps, however, only map what evidence there is and not what that evidence says, i.e. they do not synthesize the findings of the studies included;
- Findings from recent high-quality systematic reviews identified for the evidence and gap map.

To rank these challenges you might find it helpful to consider the following in relation to each one:

- **Significance:** this challenge is important and needs to be addressed in the coming 5-10 years;
- **Feasibility:** it is feasible to make significant progress on addressing this challenge in the coming 5-10 years;
- **Applicability**: addressing this challenge will increase the global priority of abuse of older people and/or contribute to solutions to abuse of older people, thus contributing to reducing abuse of older people globally in the coming 5-10 years;
- **Equity**: addressing this challenge will help tackle abuse of older people in under-resourced populations in the coming 5-10 years; and
- **Cost**: how much does addressing this challenge in the next 5-10 years cost and is it good value for money?

List of 15 challenges to be ranked and descriptions

Challenges	Description
1. Inherent complexity of issue	Abuse of older people is a multifarious and complex phenomenon which makes it difficult for decision makers to grasp and act on. For instance, it takes on markedly different forms – physical, psychological, sexual, and financial abuse, as well as neglect. Inherent in it is a tension between preserving the autonomy and self-determination of older adults and safeguarding/ protecting those who are vulnerable and dependent. The different manifestations of abuse of older people across cultures also pose a challenge to addressing it at a global level.
2. Ageism	Ageism – stereotypes, prejudices, and discrimination based on age which can be institutional, interpersonal, or self-directed [https://apps.who.int/iris/rest/bitstreams/1336324/retrieve] – has been identified as: » A major risk factor of abuse of older people; » A key factor accounting for the low priority of abuse of older people, as older people are devalued, viewed as expendable, and the violence against them is taken less seriously than, for instance, violence against women or children; » Tantamount to abuse of older people, in its more extreme expression.
3. The shame and stigma associated with abuse of older people	The shame experienced by victims of abuse of older people and their families and the stigma associated with abuse of older people in wider society may impede abuse of older people from receiving greater political priority. It may also result in under-reporting of abuse of older people.
4. Limited data on the prevalence of abuse of older people	The field needs: » Better instruments to measure the prevalence of abuse of older people [e.g. reliable, valid, and cross-culturally valid] in the community and in institutions; » More and better prevalence surveys, especially from low- and middle-income countries and in institutions; » Better global, regional, and national prevalence estimates in the community and in institutions.

Challenges	Description
5. The lack of effective solutions	Recent systematic reviews conclude that there is currently a lack of solutions [ranging from narrowly focused programmes to societal level policies and laws] which have been proven to be effective to address abuse of older people. These reviews are almost unanimous in finding that, due to the generally low quality of studies, no clear conclusion can be drawn and currently there are almost no interventions that have been proven to work in high-quality evaluations. This is a major impediment to the issue's advancement, as policy-makers are more likely to prioritize issues for which there are effective and cost-effective solutions. However, to some extent, consensus is still lacking in the field of abuse of older people on the standards of evidence required to consider a solution effective, with some considering that the systematic reviews just referred to set the bar too high.
6. Difficulty in capitalizing on global policy windows and processes	Proponents of abuse of older people have struggled to take full advantage of global policy windows and processes to raise the priority of the issue. Examples of such policy windows and processes that could have been capitalized on to a greater extent these last years include the Sustainable Development Goals, World Abuse of Older People Awareness Day, the COVID-19 pandemic and responses to it, and the Decade of Healthy Ageing 2021 – 2030.
7. Lack of agreement on a common definition of abuse of older people	There is some convergence on a basic understanding of abuse of older people in the field, as embodied in the following definition and typology of abuse of older people: "Abuse of older people refers to 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. It can occur in both community and institutional settings and can take many forms including physical, psychological, financial/ material, sexual abuse and neglect" *[1]*. However, significant debates over the definition continue. These centre around culturally specific forms of abuse of older people, how far the "expectation of trust", at the heart of the definition of abuse of older people, should extend [e.g. to strangers, financial institutions, government]; and the inclusion of self-neglect, financial fraud and scams, and systemic or institutional abuse of older people within the definition. Such definitional wrangling may weaken the cohesiveness of the field and detract from advancing the issue.

Challenges	Description
8. The framing of the issue	Although abuse of older people has been framed in different ways in different countries over the years – e.g. as a social problem, a medical problem, an ageing issue, a criminal justice issue, and so forth, a dual framing has dominated at the global level: the human rights and the public health framings. These two framings have so far existed side-by-side. Their potential to work synergistically to boost the issue of abuse of older people has so far not been exploited. Related to the human rights framing is the debate about the role of a global Convention on the Rights of Older Persons in increasing the priority of the issue of abuse of older people.
9. Weakness of global networks and leadership	The global priority of and more effective collective action on the issue of abuse of older people are, some contend, being impeded by a lack of coordination, funding, and cohesiveness within global networks addressing the issue and the weakness in individual and organizational leadership.
10. Insufficient coalition-building with other issues	The field of abuse of older people has, it appears, not forged strong enough alliances with external actors to increase the priority of abuse of older people. Potential allies with whom stronger alliances could be forged include, for instance, the violence against women community, the broader violence prevention community, and issues such as ageism, disability, and dementia.
11. Lack of funding	Although global data is scare, the field of abuse of older people appears to receive less funding than the fields of violence against children or violence against women. Many in the field of abuse of older people lament the lack of funds, particularly for research. However, it is not clear whether it is the lack of funds that accounts for the low global priority of abuse of older people or vice-versa.

Challenges	Description
12. Gaps in our understanding of consequences	Recent reviews show that there are still significant gaps in our understanding of the consequences of abuse of older people, in particular regarding: » The unique outcomes of different sub-types of abuse of older people; » The role of gender in mediating consequences; » The impact of abuse of older people on health care utilization; » How abuse of older people affects other health domains, such as geriatric syndromes and mental health conditions; » Establishing whether the relation between abuse of older people and purported consequences are causal. A sound understanding of the consequences of abuse of older people is important to make a persuasive case for the severity of the issue and it is a pre-requisite for the estimation of the costs of abuse of older people and of the cost-effectiveness of solutions to address abuse of older people [based on the averted consequences of abuse of older people and associated costs].
13. Lack of data on costs and cost-effectiveness of solutions	Estimates of the direct and indirect costs of abuse of older people remain limited at national, regional, and global levels. Data on the costs of global health and social problems play a key role in making the case for increasing their global priority. Data on the cost-effectiveness of solutions to address abuse of older people are almost non-existent. Again, such data are critical in making the case for devoting more resources to addressing a problem and are required to estimate the opportunity costs of investing in a particular health or social problem rather than another where the return on investment may be much higher.

Challenges	Description
14. Gaps in our understanding of risk and protective factors	Recent systematic reviews of the risk and protective factors for abuse of older people indicate that there are important gaps in our knowledge, in particular on: » Risk factors at the community and societal levels of the socio-ecological model; » Distinguishing between risk and protective factors in community and institutional settings; » Protective factors at all levels [individual [victim and perpetrator], relationship, community, and societal]; » The relative importance of risk factors. There are for instance, to our knowledge, no studies on the population attributable fraction for different risk factors for abuse of older people [i.e. the proportion of incidents of abuse of older people in the population that are attributable to particular risk factors]. » The causal status of risk factors; » Cross-cultural differences in risk and protective factors. Without a better knowledge of the causes of abuse of older people, the development of effective solutions will continue to struggle.
15. Lack of implementation science addressing abuse of older people	Developing cost-effective solutions for abuse of older people is only a first step. To reduce abuse of older people, these solutions must be scaled up and become routinely used and institutionalized in policy and practice. Implementation science is the scientific study of methods and strategies that facilitate the uptake of evidence-based solutions in routine use by practitioners and policymakers.

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