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National Survey on Abuse of the Elderly in Canada

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FOREWORD

This report is a significant milestone on the road to recognizing, understanding, and responding effectively to the abuse and neglect of older Canadians. It is a timely study that will do much to lift the shroud of skepticism and misunderstanding that has long obscured this particular form of theft, extortion, and domestic and institutional violence.

Health and social service practitioners and the staff of public trustee services have been aware of elder abuse and neglect for many years. It has been occurring in a variety of community settings where frail, dependent, elderly people have been physically and psychologically abused and deprived of their material assets. It has been occurring behind the doors of nursing homes and other places that profess to provide care and shelter. Yet, the process of gathering information regarding the nature, scope, causes and impact of the phenomena has been slow. A handful of researchers have struggled with limited funds, conceptual and definitional confusion, and other methodological problems. Their efforts have not been in vain and this study confirms many of the earlier, tentative findings: older Canadians, especially women, are experiencing abuse and neglect; what we see, or hear of, is probably the tip of the proverbial iceberg; material (i.e., financial) abuse is the single most prevalent category; the goal of misappropriation underpins other forms of abuse; and for a variety of reasons, victims do not seek the assistance of social service or law enforcement agencies.

This report makes a valuable contribution to both an understanding of the causes of abuse and neglect in non-institutional settings and the development of strategies for their resolution. Several theories have already been constructed and tested, mainly through American research, and these highlight factors such as, the stress experienced by unsupported caregivers, the trans-generational transmission of violence, abuse of alcohol and other drugs, and financial management practices that create opportunities for fraud and theft. The extent to which these are applicable in the Canadian context is still unclear but this study provides new and useful information for theorists. It also identifies potentially attractive service delivery and prevention options that could form the basis for demonstration projects. Hopefully, the recommendations will not be stored on a shelf to gather the dust of indifference.

Other issues demand attention. In our quest for understanding and resolution we should not ignore the structure and priorities of the larger economic and cultural environment, for it is here we find the seeds of ageism and fertile ground for less subtle forms of abuse and neglect. Tragically, there is a tendency to reject older people as so much 'social junk': the worn out human by-products of an industrial society who are valued only as the targets of material abuse; people who can be relieved of their pensions, benefits, and accumulated assets; warm bodies that can be recycled into commodities from which profit may be extracted by the more ruthless elements of an expanding private care and treatment industry.

This study establishes a challenging agenda for researchers, policy-makers, legislators, law enforcement agencies, financial institutions, and legal, health and social service practitioners in the coming decade. It underscores the importance of a carefully constructed and multi-dimensional approach that is sensitive to protective overkill: the abuse of rights and freedoms that may flow from a benign but misguided application of child protection principles in the adult context. It stresses the importance of professional and public education. Hopefully, it will stimulate a thorough assessment of the way in which Canadians view and treat the growing numbers of fellow citizens who are done with toiling and have a moral right to enjoy the fruits of their labour free of violence and the nefarious activities of various human predators.

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March 1990

PREFACE

In 1988 the federal government announced the allocation of 40 million dollars to be spent over four years to help address the problem of family violence and as a direct result of this initiative the present study on elder mistreatment has become a reality. In supporting this research the government has sent a strong message of commitment to the quality of life of older Canadians; a quality of life that would ensure the physical, material and psychological security and comfort of older adults whether they are essentially self-caring or dependent to varying degrees on the care of others.

The most significant characteristic of this study is that the data obtained reflect the actual feeling and attitudes of older Canadians, their lived experiences, rather than the perceptions of professionals and service providers who may come in contact with them. Thus there is a heightened sense of poignancy in the respondents' self-expressed images of guilt, valuelessness and diminished self-esteem.

The survey questionnaire was subjected to rigorous review by Canadian and American researchers and experts in the field of elder abuse. Meetings were held in five regional areas with representatives of seniors' groups and organizations with the intent to apprise older adults of the survey, to provide them with an opportunity to express any concerns about the study, to react to the wording of the questionnaire and to seek their cooperation in disseminating information about the survey at the local level. This process encouraged an international perspective which ultimately enriched the survey instrument.

Media attention to the study generated a surprising number of self-reported cases by seniors who wrote to describe incidents of mistreatment. This strengthens the hypotheses that older persons are willing to disclose situations of conflict and oppression and, with evidence of societal interest and concern, will seek and accept help. Examples of such correspondence include the following: An elderly resident of western Canada started his letter by saying, "*please forgive my wishing to add my name to a list of mistreated seniors - financially so.*" Another letter, after describing a frightening scenario which included several types of mistreatment, ended by saying, "*How many of us, do you think, find that a handfull of pills might be the answer - ?*" The letter was signed: "*an elderly failure.*"

Appreciation is expressed to the many who were involved in this study: most especially to the survey respondents who, through the interview process, shared their personal pain and suffering. Their honesty and courage will lead us to new insights and knowledge in the understanding of elder mistreatment and, it is hoped, will result in applying this research to practice and policy.

Elizabeth Podnieks
Toronto,
March 1990

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The cooperation and support of many people made this study possible and special words of appreciation are extended to all those who were involved.

The help and assistance of Health and Welfare Canada is testimony to the responsiveness and commitment of the department's Family Violence Prevention Division to preventing elder abuse.

The wholehearted and enthusiastic support of *Maurice Miron* in the development and implementation of this study can never be sufficiently acknowledged. He brought to it a special sensitivity and perspective highly valued by the research team. His unfailing encouragement and continuing expressions of confidence will always be remembered.

This project could not have been completed without the generous assistance of *Diets Habets*, *Anthony Wagemakers* and the Director of the Family Violence Prevention Division, *Elaine Scott*. They are acknowledged with warmest thanks.

The federal Justice Department was very helpful in reviewing questions pertaining to crime and material exploitation.

Dr. Susan Frankel, of the Family Research Laboratory, University of New Hampshire, provided invaluable assistance at all stages of the work, from survey design to data analysis and writing.

Appreciation is also expressed to the follow up people for their advice and encouragement during the course of the study: *Catherine Arlein*, *Adrienne Goulet*, *Robert Guerrierre* and *Susanne Williams*. *Susan Thomas's* vision was instrumental in identifying the need for this study over three years ago.

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EXECUTIVE SUMMARY

The study sought to identify, for the first time in Canada at a national level, the prevalence and circumstances of abuse of the elderly in Canada. It focused on those seniors living in private dwellings, who account for more than 90% of all seniors in the country.

Four major categories of abuse were defined and studied: material abuse, chronic verbal aggression, physical violence, and neglect.

A questionnaire was designed and pre-tested. Data were collected through a modified random-sample telephone survey of 2008 elderly persons living in private dwellings. Findings from a sample of this size are considered accurate plus or minus one-and-a-half percentage points 19 times out of 20.

Using specific criteria developed to define and measure the four abuse categories, the study found that about 40 persons per 1000 elderly population in private dwellings have recently experienced some serious form of maltreatment in their own home, at the hands of a partner, relative or other close contact. Given the nearly 2.5 million elderly Canadians living in private dwellings, the findings suggest that about 100 000 elderly persons in the country may have recently suffered from one or more forms of abuse or neglect.

The prevalence rates in the five regions covered in the study ranged from a low of 30 per 1000 in the Prairies, to a high of about 53 per 1000 in British Columbia. Material abuse accounted for more than one-half of the cases, while chronic verbal aggression accounted for about another one-third.

Risk factors differed significantly among victims of the four forms of abuse. Victims of material abuse and neglect tend to be similar in certain basic characteristics: both are more likely to be widowed and living alone, and report that they have no one to help them in the event of illness or disability. Victims of verbal aggression and physical violence, on the other hand, tended to be married to and living with their abuser. The findings also suggest that verbal abuse may be an indicator of additional, more serious forms of abuse.

Although not categorized as "abuse", for the purposes of the study, two variables related to crime by strangers were included. About 6% of the sample, or about 60 persons per 1000 elderly living in private dwellings, reported that money or property had been stolen from them by a stranger since they had turned 65. Nearly 20% of respondents reported being at least somewhat fearful of being out alone in their neighbourhood.

The study concludes that the problem of elder abuse in Canada is of significant magnitude to warrant increased attention by policy makers, social service and legal system representatives and researchers. Recommendations are presented for consideration under four areas: education; new services; examination of future legislation needs; and research.

I INTRODUCTION

Canada's society is an aging one. One in ten Canadians is currently over the age of 65. Over the next 30 years, the population of seniors will more than double.

As this century draws to a close, positive images of aging abound: older Canadians are more articulate, active and independent as they move from the employment arena to retirement and voluntarism with relative ease. On average, they are more secure and affluent, and better housed, than any previous generation of seniors. Most are healthy and have secure relationships within a family and community context. They usually have access to needed services and resources, and collectively enjoy considerable political power and influence.

Although these are reassuring and optimistic facts about our older population, the quality of life of the victims of abuse identified in this study cannot be forgotten. Indeed, it would be naive to assume that all older adults were well and safe within their living environments.

The topic of elder abuse and neglect has recently moved into public awareness but the extent and nature of the problem remains shrouded in misunderstanding. The majority of Canadians who enjoy safe, secure and harmonious lives are unable to comprehend that family violence could exist. The victims, unfortunately, are unable to envisage a life without the continued fear of mistreatment at the hands of someone they know or love.

Over the past few years there has been much speculation about elder abuse, with some fairly extreme and unsupported statements made about the subject. In the midst of discussions and controversies about elder abuse, many persons professionally and personally concerned about the elderly find themselves confused about the issue. *How much elder abuse is there? What are its causes? Who is most likely to be affected?*

Such questions have been difficult to answer because very little was known about maltreatment of the aged. One common refrain in virtually every report on elder abuse is the lack of firm findings on the prevalence of the problem and on risk factors for maltreatment. The writers of review articles have frequently cited the conceptual and methodological weaknesses of most of the existing studies. It was the goal of the present study to overcome some of these limitations, by conducting a large-scale national survey of Canada's elderly, using the most comprehensive, consistent and relevant criteria and definitions of abuse possible.

This chapter begins with a discussion of definitional problems, and a review of the definitions used in this study. Next, previous research on the prevalence of elder abuse and on risk factors for maltreatment is discussed, providing a context for the findings of the present study.

Definitional Problems

It is difficult to employ existing research efforts to develop a meaningful definition of elder abuse. The primary difficulty results from the poor definition of "elder abuse". Researchers have varied widely in the way they have defined the term, frequently using confusing and unclear definitions. Many researchers refer to the entire range of problems the elderly can experience as "abuse", including lack of proper housing, untreated medical conditions, and lack of social services. Most of the studies are further weakened by their

undifferentiated treatment of various types of abuse and neglect. That is, all types of mistreatment are lumped together, despite evidence that the forms of abuse and neglect differ substantially (Wolfe and Pillemer 1989; Pedrick-Cornell and Gelles 1982).

- [This definitional confusion makes results from various studies nearly impossible to compare. Examples of the definitional difficulty can be seen by examining three recent studies. In a study of abusive and non-abusive relationships, Phillips (1983) used the following 10 dimensions to define abuse: physical abuse, physical neglect, emotional abuse, emotional neglect, emotional deprivation, sexual exploitation and assault, verbal assault, medical neglect, material abuse, neglect of the environment and violation of rights. In contrast, Bristowe and Collins (1989) used only four categories of maltreatment: passive neglect, active neglect, physical abuse, and verbal abuse. Similarly, Finkelhor and Pillemer (1988) focused on three forms of abuse: physical abuse, psychological abuse and neglect.

In general, there are few similarities and many differences among studies of elder abuse. First, financial exploitation has been included in several studies, and excluded from others.

Second, behaviours that constitute psychological abuse differ among studies. For example, repeated insults and threats have been classified as psychological abuse, verbal abuse, and as verbal assault. Finally, it is difficult to know how some researchers differentiate abuse from neglect, but some researchers distinguish types of neglect (e.g., active versus passive, or physical versus emotional), whereas others maintain neglect as a single category. As these examples indicate, the lack of uniformity and agreement makes it difficult to compare and analyze research findings. (See Johnson (1986) for an extensive review of definitional issues.)

Definitions for the Present Study

Since there is no consensus as to how elder abuse should be properly defined, researchers can only attempt to develop clear and meaningful definitions for the particular study. To develop such operational definitions, previous studies were reviewed and the more frequently cited aspects of maltreatment identified.

First, all discussions of elder abuse include some aspect or dimension of *physical violence*. There seems to be consensus among researchers and practitioners that physical assault against an elder constitutes abusive behaviour.

Second, most of the research literature includes a category of *psychological or emotional abuse*. Although these terms are often vaguely defined, psychological abuse must be included in any definition of elder mistreatment. In this study, for reasons discussed later, the more precise action *chronic verbal aggression* is used instead of psychological abuse.

Third, *material abuse* is widely used, and involves situations in which an elder's property or financial resources have been stolen or misused.

Finally, the category of *neglect* appears in many studies, although there is not full agreement on how to define it. There appears to be general agreement that the intentional failure of a clearly designated caregiver to meet the needs of an elder constitutes neglect. Fulmer and Ashley (1986), however, point out the difficulties in the differentiating between the presence or absence of this form of maltreatment.

Based on this literature and a recent study by Finkelhor and Pillemer (1988), four types of maltreatment were identified for this study that could be clearly defined and acquired in a telephone survey: *physical violence, chronic verbal aggression, material abuse* and *neglect*.

Review of the Literature

The contribution of research to the knowledge of elder abuse in Canada has been an important one. In 1982, a paper by a Dalhousie Law School student titled "Elder Abuse in Nova Scotia" (Filbee 1981), made its way into the House of Commons where members reacted with shock and disbelief. The paper contained American data but also included anecdotal examples of elder abuse within the province. Feelings of concern and uneasiness were generated as people wondered if the violence described in the paper was endemic to the entire country.

Shortly after this, the Manitoba Association on Gerontology and the Manitoba Council on Aging released their document *Protection of the Elderly: A Study of Elder Abuse* (Shell 1982). A "snowball" sampling technique was utilized to interview 105 professionals in an effort to determine if elder abuse was a problem in Manitoba. The study revealed 540 incidents of mistreatment experienced by 402 different victims (i.e., some victims suffered two or more types of abuse). The incidence of the various forms of abuse among victims was: financial abuse (40%), psychological abuse (37%) and physical abuse (22%). The typical victim lived with a family member and was between the ages of 80 and 84 years old. The perpetrator, who was typically over 60 years of age, was usually a close family member, i.e., a son (24%), a daughter (21%), or a husband (16%).

From the findings of this study, Shell (1982) generalizes that about 2% of the 18 000 persons receiving care from informal care providers or home agencies are experiencing abuse of some kind at the hands of their caregivers. The author identifies the principal limitation of the study as the inability to generalize because of the small sample size and the non-representative sampling approach.

In 1981, Belanger conducted a study for l'Association Québécoise de Gérontologie which involved interviewing 440 human service workers in Montreal about their awareness of incidents of elder abuse. Results of the findings indicated that 55% of those surveyed by mail had first-hand experience with victims of psychological abuse, 25% with violation of rights, 27% with poor environmental conditions, 24% with material abuse cases and 21% with physical elder abuse cases. There was a 32% response rate. As with other studies, Belanger's findings are based exclusively on respondents' recall and have the same limitation as previous studies, that is, the inability to generalize from the data.

Another early study, also done in Manitoba, screened patients 60 years of age and older who were admitted to the hospital for signs of physical abuse and neglect (Block et al. 1984). Twenty-five patients were identified as likely having been abused, and later nineteen cases were confirmed. Since there were no data on the size of the hospital or on patient turnover, and since the study represented a small, non-representative sample, it was impossible for the authors to generalize their findings.

In 1985, Stevenson conducted a study for the Alberta Senior Citizens Bureau which involved a mailed questionnaire to 422 human service professionals. Methodological problems resulted in incomplete data regarding the 498 cases of elder abuse revealed in the study. Although incomplete, the identified cases included 144 cases of financial abuse (40%), 112 cases of emotional abuse (31%) and 108 cases of physical abuse (30%).

A study was completed in Ontario by the Ministry of Community and Social Services (Standing Committee on Social Development 1985). There were 14 526 questionnaires mailed to service providers throughout the province. The final response rate was 7.6%. Despite this overall low response rate, data obtained from three high-response groups were significant — health units (99% returned questionnaires), Ontario Provincial Police (O.P.P.)(89%), and the Family Service Association (50%). These organizations had

collectively experienced 213 cases of elder abuse. Only 5% of the health respondents were unaware of elder abuse. Surprisingly, 59% of the O.P.P. respondents were unaware. Health respondents had most contact with abuse (73%) and O.P.P. the least (20%).

In "Family Mediated Abuse of Non-Institutionalized Frail Elderly Men and Women Living in British Columbia," Bristowe (1987) compared families delivering appropriate care to frail elderly relatives and families where abusive situations existed. Researchers gathered information on 66 incidents in urban, suburban and rural central and northern areas of the province. Abuse was suspected in 29 cases. Physical or verbal abuse was reported more often than neglect. The combined sample of 66 care recipients was almost three times more likely to be women than men. Their average age was 80.3 years, with ages ranging from 60 to 98. The average age of the caregiver was 59.9 years, with ages ranging from 24 to 89. More women than men were caregivers. Reporters of abuse were most often women; their ages ranged from 24 to 75 years, and averaged 41 years.

The largest significant difference between appropriate and abusive family situations occurred in the alcohol-use patterns of the caregivers. Incident reports from the abused care recipients were significantly more likely to obtain reporters' commentaries and explanations than were the appropriate care forms. Care recipients who were abused suffered significantly more from depression than did their counterparts in appropriate care settings.

The pattern of the male abuser/female victim is significant, indicating that when physical abuse occurs, it is more likely to be suffered at the hands of male caregivers. Although these 66 cases cannot represent the full magnitude of the problem of elder abuse in B.C., they do illustrate its dimensions and the settings in which it occurs.

A recent study, *Models of Intervention for the Guardianship and the Protection of Elderly Persons in Canada* (Poirier 1988), is a statistical analysis of the changes in Canadian legislation related to this problem and concentrates particularly on the New Brunswick *Family Services Act 1982*. The second part of the same study is a systematic analysis of 30 cases of economic exploitation of elder persons. The analysis concludes that the elderly are not exercising their rights, and that in most cases it is a member of the immediate family who exploits them. The third part of the study details the results of a thorough examination of 25 legal cases, including court decisions involving complaints laid by elderly persons since 1982. The researchers pay particular attention to evaluating the way the courts have defined these cases, studying the judgments and seeking common characteristics among the victims.

The Poirier study indicates that the New Brunswick Act gives social workers much greater powers than those given to police officers under the *Criminal Code*. It questions why social workers persuade old people to drop legal action that would be to their advantage. The study argues that it appears that some social workers may put pressure on the elderly or intimidate them into dropping charges (Poirier 1988).

The Report of the Committee on Abuse of the Elderly, entitled *Growing Old . . . and Remaining Free* was published in late 1989. This committee was given the mandate by the Minister of Health and Social Services (Quebec) to study abuse of the elderly in Quebec. The report examines some of the situations of elderly people showing how age and socio-economic conditions can make them vulnerable to mistreatment. There are also accounts by elderly persons in which they describe their lives within either the community or some form of shared accommodation. In this way the committee was able to study situations of abuse in terms of the various ways in which elderly people live. An important part of the process was the consultation of numerous groups of elderly people, those working in the field, associations of establishments and several experts (Report of the Committee on Abuse of the Elderly 1989). The main thrust of this report was to

access information from those who are concerned about abuse of the elderly and have practical ideas, based on their experience, about the situation and recommendations for appropriate intervention. The report concludes with a plan for the promotion and enhancement of the rights of older adults.

These and other studies have provided much valuable information about elder maltreatment in Canada. However, such studies suffer from methodological weaknesses, which affect the confidence that can be placed in their findings. Three of these shortcomings are particularly important:

1. The studies are based primarily on cases uncovered through survey of community professionals—public health nurses, social workers, legal aid lawyers, and others. These are cases that have come to public attention in one way or another. It is known from other studies of family violence using non-clinical populations that only a small minority of such abuse comes to public attention and that these cases are not necessarily representative of the problem at large.
2. Similarly, in most cases, the research data on elder abuse have not come directly from victims, but instead from professionals and outside observers. Such second-hand knowledge may distort the actual dynamics in the abuse situation, by failing to present the problems and their effects as they are perceived by the actual participants.
3. Crucial data about situations of abuse have been missed, because studies have relied heavily on reports from professionals. Community professionals, in general, do not collect data useful to researchers and policy makers. Thus, previous research has failed to obtain detailed information about family history, attitudes, consequences of abuse, and other issues.

Due to such shortcomings, these studies have not provided conclusive data that could answer two of the most important public policy questions about elder abuse and neglect. First: *Is the problem of elder abuse of sufficient magnitude to warrant large-scale public concern, including more drastic measures such as mandatory reporting laws and protective services?* Second: *What are the characteristics of family situations where the elderly are most vulnerable to abuse?* In order to plan and implement intervention programs, policy makers and service providers must learn more about the nature of the demographic, social, ethnic, and economic characteristics of families where elderly abuse is most likely to occur.

The Value of this Study

It is anticipated that this study will be of great value to policy makers, service providers and seniors. If families are to be encouraged to take greater responsibilities for the care of the elderly, including taking them into their homes, then there must be better information about the kinds of stresses and conflicts these arrangements produce. Service providers must have good information about how often and where these arrangements are likely to break down and endanger the physical and emotional well-being of the elderly. By uncovering risk factors for elder abuse, the study will point the way for new and more effective intervention strategies for victims and their families. In addition, the study's attention to the consequences of maltreatment and to specific service needs of victims will provide information to guide funding and service allocation decisions.

The results of the study are expected to be of direct benefit to Canadian seniors and their families as well. Elder abuse, like other forms of family violence, has long been a hidden problem, one that families have been coping with in silence and isolation for many years. When such family problems become a subject of more general public recognition and discussion, many families experience great relief. Through such a public focus,

victims are able to learn about sources of help and support, and become more willing to accept assistance in resolving the abuse. The amount of informal case-reporting increases dramatically, as friends, neighbours and other community members become more sensitized to the issue. The results of the first national study in Canada are certain to focus public attention on the problem.

II OBJECTIVES OF THE STUDY

The objectives of the study were to identify, for the first time in Canada at a national level, the prevalence and the circumstances of abuse of the elderly in Canada. It focused on those elderly (defined as age 65 and over) in Canada living in private dwellings, who represent about 91% of all elderly in Canada. It sought to examine factors contributing to conflict within the family, and the means by which individuals resolve or cope with conflict. In particular, it sought to examine in detail what researchers and caregivers have identified as the four major areas or categories of abuse:

- material abuse
- chronic verbal aggression
- physical violence
- neglect

The statistically-reliable data provided by the study can help answer important public policy questions about elder abuse, including:

- What is the extent of elder abuse in Canada?
- What forms does abuse take?
- Who is most likely to be affected?
- What are the risk factors or characteristics of family situations in which the elderly are vulnerable to abuse?
- How do people cope with abusive situations?
- What services do victims use or need?

III METHODOLOGY

This chapter provides a summary of the main elements of the study's methodology: the survey instrument and approach; measurement of abuse; measurement of other key variables; the survey sample; and data collection.

Survey Instrument and Approach

A survey instrument, or (questionnaire) was designed and pre-tested. Data were collected in the spring of 1989 through a modified (random-sample telephone survey of 2008 elderly persons living in private dwellings). This included a full range of household arrangements, such as seniors living alone, with spouses and/or other family members, or with non-family persons. Aggregate findings from a sample of this size are considered accurate within a range of plus or minus one-and-a-half percentage points, 19 times out of 20.

The sample size provided statistically-reliable data on overall prevalence rates of abuse in each of the following regions of Canada: British Columbia; the Prairies; Ontario; Quebec; and the Atlantic provinces. (These regions account for more than 99% of all elderly Canadians living in private households.) Regional data were weighted in compiling national data, to reflect the true population proportion of each region.

Measurement of Abuse

The study focused on four types of serious abuse and maltreatment: physical abuse, neglect, psychological abuse, and financial exploitation.

Physical abuse was measured using a modified form of the (*Conflict Tactics (CT) Scale*) an instrument that has been used in many studies of family violence. The items on the scale encompass a range of violent behaviours, from being pushed, grabbed or shoved, to being assaulted with a knife or gun. Respondents were asked if, since turning 65, anyone known to them had taken any of these actions towards them. They were questioned regarding such actions by their spouse, one co-resident child, or one other member of their social network.

Neglect was measured using a section of the *Older Americans Resources and Services (OARS)* instrument concerned with activities of daily living. The instrument was augmented to ascertain whether needed help had ever been withheld from the respondent. The activities of daily living include meal preparation, housework, and shopping, as well as personal care activities such as dressing and toilet functions. For the study, neglect was defined to be those cases in which a designated caregiver had not met the elderly person's needs between two and ten times in the past year.

Psychological abuse is a particularly difficult concept to measure. The review of the literature indicated, however, that one of the major manifestations of psychological abuse appears to be repeated insults and threats. For this study, the scope of psychological abuse was restricted to such behaviours, and was termed "chronic verbal aggression." Persons who had been insulted, sworn at, or threatened ten times or more in the previous year were measured as victims in this category.

To measure financial exploitation, or "material abuse," respondents were asked whether, at any time since they turned 65, anyone they know had taken any one of six actions toward them:

- *tried to persuade you to give them money*
- *tried to cheat or trick you into giving them money*
- *tried to persuade you to relinquish control over your finances*

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- *tried to influence you to change your will*
 - *tried to make you give up something of value*
 - *tried to persuade you to sign over your house to them*

It is important to note two limitations of the study's definitions of abuse. First, neither *self-neglect* nor *self-abuse* were addressed in the study. There is no consensus on the definition of these categories, and there is debate among researchers over whether these actions constitute abuse at all. Second, elderly persons living in institutions, such as hospitals and nursing homes, are not included in the survey. (These account for less than 10% of all elderly Canadians.) A much different methodology than the one used in the present study would be required to obtain reliable, national data on abuse of the elderly in institutions.

The present study, however, provides a baseline understanding of the prevalence and circumstances of elder abuse in Canada, against which to measure more focused or targeted research in specific geographic areas and population sub-groups.

Measurements of Other Key Variables

To help answer the major research questions, a number of variables were included in the questionnaire:

- **Demographics:** age, gender, marital status, race, ethnic background primary language, education, employment status.
- **Physical Health and Functional Status:** ratings of own health, ability to see and hear, disabilities, frequency of visits to hospitals and physicians.

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- **Mental Health:** measures include a modified version of the Lipman-Derogatis depression scale (Derogatis et al. 1971), which consists of ten items that measure depressive affect during the past week; in addition, respondents were asked to rate their overall happiness at the present time, and whether they had ever wished their life would end.
 - **Conflict:** a *Conflict Tactics (CT) Scale* was administered regarding the respondent's spouse and one child; the scale asks about frequency of arguments over ten major areas, including money, chores and drinking.

In addition, those respondents who reported abuse or neglect were asked questions about:

- **characteristics of the abuse situation**
- **characteristics of the abuser, including physical and mental health status, dependency on the victim, history of alcohol and drug abuse**
- **consequences of abuse:** victims were asked about what actions they have taken as a result of abuse, such as calling the police and telling a friend; they were also asked about injuries and any emotional problems they have suffered as a result of the abuse
- **service needs:** respondents were asked about services they are currently using, as well as those they feel would be useful to them in helping resolve family problems

Survey Instrument and Administration

A questionnaire was developed by the study team for use in a national telephone survey. The questionnaire was pre-tested using 50 respondents in English and 50 in French. Minor revisions were made as a result of the pre-test, and a final set of pre-test interviews were conducted, using 25 respondents in each language.

A telephone methodology was chosen for two reasons. First, the costs of locating and conducting in-person interviews with 2000 elderly persons are prohibitive. (A national survey of this size can only be done at a realistic cost through telephone interviews.) The vast experience using the telephone for surveys relating to sensitive matters indicates no major drawbacks to this method.) Most of the elderly in Canada live in private dwellings, own telephones and are comfortable using them. Second, (researchers on sensitive topics have found that many persons are actually more willing to discuss personal issues on the telephone than in-person.) The telephone appears to provide a sense of anonymity that a face-to-face interview does not.

All interviewers participated in a full-day orientation session to acquaint them with the goals of the project and to discuss the particular information, sensitivities and approaches needed to conduct successful interviews. A group of seniors from across the country also participated in the orientation session to help sensitize interviewers to potential issues and problems that could arise during the interviews. Role-playing of interviews of people in abusive situations was one of the training strategies employed. Fluently bilingual interviewers were used for interviews in Quebec and other francophone areas of the country.

Steps were also taken to ensure the confidentiality of the interviews. Respondents were not asked to give their names or location. No identifying data were kept with the completed questionnaires and each questionnaire was assigned a number. All questionnaires were kept in a secure location at all times, accessible only to senior research staff.

Survey Sample

The sample size for the study, about 2000 persons, is large enough to allow findings to be generalized to the Canadian elderly population with a high degree of confidence. As well, the sample size allows for reliable estimates to be made of overall abuse prevalence rates in each of five major regions of the country: British Columbia; the Prairies; Ontario; Quebec; and the Atlantic provinces.

The sample was generated through a modified random-digit procedure that has been applied in many national telephone surveys. Telephone numbers were drawn from listings in directories. The number 1 was added to the last digit of the telephone number to account for new and unlisted numbers. The sample was stratified by province; that is, the number of telephone numbers chosen for each region was based on that region's share of the total Canadian population.

(Response rate of the survey was high (about 85 to 90%), and compared very favourably with previous large-scale telephone surveys.)

Data Analysis

Findings from the survey are presented in two ways. First, frequencies on basic variables are presented. These are transformed into prevalence rates, which provide estimates of how many elderly persons are affected in a particular category. The rates are usually expressed as a rate per 1000 elderly persons living in private dwellings. Second, cross-tabulations are used to identify risk factors, and to provide profiles of abuse victims and the circumstances of their maltreatment. Multivariate analysis of data has not been used, due to the highly skewed nature of the abuse variables.

IV SURVEY SAMPLE CHARACTERISTICS

To assist in the interpretation of findings, it is helpful to review the social, demographic and health characteristics of the survey respondents. It is also important to compare the survey sample with the general Canadian elderly population, where possible, to ensure that the sample is representative.

Socio-Demographic Characteristics

Table 1 summarizes the key socio-demographic characteristics of the survey sample of approximately 2000 elderly Canadians, and compares these characteristics to those of the general elderly population living in private dwellings. In general, the survey sample was representative of the Canadian elderly population living in private dwellings.

Respondents in the survey ranged from 65 to 100 years of age, with an average age of 73. About 66% of the sample was between the ages of 65 and 74. In the general elderly population, about 65% of seniors are in this age category.

The sample was predominantly female, with 67% women and 33% men, compared to the general elderly population rates of 57% and 43%. Slightly more than one-half of the sample group was married; about 39% of the respondents were widowed and the remainder were either divorced or separated, or had never married.

A high proportion of the respondents, nearly three in four, owned their own home. Few of the respondents were currently employed, though about 84% had previously held jobs for pay. About three-fifths of those in the survey had incomes of less than \$20,000. About one in three had completed high school, and nearly one in ten had completed at least one university degree.

Table 1
Socio-demographic Characteristics
of Survey Respondents Compared with
Total Canadian Elderly Population

Characteristics	Percent of Survey Respondents	Percent of Canadian Elderly Population (≥ 65)
Age¹		
65 - 74	66	65
75 and over	34	35
Marital Status²		
Married	52	57
Widowed	39	31
Divorced/Separated	5	4
Never Married	5	7
Country of Birth³		
Canada	80	73
Elsewhere	20	27
Education⁴		
Grade school or less	34	46
Some high school	28	24
High school diploma	30	22
University degree or more	8	8
Sex⁵		
Male	33	43
Female	67	57
Living Arrangements⁶		
Owens home	73	64
Rents	25	36
Lives rent-free	2	N/A
Employment Status⁷		
Employed	6	9
Unemployed	94	91

Table 1 (cont'd)
Socio-demographic Characteristics
of Survey Respondents Compared with
Total Canadian Elderly Population

Characteristics	Percent of Survey Respondents	Percent of Canadian Elderly Population (≥ 65)
If Not Working — Ever Held a Job for Pay		
Yes	84	N/A
No	16	N/A
Religious Affiliation⁸		
Roman Catholic	36	38
Protestant	58	48
Jewish	1	2
None	3	3
Other	2	5
Language⁹		
English	73	66
French	21	20
Both English and French	2	9
Other	4	5
Family Income (more/less than \$20,000)		
More	38	N/A
Less	62	N/A
Income from OAS		
No	5	N/A
Yes	95	N/A
Income from GIS		
No	63	N/A
Yes	37	N/A
Income from Canada Pension Plan		
No	17	N/A
Yes	83	N/A

-
1. Population and Dwelling Characteristics, "Age, Sex and Marital Status." *The Nation, Census 1986*. Statistics Canada (Cat. No. 93-106). Percentage is based on total population of people 65 years of age or older who live in private households in Canada (2 456 700).
 2. Population and Dwelling Characteristics, "Age, Sex and Marital Status." *The Nation, Census 1986*. Statistics Canada (Cat. No. 93-101). Percentage is based on total population of people 65 years of age or older who live in private households in Canada (2 495 160).
 3. "Profile of the Immigrant Population." *Dimensions, Census 1986*. Statistics Canada (Cat. No. 93-155). Percentage is based on total population of people 65 years of age or older in Canada (2 495 160).
 4. Population and Dwelling Characteristics, "Schooling and Major Field of Study." *The Nation, Census 1986*. Statistics Canada (Cat. No. 93-110). Percentage is based on total population of people 65 years of age or older in Canada (2 495 160). High School Diploma includes trade certificates or diploma and other non-university education.
 5. Population and Dwelling Characteristics, "Schooling and Major Field of Study." *The Nation, Census 1986*. Statistics Canada (Cat. No. 93-106). Percentage is based on total population of people 65 years of age or older who live in private households in Canada (2 456 700).
 6. Population and Dwelling Characteristics, "Dwelling and Households: Part 1." *The Nation, Census 1986*. Statistics Canada (Cat. No. 93-104). Percentage based on number of people 65 years of age or older who own private households in Canada and are considered the household maintainer (1 620 690).
 7. Population and Dwelling Characteristics, "Labour Force Activity." *The Nation, Census 1986*. Statistics Canada (Cat. No. 93-111). Percentage is based on the number of people who are 65 years of age or older in Canada (2 495 160). *Employed* represents the number of people who are 65 years of age or older and actively employed in the labour force. *Unemployed* represents the number of people who are 65 years of age or older and not actively employed in the labour force.
 8. *1981 Census of Canada, Population, Religion*. Statistics Canada (Cat. No. 92-912). Percentage is based on total population in 1981 of people 65 years of age or older in Canada (2 184 620). Religious affiliation was not a category included in the 1986 Census. *Protestant* includes Anglican, United Church, Presbyterian, Lutheran, other Methodist bodies, other Protestant, Baptist.
 9. "Dimensions." *Language Retention and Transfer, Census 1986*. Statistics Canada. Percentage is based on total population of people 65 years of age or older in Canada (2 495 160).

About 80% of the respondents were born in Canada. Of those who were not, the predominant countries of origin were England, the United States and Scotland. Nearly three in five of those sampled reported their religious affiliation as Protestant. Nearly two in five reported their affiliation as Roman Catholic.

Nearly three out of four respondents spoke English at home, and about one in five spoke French at home. Less than 5% reported that they spoke a language other than English or French at home.

Health and Functional Status

Table 2 summarizes the health and functional status characteristics of the survey sample. The data indicate that a significant proportion of those elders surveyed reported having concerns about their health. When asked to rate their health at the present time, 8% responded that it was poor, 29% fair, 44% good and 19% excellent. About 34% reported that their health had worsened in the preceding five years, while 12% said that it had improved.

About two in five respondents reported that their health conditions limit their ability to carry out activities of daily living. The percentages of respondents having difficulty or who were unable to perform activities were: 10% for shopping; 12% for routine housework; 3% for meal preparation; 2% for bathing; and about 1% for dressing and using the washroom.

Table 2
Health and Activity Levels
of Survey Respondents

Factors	Percent of Sample
Overall Health at Present Time	
Poor	8
Fair	29
Good	44
Excellent	19
Health Five Years Ago	
Worse	34
About the same	54
Better	12
Health Conditions Limiting Activities	
No	62
Yes	38
How Much Do Health Conditions Limit Activities	
Not at all	11
Somewhat	52
A great deal	37
Shopping for Groceries and Clothes	
Can do with no help	90
Can do with some help	8
Cannot do at all	2
Routine Housework	
Can do with no help	88
Can do with some help	10
Cannot do at all	2
Preparing Meals	
Can do with no help	97
Can do with some help	2
Cannot do at all	1

Table 2 (cont'd)

**Health and Activity Levels
of Survey Respondents**

Factors	Percent of Sample
Dressing/Undressing	
Can do with no help	99
Can do with some help	1
Cannot do at all	0
Bathing/Showering	
Can do with no help	98
Can do with some help	2
Cannot do at all	0
Going to the Washroom	
Can do with no help	99
Can do with some help	1
Cannot do at all	0
How Happy Respondent's Life Is These Days	
Not happy at all	2
A little unhappy	7
Fairly happy	47
Very happy	45
How Often in the Past Week the Respondent has Felt Downhearted	
Never	78
Once in awhile	22
Fairly often	4
Very often	2
How Often in the Past Week the Respondent has Felt Hopeless About the Future	
Never	84
Once in awhile	11
Fairly often	3
Very often	2

Table 2 (cont'd)

**Health and Activity Levels
of Survey Respondents**

Factors	Percent of Sample
How Often Felt Lonely in the Past Week	
Never	71
Once in awhile	18
Fairly often	6
Very often	5
How Often in the Past Week Lacked Enthusiasm	
Never	57
Once in awhile	31
Fairly often	7
Very often	5
How Often in the Past Week has Respondent Had Poor Appetite	
Never	87
Once in awhile	8
Fairly often	3
Very often	2
How Often in Past Week Felt Bored or Had Little Interest	
Never	73
Once in awhile	20
Fairly often	5
Very often	2
How Often in Past Week Had Trouble Sleeping	
Never	60
Once in awhile	21
Fairly often	12
Very often	7

Table 2 (cont'd)

**Health and Activity Levels
of Survey Respondents**

Factors	Percent of Sample
How Often In Past Week Has Respondent Cried Easily or Felt Like Crying	
Never	78
Once in awhile	16
Fairly often	4
Very often	2
How Often In Past Week Felt Low Energy or Slowed Down	
Never	51
Once in awhile	33
Fairly often	11
Very often	5
Has Respondent Ever Wished His/Her Life Would End	
No	92
Yes	8
Has Respondent Ever Considered Ending Life	
No	98
Yes	2

Despite such health problems, the morale of respondents was generally high. When asked "How happy would you say that you are these days?", most said that they were either very happy (45%) or fairly happy (47%). About 7% said they were a little unhappy, and only 2% reported that they were not happy at all. About three-quarters of the respondents said they never feel bored or have little interest in things, and about four in five said they never feel "downhearted or blue." As well, most indicated that they never had a poor appetite (87%) or had trouble sleeping (60%).

However, a small proportion of respondents did report experiencing depression. For example, 8% reported having wished that their life would end, and 2% had actually considered ending their own lives.

Social Isolation

Table 3 presents the key indicators related to the social relationships and interactions of the respondents. (Based on the survey results, Canada's elderly do not, in general, appear to be socially isolated.) About four in five respondents reported visiting or talking on the telephone with friends or relatives at least a few times a week. Only about 2.5% do so less than once a month. About three-quarters of the respondents attend a church, seniors centre or other organization once a month or more, and all but 6% said they had someone they could trust and confide in. Finally, when asked if there were someone who would help them if they became sick or disabled, 91% responded affirmatively.

Table 3
Social Isolation Indicators
of Survey Respondents

Factors	Percent of Sample
Get Together or Talk With Friends or Relatives	
Less than once a month	3
Once a month	3
Few times a month	5
Once a week	12
Few times a week	30
Every day	48
Attend Church, Senior Centre, Other Organization	
Less than once a month	26
Once a month	6
Few times a month	9
Once a week	31
Few times a week	23
Every day	5
Has Someone to Trust or Confide In	
No	6
Yes	94
Has Someone to Help if Sick or Disabled	
No	9
Yes	91

V MAJOR FINDINGS

This chapter presents the major findings of the study, under each of the four categories of maltreatment:

1. Material Abuse
2. Chronic Verbal Aggression
3. Physical Violence
4. Neglect

The discussion of each category begins with a brief description of a case of maltreatment. In order to protect the confidentiality of respondents, the cases presented are composites, but they are representative of the cases uncovered in the survey.

The prevalence rate for each category is presented, expressed in rates per 1000 elderly population living in private dwellings.

Finally, the circumstances in which abuse occurred are discussed in detail. This discussion includes consideration of risk factors of victims, such as physical and mental health factors, and measures of social support. As well, findings are presented which provide general profiles of perpetrators. In addition, findings with respect to victim action in response to the abuse are presented.

1. Material Abuse

Mr. G. is a widower in his mid-70s. He reports that his life is "not happy at all," and has wished a few times that his life would end. His nephew, who is in his 50s, has serious mental problems, and has often tried to make Mr. G. give him money. He also repeatedly tries to convince Mr. G. to change his will in his own favour. When asked if he had reported his nephew's actions to anyone else, Mr. G. replied that he had "kept it quiet," because he did not "want anyone else to know about it."

Prevalence Rates

Material abuse was the most common of the four categories of abuse covered by the study, with a prevalence rate of about 25 per 1000 elderly population in private dwellings, or about 2.5% of the sample.

The most common form of material abuse was the attempt to persuade the respondent to give money. This form accounted for more than one-half of all cases of material abuse.

Circumstances

Table 4 compares major socio-demographic and health variables of material abuse victims to those of the rest of the survey sample.

The portrait of the typical victim of material abuse is an unmarried person with health problems who is somewhat socially isolated. He or she is likely to have relatively poor morale, and is likely to report feeling depressed. On a per capita basis, women and men were about equally likely to be victims. Victims were more likely to be women (62% of the cases), but in the same general proportion as they appeared in the total sample (67%).

Table 4

**Victims of Material Abuse vs. Rest of Sample:
Comparison of Key Variables**

Factors	Victims of Material Abuse (%)	Rest of Sample (%)
Overall Health		
Poor	17	8
Fair	46	29
Good	31	45
Excellent	6	18
Health Compared to Five Years Ago		
Worse	38	35
About same	38	54
Better	24	11
Health Conditions Limiting Activities		
Yes	62	39
No	38	61
Marital Status		
Married	30	51
Widowed	55	39
Divorced/Separated	9	5
Never been married	6	5
Someone to Trust/Confide In		
Yes	86	95
No	14	5
If Sick/Disabled Someone to Help		
Yes	72	92
No	28	8
Everyday Acts — Preparing Meals		
Can do with no help	91	97
Can do with some help	7	2
Cannot do at all	2	1

Table 4 (cont'd)

**Victims of Material Abuse vs. Rest of Sample:
Comparison of Key Variables**

Factors	Victims of Material Abuse (%)	Rest of Sample (%)
Everyday Acts — Bath/Shower		
Can do with no help	94	98
Can do with some help	4	1
Cannot do at all	2	1
How Happy Is Your Life These Days		
Not happy at all	9	1
A little unhappy	25	6
Fairly happy	40	48
Very happy	26	45
Past Week — Feel Bored Have Little Interest		
Never	56	73
Once in awhile	23	20
Fairly often	15	5
Very often	6	2
Past Week — Cry Easily Feel Like Crying		
Never	53	79
Once in awhile	26	15
Fairly often	9	4
Very often	11	2
Past Week — Feel Hopeless About Future		
Never	62	85
Once in awhile	17	10
Fairly often	8	3
Very often	13	2
Past Week — Feel Downhearted/Blue		
Never	47	72
Once in awhile	34	22
Fairly often	13	4
Very often	6	2

Table 4 (cont'd)

**Victims of Material Abuse vs. Rest of Sample:
Comparison of Key Variables**

Factors	Victims of Material Abuse (%)	Rest of Sample (%)
Past week — Feel Lonely		
Never	45	72
Once in awhile	25	19
Fairly often	11	5
Very often	19	4
Ever Wished Your Life Would End		
Yes	30	8
No	70	92

Table 4 indicates that compared with the rest of the sample, victims of material abuse were:

- more likely to report their health was poor (17% compared to 8%) or only fair (46% vs. 29%).
- more likely to report that their health conditions limited their activities (62% vs. 39%)
- five times more likely to say their lives are not happy at all or a little unhappy (34% vs. 7%)
- nearly four times more likely to report that they have wished their lives would end (30% vs. 8%)

On two of the measures of social support, frequency of social contact and attending organizations, no significant differences were found between material abuse victims and the rest of the sample. However, victims were slightly less likely to have someone to trust and confide in (86% compared to 95%). Similarly, victims were less likely to have someone who would help them if they became ill (72% compared to 92%).

No significant differences were found between victims and the rest of the respondents with respect to gender, level of education, employment status, income or primary language spoken at home. Differences were found on marital status, with victims more likely to be widowed, divorced, separated or never married.

With respect to psychological well-being, victims of material abuse were much more likely to report higher levels of depression on the following items: feel bored or have little interest in things; cry easily or feel like crying; feel downhearted and blue; feel hopeless about the future; feel lonely.

The survey results also provide important information on perpetrators. One significant finding is that abusers in this category were more likely to be distant relatives or non-relatives, rather than close relatives. Approximate breakdowns of the relationships between victim and perpetrator were:

- 40% were friends, neighbours or acquaintances
- 29% were sons or daughters
- 24% more distant relatives (cousins, grandchildren, nieces, nephews)
- only one case (2%) in which a victim's spouse was the abuser
- 2 cases (4%) not known

Many of the abusers had physical or emotional problems. In about one-quarter of the cases of abuse, the respondent reported that the abuser had serious physical health problems. About one in five cases involved abusers with mental or emotional problems. About one in seven abusers was identified as having a drinking problem, and nearly one in ten, a drug problem. Finally, and in contrast to what might have been expected, only about 7% of the abusers were identified as being financially dependent on their victims.

Victim Action

Victims of material abuse rarely reported their situation to the police or any other authority. About half of the victims stated that they did not consider the case serious enough to report. About one-third considered it strictly a family matter. About 13% reported that they handled it themselves. Only about one in 25 victims reported the incident to their local police or RCMP, and only about one in 20 told some other authority. In no cases were charges laid against the abuser.

2. Chronic Verbal Aggression

Mrs. S. is in her early 70s, and has a very unhappy relationship with her husband. He has emotional problems, and has been under serious stress over the past few years. He has repeatedly insulted and sworn at her, and frequently threatens to hit her. When he has been drinking, the verbal aggression becomes even worse.

Prevalence Rates

Chronic verbal aggression was the second-most common form of maltreatment in the study, with a prevalence rate of about **14 per 1000** elderly population in private dwellings, or 1.4% of the sample.

Circumstances

Victims of chronic verbal aggression tend to be married and to be victimized by their spouse. Verbal aggression appears to take place in the context of troubled marriages. While victims have some health problems, they tend to be largely independent in activities associated with daily living. However, victims noted that the maltreatment had negative effects on their health. They also tended to be more depressed than the rest of the survey respondents. On a per capita basis, women and men were about equally likely to be victims. Victims were more likely to be women (62% of the cases), but in the same general proportion as women appeared in the total sample (67%).

Table 5 summarizes the key findings of the survey in this category and compares the characteristics of victims of chronic verbal aggression to the rest of the respondents.

Table 5**Victims of Chronic Verbal Aggression vs. Rest of Sample:
Comparison of Key Variables**

Factors	Victims of Verbal Abuse (%)	Rest of Sample (%)
Health Conditions Limit Activities		
Yes	62	39
No	38	61
Marital Status		
Married	85	50
Widowed	4	40
Divorced/Separated	0	5
Never married	11	5
Someone to Trust/Confide In		
Yes	81	95
No	19	5
How Happy Is Your Life These Days		
Not happy at all	12	2
A little unhappy	23	7
Fairly happy	46	47
Very happy	19	44
Past Week — Poor Appetite		
Never	69	87
Once in awhile	12	8
Fairly often	11	3
Very often	8	2
Past Week — Feel Downhearted/Blue		
Never	42	72
Once in awhile	42	22
Fairly often	12	4
Very often	4	2

Table 5 (cont'd)

**Victims of Chronic Verbal Aggression vs. Rest of Sample:
Comparison of Key Variables**

Factors	Victims of Verbal Abuse (%)	Rest of Sample (%)
Past Week — Feel Hopeless About Future		
Never	65	85
Once in awhile	15	11
Fairly often	19	3
Very often	0	2
Ever Wished Your Life Would End		
Yes	27	8
No	73	92
Describe Relationship Spouse/Marriage		
Never happy	5	3
Sometimes happy	50	7
Often happy	25	17
Almost always happy	20	73
Spouse Made You Feel Loved/Cared for		
Never	11	2
Rarely	17	3
Sometimes	28	10
Fairly often	22	28
Very often	22	57
Spouse Ever Criticize You		
Never	5	34
Rarely	10	29
Sometimes	20	27
Fairly often	20	7
Very often	45	3
Spouse Depends on You for Financial Support		
Not dependent	57	67
Somewhat dependent	10	21
Very dependent	33	12

Table 5 indicates that compared with the rest of the sample, victims of verbal abuse:

- were much more likely to be married (85% compared to 50%)
- were more likely to report that they have health conditions that limit their activities (62% compared to 39%)
- reported no difference in levels of independence in daily activities
- were much more likely to report that their lives are a little unhappy or not happy at all (35% compared to 9%), and more likely to report that they feel hopeless about the future fairly often or very often (19% compared to 5%)
- were more than three times as likely to report that they wished their lives would end (27% vs. 8%)

Victims of verbal aggression did not differ from the rest of the sample in their social support, as indicated by frequency and degree of participation in organizations and clubs, and in getting together with friends, relatives and acquaintances. However, victims were more likely to report that they did not have a confidant.

In terms of other key variables, victims did not differ significantly from the rest of the sample in terms of gender, employment status, income or primary language spoken.

The marital status of victims, however, did differ significantly. Victims were much more likely to be married. In all but one case, the victim was married. Of those victims who were married, all but two had been verbally abused by their spouse.

Given these data, it is not surprising that victims were much more likely than other respondents to describe their marriage as somewhat unhappy, and that their spouse rarely or never made them feel cared for. Victims also reported more frequently that their spouse tended to criticize them fairly often or very often (65% compared to 10%). As well, the victims were more likely to have spouses who were somewhat or very dependent on them for financial support (43% compared to 33%).

Stress appears to be a dominant characteristic of the abuser. Nearly one-half of abusive spouses were described as being under a great deal of stress in the past year, compared to less than 20% of the spouses of the rest of the respondents. More than one-third of abusive spouses were reported to have emotional problems, and about one in seven were reported to have a drinking problem, compared to rates of about only 3% and 2%, respectively, of the spouses of the rest of the sample.

More than one-half of the victims stated that verbal incidents happened less often than in the past and that the incidents were less severe. However, 28% reported that the incidents occurred more often than in the past. In only one case was it necessary for the respondent to find another place to live.

Most victims also reported that the verbal incidents had an effect on their health. More than one-half of the victims reported that their health was a little worse as a result of the incidents. Nearly one in ten reported that their health was much worse as a result.

A high number of victims tended to blame themselves for the incidents. About 30% felt it was their own fault that the abuser mistreated them, and more than one-quarter stated that their relative felt he or she had hurt them in the past. More than one-half of the victims believed that the relative who had abused them felt that the victim had deserved the maltreatment.

3. Physical Violence

Mrs. R. has been married for 27 years. Her marital relationship has never been smooth, but conflicts had remained on the verbal level. In the past few years, however, her husband has shown signs of depression, or possibly dementia. His drinking, once under control, has become worse. He has pushed her and hit her several times in the past year, and recently threatened her with a knife. She has had him hospitalized once in the past. She will not call the police to assist her when he becomes violent, because she says "this is a family matter."

Prevalence Rates

The study found that physical violence affects about 5 per 1000 elderly persons in private dwellings, or about 0.5% of the sample.

Circumstances

In general, the cases uncovered in the study included severe physical violence:

- in four-fifths of the cases, the abuser had thrown things at the victim
- in nearly three-quarters of the cases, the victim had been pushed, grabbed or shoved
- in nearly two-thirds of the cases, victims had been slapped or hit with an object
- in more than one-third of the cases, victims had been threatened with a knife or gun during the past year

Table 6 compares key variables among victims of physical violence and the rest of the sample.

Consistent with previous research, the study found no relationship between being a victim of physical violence and various indicators of health and functional status. That is, victims of physical violence were not more likely to report that their health was poor, or that they had difficulty performing everyday activities.

Physical abuse victims were more likely to report that they had no one to trust and confide in, though they were not more likely to be socially isolated on other variables.

Two socio-demographic variables were statistically significant. Victims were more likely to be married (91% compared to 50% for the rest of the sample), and more likely to be male (64% to 33%). As well, a majority of the abusers were the spouses of the victims.

Given that all but one of the physical abuse victims were married and that, in most cases, the abuser was the spouse, it is appropriate to examine some of the variables that dealt with marital satisfaction. As Table 6 indicates, victims were much more likely to report that their relationships were "never happy" or "sometimes happy" (78% compared to 10%), and that their spouses "never" or "rarely" made them feel loved or cared for (33% compared to 5%). They were also much more likely to report that their spouses criticized them "fairly often" or "very often" (58% compared to 10%). Thus, physical abuse appears to frequently occur in the context of considerable marital conflict and dissatisfaction.

Table 6

**Victims of Physical Violence vs. Rest of Sample:
Comparison of Key Variables**

Factors	Victims of Physical Violence (%)	Rest of Sample (%)
Marital Status		
Married	91	50
Widowed	0	40
Divorced/Separated	0	5
Never married	9	5
Someone to Trust/Confide in		
Yes	73	95
No	27	5
How Happy Is Your Life These Days		
Not at all happy	27	2
A little happy	18	7
Fairly happy	27	47
Very happy	27	44
Past Week — Lack Enthusiasm		
Never	37	59
Once in awhile	27	30
Fairly often	9	7
Very often	27	3
Past Week — Feel Bored/Show Little Interest		
Never	30	73
Once in awhile	40	20
Fairly often	20	5
Very often	10	2
Past Week — Feel Downhearted/Blue		
Never	36	72
Once in awhile	36	22
Fairly often	18	4
Very often	9	2

Table 6 (cont'd)

**Victims of Physical Violence vs. Rest of Sample:
Comparison of Key Variables**

Factors	Victims of Physical Violence (%)	Rest of Sample (%)
Past Week Feel — Hopeless About Future		
Never	55	85
Once in awhile	27	10
Fairly often	18	3
Very often	0	2
Ever Wished Your Life Would End		
Yes	27	8
No	73	92
Describe Relationship Spouse/ Marriage		
Never happy	11	3
Sometimes happy	67	7
Often happy	11	17
Almost always happy	11	73
Spouse Made You Feel Loved/ Cared for		
Never	22	2
Rarely	11	3
Sometimes	33	10
Fairly often	22	28
Very often	11	57
Spouse Ever Criticize You		
Never	11	34
Rarely	0	29
Sometimes	11	27
Fairly often	2	7
Very often	56	3

Table 6 (cont'd)

**Victims of Physical Violence vs. Rest of Sample:
Comparison of Key Variables**

Factors	Victims of Physical Violence (%)	Rest of Sample (%)
Spouse Depends on You for Financial Support		
Not dependent	30	67
Somewhat dependent	20	21
Very dependent	50	12
Sex		
Male	64	33
Female	36	67

A majority of physically abusive spouses was described as having a range of physical and emotional problems. Compared to spouses of non-victims of physical violence, physically-abusive spouses were reported to:

- have serious problems with their physical health (70% compared to 33%)
- have been under serious stress during the previous year (56% compared to 18%)
- have mental or emotional problems (56% compared to 3%)
- be very or somewhat dependent on their spouses for financial support (70% compared to 32%)

As in the case of victims of material abuse, physically abused elders were more likely to report lower morale than non-victims of material abuse. They were more likely to describe their lives as "not at all happy" or "a little happy" (45% compared to 9%). On factors related to depression, victims were more likely to have lacked enthusiasm, felt bored or have little interest in things, felt downhearted or blue, and felt hopeless. In addition, they were more than three times as likely as non-victims to have ever wished that their lives would end.

A majority of victims also suffered physical injuries as a result of the violence, and nearly one-half of the victims reported that their health had been made at least a little worse off by the abuse. More than one-quarter of the victims received medical attention for injuries such as bruises, scrapes, cuts and broken bones. About one-quarter reported having problems sleeping because of the violence, and about one-fifth reported that the violence had affected their eating habits.

As with chronic verbal aggression, many victims of physical violence tend to blame themselves. About one in five felt it was their fault, and nearly two-thirds stated that their relative felt he or she deserved the maltreatment. When asked why the abuser was violent towards them, about one-half of the victims cited the abuser's abuse of alcohol as a major factor.

Victim Action

As noted above, about one in four victims of physical violence sought medical attention for the effects of the abuse. Victims were asked what other things they had done when a person had become violent towards them. The most common action was to leave the room or house (about three-quarters of the victims). Slightly more than one-half had told a

relative or friend, and nearly two in five had told someone else. About one in four had reported the incident to the police, with the goal of removing the abuser from the home. In one case, charges were laid against the abuser.

Of those who did not report the incidents to the police, the reasons given were that it was a family matter, or that the respondent did not consider it serious enough to do so.

4. Neglect

Mrs. V., 80 years old, is in poor health. She is dependent on her daughter to help her with shopping and everyday housework. Her daughter has begun to have problems with her own health and has had several operations. In her daughter's absence, Mrs. V. has had no one to help her.

Prevalence Rates

Neglect was the least common form of maltreatment in the study, with a prevalence rate of about 4 per 1000 elderly persons in private dwellings, or about 0.4% of the survey sample.

Circumstances

Findings in this category of abuse need to be interpreted with caution, given the small number of cases identified, and the difficulties in differentiating the presence or absence of this form of maltreatment. It is possible, for example, that elderly persons could experience neglect in ways other than those covered by the OARS instrument.

However, with these caveats, it is still useful to consider patterns and characteristics common to elderly neglect victims and their situations.

First, shopping, meal preparation and housework were the most common activities in which assistance was withheld. All but one of the victims were female. Abusers included both family members (spouse, daughter and daughter-in-law) and non-family caregivers. Table 7 compares victims of neglect to the rest of the sample on a range of key variables. On socio-demographic variables, no significant differences were found between the two groups. In terms of marital status, about 62% of the victims were widowed and 38%

married. As well, no significant differences were found between victims and the rest of the sample on variables related to social support measures. People in both groups generally reported having someone to trust and confide in. However, when asked if there were someone to provide care if the respondent was sick or disabled, one-half of the neglect victims said no, compared to less than 10% of the rest of the sample.

One striking difference among the two groups is that victims were much more physically impaired and functionally dependent than the general elderly population. Victims were much more likely to report that their health was poor (50% compared to 8%). In addition, all neglect victims reported that they had health conditions which limited their activities, compared to about 39% of the rest of the sample. Neglect victims needed more help than the rest of the respondents in carrying out activities of daily living. For example, all of the victims reported that they needed help with routine housework, while more than 86% of the overall sample reported that they could do the tasks without assistance.

In conjunction with poor health, victims also tended to have low morale. They reported more frequently that they lack enthusiasm "fairly often" or "once in a while" (about 75% compared to about 40% for the rest of the sample). Victims also reported more frequently that they have trouble sleeping "fairly often" or "very often" (about seven in eight, compared to less than one in five for the rest of the sample), and that they cry easily or feel like crying "fairly often" or "very often" (37% compared to 6%).

Finally, victims of neglect are much more likely than the rest of the sample to have ever wished that their lives would end (38% compared to 8%).

Table 7

**Victims of Neglect vs. Rest of Sample:
Comparison of Key Variables**

Factors	Victims of Neglect (%)	Rest of Sample (%)
Overall Health — Present Time		
Poor	50	8
Fair	25	30
Good	25	45
Excellent	0	17
Health Conditions/Limit Activities		
Yes	100	39
No	0	61
If Sick/Disabled Someone to Help		
Yes	50	91
No	50	9
Everyday Acts — Shopping/Grocery/Clothes		
Can do with no help	38	91
Can do with some help	62	7
Cannot do at all	0	2
Everyday Acts — Routine Housework		
Can do with no help	0	87
Can do with some help	75	11
Cannot do at all	25	2
Everyday Acts — Dressing/Undressing		
Can do with no help	88	99
Can do with some help	12	1
Cannot do at all	0	0

Table 7 (cont'd)

**Victims of Neglect vs. Rest of Sample:
Comparison of Key Variables**

Factors	Victims of Neglect (%)	Rest of Sample (%)
Everyday Acts — Bath/Shower		
Can do with no help	75	98
Can do with some help	25	1
Cannot do at all	0	1
Past Week — Lack Enthusiasm		
Never	25	59
Once in awhile	38	30
Fairly often	37	7
Very often	0	4
Past Week — Trouble Sleeping		
Never	0	59
Once in awhile	13	22
Fairly often	25	12
Very often	62	7
Past Week — Feel Like Crying/ Cry Easily		
Never	38	78
Once in awhile	25	16
Fairly often	25	4
Very often	12	2
Past Week — Feel Hopeless About Future		
Never	38	85
Once in awhile	50	10
Fairly often	12	3
Very often	0	2
Ever Wished Your Life Would End		
Yes	38	8
No	62	92

VI SUMMARY AND ANALYSIS OF MAJOR FINDINGS

This chapter summarizes the major findings of the study, under three areas:

1. Prevalence Rates
2. Risk Factors
3. Victim Action and Support Services

1. Prevalence Rates

National Projections

Table 8 summarizes the national prevalence rates in the study for each of the four categories of abuse. The rates are expressed as rates per 1000 elderly population living in private dwellings. Using these rates and 1986 Census figures on the number of elderly persons living in private dwellings, estimates are provided of the total number of elderly Canadians who may suffer from one or more forms of maltreatment.

Using the criteria developed to define and measure the four categories, the study found that about 40 persons per 1000 elderly population in private dwellings have recently experienced some form of maltreatment. Given the nearly 2.5 million elderly Canadians living in private dwellings, there may be about 98 000 elderly persons who have recently suffered from one or more forms of abuse or neglect.

Material abuse accounted for the highest number of cases — more than 50% of all cases. Chronic verbal aggression accounted for about another one-third.

Table 8
Summary of Prevalence Rates of
Elder Abuse In Canada

Form of Abuse	Rate per 1000 Elderly In Private Dwellings	Estimated Number of Victims across Canada
Material abuse	25	60 000
Chronic verbal aggression	14	34 000
Physical violence	5	12 000
Neglect	4	10 000
TOTAL (at least one form)	40	98 000
Multiple abuse	8	19 000

Multiple Abuse Victims

Nearly 19% of victims, or an estimated 19 000 elderly persons, are victims of more than one form of maltreatment. Most of these cases involved two forms of abuse. However, about 3% of the victims were victims of three forms of maltreatment (material, physical and verbal abuse).

Verbal abuse was involved in every case of multiple abuse. More than one-half of the verbally abused victims were also victims of other forms of maltreatment. All victims of physical abuse were also victims of verbal abuse. In about 10% of material abuse cases, victims had experienced verbal abuse as well.

Regional Prevalence Rates

The sample size of the survey provides for statistically-reliable estimates of prevalence rates for all categories of abuse in the five regions included in the study. These regional rates ranged from a low of 30 per 1000 elderly in private dwellings in the Prairies, to a high of about 53 per 1000 in British Columbia. The rates in the other regions were clustered around the national average of 40 per 1000.

The prevalence rates per 1000 elderly persons in private dwellings in each of the regions were:

- British Columbia: 53
- Prairies: 30
- Ontario: 40
- Quebec: 40
- Atlantic: 38

2. Risk Factors

A major objective of the study was to identify the risk factors, or characteristics, associated with maltreatment of the elderly. The previous chapter discussed the risk factors associated with individual categories of abuse. However, to obtain an overall perspective of elder abuse, it is also important to compare how risk factors may vary among categories of abuse, and to understand how victims of any form of abuse differ from the vast majority of those who are not victims.

The following two tables summarize the study's findings with respect to key variables for each form of maltreatment, for all victims, and for all non-victims. Table 9 highlights major socio-demographic characteristics. Table 10 highlights mental and physical health factors.

Socio-Demographic Factors

Gender:

Based on the findings of the study, it appears that gender is not a risk factor associated with elder abuse. In absolute terms, cases of abuse with female victims outnumber those with male victims in a ratio of about 5:3. However, on a per capita basis, the rates of victimization for elderly men and women are more nearly equal. The ratio of men and women in the victims group is very close to the ratio in the non-victims group. This pattern holds for all forms of maltreatment, with the exception of physical abuse, in which more men than women were victims. (However, one should be cautious in interpreting this finding with respect to physical violence, given the limited number of physical violence cases uncovered, and the fact that the study did not attempt to measure possible differences in the severity of the violence among male versus female victims.)

Table 9

**Summary: Socio-demographic Characteristics
of Respondents, by Victim Types**

Factors	Percent of Victims and Non-victims					
	Material Abuse	Verbal Aggression	Physical Violence	Neglect	All Victims	Non-Victims
Gender						
Male	38	39	64	13	38	39
Female	62	61	36	87	62	67
Marital Status						
Married	31	85	91	38	45	51
Widowed	54	4	0	62	41	40
Divorced/ separated	10	0	0	0	6	4
Never married	4	11	9	0	8	5
Living Arrangements						
Lives alone	58	8	0	38	44	39
With spouse	31	69	73	12	38	45
With only child	8	4	0	13	6	7
With spouse and child	0	11	18	25	6	5
Other	4	8	9	12	6	4

Table 10

Summary: Mental and Physical Health Characteristics of Respondents, by Victim Type

Factors	Percent of Victims and Non-victims					
	Material Abuse	Verbal Aggression	Physical Violence	Neglect	All Victims	Non-Victims
Overall Health						
Poor	16	15	18	50	18	8
Fair	47	31	36	25	40	29
Good	31	39	36	25	34	45
Excellent	6	15	9	0	8	18
Health Conditions Limiting Activities						
Yes	63	62	55	100	63	39
No	37	38	45	0	37	61
Someone to Trust/ Confide In						
Yes	86	81	73	88	86	95
No	14	19	27	12	14	5
If Sick/Disabled Someone to Help						
Yes	71	80	91	50	72	92
No	29	20	9	50	28	8
How Happy Your Life Is These Days						
Not happy at all	10	12	27	0	9	1
A little happy	23	23	18	13	21	6
Fairly happy	40	46	27	50	43	48
Very happy	27	19	27	37	27	45
Past Week — Feel Hopeless About the Future						
Never	62	65	55	38	61	85
Once in awhile	17	39	27	50	20	10
Fairly often	8	19	18	12	10	3
Very often	13	0	0	0	9	2
Ever Wished Your Life Would End						
Yes	29	27	27	38	29	7
No	71	73	73	62	71	93

Marital Status:

In general, victims and non-victims had similar patterns of marital status. For example, 51% of non-victims were married, and 40% widowed, compared to 45% and 41%, respectively for all victims. However, marital status does appear to be a factor associated with both verbal aggression and physical violence, in which 85% and 91%, respectively, of the victims were married. As well, victims of material abuse and neglect were more likely to be widowed.

Living Arrangements:

In general, the patterns of living arrangements among non-victims and all victims was similar. About 39% of non-victims, for example, lived alone, compared to about 44% of all victims. About 45% of non-victims lived with their spouse, versus 38% for all victims.

However, there were significant differences among victims of the four forms of maltreatment. Victims of material abuse were more likely to live alone. In contrast, victims of both verbal aggression and physical violence were more likely to be living with their spouse, or with a spouse and child. Interestingly, the proportion of victims of neglect living alone was about the same as for non-victims. However, neglect victims were more likely than non-victims to live with a child only, or with their spouse and child.

Mental and Physical Health Factors

All forms of maltreatment appear to have serious consequences for the well-being of victims. Compared with non-victims, victims of all forms of maltreatment were more likely to report that their lives were unhappy, and that they have wished their lives would end. They were also more likely to report that they have health conditions that limit activities, and to be more socially isolated than non-victims.

Overall Health:

In general, the overall health of an individual does appear to be a risk factor, particularly for some forms of maltreatment. Nearly 60% of all victims reported that their health was poor or fair, compared to about only 37% of all non-victims.

Significant differences also appear among types of abuse victims. About three in four neglect victims and nearly two-thirds of material abuse victims reported their overall health as poor or fair, compared to less than one-half of victims of verbal aggression.

Health Conditions Limiting Activities:

The presence of health conditions that limit daily activities appears to be a significant risk factor associated with elder abuse. Nearly two-thirds of all victims of maltreatment reported that their activities were limited by health conditions, compared to about only 39% of non-victims. This factor was particularly important in the cases of neglect, in which all victims reported having health conditions that limit activities.

Someone to Trust/Confide In:

Victims of maltreatment appear to be slightly more socially isolated than non-victims. About one in seven of all victims reported that they had no one to confide in, compared to only one in twenty of non-victims. The isolation appeared to be more severe for victims of both verbal aggression (one in five) and physical violence (one in four).

Help if Sick/Disabled:

The pattern of relative social isolation of victims is reinforced when considering whether the respondent had someone available to help in the event of illness or disability. More than 90% of non-victims reported that they had someone available, compared to less than three-quarters of all victims. The problem was relatively more significant for victims of material abuse and neglect.

Satisfaction with Life:

There were significant differences between non-victims and victims with respect to several variables measuring relative satisfaction with life and depression. More than 90% of non-victims, for example, reported that they were fairly happy or very happy with their lives, compared to only 70% of all victims. About 9% of all victims reported being not happy at all, compared to only 1% of non-victims. Nearly 20% of victims reported feeling hopeless about the future fairly often or very often, compared to only about 5% of non-victims. Nearly 30% of victims had wished their lives would end, compared to only about 7% of non-victims.

Again, there were different patterns among the four forms of maltreatment. Victims of physical violence reported far less satisfaction with their lives than other victims: 27% were not at all happy; nearly 20% reported feeling hopeless about the future fairly often; more than one-quarter reported that they had wished their lives would end.

Victims of neglect reported feeling hopeless about their future once in a while or fairly often at a much higher rate than victims of other forms of maltreatment. Nearly two in five neglect victims as well reported that they had wished their lives would end, a rate higher than other victims.

Summary

The findings with respect to risk factors indicate that while there are factors common to all victims, there are nevertheless substantial differences among victims of the four forms of maltreatment. For example, profiles of victims of material abuse and neglect tend to be relatively similar: both are more likely to be widowed and living alone, and report that they have no one to help them in the event of illness or disability. Victims of verbal aggression and physical violence, on the other hand, both tended to be married to and living with their abuser.

Finally, the findings suggest that verbal abuse may be an indicator of other forms of abuse. Verbal aggression has often been considered a risk factor in other domestic violence research. Many abused elderly may find it easier to report verbal abuse than other forms of maltreatment. Victims of material abuse and physical violence, for example, tended not to report the incidents to anyone, frequently saying that the incident was a family matter. Reports of verbal abuse, therefore, may be an indicator that victims have been subjected to other forms of maltreatment.

3. Victim Action and Support Services

The study also provided findings related to victim action in response to abuse, and to services for victims.

Two themes characterize the findings with respect to victim action:

- victims tended to report a high degree of self-blame for the abusive incidents
- victims were generally reluctant to report to the police or other outsiders

Victims in the study demonstrated strong feelings of guilt, self-blame and eroding self-esteem. About 30% of the victims of chronic verbal aggression and about 20% of the physical abuse victims, for example, felt it was their own fault that the abuser had mistreated them. More than one-half of the victims of both types felt that their abuser believed that the victim had deserved the maltreatment. It is interesting to note that while victims tended to report that counselling is a needed service for them, none suggested that their abusers should receive counselling.

Most abuse victims did not report their situation to a friend, relative or professional authority such as a law enforcement agency. With respect to victims of material abuse, for example, the most common form identified in the study, only about one in 25 reported the incident to their local police or RCMP, and only one in 20 told some other authority. Victims of physical violence were more likely to report the incident. Slightly more than one-half of these victims reported confiding to a relative; about one in three told a professional authority, and about one in four called the police or RCMP.

The most common reasons for not reporting the incidents of abuse were that the incident "was not serious enough" to warrant reporting, and that "it was a family matter." It is instructive to note that while victims tended to describe their maltreatment as not serious, many of the abusive incidents included what would generally be considered by society as

seriously exploitive and violent actions, such as: stealing money and property from parents; regularly using extremely abusive language to a spouse; hitting a family member with an object; and threatening a relative with a gun.

Clearly, the need to save face, to not admit to one's vulnerability, and to not betray a loved one are all persuasive motivations for older persons. The degree of victim self-blame and the reluctance to admit that abuse has taken place suggest the need to empower older adults and enhance their feelings of self-worth.

Based on the limited data available, all of those victims who did call the police did so in order to remove the abuser from the home. About three-quarters of these victims said they were "somewhat satisfied" or "very satisfied" with the police.

With respect to support services in the community, a majority of victims were aware of public legal services available to them. About two-thirds reported that they were "somewhat aware" or "very aware" of such services, while one-third reported that they were "not very aware." Victims also reported that the following services would be helpful to them in their particular circumstances:

- individual counselling (21% of victims)
- self-help groups for victims (18%)
- emergency shelters (12%)
- household help (5%)
- medical help (1%)
- English language assistance (1%)

VII CRIME AND THE ELDERLY

The main purpose of the present study was to explore the issue of elder abuse and neglect at the hands of family members and other intimates. In addition to such data, however, questions were also included regarding the experience of crime. Since crime is an issue of major concern to the elderly, it is appropriate to briefly report on these findings here.

Two variables were included in the study related to crime by strangers. Respondents were asked:

- if a stranger had ever stolen money or property from them, and, if so, when it had occurred; and
- about their fear of crime

Fear of crime was measured by the question: "How safe would you feel being out alone in your neighbourhood at night?" Much more, of course, could be asked regarding crime. Since this was not the primary purpose of the survey, however, it was decided to only explore the crime issue, and thereby to point the way for future studies on this topic.

In all, about 6% of the sample reported that money or property had been stolen from them by a stranger since they turned 65. Nearly 20% of the sample reported being at least somewhat fearful of being out alone in their neighbourhood. In this section, we examine some of the factors that lead to both crime victimization and fear of crime among Canada's elderly.

Crime Victimization

While those respondents who have had money or property stolen from them by a stranger report poorer health than those who have not been victimized, this is not a statistically significant relationship. There is not much difference in reported health between victims and non-victims.

The social support systems of victims and non-victims also does not significantly differ. Victims are as likely as non-victims to be involved in community organizations, get together with friends and relatives as often, have someone to trust in and take care of them.

The ability of respondents to perform daily activities does not differ according to victimization experience. Victims are as likely or unlikely to be able to shop, do routine housework, prepare meals, and dress as are non-victims.

Crime victims were, however, slightly more likely to report symptoms of psychological distress than non-victims. Those who have had money or property stolen report having more trouble sleeping than those not victimized. They were also more likely to report that they had a lack of energy, to feel hopeless about the future, to feel lonely.

Interestingly, none of the socio-demographic variables were significantly related to crime victimization. Thus, men and women were equally likely to be victimized, as were individuals at different income levels, educational backgrounds, ages, and religious backgrounds.

Fear of Crime

How a person perceives their physical health is related to how fearful they are of crime, with persons who report that their health is fair or poor also reporting greater fear of crime.

No statistically significant relationship was found between amount of social contact or organization membership and fear of crime. Whether or not an elderly person has someone to help them and friends or relatives to take care of them, however, is significantly related to their fear of crime. The more available care was to the elderly person, the less fear of crime they reported.

Associated with physical health and overall vulnerability, ability to perform everyday tasks of daily living was related to fear of crime. The more the person was able to do for him or herself, the less fearful of crime they reported being. It is probable that persons who are unable to perform these tasks feel more vulnerable and thus more fearful of becoming a victim of crime.

Mental health and happiness was also found to be related to fear of crime. Those reporting that they felt unsafe in their neighbourhood were less likely to describe their lives as happy. Respondents expressing a greater fear of crime were more likely than those not expressing fear to have trouble sleeping, to feel bored, to lack enthusiasm, to cry easily, to feel downhearted, to feel lonely, to have low energy, and to feel hopeless about the future.

As may be expected, females are more fearful of crime than males. While 24% of females do not feel safe in their neighbourhood at night, only 9% of males report the same feeling; 62% of males feel very safe compared to 38% of females. Females may feel more vulnerable to attack because of perceived physical weakness and because they, unlike males, are vulnerable to rape and other sexual assault.

There is no significant relationship between employment status and fear of crime. Education was related to fear of crime yet not with an apparent pattern. Those with university degrees were least fearful, yet those with post-secondary or some college were most fearful. Age was related in a similar fashion. Those 85-89 were most fearful while those 65-69 and 90 and over were least fearful. The youngest age category may be least fearful because they suffer the least physical vulnerability due to age. The oldest age category may be in structured housing and thus feel safe or they may go out less often.

Income is significantly related to fear of crime. Those reporting an income less than \$20,000 feel more unsafe in their neighbourhood at night than do those with an income more than \$20,000. Elderly persons with lower incomes are likely to live in or near lower income housing and perceive the likelihood of victimization to be greater.

The widowed and separated report higher fear of crime than do those married or divorced. Seventeen percent of separated and 12% of widowed elderly feel very unsafe going out in their neighbourhood at night compared with 6% of married respondents and 8% of divorced.

VIII CONCLUSIONS AND RECOMMENDATIONS

The findings of the study provide policy makers, service providers and seniors themselves with the first accurate reading of the prevalence and circumstances of elder abuse in Canada. By improving understanding of who the victims are, what factors put them at risk to abuse, who their perpetrators are, and what, if any, services they can call upon, the study's findings can guide the development of new and more effective policies and programs to prevent abuse from occurring and to respond to the needs of elderly persons when abuse does occur.

Conclusions

The major conclusion of the study is that the vast majority of Canada's elderly, about 96%, have *not* experienced any of the forms of maltreatment studied. Indeed, more than 90% of those surveyed reported that they are fairly happy or very happy, and have someone they can trust.

However, it is equally true that the findings of the study confirm that the problem of elder abuse is of significant magnitude in Canada to warrant increased attention by policy makers, social service and legal system representatives and researchers. Given the strict criteria of the study's definitions of abuse and neglect, the survey found that about 4% of respondents had experienced one or more of the four forms of maltreatment. This means that, based on a total elderly population in private dwellings of nearly 2.5 million, about 98 000 elderly persons have experienced some form of abuse or neglect.

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Three other major conclusions follow from the study's findings.

- **Prevalence rates are likely understated in the study.**

The study's estimates of prevalence rates should probably be considered the minimum level of actual abuse of the elderly that is occurring in Canada. First, the study's findings are based on relatively strict criteria of what constitutes abuse. The data do not include incidents of abuse below the definitional thresholds, but which may well be both serious and the early stages of more serious abuse.

Second, the study's findings are based on what victims themselves admitted to the interviewer. Despite the relative merits of the telephone survey method, including its anonymity, it seems reasonable to assume that some respondents did not report incidents of abuse, or under-reported their frequency. For example, the survey failed to uncover a significant amount of neglect of older persons. This could be the result of limitations to the study's methodology. Many victims of neglect may be confined to their rooms without access to telephones, or be isolated in some other manner.

Finally, there are other forms of maltreatment outside the bounds of the study. For example, the study found that about 4% of elderly Canadians who have grandchildren have been denied access to see their grandchildren at least once since turning 65. Whether this denial of access is a form of maltreatment itself, or rather an indicator of psychological abuse or other family conflict, remains to be addressed in further research. The point, however, is clear: there are forms of maltreatment other than the four strictly defined categories of the study.

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- **Different kinds of abuse call for different prevention and intervention strategies.**

The study demonstrated that while there are similarities among victims of the four forms of abuse and neglect, there are significant differences as well. The profiles of victims of verbal and physical abuse are similar, whereas victims of neglect and material abuse differ substantially. All forms of maltreatment appear to have serious consequences for the well-being of victims. Different forms of maltreatment call for different prevention and intervention strategies.

- **The findings are consistent with previous international research on elder abuse.**

The findings of this study are consistent with the limited previous international research on this scale. Perhaps the most comparable study is one on the prevalence and circumstances of elder abuse in the Greater Boston area completed in 1987 (Finkelhor and Pillemer 1988). The Boston study found rates of elder abuse similar to those found in the present study, though the two studies used slightly different definitions of abuse. The incidence of physical abuse, however, is substantially lower in the present study compared to the Boston study, a finding consistent with the fact that violence rates in Canada are generally lower than in the United States.

Recommendations

The study's findings have implications for action on the part of policy makers, researchers, service providers and elderly persons and their organizations in four key areas: education, new services, examination of future legislation needs and future research.

Following are major recommendations for action in each of these areas, based on the findings of the study:

1. Education

The first step in responding to the problem of elder abuse is increasing awareness of the problem among all segments of society, and providing policy makers, service professionals, caregivers and elderly persons themselves with the knowledge and skills to promote appropriate prevention and intervention programs.

- ***Build awareness among the elderly of risk factors and support services.***

Increased attention should be given to ensuring that seniors are aware of the risk factors associated with abuse and neglect, such as the risks inherent in entrusting their financial affairs to someone else, even a family member. A critical need is to promote increased awareness among seniors of their legal rights and of available services within the community, such as legal, financial and social support services, including a better understanding of how to access these services. Seniors associations could play an extremely valuable role in disseminating information on risk factors and available support services.

-
- ***Broaden public awareness of the needs of seniors.***

As the population ages, there is an increasing need to build public awareness of and sensitivity to dealing with the needs of elderly people in general, and, more specifically, dealing with the problem of maltreatment of elderly persons. Public awareness can be achieved on a number of fronts: promotion of existing services within the community; provincial and national awareness campaigns; attention to the issue at all levels of education curricula, from primary schools to graduate professional schools.

- ***Target special educational programs to key occupations.***

People who work in a number of professions and occupational positions are in a position to encounter elderly persons at risk of abuse and neglect. These groups include: the police, lawyers, bank employees, financial planners, and clergy. Increased attention should be paid to providing these groups with information on risk factors and services within the community.

Of particular concern are the law enforcement system, and the financial planning and legal communities. The majority of abuse cases uncovered in the study consist of criminal acts, and are therefore covered by the *Criminal Code*. Victims in general were reluctant to report incidents to the police, partly because they viewed the incidents as family matters, and in some cases because there was the perception that the police would do little about the problem. Persons within the law enforcement system should be trained to recognize and respond quickly and sensitively to incidents of elder abuse, and be aware of the agencies in the community which serve seniors, to try and remove any stigma or fear of approaching the police.

Some communities have created task forces of service providers and other concerned individuals in an attempt to promote greater awareness of and sensitivity to the needs of abused and neglected seniors. Law enforcement personnel have been active participants in these task forces. The experiences of these groups, and of several innovative community policing projects (see, for example, Diamond 1988), should be closely monitored and the results publicized and shared among all law enforcement agencies in Canada.

Material abuse is more likely to affect isolated elderly persons. Increased prevention efforts for this form of abuse could include the provision of information and referral services related to financial planning and legal services, as well as training for those providing these services to elderly persons. For example, lawyers who draw up power-of-attorney papers and who assist the elderly in making out wills and transferring property must be sensitive to the potential for financial abuse by family members and others known to the elderly person. Bank tellers and loan managers need to be aware of risk factors of abuse in situations in which a third party is cashing cheques for an elderly person or has power-of-attorney for an elderly person.

2. New services

In addition to indicating the need for increased education and public awareness efforts, the study also suggests that attention be given to providing more support services for at-risk seniors. Respondents identified several important services that would be of direct and immediate assistance in responding to elder abuse in Canada.

- *Increase attention to services that can help prevent elder abuse.*

The primary goal must be to prevent elder abuse from occurring in the first place. A range of services can help in this task. Together with the initiatives outlined above to promote awareness of services and options among seniors and the broader public, many

services are aimed specifically at prevention. Regional geriatric centres and one-stop access programs provide assessment and services to both older adults and their families. Such services focus on relationships within the overall family and can identify and address risk factors before abuse occurs.

The study found that stress is an important element of many incidents of elder abuse. Services such as respite care, homemaker services and caregiver support groups can help people cope with the very real stresses and problems involved in their caregiving capacity, thus helping to reduce the potential for abuse.

- *Provide a wider range of support and intervention programs for seniors experiencing maltreatment.*

Most cases of physical violence and verbal aggression occurred within the context of a troubled marriage. The victim rarely sought help. Intervention programs need to be developed for elderly persons in troubled marriages and relationships and for the abusers themselves. Services targeted for the needs of seniors should include individual and marriage counselling, self-help groups for victims, and emergency shelters.

Special support services may need to be targeted for groups of seniors who may be in high-risk situations, or who have special needs. These groups include the older elderly, seniors who do not speak English or French, and immigrant women who may face cultural barriers to participation in Canadian society.

The study also found that many victims of elder abuse suffered from depression and a high degree of self-blame. Individual and group counselling services need to address this impact on a priority basis.

Housing options can play a significant role in how an abuse victim copes or responds. The importance of emergency shelters was noted above. As well, alternative living arrangements will need to be developed to reduce the rate of institutionalization of older adults who would otherwise have "nowhere else to go."

Peer counselling may be a particularly effective service for seniors at risk, helping abuse victims share their experiences, and become less isolated and more confident in their ability to respond to abusive situations. Telephone hot-lines could also be useful for providing both information on available services and crisis counselling.

- *Increase support to those services that help meet the needs of elderly victims of crime.*

The study found that a relatively high percentage of seniors have been victims of crimes by strangers. A number of services can meet the needs of this group. Victim assistance programs can promote sensitive handling of elderly victims by social agencies and criminal justice professionals. Victim compensation programs are important, as well. Neighbourhood and building watch programs, home inspection services and other initiatives are also worth evaluating.

3. Examination of Future Legislation Needs

The study has determined that the problem of elder abuse in Canada is of sufficient scope to require greater attention from policy makers, service providers and law enforcement agencies. As a result, several major issues in the area of elder abuse clearly deserve a thorough review and public discussion, to determine the need for new or modified legislative instruments.

Among the most critical issues requiring examination are:

- *Should reporting of abuse cases be made mandatory?*

Mandatory reporting, by service providers and other professionals, of incidents of elder abuse is a highly-charged issue in Canada. At least two provinces, Newfoundland and Nova Scotia, have included mandatory reporting requirements in their adult protection legislation. Others, such as Prince Edward Island, have a voluntary reporting system.

There have been strong arguments that mandatory reporting impacts the trusting relationship between client and professional, invades the privacy of the older adult, removes the individual from decisions affecting his or her own life, and increases the rate of institutionalization. It has been argued that an effective voluntary system can achieve the goals of mandatory reporting without the intrusion into a senior person's right to self-determination.

On balance, the findings of the study do not provide strong evidence of the need for imposing mandatory reporting. For example, the majority of maltreatment cases uncovered concerned material abuse. There are existing mechanisms to deal with this form of abuse, notably statutes within the *Criminal Code* and increased education and training for both seniors and those in legal and financial institutions.

- *Is there a need for stronger adult protection legislation?*

Adult protection legislation grants powers to a designated Minister to investigate the affairs of an elderly person who is believed to be in danger of abuse or neglect. Unless such powers are carefully crafted, this approach could well result in an invasion of an elderly person's privacy and a loss of self-determination.

Similarly, the issue of guardianship legislation in Canada has been open to criticism and is currently under review in a number of jurisdictions. Many statutes have tended to over-emphasize the issue of mental incapacity, without recognition of the need for the evidence of functional disability when determining competency. Thus, a person can be placed under guardianship no matter how well he or she is functioning and handling personal and financial needs.

Several factors account for the concern about guardianship. The aging population now includes larger numbers of the older elderly who are at most risk of functional and cognitive impairment. At the same time, structural changes in family life, such as fewer children, more divorces and greater mobility, have left many elderly people without family support when they are no longer able to live independently.

Review of the guardianship issue should include the development of criteria for identifying the incompetent person, the procedures for appointing guardians, and the legal and economic consequences of guardianship.

In general, there appears to be a need for greater flexibility in guardianship legislation, allowing older persons to control those areas of their lives in which they are capable of making decisions. The concept of limited or partial guardianship, for example, to be used in crises or special circumstances, is one prevention strategy that could be given greater attention (Gordon 1987). The experience of Alberta's model of guardianship (*Dependent Adult Act 1980*), based on a least restrictive philosophy, should also be reviewed.

Finally, as part of the review of overall adult protection legislation, the office and responsibilities of the Public Trustee should be reviewed and revised to better respond to the circumstances of elder abuse.

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- *Are changes needed in the present regulations governing the granting of powers-of-attorney?*

The study found that the most common form of elder abuse in Canada is material abuse and financial exploitation. While targeted education and training programs can help make seniors and those in key service professions more aware of the potential risks, it may also be appropriate to determine if changes are needed in present regulations governing the granting of powers-of-attorney. Changes could be considered to ensure tighter guarantees that the grantor understands the nature and consequences of the document, as well as to introduce other safeguards to reduce the potential for abuse.

4. Future Research

This study provides a national baseline for understanding and comparing research on more focused issues and targeted population sub-groups. However, there is much to be done in the area of additional research on the problem. The following are recommendations for future research:

- *Specific forms of abuse*

Further research is needed to better understand what constitutes specific categories of abuse and neglect, as well as the interrelationships among these categories.

Neglect, for example, is the least understood form of elder maltreatment. There appears to be general agreement that the intentional failure of a designated caregiver to meet the needs of the elderly person constitutes neglect. However, it is difficult to differentiate the presence or absence of this form of neglect.

More work is also needed to explore the study's findings that verbal abuse may be an indicator of other severe forms of maltreatment.

- ***Elder abuse in institutional settings***

The study was limited to those elderly persons living in private dwellings in Canada. Research is also needed, on a national scale, on the prevalence and circumstances of abuse of the approximately 10% of elderly persons living in institutions. Anecdotal and small-scale studies have found evidence of abuse in long-term care facilities and other institutions. Further research will require special methodologies.

- ***Abuse at the regional level and in population sub-groups***

Future research can focus on the prevalence and circumstance of abuse within specific regions and population sub-groups beyond the scope of this national study. For the first time, however, this focused research can now be compared to reliable, national-level findings.

The research likely will require specialized methodologies. Telephone surveying of the scale undertaken in this study, for example, is not feasible for research in Canada's North or among groups who do not speak English or French.

- ***Better understanding of abusers***

The study provided information on abusers: who they were and the kinds of problems they may have with their on physical and mental health. However, all of this information was provided by the victims. Much more work remains to be done to better understand the patterns and risk factors associated with abusers, including obtaining information from the abusers themselves, who may have quite different perceptions from those of the victims.

- ***Crime and the elderly***

More work is needed to explore the study's findings on the attitudes and experiences of elderly persons with respect to crime. For example, the study found that about 6% of seniors have had money or property stolen from them by a stranger since they turned 65 — a rate higher than the 4% who had experienced abuse or neglect by someone known to them. There may be opportunities for complementary action, in terms of promoting awareness among seniors and in providing support services, in dealing with both crime committed by strangers and maltreatment in a domestic situation.

- ***Evaluation of intervention programs and services***

The study provided findings on what abuse victims themselves reported wanting in terms of additional intervention programs and services. However, little research has been conducted on whether some forms of intervention are more effective than others and, indeed, whether some forms have negative consequences for victims. Existing approaches must be systematically evaluated.

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