

# Houston Area Model United Nations Standard Committee

# WHO



Chair | Omama Ahmed  
Topic B: Preventive Measures for Abuse  
in the Elder Population  
Houston Area Model United Nations 49  
February 1 & 2, 2024

Greetings Esteemed Delegates,

Welcome to the 49th session of the annual Houston Area Model United Nations. I hope you are prepared and excited to discuss, draft, and resolve some of the most important health crises currently ongoing in our world. My name is Omama Ahmed and I am enthralled to be serving as your Chair for the WHO committee. I am currently a senior at the University of Texas at Austin as a Public Health major with a concentration in Psychosocial behavior. I am also a pre-medical student in the process of applying to medical schools.

I have been a delegate with Hamun for 4 years, and this will be my fourth year as a staffer with Hamun. I have competition in the Collegiate Level National Model United Nations and can still say that I am excited for every and each conference. I have always loved MUN for the community its fosters and skill growth these conferences have given me. These are skills I use in both my personal and professional life, so I hope you are coming ready to grow.

I chose to chair the WHO committee because of my interest in both healthcare and the social factors that lead an individual to be more predisposed to a disease. In addition, in the age of telehealth and an increasingly aging population, I found that addressing the negative factors of these otherwise positive event to be imperative.

I am excited to see the discussions that will definitely unfold, and to see the immense growth that each of you delegates will unquestionably undergo. My biggest tip to you is to come excited and ready to engage! No matter how strong of a delegate you may feel you are, just know that every single one of you brings a special aspect to the conference. I am excited to meet you, and most importantly don't forget most importantly, have fun!

Best Wishes,  
Omama Ahmed



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WHO

HAMUN 49

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# WHO

## Chair | Omama Ahmed

### Houston Area Model United Nations 49

#### February 2-3, 2022

# Committee Summary

The World Health Organization was founded in 1948 by the United Nations as an agency that aims to connect all partner nations and their people to improve safety and serve vulnerable populations to improve overall health and well-being. The committee aims to further guide the well-being of all people with an emphasis on science. In the scope of the United Nations, the World Health Organization aims to lead and champion global efforts to give equal access, quality, and opportunity to everyone everywhere. The WHO is currently leading efforts to create universal healthcare and direct and coordinate a multitude of emergency disaster relief programs. These programs range from environmental to war-inflicted disasters. The promotion of a healthier life starts from the moments of pregnancy and follows through old age.



## Executive Summary

Currently, the rate of abuse in the elderly and aging population has increased to around 1 in 60 people 60 years and older. One of the main concerns that perpetuates the cycle is an increase in dependency, in which, as the population ages, their dependency on healthcare workers, or family, friends, or peers increases. This is especially prevalent in countries with larger elder populations who depend on smaller pools of workers and family members available, because of the changing demographic of the country. Some of the most common types of elder abuse includes financial abuse, self-neglect, abandonment, emotional abuse, physical abuse, and neglect. The aim of this committee is to find present resources and programs or develop new resources and programs to mitigate the amount of abuse that the elder and aging population experiences internationally.

The importance of prevention of abuse of elder people, and the aging population is imperative, because the absolute number of older people experiencing abuse is predicted to exponentially grow as the aging population increases in size. Current promising strategies that have been instilled in various sectors to prevent and respond to the abuse of the aging population includes money management programs for adults set in place prior to entering the aging population, helplines and hotlines, emergency shelters, various training systems that include caregiver interventions, and various levels of adult protective services.



# Topic Concept

The concept of abuse in the older population is defined by the world health population as an intentional act or failure to act by a caregiver or any other direct person in relationship to an expectation of trust or task that can cause harm to an adult 60 years and older. Currently there's a very high statistic that about, 17% of people 60 years and older experienced some form of abuse within their community settings in the past year. However, when looking at an institutional setting, there's a much higher rate of elder abuse. Institutional settings, for the elder include nursing homes, hospice, care, and long-term care and rehabilitation facilities. These institutional settings have reported that approximately two and three of the staff members working within these institutional settings, have a reported ask that they have committed of abuse towards the elder patient population in the past year.

The world health organization recognizes that promising strategies that have been able to prevent and respond to the views of the older population includes increase caregiver interventions, in order to provide services that believe the burden of caregiving, and can visualize possible signs of future cases of elder abuse. In addition, my new management programs that prevents the access of malicious intention, personal and diminishes, the level of vulnerability that the other population has towards financial exploitation has been successful. The more developed member states they have been increases in health lines and emergency shelter is specifically factored towards the niche group of the elder population. Historically, there have been improvements in multidisciplinary teams, in order to create levels of checks and balances within the care of the elderly patients. Some of these multidisciplinary team include the criminal justice, healthcare, mental health care, an adult protective services in long-term care, administration, and management.

Many of the strategies implemented into more developed countries, have not trickle down to developing countries because of a lack of prioritization of prevention of the abuse in the elder population. However, some of the interventions that have been implemented and developed.

member states include the creation of public and professional awareness campaigns. I've been able to inform the public of the signs, and how to report them and protection of the other population. In addition, there has been an increase of intentional and annual screening of potential victims and abusers in various public sector, such as both the mental and physical healthcare systems, but also the justice and government and social security systems. The Public Health sector of more developed countries have also created more caregiver support interventions in order to mitigate stress management and improve on wrist by care. Some of them or judicial policies, integrated includes residential care, policies that define and improve the standards of care that all elders experience in order to mitigate environmental factors that can result to increase abuse in the older population.

The prevention for abuse in the other population is not isolated to response factors, but also reporting interventions. Some of the reporting interventions that have been included in developed countries, but not integrated in developing countries includes a mandatory system of reporting, all suspected levels of abuse authorities. This mandatory reporting system also has, an anonymous report of protection which prevents from any retaliation or harm to come to the reporter, using a system of anonymousness. Once an elder has been indicated for experiencing abuse there are self-help groups and see if house is an emergency shelters in which they can be housing until they're able to enter facility that is either feather equipped with them or they're able to be washed with a caregiver that has the adequate resources and attention to take care of them. In addition, to help with a psycho, social effects of abuse that the older population may encounter psychological programs for the abusers, and the abused of the population, can be accessed the referrals or help lines that can provide information and referrals to the psycho social programs.

It's important understand that the majority of the abuse in the other population from caregivers is not a result of bad intentions, caregivers, but rather the result of putting manage stress and emotional management of the caregivers in response to the mentally and physically demanding and taxing jobs that caregivers experience in relation to taking care of their elders.

## Topic History

Historically, the rate of abuse measured in the other population has remained constant. However, this doesn't mean that the amount of people experiencing other abuse has been constant. In fact, the current Asian population has increased heavily in the other population, which means a constant rate of elder abuse, but an increasing quantity of personnel that experienced the elder abuse.

The world health organization has passed and current ongoing adverts in response to the abuse in the elder population. On June 15, 2022, the world elder abuse awareness day was established by the world health organization. In addition, in 2001 the United Nations in conjunction with the world health organization created the five priorities for the UN decade healthy aging, titled "Tackling Abuse of Older People". The United Nations, that you have healthy aging expense from the year 2021 to 2030. It highlights specific steps in order to change the way the abuse of older people is addressed.

The focus of this decade of healthy aging is to create a more concerted, sustain, and grenade way, in order to reduce the number of people, in the other population, who experience abuse in construction, and in relation to their vulnerability, because of their age and health. The five priorities to prevent and respond to the abuse of the elder population Starts with combining ageism, which is the prejudice and discrimination based on the persons age. The second priority is to create increasing quantities and quality of data on the prevalence and risk of the protective factors against abuse in the elder population. The third priority is to develop, and increase cost effective solutions, as a response measure to the abuse in the other population. The fourth priority is creating an investment case that addresses the issue which brings together the economic evidence of the cost and benefits of addressing the abuse in the other population. The final and fifth priority is increasing the financial funds allocated towards tackling abuse of the elderly population. The World Health Organization believes that if leadership organizations such as UN agencies and development organizations, academic and research institutions and funders, and

government associations, amongst other bodies of power, instill, and implement these parties in the prevention of abuse in the other population globally will be prevalent, and it will inherently, improve their health, well-being, and overall dignity.

Additionally, in 1997 in Adelaide Australia, the creation of the international network, for the prevention of elder abuse is created. Education has since been at the very core of the international network for the prevention of the elder abuse. Then in 2000 to the world health organization, partnered with The international network for protection of elder abuse on creating the missing voices recommendation to mobilize society by raising awareness of the widespread quantity of elder abuse. Between the years of 2003 and 2006 communities on the international level, began to plan activities that raise awareness of abuse and neglect of older adults noted to celebrate a Park that made sense launching the world elder abuse awareness day.

2006 a first world elder abuse awareness day was held at the United Nations in New York. The following year in 2007, the International net work, for the prevention of the elder abuse, was in Geneva for its international World elder abuse awareness day celebrations. For the following years in 2008 and 2009, the celebrations were held in Ottawa and Paris, respectively. Finally in 2010 the international network for protection against elder abuse was held in Toronto to celebrate the five year anniversary of world elder abuse awareness day.





# Case Study: United States

The United States is one of the more involved developed nations that have actively work towards preventing an increasing relative measures for abuse in the elder population. The office of justice programs decided that in 2009, 11% of the elder population that responded to a phone survey reported, experiencing at least one form of miss treatment, which included emotional, physical or sexual abuse, which all fall under abuse in the elder population. in addition, the study found that there was a level of financial expectation through a family member that was reported by 5.2% of the elder population within that same year. However, while these numbers are quite high, the office of justice program, except for every singular case of elder abuse, neglect, expectation, or self neglect that is reported to the authorities there's approximately five more that go on reported for various reasons.

As a result of these high statistics, the national Institute of justice in the United States has been actively trying to close the gap and current research and scholarship on the causes of older Buser miss treatment. Another fact of the national statute of justice is the value defectiveness, in comparison of method used to improve prevention, deduction, and intervention efforts. While research is integral towards preventing abuse in the other population, the national Institute of justice, which works under the office of justice programs is also raising awareness of elder abuse. They have created the national Institute of justice journal, which includes an overview of the studies that I like the prevalence and how to detect elder abuse whether it's on a personal or impersonal level. This is to Adan not only the general public but also the criminal justice professionals in order to see the warning Signs and intervene early against violence against older people. This includes articles that distinguish between normal bruising parents and those that are specifically resulted from abuse, and the other population.

In addition, another branch of the office of justice programs is the office for victims of crime which amongst it's other goals, engage in efforts to combat elder abuse by assisting those have been abused, neglected, or

exploited. The office for victims of crime continuously publishes publications to educate both the victims, and the caregivers in method second help with trauma, but on by elder abuse in his treatment. Unfortunately, the sector of the office of justice programs is only effective after levels of elder abuse, has been experienced, indicated, and dealt with. However, The office for victims of crime has also created three different series of DVDs that have been targeted towards niche audiences that can help with the emotional and psychosocial results of elder abuse. They have been highly effective because they leverage for assault accounts from victims of elder abuse, which allows the victims, watching the series to learn how to advocate, and report to law enforcement, officers, judges, and other professionals. It also teaches those same, law-enforcement officers, dress, and just his professionals, how to effectively communicate with the victims, and how to create effective interventions and support programs for them.

Additionally, the office of justice programs also includes the bureau of justice. The bureau focuses on developing data collection instruments that can leverage the existing information of elder abuse to further analyze the crime of elder abuse. Helps quantify the unreported cases, and predict possible future cases of elder abuse. They're also creating a project in which they will be reviewing the records of the adult protective services offices and law enforcement officers in order to understand the causes that allow certain sets of cases to be reported to law-enforcement instead of the majority of cases that are not reported.

## Physical Signs of Elder Abuse



Dehydration  
or unusual  
weight loss



Missing  
daily living  
aids



Unexplained  
injuries, bruises,  
cuts, or sores



Unsanitary living  
conditions and  
poor hygiene



Unattended  
medical  
needs

# Questions to Consider

1. What are the possible psychosocial effects of elder abuse on the caregivers?
2. What are the possible psychosocial effects of elder abuse on the older adults specifically?
3. What are the long term economical results on the country of widespread financial abuse and the elder population as a result of financial abuse from the caregivers?
4. What effect does abuse in the elder population have on the demographic of both developed and developing member states?
5. How can dressing and creating preventative measures for abuse in the elder population benefit the economical aspect of the healthcare industry?
6. What are some possible ways in which caregivers can unknowingly neglect their patrons which leads to the abuse in the other population?
7. How can the world health organization use? Technological innovation in order to increase prevention of abuse in the older population in underdeveloped member states?
8. What are some possible laws against elder abuse that could be installed across all member states that do not influence on the autonomy of the member states, and is culturally, socially, and economically conscious about developed and developing member states?
9. What are current things being done to combat abuse in the elder population, and How effective are these measures towards lowering both the quantity and percentage of abuse in the elder population?
10. Is there anything that individuals can do in order to reduce their future risk of elder abuse?
11. What bodies will be responsible for investigating cases and grading decisions regarding the presence of abuse in elder victims?
12. What causes some demographic groups of high rate of abuse than others?
13. How can the perceived seriousness and Perceived susceptibility of abuse in the elder population affect the aging population entering the older adults demographic?

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# Further Reading / References

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