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Christopher Mikton: So good morning. Good afternoon, and good evening to to everyone who's joined this webinar.

Christopher Mikton: My name is Chris Mikton and I work in the demographic change and healthy aging unit at WHO. Where I lead the work on the abuse of older people.

Christopher Mikton: and I'll be the chair today.

Christopher Mikton: I'd like to

Christopher Mikton: warmly welcome you all to this webinar

Christopher Mikton: to mark world elder abuse, awareness day, and the topic of the Webinar is progress and priorities for ending abuse of older people during the decade of healthy aging.

Christopher Mikton: Before we start, I'll just hand over to my colleague, Kazuki Yamada, who'll give you some explanations about how the interpretation system will be working today.

Christopher Mikton: Kazuki.

Kazuki Yamada: Hello! Good morning. Good afternoon. Good evening, everyone. Just to note that we are providing live interpretation. During this event via an application called Microsoft translator.

Kazuki Yamada: You should receive a few emails from this on us or for for us already, but if you haven't done so already, I will be posting the instructions to use this application in English, French, and Spanish in the chat box. So please do refer to that to access interpretation in whatever language you speak during the duration of this webinar. I also wanted to encourage everyone to use the QA. Function rather than the chat function, to ask questions where it will be monitoring and answering questions.

Kazuki Yamada: and also to let you know that this webinar is being recorded. Thanks, Chris.

Christopher Mikton: Thank you. It's okay.

Christopher Mikton: So now we'll turn to the 1st of 2 opening addresses by Dr. Etienne Krug, who's the director of the Department of Social Determinants of Health at the World Health Organization. So over to you.

Etienne Krug: Thanks so much. Chris and Kazuki. Good day, colleagues.

Etienne Krug: A pleasure to be here with all of you to mark world elder abuse. Awareness day 2024

Etienne Krug: The day was created to focus the world's attention on a really neglected public health and human rights and development problem, namely, elder abuse and to catalyze action, to address it more.

Etienne Krug: As we start this webinar. I cannot not mention Elizabeth Podniks, who sadly passed away earlier this year. She was instrumental in getting this day adopted, and has been instrumentally moving the whole elder abuse field forward internationally as well as in Canada.

Etienne Krug: I got to know Elizabeth when I was the editor of the World Report on Violence and Health, which came out in 2002. So it's quite a while ago, and she was very helpful in shaping the chapter at the time on elder abuse. So I want to remember her here and thank her for everything she has done to move this field forward and to get this day adopted.

Etienne Krug: These days are important in order to

Etienne Krug: get the word out, keep the issue in attention, and, above all, catalyze action.

Etienne Krug: Let me thank also UN DESA, OHCHR, and the International Network on the Prevention of Elder Abuse with whom we are hosting this event together.

Etienne Krug: which has the aim to update you on several of the priorities that were identified in 2022 for tackling abuse of older people within the Decade of Healthy Ageing.

Etienne Krug: These priorities are actually very similar to the ones identified for the World Report on Violence and Health in 2002, showing that things take time.

Etienne Krug: This is an important issue. We have made quite some progress since the World Report came out in 2002, particularly on identifying what works. And I want to thank all of you who have helped us do that.

Etienne Krug: But things are too slow. So we really need to collaborate to make sure we move faster on this topic in the years ahead. It's an issue that it gets not enough attention, not enough resources. At the same time, I'm impressed that we have so much collaboration now. With so many of you. So, thanks to our sister agencies.

Etienne Krug: To the International Network for the Prevention of Elder Abuse, INPEA, and the University of Malaya. The partners, many of you with whom we are working on the intervention accelerator that you're going to hear about more today. And of course, a big thanks also to all the speakers who are joining us today. I look very much forward to the discussion and to mark this important day. Thanks to all.

Christopher Mikton: Thank you. Thank you very much Etienne.

Christopher Mikton: So now we'll turn to the second opening statement, which is in the form of a video recording by Masumi Ono, who's the Chief of the Social Inclusion and Participation branch

Christopher Mikton: of the UN Department of Economic and Social Affairs.

Masumi Ono: Distinguished guests, colleagues

Masumi Ono: on behalf of the Department of Economic and social Affairs. I am honored to join you to commemorate the 2024 World elder abuse awareness day.

Masumi Ono: On this day let us join forces to raise awareness and bring attention to the abuse perpetrated against older persons.

Masumi Ono: a problem that, despite its high prevalence, remains largely overlooked in our societies.

Masumi Ono: Elder abuse is defined as a single or repeated act, or lack of appropriate action occurring within any relationship where there is an expectation of trust and causes harm or distress to an older person.

Masumi Ono: It includes physical, sexual, psychological, and emotional abuse.

Masumi Ono: financial and material abuse, abandonment, neglect, and serious loss of dignity and respect.

Masumi Ono: Available data show that around one in 6 people, 60 years and older, experienced some form of abuse in community settings.

Masumi Ono: rates of abuse were even higher in institutions such as nursing homes and long-term care facilities.

Masumi Ono: Despite these gruesome numbers, data, research, and public awareness of elder abuse is lacking.

Masumi Ono: We need to do much more.

Masumi Ono: We need to develop and strengthen policy and legal frameworks at the National and international level in order to confront Elder, abuse.

Masumi Ono: The Madrid international plan of action on aging identified many actions that need to be undertaken to eliminate all forms of neglect, abuse, and violence against older persons.

Masumi Ono: For example, the plan identified the need to sensitize professionals and educate the general public, to enact

Masumi Ono: legislation and to establish services for victims of abuse and rehabilitation arrangements for abusers.

Masumi Ono: and to encourage cooperation between governments and civil society.

Masumi Ono: It is also key to enable victims of elder abuse to access legal resources and support and to ensure that perpetrators are held accountable.

Masumi Ono: Responsive policy and legal frameworks demand more and better data on the prevalence, risk and protection factors of elder abuse.

Masumi Ono: data and research on elder abuse must take into account how other grounds of discrimination, such as gender and disability intersect with abuse against old persons

Masumi Ono: to ensure that older adults live with dignity and be free from abuse and neglect. Older persons themselves and their representatives must be at the center of policy and decision-making

Masumi Ono: processes. Tackling elder abuse calls for a paradigm shift. In communities. We need to promote intergenerational solidarity and build a culture of respect and care for all individuals, including older persons.

Masumi Ono: MIPAA emphasizes that fostering solidarity between generations within families, communities, and nations, is fundamental for the achievement of a society for all ages.

Masumi Ono: This requires combating ageism, and ensuring that older persons enjoy their human rights on an equal basis with others.

Masumi Ono: As we commemorate World elder Abuse Day, remember

Masumi Ono: that each and every one of us the young and the old, plays a role in promoting solidarity between generations, combating discrimination against older people and building a society for all ages

Masumi Ono: we are encouraged by the interest and engagement of all participants. In this event your contributions will help raise the profile of elder abuse as we create a future where everyone, regardless of their age, can live with dignity.

Masumi Ono: Thank you.

Christopher Mikton: Thank you. Thank you very much, Ms Ono, for that opening address.

Christopher Mikton: Now, I'm going to go over these 5 priorities.

Christopher Mikton: So could we have the slides, please.

Christopher Mikton: So next one.

Christopher Mikton: So in 2,002

Christopher Mikton: we published tackling the abuse of older people, 5 priorities for the United Nations decade of healthy ageing.

Christopher Mikton: and this was based on a wide, ranging consultation, and we also did a number of evidence synthesis projects to inform this priority setting exercise, and the 5 priorities we came up with are next slide

Christopher Mikton: here.

Christopher Mikton: and I'll go through them one by one, and I'll also indicate who among our distinct, distinguished, distinguished speakers will be addressing each of these priorities, next slide, please.

Christopher Mikton: So the 1st priority is to combat agism. I think it's widely viewed that ageism is a major reason. The abuse of older people receives too little attention.

Christopher Mikton: It's also generally considered to be a major risk factor for the abuse of older people.

Christopher Mikton: And we have Miss Helena Herclaw's who will be addressing this priority today.

Christopher Mikton: Next slide, please.

Christopher Mikton: I don't see it moving.

Christopher Mikton: Oh, yes, thanks.

Christopher Mikton: So priority 2

Christopher Mikton: is to generate more and better data on prevalence and on risk and protective factors.

Christopher Mikton: there is currently too little data on these 2 aspects of the problem, especially from low and middle income countries. Data on prevalence is absolutely key. If you want to communicate the scale of the problem, to raise awareness

Christopher Mikton: and data on risk and protective factors are critical for developing effective interventions.

Christopher Mikton: We have 2 speakers today who are going to speak on this priority. The 1st one is Fetzilla, Dr. Fitzila Mon. Meeting from the University of Malaya, and the second one is Dr. Lynn, Marie Sardina, from WHO.

Christopher Mikton: Next slide, please.

Christopher Mikton: The 3rd priority is to develop and scale up cost effective solutions.

Christopher Mikton: When we published

Christopher Mikton: our document tackling elder abuse. 5 priorities there was almost no, there were almost no effective solutions that were supported by evidence from high quality evaluations. Things have changed a little bit, as you'll hear.

Christopher Mikton: and they're still

Christopher Mikton: we're lacking cost effective and scalable solutions. We have 2 speakers addressing this priority. The 1st is Dr. Laura Campbotten from he said, WHO. Consultant, and the second speaker is Dr. George Ruamba, from the University, Joseph Kezaro, in Burkina Faso.

Christopher Mikton: next slide, please.

Christopher Mikton: Priority number 4 is to make an investment case for the issue. In addition to making the moral, the human rights, and the public health case, it's absolutely critical that we also make an investment case to increase the global priority of the issue.

Christopher Mikton: Fortunately, we have almost no data on costs of interventions, and the cost effectiveness of these interventions, which are really prerequisites for making this investment case. So unfortunately, we do not have a speaker today to address this priority

Christopher Mikton: next slide.

Christopher Mikton: and the 5th and last priority is to raise funds.

Christopher Mikton: There is agreement that the field is underfunded, and that more funds are required to improve the understanding of the topic, to develop, test and scale up cost effective solutions and to increase awareness of the issue. And to address this priority. Today, we have Dr. Terry Fuller as Speaker, who is from the John A. Hartford Foundation in the United States.

Christopher Mikton: Next slide, please.

Christopher Mikton: and after we hear our speakers addressing the 5 priorities. We'll have 2 discussants who will comment on these presentations. The 1st is Dr. Claudia Mahler, who's the UN independent expert on the enjoyment of all human rights by older persons, and the second discussant is Dr. Abla Sipei, from the American University of Beirut in Lebanon, and she also is a regional representative of the International Network

Christopher Mikton: for the prevention of elderly.

Christopher Mikton: So that's a 5 priorities and an overview of the program for today. So now we'll turn to our 1st speaker

Christopher Mikton: Miss Helena Helena her plus with her presentation over to you, Helena. Thank you.

Heléna Herklots: Thank you very much. And Hello, everyone. It's very good to be part of this very important webinar today.

Heléna Herklots: My name's Helena's. I'm the independent older people's Commissioner for Wales.

Heléna Herklots: and my role is to protect and promote the rights

Heléna Herklots: of all older people.

Heléna Herklots: As part of this one of my priorities is to work

Heléna Herklots: to stop the abuse of older people.

Heléna Herklots: And as part of this

Heléna Herklots: I've been looking at the links between ageism and abuse.

Heléna Herklots: Next slide, please.

Heléna Herklots: as we know, ageism is the stereotyping prejudice

Heléna Herklots: or discrimination against people based on their age or their perceived age.

Heléna Herklots: We know it's extremely damaging

Heléna Herklots: and can have significant impacts

Heléna Herklots: on the physical and the emotional wellbeing of older people.

Heléna Herklots: We know that agism can also be internalized by older people.

Heléna Herklots: resulting in them, limiting their own behavior and opportunities, for example, perhaps not seeking help when the risk of abuse, because they feel that the support isn't meant for them, or they're not worthy of that support.

Heléna Herklots: Next slide, please.

Heléna Herklots: We know that ageism is a major risk factor in the abuse of older people.

Heléna Herklots: and 2 clear reasons for this.

Heléna Herklots: when older people are devalued.

Heléna Herklots: others can feel justified in that abusive treatment.

Heléna Herklots: So it means older people at more, at risk of abuse

Heléna Herklots: and ageism can also lead to a higher tolerance of abuse towards older people

Heléna Herklots: with some actions against older people

Heléna Herklots: not being regarded as abuse, for example.

Heléna Herklots: So if we are to make a major shift

Heléna Herklots: in reducing the risk

Heléna Herklots: of older people experiencing abuse and improving the support for people. If they do, we must tackle the root cause of agesome

Heléna Herklots: next slide, please.

Heléna Herklots: So agism also affects the way in which professionals, health professionals, care, professionals, and others respond to abuse.

Heléna Herklots: Agism can mean that professionals fail to identify the abuse of older people.



Heléna Herklots: so symptoms like physical injury might be seen as typical to older age, put down to things like falling, for example, when actually it might be mistreatment.

Heléna Herklots: It can mean well responses where abuse is typically addressed through safeguarding responses rather than recognizing, for example, that a crime has been committed and needs that response.

Heléna Herklots: It can also mean, and often does, that older people are not given access to specialist domestic abuse services.

Heléna Herklots: and it also results in access to civil and criminal justice being very low.

Heléna Herklots: Next slide, please.

Heléna Herklots: So I'm gonna touch now on some action we're undertaking in Wales, which I hope is of interest and provides a basis for international collaboration.

Heléna Herklots: So the Welsh Government, in its strategy for an aging society.

Heléna Herklots: sets out clearly its intent for Wales, where ageism does not limit potential

Heléna Herklots: or affect the quality of services older people receive.

Heléna Herklots: So it provides a strategy framework for action on ages, and

Heléna Herklots: and then, more recently, at the end of February this year.

Heléna Herklots: the Welsh Government published its 1st ever National Action Plan to prevent the abuse of older people.

Heléna Herklots: It highlights in that plan, the impacts of ageism

Heléna Herklots: and the devastating physical, emotional, and social consequences for older people

Heléna Herklots: next slide, please.

Heléna Herklots: So here's the action we're taking now in Wales

Heléna Herklots: I've been bringing together meetings of experts and older people

Heléna Herklots: to develop develop understanding and plans for action on ageism and abuse.

Heléna Herklots: bringing together people with a lived experience of both of those things and experts, both on ageism and on how to provide and good services for people who are victims of abuse, and how to prevent that abuse.

Heléna Herklots: We are now starting the development of briefings on agism

Heléna Herklots: for use by professionals and practitioners.

Heléna Herklots: and we see this as a 1st step towards the development of training

Heléna Herklots: on ageism and abuse

Heléna Herklots: within the work of Welsh government. Now there is consideration of links between ageism and abuse.

Heléna Herklots: For example, in its violence against women, domestic abuse and sexual violence, strategy and implementation.

Heléna Herklots: And finally, we have, I believe.

Heléna Herklots: an important opportunity now

Heléna Herklots: for international learning and collaboration.

Heléna Herklots: The work we are doing in Wales seeks to improve understanding of ages and abuse.

Heléna Herklots: increase awareness and develop training.

Heléna Herklots: make sure that policy and strategy considers agism and abuse, and the ways in which to tackle these things together.

Heléna Herklots: and that all of that leads to action.

Heléna Herklots: Next slide, please

Heléna Herklots: to hear the contacts for myself and my colleague, Andrea Cooper, who is the safeguarding lead.

Heléna Herklots: and we invite you to get in touch with us, to share what you are doing on ages of an abuse, and what we can do together in the decade of healthy aging, to understand the links between ages and abuse, to develop that awareness and learning and take action to change it.

Heléna Herklots: so that more older people can feel safe and enjoy their later life.

Heléna Herklots: Thank you very much.

Christopher Mikton: Thank you very much for this presentation. And I'd just like to emphasize just how important this work is. When we published the global report on Agism in 2021. If I remember correctly, we found that there was almost no work going on about on this link between ages and and the abuse of older people. So it's really good to see some work and a lot more work around the world needs to be done

Christopher Mikton: on this link. Thank you.

Christopher Mikton: So now we turn to the next priority and our next speaker. The next priority is generating more and better data

Christopher Mikton: on prevalence and risk and protective factors, and our speaker is a Fitzila mode Median from the University of Malaya over to you, Fitz.

Fadzilah Hanum Binti Mohd Mydin: Good everyone. And Chris I'm Fazila. Thank you for joining me today as we address the abuse of older people. Prevalence measurement.

Fadzilah Hanum Binti Mohd Mydin: Can I have the slides. Huh?

Fadzilah Hanum Binti Mohd Mydin: Next slide.

Fadzilah Hanum Binti Mohd Mydin: Obtaining more data on the prevalence is ranked as the second highest priority. However, one critical issue is the reliability and validity of the instrument used to assess the prevalence. Many instruments currently in use were not designed for diverse cultural contexts leading to potential in accuracy. In the data collected.

Fadzilah Hanum Binti Mohd Mydin: I'm pleased to present the outcome of collaborative research efforts between University Malaya, WHO. And our esteem Co. Researchers on a review of abuse of older people. Measurement, instrument psychometrics, properties.

Fadzilah Hanum Binti Mohd Mydin: Next slide, please.

Fadzilah Hanum Binti Mohd Mydin: Okay, we can move on to the next slide.

Fadzilah Hanum Binti Mohd Mydin: Our approach was guided by the cost mean guideline, we identified 68 unique instruments used for measuring the prevalence. These include original and modified versions. The majority of the study were conducted in the high and upper middle income countries.

Fadzilah Hanum Binti Mohd Mydin: The instrument ranged from assessing multiple form of abuse to targeting specific types or overall abuse and neglect.

Fadzilah Hanum Binti Mohd Mydin: 7 critical findings emerged from the review, providing valuable insight into the current landscape of measuring the prevalence. Next slide, please

Fadzilah Hanum Binti Mohd Mydin: the main critical finding we found that there is a lack of methodological quality in the development and content validity of this instrument. Many studies overloop essential qualitative design principles such as concept, elicitation, cognitive testing and pilot studies, content, validity, assessment are often not rigorous enough.

Fadzilah Hanum Binti Mohd Mydin: These factors collectively contribute to the gaps in the current literature on measurement, instrument underscoring the need for more robust development and validation process. Next slide, please.

Fadzilah Hanum Binti Mohd Mydin: The second important finding on the evaluation of the other psychometric properties, reveal that the methodological quality of studies examining these properties very significantly from very good to tactful and inadequate researchers predominantly focused on evaluating Internet consistency and structural validity, less commonly assessed properties include cross cultural validity, measurement, invariance and criterion validity.

Fadzilah Hanum Binti Mohd Mydin: The variability in the data makes it difficult to rely on and compare the prevalence data

Fadzilah Hanum Binti Mohd Mydin: next slide, please.

Fadzilah Hanum Binti Mohd Mydin: The 3rd important finding was the majority of the study rely on the definition established by the Toronto Declaration, which has been endorsed by the W. This framework forms the basis for evaluating instrument, that measure at least one of the 5 of you. Subscale, outlined by W, with many instruments covering all 5 sub skill comprehensively. They are also instrument, measuring subscale or domain which are not included in the widely accepted definition.

Fadzilah Hanum Binti Mohd Mydin: It is not. It is important to note that the instrument may need the future instrument may need to include other emerging types of abuse in the instrument.

Fadzilah Hanum Binti Mohd Mydin: to to evaluate the prevalence. Variation in definition and measurement framework may impact the identification of abuse in different contexts and population.

Fadzilah Hanum Binti Mohd Mydin: Next slide, please.

Fadzilah Hanum Binti Mohd Mydin: The 4th key point from our review is how the researcher define the threshold or score the identified abuse. This criteria include the subscale

Fadzilah Hanum Binti Mohd Mydin: specific items, response, option, recall period, security and frequency of abuse, while some instrument incorporated question of the frequency and severity of abuse to derive final score. Others did not follow this approach. Response option across this instrument very significantly this disparity, observed across the range of instrument, may contribute to inconsistency in prevalence. Measurement.

Fadzilah Hanum Binti Mohd Mydin: Next slide, please.

Fadzilah Hanum Binti Mohd Mydin: The 5th key finding was that most of the instrument reviewed in this study, aimed to measure the 5 sub-scale uplined by the WO. However, some instrument was specifically designed to assess only one type of abuse. This is a critical consideration, because, relying solely and on an instrument that assess one dimension of abuse may not offer a comprehensive understanding of the abuse among older people.

Fadzilah Hanum Binti Mohd Mydin: Current evidence indicate that many victims experience multiple forms of mistreatment simultaneously.

Fadzilah Hanum Binti Mohd Mydin: Next slide, please.

Fadzilah Hanum Binti Mohd Mydin: 6. The review also revealed that many instruments developed for screening purposes, for screening, for abuse of older people or assessing are the other form of interpersonal violence were used to measure the prevalence of abuse of older people. Worries indicator provide a valuable estimates of prevalence. It is important to note that direct questioning of abusive behavior remain the core standard in measuring the prevalence.

Christopher Mikton: It's a lesser quantity to say there are 2 min left.

Fadzilah Hanum Binti Mohd Mydin: Yeah, next slide, please.

Fadzilah Hanum Binti Mohd Mydin: Finally, if we found that the instrument translation would insufficiently documented in research studies which can profoundly impact the transparency and replicability of the findings. This may impede cross cultural comparison and limit the generalizability and applicability of the study findings.

Fadzilah Hanum Binti Mohd Mydin: Next slide, please.

Fadzilah Hanum Binti Mohd Mydin: In conclusion.

Fadzilah Hanum Binti Mohd Mydin: our review has identified a significant gap in the methodological record and equitable support for endorsing specific measurement instrument in this critical area. Despite

researchers who expect use of various instrument, they remains limited. Systematic evidence regarding their validity and reliability.

Fadzilah Hanum Binti Mohd Mydin: Next slide, please.

Fadzilah Hanum Binti Mohd Mydin: Based on the review, a few recommendations are made despite the challenges and gaps identified in the current literature. Previous research has laid a solid foundation for advancing abuse of older people, measurement instrument towards achieving global validity and reliability to enhance the accuracy and utility of this instrument, we recommend systematically integrating metadata and procedure adjustment to divert research context and setting researchers are recommended to ensure to establish guidelines, such as cosmine

Fadzilah Hanum Binti Mohd Mydin: active engagement with stakeholder, including all the adult care, professional and policy maker, is essential. Continuous evaluation and refinement effort are imperative to uphold the effectiveness and relevance of measurement instrument moving forward, our system is currently conducting a content and analysis of the item used by the previous researcher to measure prevalence. This qualitative analysis will allow us to have a better understanding of the question used in the measurement instrument.

Fadzilah Hanum Binti Mohd Mydin: In measuring the prevalence of abuse of older people. We aim to enhance the reliability and validity of the measurement instrument for measuring the prevalence globally.

Fadzilah Hanum Binti Mohd Mydin: With that I thank you for your intention, and I look forward to hearing any question or recommendation from the audience regarding the findings of this review.

Christopher Mikton: Thank you. Thank you very, very much, Azila.

Christopher Mikton: I just wanted to add one thing. This work is part of a broader project where we're trying to generate better data on prevalence. And this is kind of the 1st stage of this project. The second stage will be developing a new instrument drawing on the best of what's been identified. And you saw that there's not that much that's really reliable and valid. And then using this

Christopher Mikton: developing, testing this instrument and then using it in national surveys to try to get more accurate picture of the abuse of older people.

Christopher Mikton: Thank you for today. Now we turn to our second speaker

Christopher Mikton: on

Christopher Mikton: the priority, 2 on prevalence. And that's Lynn, Marie Sardina, from WHO. Over to Lynn. Marie. Thanks.

LynnMarie Sardinha: Thank you, Chris. Good morning. Good afternoon. Good evening to everyone participating in this webinar.

LynnMarie Sardinha: Could we have the next slide? Please? Thanks. Cause. Okay.

LynnMarie Sardinha: so overall, there has, there has been a significant and reassuring progress in the availability and quality of data on violence against women.

LynnMarie Sardinha: However, unfortunately, older women, and their experiences of violence and abuse continue to be significantly underrepresented in these surveys.

LynnMarie Sardinha: And this is, fellow panelists have said, really impacts and limits our understanding of their experiences of violence, the nature, the extent and magnitude of this violence. Next slide, please.

LynnMarie Sardinha: Stg. Indicator 5.2 that focuses on eliminating all forms of violence against women.

LynnMarie Sardinha: Actually focuses on women age 15 years and older. And yet when we swear, we're generating the 2,018 global prevalence estimates of intimate partner violence. We found

LynnMarie Sardinha: that less than 10% of all studies and surveys actually included women age 60 as an older. And this is because most of the survey data comes from surveys that focus on women of reproductive age 15 to 49, for example, the demographic and health surveys

LynnMarie Sardinha: a review of old survey instruments, and this we did with our colleagues, Chris Mickin Laura, who are on this panel, but also other police like Dr. Claudia Garcia Moreno, showed us that

LynnMarie Sardinha: there are various limitations which I'm not Whichila has covered in terms of measurement and psychometric properties, but they also showed that there are significant geographical and income classification gaps in where this data is being generated and published.

LynnMarie Sardinha: And so, as we can see from these 2 pie charts, the largest proportion of data, both on surveys, on abuse of older people, that is, 67%. There comes from high income countries, and to some extent, upper middle income countries and similar with the violence against women surveys 54% almost comes from high income countries and upper middle income countries, about 2015

LynnMarie Sardinha: but what what is stark? Here is the the dearth of data and very little data that is coming from low income countries.

LynnMarie Sardinha: And next slide, please.

LynnMarie Sardinha: Great. So, based on that quantitative, really rigorous review of instruments, a scoping, qualitative, scoping review and expert group meetings. We together developed some

recommendations on how we could strengthen the measurement, survey measurement of violence against older women. So we are adequately capturing their experiences and not underestimating the

LynnMarie Sardinha: and their experiences. And you know, how do we inform evidence-based policy and programming?

LynnMarie Sardinha: So the 1st important thing and I'm I've just picked out a few is a production of sex and age. Disaggregated data is very important. The sex disaggregated data particularly so for surveys and violence against older people.

LynnMarie Sardinha: The inclusion of types of abuse that are most specific to via to women 60 years and older.

LynnMarie Sardinha: So this includes, including newer type, I mean types of abuse that are not currently included in surveys like financial abuse, abandonment, etc, which are not common in violence against women, surveys at least

LynnMarie Sardinha: and at the same time including more relevant forms of abuse within existing measures. So, for example, it when measuring physical abuse, in addition to hitting or slapping, kicking, etc, the conflict tactic scale, we should be, including things like physical or chemical constraint, with psychological abuse. Talking about threats of being sent to long term institution.

LynnMarie Sardinha: and the perpetrators is another very important point of measurement in surveys that is currently lacking.

LynnMarie Sardinha: Most most surveys. Look at intimate partners, etc. But it's really important to include a wider range of perpetrators. When we're looking at older women, especially those with way, there is an expectation of trust, like informal caregivers around children, grand children.

Christopher Mikton: One and next slide.

LynnMarie Sardinha: Yes, that's it. And next slide, please, specifically.

LynnMarie Sardinha: And all of that work that we've done on strengthening measurement of violence against women and on violence against older women has gone into developing this briefing note. There's a QR. Code there. I don't know if you can scan it, but this brings together. You know the issues around data availability methodological issues, but also recommendations for good practice. And we are

LynnMarie Sardinha: hoping that this would be able to help researchers. Other. You know, data, those who are interested in conducting surveys on violence against women, but including older women in their service, which is highly highly recommended, and that is also fed into a survey module that we've developed



LynnMarie Sardinha: on violence against women 60 years and older. This bills on the WHO. Multi country study. And this module is to be used in conjunction with violence against women. Prevalence surveys and tries to plug all the gaps and weaknesses I pointed out

LynnMarie Sardinha: earlier. It has been pilot and piloted and cognitively tested in a couple of settings. And I would invite any researchers on here, those wanting to conduct a survey and violence against women, or use this module to please reach out. Because we wanted

LynnMarie Sardinha: continue testing this in diverse settings.

LynnMarie Sardinha: Thank you.

Christopher Mikton: Thank you. Thank you very much, Lynn. Marie. That's

Christopher Mikton: important

Christopher Mikton: work.

Christopher Mikton: Sorry. My, my.

Christopher Mikton: there we are! Something wasn't working still, not working. I don't know what's happening. Yeah. Important work addressing what's really a a huge gap on violence against women 49 and and older until now. Really, I had only had data up to 49.

Christopher Mikton: We move to the 3rd priority, which is to develop and scale up solutions. And I turn to my 1st of our 1st speaker, Dr. Laura Campo Tena, from the University of Cambridge, who's also working as a consultant for us over to you, Laura. Thank you.

Laura Campo Tena: Thank you. Chris. Hello, everyone participating in this webinar. My name is Lauda Kampu.

Laura Campo Tena: and I'll be introducing you on behalf of my team to an intervention accelerator to prevent and respond to abuse of older people that we have been working on for a bit over a year. Now

Laura Campo Tena: next slide, please.

Laura Campo Tena: So this is a project led by WHO. Within the decade of healthy aging, and the project was launched as a response to one of the top priorities

Laura Campo Tena: that is to develop and scale up cost effective solutions to stop up use of older people.

Laura Campo Tena: Based on the findings of several systematic reviews.

Laura Campo Tena: Till a few years ago there there was a consensus in the field that no interventions to address abuse of older people had been shown to work based on high quality evaluations.

Laura Campo Tena: But this seems to have now changed.

Laura Campo Tena: We found a total of 89 promising interventions.

Laura Campo Tena: about a 3rd of which have shown to work in randomized control trials.

Laura Campo Tena: Next slide, please.

Laura Campo Tena: This is the international network of experts specializing in efforts to counter the abuse of other people that is contributing to the project. And I think with this code you can access their profiles on the platform's web page

Laura Campo Tena: next slide, please.

Laura Campo Tena: Okay? So the intervention accelerator aims to speed up other development of effective interventions for abusive older people in community and in institutional settings

Laura Campo Tena: within low middle and high income countries. And it has 4 main steps. We have been focusing this 1st year on the 1st 2

Laura Campo Tena: that is to identify, screen and create the database of candidate interventions, and I will address that in a moment.

Laura Campo Tena: and to create an international network of developers, implementers, and evaluators.

Laura Campo Tena: And in the next stages of the project. We aim to refine and test those candidate interventions selected from step one

Laura Campo Tena: and to develop an online living portfolio of intervention approaches.

Laura Campo Tena: If we move on to the next slide

Laura Campo Tena: you'll see the diagram that summarizes our screening process. To identify these interventions, we screen close to a 14,000 records

Laura Campo Tena: and the intervention. The screen came from 3 main sources. A 1st Omega map of systematic reviews on prevalence, consequences, risk and protective factors and interventions that was previously conducted by part of the team.

Laura Campo Tena: I believe you might be getting the link to the protocol somewhere, and then, second, our team in Hong Kong updated these searches because, the initial searches only went up to June 2021,

Laura Campo Tena: and then we also issued an international call that was circulated to specialists in the field.

Laura Campo Tena: And from this process we identified

Laura Campo Tena: the 89 unique interventions that were published across a hundred one papers

Laura Campo Tena: if we move on to the next slide, please.

Laura Campo Tena: And this is the database we have created. It is publicly available now in the platforms. Web page, and I believe you're getting the link somewhere as well.

Laura Campo Tena: So the information in this database comes from these selected publications on the 89 interventions we extracted data on a series of variables, including aim of the intervention types of his address, who delivered intervention, outcome evaluation.

Laura Campo Tena: And when you explore this database, you will see that on the left side of the screen you will be able to filter the results by selecting from the available boxes.

Laura Campo Tena: We wanted to thank the intervention accelerator team, the group of research assistants that have been collaborating

Laura Campo Tena: and also to Kazuki Yamada. Thank you very much for making this database possible.

Laura Campo Tena: And just to say that, based on the analysis of this data, we have also prepared a manuscript that is, in the process of being published

Laura Campo Tena: in the next slide, for example.

Laura Campo Tena: you will see a map. Yeah. That shows where the interventions were implemented. And so, while our in was to include research from diverse regions. You'll see that the majority of them came

Laura Campo Tena: from the region of the Americas, mainly the Us. We couldn't identify any promising interventions in some regions. One of them was the sub-saharan Africa.

Laura Campo Tena: So our team and Brookina Faso has conducted more in depth, a more in-depth review that our colleague, George Ramba, will tell us more about in a minute.

Laura Campo Tena: and then next and final slide.

Laura Campo Tena: Thank you. So this is the stage of the project in which we are at the moment

Laura Campo Tena: we're currently evaluating these 89, a promising interventions, and the aim is to narrow them down to 1015 interventions. So that in the next stages of the project we can test the selected interventions.

Laura Campo Tena: And, yeah, final slide for real. Thank you. Everyone. And we also wanted to thank the employment and social development Canada for funding this important project in its initial stages. Thank you very much.

Christopher Mikton: Thank you. Thank you, Lara. Thanks

Christopher Mikton: for presenting that.

Christopher Mikton: Now we turn to George Rumba from University, Joseph key 0 in Bokina Paso, and

Christopher Mikton: Lara already gave you a sense of what he's going to talk about over to you, George. Thank you. Jeffoo, excuse me, Marshall, if you'll be mobile for say.

George Rouamba: We cannot pursue.

George Rouamba: I am. And next slide

George Rouamba: next slide

George Rouamba: next slide. Okay, our next also.

George Rouamba: and a cool detail you saw in a handuke.

George Rouamba: we may be

George Rouamba: probably for some. Probably we. We really want the person Ajed. And do you mean

George Rouamba: Canada is on the number of attendance you do sign case, renewal and the middle Sinkhan

George Rouamba: in our preferred return solution to be than the context. Next slide, please to view than the context. As you see. Next slide, please.

George Rouamba: Nick's

George Rouamba: also next

George Rouamba: our activities and the commercial accelerators and everything.

George Rouamba: No, it may be, maybe, like some people

George Rouamba: next year.

George Rouamba: Ubu Kiln is our Mishunak, Intelligian, Nalafi, and Sharp.

George Rouamba: These will be the farm resources resources

George Rouamba: onto virtual

George Rouamba: protection as a duty monthly like a month later. Next slide

George Rouamba: next slide.

George Rouamba: I also conclude that the marriage is important to laughing.

George Rouamba: Hey, Sasha? Because we need a experience with them.

George Rouamba: May is the importance to duplicate the principle strategy to maybe leave a particular inclusive.

George Rouamba: So call the income media

George Rouamba: Jubilee message next slide.

George Rouamba: Thank you for.

George Rouamba: Thank you.

Christopher Mikton: Thank you, George. Thank you very much. Messy. Josh, and I just wanted to say that this review that George and his team have done. If they just finished it very recently, we will be making it available in the coming weeks on our platform.

Christopher Mikton: So now we skip over priority 4, as I explained, and we move on to Priority 5, which is raising funds. And we have Dr. Terry Fuller here from the John A. Hartford Foundation. To speak to this priority. Thank you, Terry.

Terry Fulmer: Thank you so much. And a sound check. Is that okay?

Christopher Mikton: Yeah, it's fine.

Terry Fulmer: Thank you. And I'm so grateful to not only Dr. Christopher again, but also

Terry Fulmer: for a lot of offices. Just incredible fashion for this work

Terry Fulmer: work that I've been participating in since 1,978. And when we have these sessions, I feel

Terry Fulmer: optimistic.

Terry Fulmer: Today, I'm going to talk about raising funds next slide, please.

Terry Fulmer: So when you are raising funds, I'm going to state some basics and also say to you that I look forward to any personal contact from any of you after this presentation.

Terry Fulmer: So

Terry Fulmer: when you are raising funds for elder abuse and neglect, abuse of older people, we know we are underfunded. But what you have to do when you're raising funds is set your fundraising goal. You have to have your purpose and your amount very clear. We will raise 1 million dollars by 2025 in order to address agism that is so essential to combating elder abuse and neglect.

Terry Fulmer: You have to develop a short document, your case to your donors, whether your donor is then a government

Terry Fulmer: or a foundation like ours, or whether it's a philanthropic person.

Terry Fulmer: So you have to have a short

Terry Fulmer: audience relevant document to make it very important to the the donor. Know your donor, read about them, find out what they care about. Develop your online living document with your goals,

have have a way for people to see what your progress is towards your goal. Sometimes people use graphics to do that which I think is good.

Terry Fulmer: Scan your donor landscape and create a database. So if you're focused on older women, your database should be focused on older women. I'm gonna again say that I'm

Terry Fulmer: I'm really driving into very specifics because this is a mistake that people make when they call our foundation. They'll start talking about younger people. Our foundation is dedicated to older adults period.

Terry Fulmer: So we love families. We love all people. But if you call us. And you're talking about children and people under 65.

Terry Fulmer: You're not calling the right place.

Terry Fulmer: so scan your donor landscape, develop a strategy for a coordinated approach. The other mistake people make is they'll have 2 or 3 people call the same place.

Terry Fulmer: so be coordinated next slide

Terry Fulmer: sources. Then I'm going to repeat the sources I just mentioned private philanthropic donors. Sometimes there is that person out there who had a family member, for example, who was abused or neglected, and they want to make a difference, and so know your philanthropic donors in your region or internationally.

Terry Fulmer: again, know your foundations that are dedicated to making a difference, and also be very familiar with your government resources. In our country we work with the National Institute on Aging. Sometimes we work with the National Institute of mental health, and it just depends on how we're moving the needle. But

Terry Fulmer: this is really important, because if you don't ask your government all the time they are going to think that there is no demand. It is up to all of us on this screen to create demand. So they begin moving dollars to our area

Terry Fulmer: fundraisers. Gala's events are all important when they're done appropriately, and when it's clear

Terry Fulmer: that the event is going for the right purpose and then local effort. Sometimes you'll see. Something, for example, like a go fund. Me effort when there's a person or a region that really needs work next slide.

Terry Fulmer: So a philanthropic example we have funded, and I'll talk about our foundation. We funded the National Collaboratory to address Elder mistreatment in 2016. We made that these are dollars American dollars. So about \$770,000, 2018 1.5 million, and then 1.6 million. This National Collaboratory is meant to bring together everyone

Terry Fulmer: in our country, and we welcome people from all countries to join us as we think about the collaboratory to address all forms of elder mistreatment next slide.

Terry Fulmer: So this collaboratory is now, in its 3rd phase, there's a prevention and reduce elder mistreatment by the Elder mistreatment emergency department toolkit, which is, forgive me when these are very Us. Centric, that this is a Us. Grant right now. So we work in emergency rooms, because that's where you're most likely to see people in critical need of intervention for elder abuse.

Terry Fulmer: We have a toolkit. We have partnerships.

Terry Fulmer: We do policy focused convening so that our government listens to us

Terry Fulmer: and we work really hard to develop future leaders.

Terry Fulmer: And this is so important because, as all of us who have worked in the field for a long time, leave our respective positions. We have to make sure that we have a number of people to fill those important roles and keep working hard to eradicate elder mistreatment next slide.

Terry Fulmer: So our outcomes for this work and I'll wrap up in just a minute. We've we've screened 15,000 older people during the feasibility trial. This toolkit is available through the geriatric Emergency department collaborative here and for all of you to critique, respond. Tell us why it will or will not work where you are.

Terry Fulmer: We have 6 major health systems who are early adopters working on implementation. And now in this next phase. We really want to ramp up our cohorts of

Terry Fulmer: new interns and residents working on this work and thinking about how to take this to scale nationally and internationally. Next slide.

Terry Fulmer: So the power of philanthropy and catalyzing partnerships please keep in mind that

Terry Fulmer: The usual view is that foundations are can be, only give you money, but they also can be conveners. You can say, Well, we need funds to create a meeting.

Terry Fulmer: or we need to connect with your government. So what you can do is get creative with your funding. Look to local funders for convening. Tell stories and communicate your successes, find the



roadblock so that we can all help you get to the next stage that you have the money. You need to do your critical work next slide.

Terry Fulmer: So for questions. You'll have this slide to be in touch with me and with others in this work we're grateful to have the opportunity next slide.

Terry Fulmer: There's so many people on this call today who are have just done unbelievable work. And I'm grateful to be among you today. Thank you. And I'll close.

Christopher Mikton: Thank you very much, Dr. Former, and thank you for your foundation and the important work it's doing, and also for this precious advice on to how to go about raising funds, which I think we we better start putting into practice. So thank you. And now we turn

Christopher Mikton: to our 2 discussants.

Christopher Mikton: and the 1st of the 2 is Dr. Claudia Mahler, the UN independent expert on the enjoyment of all human rights by older people.

Christopher Mikton: Thank you, Claud, over to you.

Claudia Mahler: Thank you so much, Chris, and to also to the organizers. I don't know if you hear me.

Claudia Mahler: I hope so too.

Christopher Mikton: Here you will.

Claudia Mahler: You so much so thanks to W. Joe Uendessa. Oh, Chr. And also in Paya, I think it's

Claudia Mahler: as we heard. It's still time to raise awareness to the topic. We are not there yet, but we already heard some promises practices already today, as Chris and showed us, there are 5 priorities which we, or which the UN. Decade also tackles to raise awareness, to abuse neglect.

Claudia Mahler: and violence against older persons.

Claudia Mahler: But I also think that we quite clearly see that person matters. I think Helena also showed us

Claudia Mahler: that if there is a dedicated person in a country which takes up the topic.

Claudia Mahler: this has an impact already. There is, then, a strategy. There is an ongoing measure. There are other people which are joining. So I think one thing we also learn is that people matter. And in

regard of agism, I also strongly agree that it would be good to have an international, dedicated human rights framework which gives also guidance to Member States.

Claudia Mahler: because, as you might know, I'm dedicated to do 2 country missions per year, and regularly, when I go into a country and have exchanges. It's from governmental side. It's not clear what age is really is.

Claudia Mahler: So we I always come across that they are not sure what ageism is, and this is why the measures are also not dedicated to really tackle the issue. This is also true for age discrimination, which is an additional root cause why abuse

Claudia Mahler: and all the other issues are not really seen and not

Claudia Mahler: the not combatted? Strategically. So, we see a lot of structural issues in most of the countries, because, as I said before, agism is not a concept which they are working with, and HD. Discrimination is very often seen as a minor part of discrimination. So I'm very happy that we once again have the

Claudia Mahler: overall report.

Claudia Mahler: which was a cooperation from the UN. And I think this was the 1st step to raise awareness. What ages may is.

Claudia Mahler: The second issue which was tackled today is data, and I think it's quite crucial, because we very often see that there is no data available especially on the intersectional approach all the women were mentioned today. But it's also quite true for other intersectional approaches. When we see all the people in rural areas, all the people in poverty, all the people living

Claudia Mahler: with dementia, for example, but also older, indigenous or people from the LGBTI community. We very often don't get exactly the data when abuse, neglect, and violence is hitting them, and what we can really do

Claudia Mahler: so. I think this is a second quite crucial approach to see that we get better data to improve the measures which

Claudia Mahler: hopefully are useful, and will bring

Claudia Mahler: release to all the people in this regard.

Claudia Mahler: The development and the solution which we learned today is that there is not really promising practice till now. But we are really looking forward to learn more about the next steps, how the situation will be improved, and how the interventions are more promising, and the next steps.

Claudia Mahler: It is also quite interesting to see that we don't have any information how to build a

Claudia Mahler: an economic case on elder abuse, because what what we realize is that there is a lot of

Claudia Mahler: abuse, financial abuse, for example, and we also know that there is a huge loss in this kind of settings. So I'm really looking forward to learn more when we are at this stage and have data on this kind of issues, how we can also

Claudia Mahler: influence government that this is a very useful tool to combat violence against

Claudia Mahler: violence against all the persons

Claudia Mahler: to also

Claudia Mahler: yep.

Claudia Mahler: Better protect the financial cases here.

Claudia Mahler: In regard of the

Claudia Mahler: how to get more funding and finance. I think this was very enlightening, that we really need to know quite clearly what is our goal, how to approach the donors, and how perfectly to address, what kind of meshes we want to implement, and how we can collaborate with the foundations and with the people who are interested in these kind of issues.

Claudia Mahler: I think this also shows that there is a broader network and a broader interest around the world. But we are still not very well connected, and I think this

Claudia Mahler: world elder abuse awareness. Day is the 1st step

Claudia Mahler: to once again raise awareness, and to collaborate quite clearly with all. We are here in the call now, and with all the others who might also spread the word on the issue.

Claudia Mahler: I think I stop here, and also there is another one who will speak and facilitate their comments. So thank you so much for having me

Claudia Mahler: last sentence. I'm the only mandate in the office of the High Commissioner which has a specific focus on all the people, and I think this also shows why it's so critical that we are working together to raise awareness on this issue. I put in the chat my own report on each violence against all the persons, which also has a couple of recommendations. Thank you so much, Chris, for including me. It was a pleasure to be with you.

Christopher Mikton: Thank you. Thank you very much, Claudia, and thank you for all the important work you do, and I hope we can continue collaborating together and bringing the human rights approach and the public health approach closer together. Thank you. Now we turn to our second discussant.

Christopher Mikton: Professor Ablazebai, from the American University of Beirut, in Lebanon.

Christopher Mikton: Professor C. Black. Please.

Abla Mahio Sibai: Yes, good morning. Good afternoon. Can you hear me?

Abla Mahio Sibai: Yes.

Christopher Mikton: Yes.

Abla Mahio Sibai: Yes, thank you so much. Really, colleagues, it's always a pleasure to participate in events around the world. And I'm truly grateful for this opportunity to be invited on this occasion of the world. Elder abuse awareness Day, especially at this juncture. Very critical junction of view indicate of anti-aging

Abla Mahio Sibai: and just at the time when we are actually celebrating a historic moment at Oregon, the UN. Open ended working group on aging. I think I saw one comment in the chats talking about you and convention for the rights of the older population. So I'm happy to relay that after 14 years of struggles we finally were able to move one little step. It's a significant one

Abla Mahio Sibai: forward towards a UN. Resolution that adopted a convention on the rights of older persons. Yet more work on this is to be made for drafting a comprehensive international, legally binding issues. And, as we have heard from ATM, I think at the beginning that it takes a lot of time and a lot of effort to show some kind of focus in this regard.

Abla Mahio Sibai: So really, very, very enlightening presentations. For me, at least, each of our team speakers, at least one angle or another of this issue at hand, and all underscore that elder abusing means a significant problem in the community and worldwide. But given its burden, we also agreed that very little progress has been made. At the international and local scenes. Can I have the 1st slide, please?

Abla Mahio Sibai: So, in spite of. In spite of struggles, our voice and the voice of all the people remain unheard, as we have mentioned, and when it comes to elder abuse, this is more acutely so.

Abla Mahio Sibai: So, as we haven't heard all the persons are not that per not a priority, either in policies and interventions, and they are under research and under the issue. The issue is always under research and under funded. Really, really, as a researcher myself, I struggle when I want to talk, to get

funding, not only for elderly abuse, but for any aging related issues and issue related to the older population.

Abla Mahio Sibai: So this issue is hidden, neglected, and actually, sometimes it is invisibleized in what the private and then the public's fields and the demands. Our our attention.

Abla Mahio Sibai: as highlighted by our speakers on the reporting is a major concern, is driven by stigma, by by fear, by by, by the dependency of all the persons on, on, on the abusers. On one hand, the challenges. We heard a lot about the challenges with accurate measurements, the absence of standardized tools, lack of harmonized reporting, the collection system, and

Abla Mahio Sibai: and many, many other challenges. And when we talk about abuse, we talk about the same thing is about all other risk. Factors for endogenous. So in Json, for example.

Abla Mahio Sibai: have similar challenges. It's a significant risk factor.

Abla Mahio Sibai: And and we don't have yet harmonized hybridized tool, although I'm sure that you know that WHO. Is currently working with some researchers in the Uk to develop harmonized, culturally sensitive tools for its measurement, and these tool will assess agism at both the individual and and the institutional level, capturing how we think, how, how we feel, and how we act towards age.

Abla Mahio Sibai: Can I have the next slide, please? So in this next few minutes I just want to put together a perspective of how I see the mechanisms or the tools, the approaches that we are pertinent to when we want to address a certain specific issue for all the population. And here we are talking about undergrad use. And I'm I'm borrowing here

Abla Mahio Sibai: from a framework which we have developed for the national strategy of of all the persons actually in my home country and Lebanon. And this framework we address all the others concerns in in different domains. And here we presented. We are presenting it in 6 interrelated teams, one team focusing on health, the other on economic social safety, the 3rd on on active Participation engagement

Abla Mahio Sibai: society, promoting intergenerational solidarity, creating a a friendly physical built environment, and one of the major themes which we have included in our framework is preventing elder abuse and supporting victims of violence, and those in crisis and conflict, situations which I feel that none of us have highlighted here because elder abuse in crisis, and you know that wars and and political struggles are are increasing worldwide.

Abla Mahio Sibai: So let me zoom on preventing elder abuse and supporting victims on victims of violence, and see what are the excesses which you know we can use

Abla Mahio Sibai: in order to impact in that direction next slide, please.

Abla Mahio Sibai: So we see over here that maybe we can. We can look at at 4 different I would say tools, mechanisms, approaches. One of them is looking at the legal and policy frameworks.

Abla Mahio Sibai: strengthening free policy frameworks at the national Institution and Le levels with enforce benefits is is crucial, particularly when we are talking about ending the app use it includes establishing protocols in the community and any setting, whether we are talking about the hospital care homes and the like. Also

Abla Mahio Sibai: also international declarations like the Toronto Declaration, for example, and which mandates reporting loads for healthcare and social workers could be, could be very relevant when we are talking about policy reforms.

Abla Mahio Sibai: The second axis or mechanism is is institutional structure. We need to have a kind of a governmental framework for promoting or for taking this this theme into, and as and vocating for for the Madrid international plan of action on aging emphasizes the importance of these structures in guiding governments to develop policies. So policies are important. But we need to have

Abla Mahio Sibai: have this structure within the government in order to drive forward these policies, such as, for example, national commissions, ministries units within departments. It could be not only within within the government, but also institutional structures in in academic fees, among Ngos and the like.

Abla Mahio Sibai: The 3rd mechanism is what we have alluded to or not. What actually, what what of the presenting one of the priority area is capacity building and awareness raising that may include specialized training for health and social workers, for police officers on how to recognize and report and measure

Abla Mahio Sibai: elder elder abuse. And here I would like to says that also educating the public is is about the signs and the about elder abuse is important, and reporting and importance of reporting is equally is equally important. Last, but not least, and this is one of the main priority areas which we have we have shared with you. And this within this seminar

Abla Mahio Sibai: is research and data. It's important in enhancing our our understanding, including its core, its burden, the prevalence, the incidence. It starts, the risk factors

Abla Mahio Sibai: and data that contribute to raising awareness, and if produce the data needs to be to be produced within within any research ecosystem which translate the app, the data of the research, the the knowledge, produce into an action oriented intervention. So this is what we know about data, translation or knowledge translation into policies. And and go.

Abla Mahio Sibai: we need to have evidence-based interventions. And this is the importance of data of research and and knowledge. Generation

Abla Mahio Sibai: over here we talked about our speakers, talked a lot about the reliability, validity of these measurement tools and essential to ensure accurate data collection and how to effectively inform policy and intervention start strategies.

Abla Mahio Sibai: I would like to close by saying that when we talk about

Abla Mahio Sibai: about if I before I close so if I take, for example, the priority, one priority which is ages, and then I can screen or I can. I can take one of these 4 directions or legal frameworks to, to, to impact on on agism. So before I close, I would like to highlight the intersectionality of use. This is, there's a lot of overlap of the lot of.

Abla Mahio Sibai: of, I would say, 2 way kind of relationship between elder abuse and other constructs, such as gender, stability, poverty you name it literacy mental health, cognition, physical health, and the like. So understanding these

Abla Mahio Sibai: close intersecting vulnerability is crucial for developing comprehensive prevention and intervention strategies among against the older population. Definitely, we need to work together. This is a shared commitment. This is a shared responsibility, and we all look forward to to a world where all the people are not left behind with dignity, in peace and with full enjoyment of the human rights.

Abla Mahio Sibai: Thank you so much. Looking forward for more interactions from the from the floor.

Christopher Mikton: Thank you. Thank you very much. Professor.

Christopher Mikton: sit by, and I just want to echo. One of the points you made is the the importance of knowledge translation. It's Re, we can do all this research. It can be the highest quality research. But if it doesn't get out there and it doesn't actually have an impact. Raise awareness, have an impact on practice on policy. It's all in a way, a waste of time. So knowledge translation is absolutely key, and we're trying to do what we can through our platform for the decade of healthy aging where we have

Christopher Mikton: a site dedicated to abuse of older people and the various activities we've been pursuing.

Christopher Mikton: Now we turn to the questions and answers, and I see that we have more or less the time schedule, and very grateful to all the speakers for having stuck to their time. So we have bit of time for questions and answers, and how this will work is that Kazuki has been monitoring the queue and A, and he's identified some questions that come up

Christopher Mikton: repeatedly and that are relevant, I think, to maybe more than one speaker, and he'll put them to the speakers, and hopefully we'll get some

Christopher Mikton: enlightenment. Thank you. Kazakh.

Kazuki Yamada: Thanks so much, Chris. I think we'll have time for about 2 or 3 questions, so if you don't see your question in the QA. Or if you haven't had the chat to ask question yet, please do so. Now the 1st question I'm going to pick up is a question from Shmuel Yeru Shami. I'm sorry if I mispronounced that

Kazuki Yamada: it's a question about the role of education and education system in combating ageism, which I think is also relevant question for combating abuse of older people. As I'm aware that many of the interventions that were listed in the database that we're releasing today is related to educating stakeholders.

Kazuki Yamada: So any inputs from any of the panelists on the role of education and the education system for agism are visible to people.

Kazuki Yamada: Claudia.

Claudia Mahler: Thank you for giving me the floor. I'm sure the others have also something to share, but I think it's also a key component to

Claudia Mahler: give people in the country an overview. What ages me is, and from the beginning to tackle the stereotypes and really bring all the different aspects we we have, and also language is one of the key aspects. I would say, if somebody is making me a compliment that I look good for my age. I'm now never very pleased anymore. Because I see why I'm

Claudia Mahler: am I good looking, or am I not good looking? So this is just a small endeavor to see that language is something very

Claudia Mahler: specific. On the other hand, I think in regard of elder abuse, we very often see that because people are treating older persons with disrespect. This very often leads to violence, abuse, and neglect, and

Claudia Mahler: there is a huge connection that we

Claudia Mahler: combat agism through education, and also raise awareness what violence, abuse, and neglect really is, that some sorts of violence, abuse, and neglect

Claudia Mahler: are seen, because very often it's invisible, and people don't know how to deal with it. Thank you so much.

Kazuki Yamada: Thank you, Claudia. I'd like to open the floor for any other speakers or panelists who might want to chime in on the role of education and abuse of older people or ages.

Kazuki Yamada: If you would like to input, please turn on your camera.



Kazuki Yamada: If not, perhaps I'll say a few words from the perspective of the double H show from the global campaign to combat agism. The UN. Global Report and Agism was mentioned a few times by many, many of our speakers.

Kazuki Yamada: There are 3 categories of interventions that have been shown in the evidence to work to combat agism. Of those 3 the 3 are policy and law intergenerational interventions, and the loss is educational interventions. So there's clear evidence that education works to combat agism. And of course, the work is before us to implement that recommendation and to use education to reduce agism, and hopefully also reduce abusive older people.

Kazuki Yamada: If there are no other speakers who would like to take the floor for that question. I'm going to take another one.

Kazuki Yamada: Which is, there is a question from Alex Kalachi on the role of health professionals and healthcare

Kazuki Yamada: on the importance of elder abuse. Unless health professionals are made aware of the importance of elder abuse, the issue will continue to be underestimated. Could someone comment? So do any of our speakers have any comments on the role of health professionals, healthcare workers in combating the abuse of older people?

Kazuki Yamada: Terry, I see you are here, so please.

Terry Fulmer: Thank you and thank you, Dr. Collachi, for your incredible leadership.

Terry Fulmer: We in this world do not have mandatory education regarding geriatrics.

Terry Fulmer: And so, whether you are in medical school nursing school social work, the amount of geriatric content you get is dependent on who

Terry Fulmer: who

Terry Fulmer: feels like doing it.

Terry Fulmer: So if you have somebody who's excellent in geriatrics, they might teach it if they move to another institution, that content may be lost. So we have to normalize, regularize and require content on older people.

Terry Fulmer: ageism and elder mistreatment.

Terry Fulmer: If you ask medical students, they'll tell you. Maybe they've got 5 min, and they certainly didn't get anything on elder mistreatment, because they believe it's not their job.

Terry Fulmer: Elder mistreatment, abuse of older people is everybody's work. And so the the it's a mandate that it has to be in all curricula, regardless of whether you're in healthcare, or if you are an English major.

Kazuki Yamada: Thanks so much, Dr. Fulmer. And then I see claudia Marlow is also with us. So, Claudia, if you'd like to Input please.

Claudia Mahler: I think the question is also key to raise awareness to the issue, because very often I hear from older persons themselves that they are also not taking seriously when they are at the doctors, which is exactly what we just heard. So it's everybody's business to also see that all the people are mistreated or are abused.

Claudia Mahler: I think, from a medical point of view this should be part of their, you know. Ex learning curve. So how do you see that there is mistreatment and neglect also, when in in regard of care, this is also a measure of quality of care, and I'm sure the others have more input on these issues. Thank you so much for giving me the word again.

Kazuki Yamada: Thank you, Claudia, and now I also see Lynn Marie. Who is with us. So please go ahead.

LynnMarie Sardinha: Yeah, just a very quick intervention taking on from what Claudia and Terry mentioned earlier. I think

LynnMarie Sardinha: raising awareness and training of healthcare workers is imperative as much as is, I think, addressing the stigma

LynnMarie Sardinha: and you know the attitudes and norms around violence. This is something we see, you know violence against women across all age groups but I think it can be particularly hard

LynnMarie Sardinha: and stigmatizing for

LynnMarie Sardinha: older women, and sometimes, when the carer themselves is the abuser, and you know they find it hard to disclose the violence. So education, training, and addressing norms is really important among the health care workforce as any professionals.

Kazuki Yamada: Thanks so much, Lynn Murray.

Kazuki Yamada: unless any other speakers would like to take the floor. I think we have time for one last question, so I'm going to select one that has been voted up. We've heard from a lot of people coming

from different stakeholder groups, but this person, participant, Barbara Natu Kunda has a question specifically about grass, whose organization, and perhaps more extensive more broadly civil site organizations and their role in combating age elder abuse. So

Kazuki Yamada: his question or her question is, how WH. Show you Andessa and our other organizations represented here are working with helping, collaborating with grassroots, organizations and combating elder abuse. But perhaps this question could also be an invitation to reflect more broadly on how we work together with civil society and perhaps other stakeholders to address the abuse of older people.

Kazuki Yamada: So if anyone would like to say something on this, Claudia, please.

Claudia Mahler: Thank you also for the question. As I said before. It's part of my mandate to have country missions and also ask for. Input. So from my perspective, it's it's also key that we get the the insights from grassroots. Because they are very often the the voices of all the people. And it's also key to get engaged with all the persons. And I know that a lot of

Claudia Mahler: UN agencies which are working on the ground in the countries do have their exchanges with the people on the ground, and bring these

Claudia Mahler: insights through their reports to the knowledge, and to make it visible also in the headquarters. So, having said all that, this is key to speak with grassroots organizations.

Claudia Mahler: and I fully understand that it's very often quite hard to attend, for example, the open End working group on aging to bring your perspectives to the audience, but very often it is also possible to just raise awareness underground to the office which is working in the country or the regional coordinator. Thank you so much for all civil society organizations who spoke with me during my country missions. This was always in

Claudia Mahler: fully enlightening, and gave a lot of visibility to all the persons and the key issues.

Kazuki Yamada: Thanks so much, Claudia, and while I wait for another speaker to take the floor, I just like to mention that obviously the UN decade of health aging is our framework that we're looking at this work on abusive older people today. The framework explicitly calls for the role of all stakeholders, including civil site organizations.

Kazuki Yamada: and I posted a few links in the chat about the decade platform. And it's dedicated hub on the abusive older people. We'd like to celebrate and amplify your work on abusive older people, whether you're doing it at global, regional, national or even local levels.

Kazuki Yamada: So if you're doing valuable work on abusive older people. Now is the time to speak with one voice. Please help us amplify your work by submitting your work on the platform into a beautiful hub on that site. Chris, I see you're here. So is this an input.

Christopher Mikton: Both an input and then moving on to the last section, very brief. Input, just wanna say.

Christopher Mikton: within the work we're doing for the intervention accelerator in the next phase, when we'll be testing, refining, implementing the interventions, we have every intention of working with

Christopher Mikton: civil society organizations, local organizations in the implementation testing, and then hopefully, the scaling up of these solutions.

Christopher Mikton: But I think now we've kind of come to the end of the time for the questions and answers, and I will hand over to Alana officer, who is the unit head of the demographic change and healthy aging unit, who will give us some closing remarks. Thank you a lot.

Alana Officer: Thank you very much, Chris.

Alana Officer: I mean, it's such an important topic, and clearly not enough is being done. But I feel kind of excited by listening to this conversation. So much of what's happening is concrete. It's substantive. And and I do believe that it's transformative. So a huge, thanks to an illustrious panel of speakers and discussions, and and thanks to

Alana Officer: unesser. Oh, hr, Npr, and colleagues at whi for this work, maybe just a couple of reflections, if I may. You know the success of of the decade hinges obviously on our collective efforts.

Alana Officer: Not only to address what we think of is these 4 priority action areas, ageism, age, friendly environments, integrated care and long term care, but also critical topics that intersect all of those 4 key action areas.

Alana Officer: And it does feel that since the decades been adopted, and particularly in the last couple of years, we are making quite significant strides in tackling a number of these crosscutting issues, particularly abuse of older people.

Alana Officer: We heard today, you know, the importance in terms of ages and of of continuing to advocate and raise awareness. Of the importance of shifting societal attitudes and norms and standards around agent aging

Alana Officer: but also around abuse and making those links more concrete between abuse and and ageism.

Alana Officer: We also had some concrete examples of what's happening around those intersections, and I think that that's exciting to see it move from advocacy to to concrete action.

Alana Officer: I think it's, you know. It's fantastic to say that there's a new module

Alana Officer: in terms of extending data on violence against women.

Alana Officer: And at the same point we heard that the current 68 instruments to measure prevalence, and neither valid nor reliable. So but you know in the future we will be able to have an instrument that will have validity and reliability to move this forward. So while today we don't, I think these are exciting opportunities.

Alana Officer: I mean, you know, I think it's thrilling to know that there are 89 promising interventions

Alana Officer: that you know. That we can all now use and work to invest in, but also that through the work that we will be doing as Chris mentioned. With many of you, you know, we will be work to develop and scale up cost effective solutions, particularly with the focus on low and middle income countries, you know, with George clearly highlighted the gaps.

Alana Officer: I found a really helpful from from Terry. Also just the reflections on, you know concrete steps that we can make to bring more resources into this area.

Alana Officer: it's there are pockets of poverty and work, and it's really I think you know, there are a number of sources. So you know, thanks for the inspiration around how we can move that forward.

Alana Officer: And so today, you know, our purpose was in part to celebrate progress.

Alana Officer: I'll say, just want to acknowledge we've got a very long journey ahead to eradicate abuse, but I think, some really key sort of thoughts that came at as I was hearing people speak was, you know, the need to, as countries move forward, really to use standardized measures. Because if we're not using uniform tools to measure prevalence, we can't make comparisons across countries.

Alana Officer: We need to invest in what works. So, you know, rather than than trialing. Different interventions, you know, use the promising interventions that are available in the database kazoo key pasted to really cause they show, promise to really test and and scale up what we what we think has most promise. Now.

Alana Officer: I think it's Masumi also highlighted in her opening remarks, we must strengthen and and Claudia as well, but really building collaboration between governments and civil society, and you and agencies in the fact that if we work together, and pushing the same direction, we much more likely to to push that flywheel and generate the sort of change we want to say.

Alana Officer: and I think one of the things that we haven't talked enough about that

Alana Officer: is the issue also raised by abler around building capacity, continuing to to increase awareness and support. Now, knowledge, translation.

Alana Officer: it's really essential, I think, as we go forward to. And Chris mentioned, this

Alana Officer: is to pull our strengths to bring the sort of public health approaches with the human rights approaches together, and bringing the experts from different degree from different areas. I think leveraging both size approaches can ensure that that both science and evidence supports older people, you know, as rights holders.

Alana Officer: And I think one of the things that we haven't maybe talked about. Enough that I really wanted to reflect back on is also that the involvement of older persons in all their diversity or their representative organizations, but being really central to the sort of policy and decision making processes.

Alana Officer: So maybe just a a final thanks to to all of the co-hosts, the speakers, the discussants that have been involved in this thing. I know we're a very small group, but in the words of Margaret made, I think, never doubt that a small group of very thoughtful and committed citizens

Alana Officer: can change the world. Indeed, it is the only thing that ever has. So on that note. I want to thank you.

Christopher Mikton: Thank you, everyone. We'll close the webinar. Now

Christopher Mikton: have a good rest of your day. Bye, bye.

Alana Officer: Thank you.

Claudia Mahler: You, bye.

Christopher Mikton: Very much.

Christopher Mikton: But bye.

Abla Mahio Sibai: 5.

Andrea Cooper: Thanks. Everyone.