



Elder abuse and COVID-19 in Canada: Expect an increase in all types of abuse

By Gloria Gutman, PhD, Simon Fraser University Gerontology Research Centre, May 2020

Raise Awareness and Tell us About Cases

Over the coming months the action-oriented research team that I work with on elder abuse issues will be looking to raise awareness among service providers in both community-based and institutional settings, of the potential for elder abuse during COVID-19.

I urge BCCRN members and affiliates to do the same. We are also looking to systematically document examples and develop case studies.

Please contact me at gutman@sfu.ca if any come to your attention.

The International Classification of Natural and Technical Disasters¹ includes three types of natural disasters (hydrometeorological, geophysical, biological) and three types of technological disasters (industrial, transport, and miscellaneous). Over the years, Canada has seen its fair share of each type^{2 3} including, and of particular interest currently, pandemics, which fall in the category of biological disasters. Examples since 1900 include the Spanish Flu of 1918, which killed an estimated 50,000 Canadians, the swine flu pandemic of 2009-2010 where deaths in Canada totaled 428 and the SARS outbreak of 2003, which resulted in 44 Canadian deaths. In recent years climate-related disasters (e.g. floods, ice storms, droughts, forest fires) have increased in frequency worldwide and captured our attention. In Canada, these have resulted in few deaths and thus, the focus has been on economic and social consequences. COVID-19 has put the spotlight back on morbidity and mortality.

Risk Factors for Mortality in Natural Disasters

Since the 2004 tsunami in Indonesia and Hurricane Katrina in 2006, it has been very clear that older age is a key risk factor for mortality (50% of those who died in Indonesia and 69% in New Orleans, the epicentre of Katrina, were aged 60 and over)^{4 5}. More recently, there has been growing awareness of the relationship among disaster vulnerability, age, gender, socio-economic status and other personal and environmental variables. For example, a study of disasters in 141 countries⁶ found that gender differences in mortality rates were directly related to women's socio-economic status in their society: the greater the gender difference in social and economic status (and human rights) the greater the probability of higher disaster-related mortality rates among women than men. In the case of COVID-19,

¹ Health Canada (2009). International Classification of Natural and Technical Disasters

² <https://www.worldatlas.com/articles/the-deadliest-disasters-in-Canada.html>

³ <https://www.thecanadaencyclopedia.ca/en/timelines/disasters>

⁴ World Health Organization (2008). Older persons in emergencies: An active ageing perspective.

⁵ Family Assistance Center (2006).

⁶ Neumayer, E. & Plumper, T. (2007). The gendered nature of natural disasters: The impact of catastrophic events on the gender gap in life expectancy, 1981-2003. *Annals of the Association of American Geographers*, 97 (3), 551-566.



news reports have drawn attention to the higher death rates among older men compared to older women. It is interesting to note, however, that the gender gap is reversed in Canada. Data from the [University College London’s Centre for Gender and Global Health](#) show that in Canada, 53% of deaths have been in women compared with 41% to 43% among women in such other OECD countries as Australia, England, France and the USA. Reasons Canada might be different? The first thing that comes to my mind is that the vast majority of our deaths (82%) have been among residents of Long-term Care facilities⁷. In these facilities, women predominate both as a percentage of residents and of staff.

Key Research Questions

Why among countries where there have been more than 100 deaths and official data are available, do we have the highest percent among care home residents⁸? A related question is why (*see summary table below*⁹) have some LTC facilities in Canada experienced a COVID-19 outbreak while others have not? Is it a function of differences in resident characteristics, staff-patient ratios, staff characteristics (e.g., percent working in more than one facility; country of origin), ownership (private for-profit, private non-profit, municipal or provincial government), physical space/design (ground-oriented vs high-rise; single vs. multiple-occupancy rooms), differences in the age of the building and/or its type of heating-ventilation-air-conditioning or hot water system? (Legionnaire’s disease it will be recalled, was traced to contaminated water supplies.) Another question, and one that was raised during and in the aftermath of Hurricane Katrina, and of particular interest to persons who work in the area of elder abuse, concerns allegations of neglect of residents in LTC facilities.

Canadian Summary												
Canadian Jurisdiction	Total Cases	Total Deaths	Total Homes	Homes Affected	Percent of Homes Affected	Resident Cases	Staff Cases	Percent of all		Percent of		
								Cases	Deaths	Resident Deaths	Staff Deaths	
Alberta	6457	121	350	49	14%	498	258	12%	87	0	72%	
British Columbia	2392	135	392	41	10%	309	191	21%	89	0	66%	
Manitoba	289	7	261	5	2%	4	2	2%	2	0	29%	
New Brunswick	120	0	468	1	0%	0	1	1%	0	0	0%	
Newfoundland and Labrador	261	3	125	1	1%	1	0	0%	0	0	0%	
Northwest Territories	5	0	9	0	0%	0	0	0%	0	0	0%	
Nova Scotia	1034	55	134	12	9%	252	121	36%	49	0	89%	
Nunavut	0	0	5	0	0%	0	0	0%	0	0	0%	
Ontario	22751	1902	1396	358	26%	5435	2604	35%	1514	5	80%	
Prince Edward Island	27	0	39	0	0%	0	0	0%	0	0	0%	
Québec	41420	3401	2215	332	15%	6624	6079	31%	2758	2	81%	

⁷ MacCharles, T. (2020, May 7). 82% of Canada’s COVID-19 deaths have been in long-term care, new data reveals. The Star.
⁸ Comas-Herrera, A., Zalakain, J., Litwin, C., Hsu, A.I., Lane, N. & Fernandez, J.L. (2020, May 3 - updated). Mortality associated with COVID-19 outbreaks in care homes: early international evidence. International Long Term Care Policy Network.
⁹ Ryerson University NIA Long Term Care COVID-19 Tracker Open Data Working Group (2020, May 17)



Elder Abuse During Disasters

Elder abuse is recognized internationally as taking five main forms: physical abuse, psychological abuse, sexual abuse, financial abuse and neglect. It has been documented to occur in a range of settings that include private homes in the community, assisted living facilities, and in institutional settings (LTC facilities, hospitals). In the case of institutional abuse during disasters, there were reports of older adults left to drown during Hurricane Katrina, although only one lawsuit resulted in a criminal conviction (the deaths of 35 residents from St. Rita's in New Orleans). Another example comes from Fukushima, Japan: 128 elderly patients were reported to have been abandoned by medical staff at a hospital six miles from the site of the nuclear power plant disaster¹⁰.

With respect to physical abuse, child abuse and domestic violence rates are known to increase during and after disasters. The headline in the *Vancouver Sun* on May 19, 2020 was *Pandemic sparks significant rise in domestic violence across BC* verifying that COVID-19 is no exception to the rule. While there is little "hard data" available¹¹, given the known risk factors for elder abuse, there is every reason to believe that physical abuse rates among older adults will also escalate during COVID-19.

What about financial abuse, together with psychological abuse, the most common type victimizing older adults? There are already reports from the British Red Cross of people purporting to be from their agency knocking on the doors of older people and taking their money to do shopping and not returning. There are also reports from the UK of people offering sale to older adults of testing kits that don't exist¹². The [Canadian Anti-Fraud Centre](#) lists these and other scams and frauds that Canadians of all ages, but particularly isolated seniors and/or those with decreased cognitive capacity, need to beware of and avoid. To give perspective to the size of the problem it should be noted that the website of this federal government agency states that between March 6, 2020 and May 1, 2020 there were 766 reports of COVID-19 fraud, 188 victims, with an estimated financial loss of \$1.2 million.

About Gloria Gutman, PhD

Gloria developed SFU's Gerontology Research Centre and Department of Gerontology, and was director of both from 1982-2005. She has held several high-profile roles, including two terms as President of the Canadian Association on Gerontology, President of the International Association of Gerontology and Geriatrics, and President of the International Network for Prevention of Elder Abuse (INPEA). In 2005, she received INPEA's Rosalie Wolf award for her strong support of elder abuse prevention. In 2007, she was awarded the Order of British Columbia, in 2010, an honorary LLD from Western University, in 2012, a Queen Elizabeth II Diamond Jubilee Medal, and in 2016, the Order of Canada for her work in gerontology. She is also author/editor of 23 books, among them *Aging, Ageism and Abuse – Moving from Awareness to Action* (Elsevier Insights 2010).



¹⁰ Reals, T. (2011, March 18). Report: 128 elderly abandoned in Japan hospital, CBS News.

¹¹ Gutman, G.M. & Yon, Y. (2014). Elder abuse and neglect in disasters: Types, prevalence and research gaps. *International Journal of Disaster Risk Reduction*, 10A, 38-47

¹² ITV Report (2020 March 19). Coronavirus: How to avoid fraudsters during Covid-19 outbreak