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Abstract

Elder abuse is a central concern in Canada's aging population. The qualitative findings from our mixed methods study on elder abuse in Toronto's Arabic-speaking immigrant communities identified key risk factors that make their older adults vulnerable to elder abuse. These factors occur at the individual (e.g., language barrier), community (e.g., discrimination), and societal (e.g., lack of access to employment) levels. The results can inform strategies to mitigate elder abuse in Arabic-speaking communities.

Keywords: Canada, elder abuse, Arabic-speaking, immigrants, qualitative, methods, risk factors

Puntos de Vista de los Inmigrantes Mayores de Habla Árabe sobre los Factores de Riesgo para el Maltrato de Ancianos

Resumen

El maltrato a ancianos es una preocupación central en la población de Canadá que envejece. Nuestros hallazgos cualitativos de un estudio de métodos mixtos sobre los factores de riesgo para el abuso y maltrato de ancianos en las comunidades inmigrantes de habla árabe de Toronto identificaron factores de riesgo clave que hacen que estos adultos mayores sean vulnerables al abuso de ancianos. Estos factores se entrecruzan en los niveles individual (por ejemplo, barrera del idioma), comunitario (por ejemplo, discriminación) y social (por ejemplo, falta de acceso al empleo). Los resultados pueden servir de base a las estrategias para mitigar el maltrato de los ancianos en las comunidades de habla árabe.

Palabras clave: Canadá, maltrato, abuso y maltrato a personas mayores, inmigrantes de habla árabe, métodos cualitativos, factores de riesgo

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Older abuse is ‘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’ (WHO, 2008). With the older adult population growing, the risk of elder abuse is becoming a key societal concern. Understanding the factors that contribute to elder abuse is the first step in developing strategies to mitigate elder abuse and its health consequences (Aráujo-Soares et al., 2018; Guruge et al., 2021; Guruge et al., 2019).

In Canada, over 7 million people are over the age of 65 ([Statistics Canada, 2022](#)). About 67 percent of all older adults in Toronto are immigrants (Ng et al., 2012). While research suggests that between 4 and 10 percent of older adults reported some form of abuse ([National Seniors Council on Elder Abuse, 2011](#)), the World Health Organization advises that 80 percent of elder abuse cases go unreported. Immigrants face significant challenges when it comes to identifying and reporting abuse. Victims of abuse often hide it because of societal, cultural, and family values that insist on keeping shameful family matters private (Guruge Khanlou, & Gastaldo 2010) to protect families and communities from racism and stigmatization (Tam & Neysmith, 2006).

Different yet interrelated factors increase the risk of elder abuse. For older immigrants, one of the key factors include language barriers that restrict their ability to interact with others outside the home (Lee, Moon & Gomez, 2014; Walsh et al., 2007) that result in social isolation, which in turn is known to contribute to elder abuse (Dong et al., 2007; Hepburn et al., 2015). Another factor is the financial difficulties that result from policies that limit older immigrants’ access to Old Age Security, and challenges in securing employment in Canada (Koehn, Spencer, & Hwang, 2010). This result in increase in immigrant older adults’ financial dependence on their family members. Health problems and difficulties in timely access to health care due to lengthy wait times and inadequate interpretation services are also connected to elder abuse because they increase the burden of care on older immigrants’ children as well as the physical and emotional dependency of the older immigrants on their children, which in turn can create family conflicts and situations of abuse (Li, 2017; Stewart et al., 2011; Zhou, 2012). Another key factor related to elder abuse is the lack of affordable housing in most urban cities in Canada, which often forces older adults to live in multigenerational households. The stress of restricted financial means compounded with cultural and gendered expectations, such as, the responsibility to care for

grandchildren may contribute to elder abuse (Kim, 2010; Koehn, Spencer, & Hwang, 2010; Zhou, 2012).

Although previous studies have identified multiple risk factors contributing to elder abuse, none have identified which factors apply specifically to the Arabic-speaking older immigrants in the Greater Toronto Area (GTA). The Arabic-speaking population is growing fast. Over 480,000 Arabic-speaking immigrants live in Canada, and more than half of this population lives in Ontario (Statistics Canada, 2017). Arabic-speaking immigrants to Canada originate from at least 20 different countries including: Algeria, Bahrain, Comoros, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates, and Yemen (Statistics Canada, 2017). They share many beliefs, traditions, and values, particularly concerning the care and support of older persons (Gierveld, Van der Pas, & Keating, 2015; Kulwicksi, Miller, & Schim 2000; Stewart et al., 2011). They also experience common sociocultural and political challenges that may shape elder abuse risk factors, such as a distrust of social services or refusal to access social services.

Study Purpose

There is no research about elder abuse in Arabic-speaking communities in Canada. This lack of knowledge is a significant concern among social service, settlement, and healthcare providers working with these communities because it limits their ability to develop relevant practice and policy-related strategies. We report the qualitative findings of a mixed-method study that investigated risk factors for elder abuse in Arabic-speaking immigrant communities. Our specific objective of the qualitative component of this study was to explore Arabic-speaking older immigrants' views on risk factors for elder abuse.

Theoretical Approach

The mixed-methods study¹ was informed by an ecosystemic framework to help clarify how older immigrants are influenced by and situated within individual, family (micro), community (meso), and society (macro) systems (World Health Organization, 2020), and how multiple factors occurring

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within and across these systems may increase the risk of elder abuse. The framework can help understand how different risk factors taking place at various levels can act independently and/or interdependently to generate elder abuse among older immigrants.

Methods

Because the mixed-methods study protocol has been published elsewhere (Guruge et al., 2019), we briefly review only the methods used in the qualitative component of the study here. The qualitative component aimed to engage participants in a meaningful discussion of factors that contribute to elder abuse in the Arabic-speaking community. The study protocol was approved by the Research Ethics Board at the participating institution (REB # 2017-084). Bilingual and bicultural research assistants informed potential participants of the study's purpose, methods for data collection, voluntary nature of their participation, and their rights as research participants. They clarified any aspects of the study before obtaining oral or written consent (based on participants' comfort and preferences).

Participants

Older immigrants were eligible if they were 60 years of age or older; had immigrated to Canada within 1 to 20 years; self-identified as belonging to the Arabic-speaking community; and had personal experience of elder abuse or knew others in the community who may have experienced it. Participant recruitment was facilitated by staff at partnering community agencies located in the GTA and by Arabic-speaking informal community leaders, who informed older immigrants about the study and asked them to contact the research assistants (RAs) if they were interested in hearing more about it. Additional recruitment strategies included posting flyers about the study in various locations within community agencies or community centres, and word of mouth where participants were asked to share information about the study within their social network.

Data Collection Procedures

Consenting participants were invited to attend a semi-structured group interview session. The group interviews were facilitated by trained bilingual and bicultural RAs, and focused on identifying factors that contribute to elder abuse in the Arabic-speaking community (e.g., what factors lead to elder abuse in the community?) and on exploring their perspectives on how the factors contribute to elder abuse (e.g., How do those factors contribute to elder abuse?). The group sessions were between 1 and 1.5 hours in length, and were held at convenient locations such as large rooms at community centres in different neighborhoods in the GTA. The interviews were conducted in Arabic, audiotaped with participants' consent, and translated into English and transcribed.

Data Analysis

Qualitative data were subjected to thematic analysis that was informed by the ecosystemic framework. Audio-recordings of interviews were transcribed and translated into English (and randomly verified) to generate qualitative data, which were analyzed using thematic analysis to identify common risk factors. Members of the research team conducted the coding independently and then discussed with other members of the research team to develop categories related to risk factors.

Participants' Profile

In total, eight semi-structured group interviews were conducted with a total of 55 older adults (24 older women and 31 older men). The mean age of all participants was 68.4 (SD = 7.54) years old. The majority of older persons (69.1%) had arrived in Canada after 2010 (i.e., within the last 10 years at the point of data collection). Most participants were either Canadian citizens (45.5%) or permanent residents (50.9%). Most were born in Iraq (56.4%) or Syria (30.9%). Over 89 percent had children residing in Canada. All spoke

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Arabic as their first language, except one who indicated Assyrian as a first language.

Results

Arabic-speaking older immigrants identified some risk factors for elder abuse as relevant to their community. The factors are presented at the individual/family, community, and society levels, consistent with the ecosystemic framework. We summarize the contexts in which the factors take place and the inter-relationships among the factors to provide participants' view of how and why the factors contribute to abuse.

Individual and Family-level Factors

Participants explained that they encounter multiple challenges living in multigenerational households. For example, one participant explained, "For me it is the multigenerational co-residence [that] can cause a huge harm to Arabic seniors" (Female 72 years old, 2018.07.12).² Most participants agreed that they would prefer to live on their own if they could provide for themselves because abuse at the family level has detrimental effects on their mental health and well-being.

They explained that Arabic-speaking older adults fall under their family members' control because of the financial dependency on them. One participant said that she accepted having to do housework despite the maltreatment she received from her daughter-in-law:

I used to live with my son and his family. They used to go to work and I was treated like a server at home. I used to take care of the kids, and cook and clean but my daughter-in-law treated me badly. No matter what I do, she would insult me. Finally, I decided to move and live on my own. I feel better now and more independent. My son doesn't know about what happened. (Female 61 years old, 2018.07.12)

Participants noted that financial dependency and language barriers could lead to abuse at the family level. One participant said that Arabic-speaking families are accustomed to inviting other family members and friends to visit and share a meal every week. Older adults are not able to participate in this

tradition because they lack the financial means to support themselves which in turn leads to social isolation and low self-esteem. As is explained in the excerpts below, the lack of income leads to their financial dependency on adult children:

If income is not enough, an older adult feels that he is a burden on his children, and this can affect his mental status negatively. Lack of money prevents Arabic seniors from socializing—they cannot make connections with other members of the Canadian society. Most seniors feel embarrassed to invite others or even to go to their places because they don't have enough money to buy gifts for them or to treat them well. (Female 91 years old, 2018.06.26)

For me income and financial dependence are one of the most important factors because a good income gives a tremendous value and respect to seniors. When the income is limited, seniors start suffering from dependency on external sources or internal sources. (Female 60 years old, 2018.07.12)

On the other hand, financial abuse of older adults also take place. The following excerpt provides some evidence of this form of abuse:

I have seen a case of a senior in the Arabic community living in Canada who became widowed. He was living by himself and none of his children were taking care of him. One day they sold his house, benefited from the money, and then took him to senior home. (Male 75 years old, 2018.07.12)

Participants also spoke about the advanced age as a factor creating situations of elder abuse. They added that older adults become more dependent on their children as they advance in age because nursing homes are not considered acceptable alternatives in Arabic cultures. Thus, older adults have no choice but to stay with their adult children.

Another factor discussed was the intergenerational living conditions. Participants explained that most of the time, adult children are busy working – often trying to make just a basic income. Therefore, abuse at the family level often takes the form of having to perform burdensome daycare duties for grandchildren as well as household tasks such as cleaning and cooking which

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affects older women more. Participants noted multigenerational power relations as the most critical risk factor leading to their abuse at the family level. Living in multigenerational households also create situations of communication challenges especially with grandchildren. Participants described how they have difficulty communicating with their grandchildren because of the language barrier. One participant elaborated:

Grandchildren living in Canada have a different education than the one we received back home. So they don't necessarily listen to their grandparents or respect their opinions. Even when they try to speak English, the grandchildren start to correct them and laugh at them. Most of the grandparents feel offended by such behavior and they internalize that because at the end of the day it is coming from their family members. (Female, 76 years old, 2018.06.17)

Language barriers and financial dependency shift the power relationship between older adults and their family members. Since the well-being of immigrants relates significantly to their relationship with their family members, older adults' inability to communicate with them increases their social isolation and loneliness both inside and beyond the home.

A number of participants identified their lack of technological proficiency as a key factor for elder abuse at the family level. Participants expressed their frustration because they have the double burden of not understanding English and not being able to use technology. A woman explained that she is subject to mockery from her grandchildren because she does not know how to use a smartphone. She explained:

Most seniors are not familiar with technology, and they can be mocked by their grandchildren just because they don't know how to use a device. There is a difference of thinking and acting between seniors and their children or grandchildren. Seniors can face family members' abuse because their way of thinking is outdated. (Female, 64 years old, 2018.06.26)

Another participant added:

I also agree about the role of technology to create the gap between seniors and younger generations. For example, when I observe my daughter using her phone all day for different

purposes, I feel sad and left out. (Female, 76 years old, 2018.06.26)

Technological literacy is crucial for communication. While youth can adapt to technology quickly, older adults experience challenges at multiple levels. For instance, older adults may not be able to afford a cellphone or a laptop. They were also not prepared for the overdependence on technology in Canada. There is little or no training that takes into consideration older adults' learning pace and abilities.

Community/ Neighborhood — Related Factors

Participants agreed that previous lived experiences of war and trauma in their countries of origin associated with the cultural shock upon their arrival to Canada make it difficult for them to adjust to their new place of residence. There is such a disparity between the background of war and violence and the relative peace they find upon arrival that they don't know how to integrate even on an emotional level. One participant explained:

Our background and the violence in our previous countries—kids did not have a peaceful childhood—we were always afraid and running for shelters. And then we came here to have a culture shock. (Male, 69 year old, 2018.06.26)

Participants reported that integration is a two-way street where the receiving community also makes an effort to include newcomers in society. However, participants felt excluded from the community because of their religious beliefs, ethnic background, or language challenges and believed that this exclusion is a form of abuse:

Not every senior Arab speaks English, and when they come here, they face a language barrier whether they go to a grocery store or a mall or even on the street they face problems because of this. Most senior Arabs don't know their rights, and for example, when they go to the bank, they cannot ask why some fees were charged from their banking account and so on. Also, I believe that older women who wear the hijab are more targeted, and face stigmatization on a daily basis. (Female, 60 years old, 2018.08.01)

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Beyond this everyday context, stigmatization and racialization can occur when older adults seek help from community and settlement services. The following quote provides an example of such negative experiences with social service and settlement community agency workers:

My husband has a disability, and I inherited some money from back home and we wanted to buy a house here. When we talked to his social worker about what we want she treated us very badly and you could feel that she did not absorb that we can have money. Plus, I am wearing hijab so this makes it even worse and she was giving me a really hard time. She even cut the medication coverage that my husband has and I told her he will die if you do that and she said let him die—there is nothing I can do for him. This woman has destroyed both of us mentally. (Female, 62 years old, 2018.08.01)

Another participant pointed at racism and discrimination at the community level that can put Arabic-speaking older adults in situations of social isolation and at risk of abuse. They affirmed that Arabic-speaking older adults face racism related to their ethnic and religious background and lack of fluency in English. They end up feeling dismissed or like a burden on the system. One observer focused on the layers of prejudice:

when you come from another culture some people can look at you with inferiority. Some Canadian members accuse seniors with disabilities of benefiting from the taxes they pay. This negatively impacts seniors in our community. (Male, 66 years old, 2018.07.11)

Many participants reported that social isolation as one of the most important risk factors that lead to their abuse at the community level. A participant explained:

For me social isolation is the most dangerous factor. Most Arabic-speaking older adults don't socialize with their community or with the Canadian society. So if a person is isolated from the external world he feels trapped and this affects him mentally. Social isolation in this case is related to the Canadian society and Arabic community because seniors can live with their families, yet they are isolated from others. (Male, 79 years old, 2018.06.27)

Participants agreed that the social challenges that older adults encounter contribute to their abuse. For instance, they have difficulties interacting with different front-line workers, such as cashiers and private security agents. One participant said that she feels like the cashiers at her local grocery store do not want to try to accommodate her needs. Another participant said that he gets targeted by private building security agents because of his language barriers. Study participants also highlighted geographic context can be a factor that creates social isolation. They explained that living in remote areas makes participation in community events difficult. A male older immigrant participant noted that he lives with his daughter north of the city said he feels completely isolated. He explained that he had been here for a year and a half without ever speaking to anyone from the community.

Societal Factors

Participants stressed the impact of economic status on the well-being of Arabic-speaking older adults in Canada. In their view, income and employment access are the most important risk factors that put Arabic-speaking older immigrants at risk for abuse. Older adults see their social status as intrinsically linked to their employment. One man explained that Arabic-speaking older adults take employment status very seriously because they feel valued and respected by other members of their family and community when they are capable of working. He added that lack of income erodes their self-esteem. In their country of origin, older adults have the financial means to provide for themselves and their children. After immigration, the power relationship shifts because older adults do not have access to employment to secure income. Another participant explained that even with government assistance, limited income is a significant risk factor for abuse because available support is inadequate to cover their basic needs:

I get some financial assistance from the government, and I don't work, so I don't buy the non-covered medications. Eight hundred dollars a month is not enough to cover housing, medication, transportation, and other expenses. (Female, 72 years old, 2018.07.12)

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Participants linked their struggle to find employment to language proficiency and the lack of 'Canadian experience' rationale. One participant clarified that the Arabic-speaking older adults often come to Canada because they want to stay active even after retirement:

It is important to know that even with our advanced age we came to Canada in order to be active and work—not to be sitting at home doing nothing. I made friends with many seniors coming from the Arabic community who recently landed to Canada. We tried to be part of job trainings and language courses, but we felt marginalized at the end by the employers, and nobody wanted to hire us. (Male, 74 years old, 2018.08.09)

Another participant explained that lack of employment leads to social isolation and physical dependence on family members and caregivers. He said that staying home all day affects his physical and mental health. He added:

Most Arab seniors I know have no employment, and they stay home most of the time. This keeps them trapped and isolated from the external world. This situation affects negatively their mental health and their well-being. Being employed is the solution because it will kill my free time and make me exposed to the external world. I will therefore put more efforts to learn the language and be part of the society. I feel so down mentally now because I want to be outside of my home for 10 to 12 hours and do many activities. Even physically I have some health concerns that I never had before such as high level of cholesterol, and this is typically from just sitting at home. (Male, 62 years old, 2018.08.09)

When their health deteriorates as a result of physical inactivity, they feel that they are becoming a burden on their family and the healthcare system with these health problems that they did not have prior to arriving in Canada.

Participants identified healthcare challenges they encounter in Canada as one of the most important risk factors that lead to elder abuse. They explain that it can take months for new immigrants to see a physician. The stress and compounded treatment delays are a form of abuse and neglect of older immigrants. One participant clarified that older adults have urgent medical

needs that require faster referral processes. We need to prioritize how we care for our most vulnerable. The participant explained:

You know when a person advances in age he becomes like an old car—you need to change piece by piece to keep it running. For example, I need an urgent intervention for my vision. I believe that the waiting time to see an eye specialist is too long. This is very annoying, and humiliation to seniors. There is also the dental care that is so expensive and non-affordable. All these elements speak to the elder abuse. (Male, 71 years old, 2018.08.09)

Difficult and delayed access to medical help is further intensified by the exorbitant cost of many medications. Older adults often experience multiple illnesses and, without coverage, are forced to pay fully or partially for medications prescribed by their family doctors. Furthermore, many over-the-counter medications that are essential to older adults' well-being are not covered by the Ontario Health Insurance Plan (OHIP). A male participant said that seniors lack the financial freedom to go to the dentist, change glasses regularly, and purchase hearing aids.

Participants identified language proficiency as central to a lack of equitable access to health care wherein difficulty communicating with healthcare professionals is a form of institutional abuse. One female participant had to take her husband to surgery. She could not understand what the nurses were trying to tell her because she could not speak English fluently. She said that the medical staff lacked empathy:

my husband was hospitalized, and I stayed with him. I had so many difficulties to communicate with nurses and doctors that both sides got frustrated. I saw some behaviors from them that were disrespectful. I felt so bad that I was in such a situation. (Female, 71 years old, 2018.06.26)

Many participants expressed concern about the inadequate interpretation services in healthcare facilities and settlement agencies. Current services do not take into consideration diversity within the Arab world. Crucially, non-Arabic-speaking service providers often confuse the Arab world with the Arabic language. There are over 20 countries with different cultures, traditions, and dialects that make up the Arab world. All participants agreed that it is important to look for a country-specific translators. However, all

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participants believed that focusing on translation services puts the burden back on Arabic-speaking older adults. They explained that language accessibility should start by providing the Arabic-speaking community with documentation and information in Arabic. One participant said:

When I go to public services buildings, I see information and directions in other languages but never in Arabic. We also have to use the available services, and we also need information in Arabic as well as have interpreters. (Male, 67 years old, 2018.12.20)

When they immigrate at a later age, older adults are not eligible for social assistance such as Old Age Security. Additionally, the sponsorship undertaking period has been recently increased from 10 to 20 years (Ferrer, 2015). Participants highlighted the negative impact of immigration status on Arabic-speaking older adults' well-being: factors such as sponsorship status and length of stay in Canada can complicate the settlement experience. One woman explained that she could not stay in Canada for long, and she wanted to go back home because she felt isolated. However, returning home would jeopardize her financial situation. According to Immigration, Refugees and Citizenship Canada (IRCC) rules, older adults need to stay in the country for 20 years before receiving any governmental financial assistance. The wait time exacerbates efforts to gain independence, leaving older adults at risk of abuse at the societal, community, and family levels.

Discussion

Our participants identified employment, income, and language barriers as the primary institutional barriers to their (re)settlement. All participants stressed the role that Canadian authorities and institutions should play in easing their financial dependence on their children. A guaranteed financial support from the government through the (re)settlement process would reduce dependency on family members and increase older immigrants' self-esteem. (Zhou, 2012) draws attention to the importance of financial freedom at the family level. Older adults often had an essential role within their families back home. The change in power dynamics that occurs because of their limited income and lack of employment opportunities in the new country can negatively affect their experience of (re)settlement (Li, 2017). When older adults do qualify for

benefits (after being in Canada for 20 years), the amount is not enough to cover transportation, housing, and increasing health-related expenses. By the time they are qualified for financial support and/or benefits, they have usually reached an advanced age, and need their adult children's emotional and physical support. Thus, ensuring older adults' financial freedom at an early stage of their (re)settlement is crucial to their relationship with family members and their overall well-being.

Our participants affirmed that the strong sense of family belonging, family education, and family relationships are also at the root of friction, which aligns with the results of previous studies (Gierveld, Van der Pas, & Keating, 2015; Stewart et al., 2011). In keeping with family traditions and religious beliefs in the Arab world, adult children are expected to take care of their parents as they grow old. However, in multigenerational homes, household and childcare responsibilities often fall on those of advanced age which was identified by participants as one of the most important risk factors. These finding echoes current literature showing that adult children expect their parents to help take care of their grandchildren (Li, 2017; Zhou, 2012). Since nursing and retirement homes are not culturally accepted in the Arabic-speaking community, older adults become trapped between their desire to support their children, and living with them at the risk of being abused. Participants pointed out that language barriers exacerbate family interactions because older adults do not speak English, and grandchildren often ignore their heritage language.

Language barriers overlap with other risk factors, increasing older adults' vulnerability to abuse (Canham et al., 2018; Jang et al., 2016; Stewart et al., 2011; Zhou, 2012). For example, participants generally identified healthcare challenges in Canada as one of the most important risk factors that lead to elder abuse. They agreed that free access to the provincial healthcare system is vital to their mental and physical well-being. They also highlighted how long wait times for seeing a physician as well as the difficulty communicating with physicians (due to a lack of English proficiency) are significant stressors that lead to elder abuse. The lack of Arabic-speaking family doctors in the GTA adds to longer wait times (Newbold & Willinsky, 2009). Interpretation services are inadequate for older adult immigrants for two interrelated reasons. First, the Arabic-speaking community is diverse, and the community speaks different dialects. Therefore, communication between two people from different Arabic-speaking countries is not straight-forward, especially related

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to medical diagnosis and health-related topics. The only way they can understand each other is by speaking the classic Arabic language. Second, there is a high rate of illiteracy in the Arabic-speaking community (McKeary & Newbold, 2010), as such, many cannot read even in classic Arabic, so verbal communication is crucial.

Participants welcomed the variety of programs dedicated to older adults' inclusion at the community level. There are multiple organizations in the GTA that provide assistance for Arabic-speaking seniors to participate in activities such as breaking fast together, celebrating holidays (e.g., Eid), and travelling in groups. Participants admired active individuals from the Arabic-speaking community who dedicated their time to raising awareness about the needs of older adults. However, participants in our study expressed their concerns about social isolation they experience in a diverse and multicultural community. They felt isolated due to a combination of the language barrier, and the racialized religious and ethnic stigma. The literature supports their insights, citing social isolation as a significant risk factor for elder abuse at the community level (Fearing et al., 2017). White and colleagues (2015) examined space-related barriers facing older adults in major Australian cities. They explored ways to include older adults and found that infrastructure such as park benches can make the neighborhoods friendly for older adults. They concluded that better management of public and private spaces, such as, shopping centers could help older adults reduce their social isolation.

Participants in our study stressed the need to improve and increase available outreach programs. They felt comfortable receiving information by mail and online. Although smartphones and digital communication applications help them stay in touch with their family members abroad, they lacked language proficiency to access local information. Older adults often lack knowledge about what programs are available as well as the means to access them (Cholowsky, 2014). Lack of outreach programs limits older adults' access to information (Moore & Browne, 2017). Although information about community-based programs is available online, older adults may have difficulties adapting to new technologies. Choudrie, Pheeraphuttrangkoon, and Davari (2018) explain that smartphones can be viewed as a solution for isolation. Functions such as WhatsApp, YouTube, and Facebook allow social interaction. They found that information and communication technologies can provide a higher level of support, which, in turn, reduces social isolation.

Conclusion

Elder abuse is a societal issue that requires prevention and intervention strategies at both the practice and policy levels. Preventive measures can focus on helping both the potential perpetrators and victims, and can help avoid the impacts of elder abuse. Prevention of abuse requires increase in awareness of physical and emotional changes that take place with advanced age. Additionally, the prevention of abuse in intergenerational households necessitates psycho-social approaches such as counselling and care conferences for all family members that can clarify cultural beliefs, values, and expectations related to managing intergenerational conflicts. Furthermore, the prevention of elder abuse at the community level can include community outreach programs to enhance social interactions and intergenerational appreciation in the neighborhood. Interaction with community members may encourage the reporting of elder abuse. Preventing elder abuse also requires enhanced access to programs and services. Arabic-speaking older adults should be able to receive information in Arabic. It is essential to train English as a Second Language (ESL) teachers, as well as revise ESL classes and curriculums to align language training with older adults' preferences and needs. Including older adults from the Arabic-speaking community at the program design level can help create preventative measures to reduce elder abuse experiences. Their high motivation to be active and contributing citizens underscores the need for change in abusive policies.

Notes

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² We identify participants by the date they were interviewed because they were promised confidentiality.

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