

Running Head: RETHINKING ELDER ABUSE

Rethinking Elder Abuse: Words and Actions

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Collaborative Gerontology Program,
Through the Department of Psychology, Lakehead University

Thesis completed as a partial requirement for the Master of Arts degree in Clinical
Psychology with Specialization in Gerontology

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September 25, 2003



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Acknowledgments

The completion of this research would not have been possible without the knowledge, guidance and support of many.

I would like to thank Dr. Michael Stones for the contribution of his extensive experience, knowledge and advice to this research.

Thank you to Jean Morris, who was an extremely helpful proofreader, and to Marilyn Williams, who provided valuable resources for the literature review.

My appreciation goes to the administrators, staff, volunteers, and members of the 55+ Centre for being so enthusiastic, friendly and helpful during the data collection process.

Many thanks go to my parents and brother, whose love and support throughout my life and academic career has been priceless.

My close friends (“my peeps”), who happen to also be colleagues, provided unfailing moral support throughout the entire thesis process, and for this I will always be grateful.

Finally, I must thank my husband, Sean Vernon-Scott. He has offered to me his enduring faith and support constantly since before this research began, and continues to do so to this day. I am indebted to him for this and more.

Abstract

The main purpose of this study was to determine the quality and impact of various presentations of elder abuse information to establish the most effective ways to educate the public about elder abuse. Secondary to this purpose was to explore aspects of restorative justice interventions for elder abuse cases. The first experiment involved three pamphlets with similar content that were presented with titles reflecting different conceptual frameworks; elder abuse, conflict resolution, and empowerment. The pamphlets were simultaneously made available at a seniors centre to determine any differences in frequency of pamphlet selection. Elder abuse was the least selected pamphlet, offering empirical evidence to the claim that people avoid materials with the words elder abuse on them. The second experiment involved students reading one of 6 pamphlets with similar content but with the wording varied on two dimensions; type of conceptual framework, and tone (emotional versus neutral wording). The student participants rated the quality and impact of the information, answered items about their knowledge, beliefs and attitudes about elder abuse, and provided some basic demographic information. Elder abuse pamphlets were rated to have higher impact than other messages. It appears that although elder abuse messages have the most impact for students, the seniors are less likely to pick up educational material using this language; so alternate wordings may be the best solution to deliver the message about elder abuse to the most people.

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Rethinking Elder Abuse: Words and Actions

Definition of Elder Abuse and Neglect

Despite widespread consensus that elder abuse exists, it is notoriously difficult for stakeholders to determine a definition agreeable to all (Johnson, 1995; Lee, 1986; McDonald & Collins, 2000; Mills, Vermette, & Malley-Morrison, 1998; Payne, Berg, & Byars, 1999; Wolf, 2000). In fact, Payne, Berg, and Byars (1999) paraphrased a well-known cliché to best describe how different parties define elder abuse; “Abuse, like beauty, is in the eye of the beholder” (p.67). Stones (1995) showed that over 60 experts agreed on only three main elements of elder mistreatment; that the act is perpetrated against an older adult, that it involves harmful effects, and that it occurs in the context of a relationship connoting trust. Part of the problem lies in the fact that different professionals use different types of definitions in their work (Mills, Vermette, & Malley-Morrison, 1998; Stones, 1995). For instance, police are bound by legal definitions, nursing home personnel utilize in-house regulations to identify cases of mistreatment, researchers structure their definitions around available research tools, while advocates use what are believed to be community standards (Stones, 1995).

Some definitions are broad, and cover the many facets of elder abuse. Stones (1995) determined a definition that encompasses the areas agreed upon by experts to be “a misdemeanor against acknowledged standards by someone the senior has reason to trust” (p.114). Hudson (1991) articulated a five level taxonomy of elder abuse. The first level is violence involving older adults. The second level deals with the relationship of the older person to the perpetrator (either self-mistreatment, mistreatment by someone in a personal/social relationship or business/professional relationship with victim, or crime

by strangers). The third level involves the manner of perpetration of abuse (either commission or omission). Level four represents the motivation behind the mistreatment (either intentional or unintentional), while the fifth level denotes the type of mistreatment (physical, psychological, social, or financial). From these levels, this definition was determined:

“elder mistreatment is destructive behaviour which is directed toward an older adult, occurs within the context of a relationship denoting trust, and is of sufficient intensity and or frequency to produce harmful physical, psychological, social and/or financial effects of unnecessary suffering, injury, pain, loss, and/or violation of human rights and decreased quality of life for the older adult” (p.166).

Legislators use a different definition all together; “physical, sexual, psychological, or financial abuse of the elderly or otherwise causing the deprivation of human rights by their relatives or caregivers” (Lee, 1986, p.723). When asked for written definitions, various themes shone through the answers of nursing home directors, nursing home employees, police chiefs and criminology and sociology students. From these, Payne, Berg, and Byars (1999) came up with this broad definition “any criminal, physical, or emotional harm or unethical taking advantage that negatively affects the physical, financial, or general well being of an elderly person” (p.81).

These definitions do have many aspects in common, but the subtle differences hinder the solution of the problem of elder abuse in many respects. One major difficulty is the inability to compare studies of elder abuse, due to differing operational definitions. This impedes the progress of research. Legislators are also hampered by the lack of a

clear detailed definition, because in order to write effective adult protection laws, the phenomenon of elder abuse needs to be unambiguous and plainly understood (Metcalf, 1986). Definitions need to be consistent in order to effectively detect, intervene, treat, and prevent elder abuse (McDonald & Collins, 2000; Payne, Berg, & Byars, 1999). People's perceptions of elder abuse are also affected by the wording of elder abuse definitions; Douglass and Hickey (1983) found that when participants read the word "maltreatment" in a definition, they were more apt to view the act as passive and neglectful, rather than active and abusive. Professionals in different fields (e.g. nursing home directors and police chiefs) need to understand how other groups conceptualize abuse and the implications of this conceptual ambiguity (Payne, Berg, & Byars, 1999). If professionals cannot determine a suitable definition, how can the public be expected to have a clear conception of what elder abuse is? Public awareness is vital for accurate reporting of elder abuse, and to incite community involvement in this issue (McDonald & Collins, 2000).

One aspect that many definitions have in common is the delineation of various categories of elder abuse. Physical abuse, psychological abuse, financial abuse, sexual abuse, neglect and self-neglect are some of the categories used by researchers and professionals to define and detect different types of abuse (Comjis, Pot, Smit, Bouter, & Jonker, 1998; Johnson, 1995). McDonald and Collins (2000) define physical abuse as the use of force that may result in bodily injury, physical pain, or impairment. Some examples of this are slapping, kicking, inappropriate use of drugs or physical restraints. Psychological abuse is defined as infliction of anguish, pain or distress through verbal/non-verbal acts (e.g. verbal assaults, threats, intimidation, humiliation, harassment,

infantilizing the elder, and social isolation) (McDonald & Collins, 2000). Any act of non-consensual sexual contact of any kind with an older adult constitutes sexual abuse (McDonald & Collins, 2000). Material/financial abuse is any illegal or improper exploitation of an older person's funds, property or assets, such as coercing the elder into signing documents (e.g. a will), or the improper use of guardianship/power of attorney. Neglect is intentional or unintentional failure to provide the necessities of life (water, food, clothing, shelter, hygiene, medicine, comfort) on the part of the caregiver in whom the elder has placed his/her trust (McDonald & Collins, 2000). Self-neglect occurs when an older person threatens her/his own health and safety (but does not include mentally competent people who voluntarily decide to engage in acts that threaten their health and safety)(McDonald & Collins, 2000).

Incidence and Prevalence

Definitions are integral in determining the prevalence and incidence of the problem of elder abuse. Studies that have been conducted to establish the prevalence of elder abuse, cannot be easily compared, due to different definitions and categories used to collect the data. Wolf (2000) and McDonald & Collins (2000) highlighted the four major studies of the prevalence of elder abuse. A large study took place in Boston (Pillemer & Finkelhor, 1988), and concluded that overall, 3.2% of elders experienced some type of elder abuse. Two percent of elderly people experienced physical abuse, 1.1% suffered from verbal aggression, and 0.4% endured neglect. A Canadian study by Podnieks (1990) added the category of financial exploitation, and found that overall, 4% of elders were abused. Financial abuse made up 2.5% of this abuse, 1.4% of the abuse was verbal, while 0.5% suffered physical abuse, and 0.4% neglect. A study conducted in Finland concluded

that 5.7% of elders were abused, and that 2.5% of all elderly men, and 7% of elder women were abused (Kivela et al., 1992). A British study found that 5% of elders were recently mistreated by a close family member; 2% of this was physical abuse, while 2% was neglect (Ogg, 1993).

Experts claim that the results of these national prevalence studies cannot be compared due to differences in methodology and procedures (McDonald & Collins, 2000). However, despite different definitions, the international results of these studies were fairly consistent, with the estimate of overall prevalence ranging from 4 to 5.7%. While some find it encouraging that these studies indicate that the majority of elderly are not abused, some experts say that these numbers are conservative estimates, because no effort was made to communicate with physically or cognitively impaired elders, who could possibly be experiencing the majority of abuse, due to their disability (McDonald & Collins, 2000; Wolf, 2000). Some smaller studies have found that even when researchers attempted to capture the experiences of physically and cognitively impaired elders, there were lower response rates for older women, and those with poor health and/or cognitive problems (Bristowe & Collins, 1989). In fact, Doyle and Morrow (1985) contend that elder abuse is just as prevalent as child abuse, but it is much less likely to be reported. Although it is difficult to verify the veracity of this statement due to lack of reliable data, there are no reasons to indicate this statement is false or exaggerated.

The difficulties in determining prevalence also arise when incidence of elder abuse is questioned. Tatara (1993) estimates that 1.5 million American older adults are victims of abuse and/or neglect, but have little on which to base this estimation, due to definitional problems. Various jurisdictions have attempted to approximate incidence, but

different jurisdictions have different reporting legislation and systems, so comparison with these numbers is also difficult. However, overall, in the United States, jurisdictions have reported an increase since 1986 in the number of elder abuse cases reported, up to 290,000 in 1996 (Wolf, 2000). McDonald and Collins (2000) state that the incidence in Canada is unknown, because no major studies have ever been undertaken. Solid estimates of prevalence and incidence are key to determining the best prevention and intervention strategies for the future, especially considering the aging population of Canada which will mean that there are many more elderly people in the Canadian society in the coming years.

Other studies relating to incidence show that the problem of elder abuse is pervasive and recurring. Blakely and Dolon (1991) found that 70% of reported cases of elder abuse involved repeated incidents. This means that most reported cases are not one-time anomalies; the elders in these situations have existed in an abusive relationship for a period of time before someone reported the abuse.

Theoretical Perspectives

Many question the reasons for elder abuse and why elders will stay in abusive situations. There are a number of theoretical models that attempt to explain some aspect of elder abuse. None of these theories has strong empirical evidence, and while the theories seem logical in a vacuum, they do not function well as full explanations of this complex problem.

The situational model is the most widely accepted approach to elder abuse, as it has intuitive appeal and popular support (McDonald & Collins, 2000; McDonald, Hornick, Robertson, & Wallace, 1991). The basic premise of this theory is that as stress

associated with certain situational/structural factors increases for the abuser, the likelihood of abuse directed at the vulnerable adult (who is seen as the being the source of the stress), increases (McDonald et al, 1991). Three situational factors are incorporated into this theory; caregiver factors, elder-related factors, and socio-structural factors, none of which are mutually exclusive (McDonald et al, 1991). This model implies that mistreatment is an irrational response to stressful situations (McDonald & Collins, 2000). If one were to design interventions with this model in mind, the interventions would focus on reducing the stress of the caregiver in order to reduce abuse (McDonald & Collins, 2000). However, this model has some flaws. It fails to account for the complexity of the caregiving situation, for instance the interactions between the caregiver and the elder (Wolf, 1997). The model also cannot explain why individuals experience similar situations but respond differently (i.e. similar stressors exist for many people, but only a small percentage abuse) (McDonald et al, 1991). This model also walks the fine line of blaming the victim for the abuse; because the victim is the cause of the stress, and the caregiver abuses due to the stress, it almost blames the vulnerable adult (McDonald & Collins, 2000). Overall, the situational model is important, but insufficient to predict elder abuse and neglect, because it only explains factors after the fact. Also, like all the theoretical models of elder abuse, this model lacks empirical evidence to support it (McDonald & Collins, 2000).

Another major theory of elder abuse is the social exchange theory, which was first used as an explanation for child and spousal abuse (Wolf, 1997). This model is based on the premise of reciprocity of rewards (or benefits), and punishments (or costs) within a relationship between at least two people, and that all people seek to maximize rewards

and minimize punishments (McDonald & Collins, 2000; McDonald et al, 1991; Wolf, 1997). Different people have varying capabilities to provide services to others and varying access to resources, which makes some people more powerful than others, and others powerless (McDonald & Collins, 2000). The model assumes that as people age, they have less access to power (because they have fewer resources and they are less able to perform instrumental tasks) (McDonald et al, 1991). When individuals in a relationship contribute equally, a fair exchange results, and both parties are pleased with the relationship. However, when one person is disabled or unwilling to reciprocate, the exchange is perceived as unfair (Wolf, 1997). Abuse often occurs as a response to perceived powerlessness and unfairness. Caregivers could view the situation as unfair, because they have to provide so many rewards, while not receiving much reward in return. The relationship is costing the caregiver a lot more than it is earning the caregiver. If the caregivers do not have the ability to escape or ameliorate the situation, they can become abusive to compensate for their perceived loss of power (Wolf, 1997). This model partially explains why elders remain in abusive situations also; elders will stay in abusive relationships for only so long as the satisfaction of their needs exceeds the cost of the maltreatment (McDonald & Collins, 2000). Hence, this could explain why elders withstand repeated episodes of abuse; the importance of their needs being met by the caregiver outweighs the cost of the abuse. However, some theorists say that abuse results from the dependency of the caregiver on the elderly, because many abusers are dependent on the elderly person for finances or housing.

This model also has its flaws. The ageist assumption that people automatically become more vulnerable and powerless with age is not always valid (McDonald &

Collins, 2000). Also, directionality is not clear with this model; who is dependent upon whom for more resources, and how does this lead to abuse? In order to effectively intervene, the source of dependency must first be established (McDonald & Collins, 2000). In addition, the model is not useful to explain abuse due to personality traits or crisis situations, because it assumes that people are rational and do things in exchange for something else (McDonald et al, 1991).

The symbolic interactionist model stems from family violence literature, and focuses on the interactive processes between elderly and their caregivers (McDonald & Collins, 2000). According to this model, each person approaches an interaction with his/her own role definitions or expectations. If the actual behaviours match the roles and means assigned, the interactions will continue (Wolf, 1997). If there is a large discrepancy between expectations and actuality, conflict is more likely to arise. The caregiver's subjective perception of stress related to the dependency tasks, not the actual amount of help required, negatively affects the caregiver (McDonald & Collins, 2000; Wolf, 1997). Hence, this model emphasizes the behaviours of both the caregiver and the elderly person, and the symbolic interpretations of such behaviours (McDonald & Collins, 2000). The model is based on the different meanings people attribute to violence, and the consequences of those meanings. In this view, mistreatment is viewed as a recurring phenomenon within families, with an important aspect of a social learning/modeling perspective (McDonald & Collins, 2000). Hence, the abusive caregivers learn to be violent from witnessing/suffering violence, and victims learn to be more accepting of it (McDonald & Collins, 2000; McDonald et al, 1991). Intervention in this model would focus on changing family values and norms regarding abuse. Changing

one's interpretation of the situation would be another important aspect of intervention. Like the other theories, this model does not account for all the complexities involved; the original processes contributing to the violence/abusive situations are not well explained by this model.

Feminist models are another way of looking at the problem of elder abuse. Previous studies show that spousal abuse is a significant dimension of elder abuse, because it has been shown that some elder abuse is "spousal abuse grown old" (McDonald & Collins, 2000, p.30). Feminists claim that elder abuse is a consequence of family patriarchy, because violence is a tactic used by those who feel entitled to power, and the notion of power in families in this society is deeply gendered (Wolf, 1997). Interventions within this model vary from broad social intervention to consciousness raising and mutual problem solving (McDonald & Collins, 2000; Wolf, 1997). This model is at best a partial explanation of elder abuse because research on same-sex partner violence questions gender-based theories, and the fact that women abuse elderly men cannot be explained within this framework (McDonald & Collins, 2000).

As previously mentioned, none of these theories have any significant empirical evidence to support them, and they are all partial explanations of the problem. The best route would likely be to integrate the theoretical perspectives into a comprehensive theory of elder abuse (McDonald et al.,1991). There are a host of other theories that could be integrated into the comprehensive model, such as political economy theories, ecological models, and social gerontological theories such as intergenerational solidarity theory, continuity theory and social network theory. At this stage, a comprehensive

theory like this is a long way from reality, and will require much more thought and study than is available presently.

Characteristics of Victims and Abusers

In addition to broad theoretical models, there are certain characteristics of the stereotypical abuser and victim which help to clarify the issue of elder abuse. McDonald and colleagues (1991) reviewed the literature and found some basic characteristics of victims and abusers. The mean age of victims was 77, and 70-80% of victims are women (although there are a larger percentage of older women in this age group, which could account for part of the differential percentage of abused men and women). It was also found that at least 75% of victims have at least one major mental or physical impairment (McDonald et al., 1991). Most of the abusers were middle-aged or elderly themselves, however they were usually younger than their victim (McDonald et al., 1991). Some studies show that women are more likely to abuse than men, but this finding is not clear. Many more women than men are caregivers, so this could be why some studies found this difference. In addition, the gender of the abuser appears to affect the type of abuse; men are more likely to be physically abusive, rather than verbally abusive or neglectful (Bristowe & Collins, 1989; McDonald et al., 1991). Abusers were usually related to the victim, most often a son/daughter or spouse (Bristowe & Collins, 1989; McDonald et al., 1991). However, material abuse tended to be perpetrated more by distant relatives or non-relatives who were not caregivers (McDonald et al., 1991). In most cases, the victim resided with the abuser, who is often dependent on the victim for financial support and/or housing. Alcohol abuse was prevalent among abusers, and when alcohol use is greater,

physical and verbal abuse is more severe and frequent (Bristowe & Collins, 1989; McDonald et al., 1991).

Wolf (2000) created three distinct profiles of typical abusers and victims. The abusers were difficult to profile, since such a small number of cases reach court, and therefore, little information on perpetrators is compiled. The first profile was that which exemplified physical and psychological abuse. The abuser is more likely to have history of psychopathology, and to be dependent on the victim for money. Victims in these cases are often in poor mental health but relatively independent in the activities of daily living. Neglect cases have a different profile, in which the stress of caring for the elderly person is the main factor. The victims are more likely to be widowed, very old, cognitively and functionally impaired, with few friends or relatives for social support. In financial/material abuse cases, the perpetrator is associated with financial need and a history of substance abuse. These victims are usually widowed, lacking in social support, but functionally and cognitively intact.

Wolf (2000) also profiled three distinct types of abusers. Hostiles are the most abusive, aggressive, and outspoken. They hate authority and are angry with everyone. Authoritarians are least likely to have psychopathology, but they are quite rigid in their expectations for the elder, and are critical, impatient and unsympathetic when the elder fails to meet their expectations. Dependents are the third type, and they are financially dependent upon the elderly person they abuse.

Reporting of Elder Abuse and Neglect

Despite all the research and writing about elder abuse; how to define it, how often it occurs, who is more likely to be victims and perpetrators, and the various theories

behind it, effective interventions have been difficult to establish. Many different attempts have been made, with varying levels of success. A major issue surrounding intervention of elder abuse cases is that a large majority goes unreported either for a period of time, or forever. Douglass and Hickey (1983) found third parties were required to bring elder abuse cases to the attention of helping professionals in 70% of cases. In this respect, elder abuse is more analogous to child abuse than spousal abuse (Douglass & Hickey, 1983). Other research shows that the majority of referrals to adult protective services are from citizens, not professionals or the victims themselves (Fulmer, 1991). However, even when others report the abuse, nearly 40% of elderly individuals suspected of being abused refuse further assessment (Fulmer, 1991). When asked why, the elderly cited various reasons including embarrassment, fear of loss of autonomy, fear of retribution (Fulmer, 1991). In fact, Fulmer (1991) found that only 4.5% of cases are self-referred. Interestingly, victims were more likely to initiate contact with an agency in cases of abuse rather than neglect (Blakely & Dolon, 1991). The reasons for this are unclear, however, as indicated above. Wolf (2000) found that typical victims of neglect are cognitively and functionally impaired, very old, and have little social support, so perhaps, elders being neglected are less able to report this problem, because they do not have the ability to do so, due to impairment or lack of contact with others.

There are many hypothesized reasons for why elderly people do not report the abuse they are experiencing. Some theorize that abused elders are unlikely to seek help because they are isolated, they experience shame and feelings of powerlessness, and they often fear reprisals from their abuser (Hooyman, 1983). In addition, elders often lack information about the services available to them in these situations. This is one reason

why education and awareness is such an integral element for helping people experiencing elder abuse. In addition to the above reasons, elderly also feared being placed in an institution if they reported the abuse (Fulmer, 1991; McDonald & Collins, 2000). This is not an unfounded fear, as institutionalization is viewed as the only option in some cases.

There are a number of weaknesses in present elder abuse interventions. For instance, in many jurisdictions, little exists outside of institutionalization for extreme cases of abuse. There are issues at various stages of intervention. Professionals (e.g. physicians) are conflicted about reporting suspected elder abuse, because they are bound to confidentiality, and the present laws do not always provide adequate protection for breaching that confidentiality (Metcalf, 1986). The ethical dilemma is made more difficult when tangible proof may be difficult to obtain, and the client often denies any wrongdoing (Wolf, 2000). Professionals must also realize that competent elders (those who can make their own decisions) have the right to self-determination; if they choose to stay in an abusive situation, they can, despite risks to their safety (Wolf, 2000). Also, if mandatory reporting becomes the law for doctors and other professionals, elders may be deterred from getting treatment, and therefore suffer further due to untreated physical and emotional problems (Metcalf, 1986).

Intervention

Community agencies also face difficulties in effective intervention due to fragmented human services systems, because unlike child abuse, elder abuse is most often not overseen by one particular agency. Resistance or reluctance of victims to accept services, and a shortage of trained staff to effectively deal with the cases, are other barriers to effective intervention (Wolf & Pillemer, 1994). Various agencies that work

with older people in different facets also experience difficulty working together (e.g. cross-referring) because there is limited training in different problem areas, insufficient trust about how different agencies will contend with the problem, differing agency philosophies and fears of eroding client rapport and confidentiality (Anetzberger et al., 2000). These intra-agency and inter-agency issues create the situation of an uncoordinated service delivery system that provides limited concrete services and lack the resources needed, such as temporary shelters (analogous to shelters for battered women and their children), and emergency home care; therefore it is difficult to remove the abuser if he/she is the primary caregiver to the elderly victim (Weiner, 1991).

For a variety of reasons, public and professional education and awareness of elder abuse information is cited as a fundamental intervention tactic (Bristowe & Collins, 1989; Fulmer, 1991, Podnieks & Baillie, 1995). Education is so important because the lack of knowledge about services available to victims is cited as a reason for not reporting elder abuse. Although in many cases, the services available to victims are limited, the fear of the unknown prevents reporting, and therefore any access to the services that are available. If elderly people were aware of what might happen to them when they report, they may be more apt to do so. Disseminating information through formal and informal networks can help to make reporting less intimidating and therefore more apt to occur (Hooyman, 1983). Educating people that options other than pressing criminal charges against the abuser exist may also reduce some reluctance to report; Wolf (2000) found that criminal penalties do not work well, because of the reluctance on the part of the victim to press charges. She instead suggests that community interdisciplinary teams raise awareness, which may deter abuse (Wolf, 2000).

Since so many reports of elder abuse come from citizens in the community, it is important to educate everyone about this social problem. Public awareness can arouse interest in the problem and could possibly enhance the community's involvement in prevention and intervention of elder abuse (Weiner, 1991; Podnieks & Baillie, 1995). Public awareness is also helpful to garner political and economic support for elder abuse programming (Douglass & Hickey, 1983). Pamphlets, posters, lobbying activities, and launching initiatives make solving the problem of elder abuse the responsibility of everyone in society (McDonald & Collins, 2000). For example, gatekeepers (people who have regular contact with elderly and can be alert to signs and symptoms of abuse, e.g. postal carriers, bank tellers, pharmacists) could be trained to watch for situations or symptoms indicating a need for services (Weiner, 1991). In areas where gatekeepers have been trained in this way, one in five referrals come from these individuals (Hooyman, 1983).

It is also important to educate professionals so they can deal with their own fears and denial of the problem, in order to effectively identify when seniors are abused, and to constructively and supportively intervene (McDonald & Collins, 2000). Agencies that have contact with older people need to become educated on elder abuse and how to integrate their services. Anetzberger and colleagues (2000) found that when protocols were developed for referrals and intervention, screening tools were developed, and agencies understood what other agencies could do, this resulted in greater understanding and substantial willingness to collaborate with other agencies to tackle the problem of elder abuse. With many cases, victims either refuse to acknowledge that what is happening to them is elder abuse, or do not recognize themselves as abused (Gold &

Gwyther, 1989; Weiner, 1991) This causes them to refuse assistance (Weiner, 1991). In fact, only 47.5% of people accepted investigation of their cases after referral, and unless there was a clear case for legal intervention, many elders preferred to wait for the situation to resolve itself, without outside assistance (Weiner, 1991). Education on what constitutes elder abuse and what can be done about it may go a long way to detecting and treating the problem. Families and younger individuals, not only the elderly, must be educated on these issues, because workshops and other educational ventures rarely influence those elderly who are at the greatest risk in abusive situations, because these people do not identify themselves as at risk for violence (Gold & Gwyther, 1989).

Education and awareness is not only an important method to deal with existing cases of elder abuse, it is also important to prevent future cases. The American Association of Retired Persons (AARP) teaches elders to anticipate risk and prepare for aging in such ways as to minimize the likelihood of victimization (McDonald & Collins, 2000). AARP also teaches caregivers about the importance of mutual support, stress reduction and problem solving as a means to prevent elder abuse (McDonald & Collins, 2000).

There is no shortage of information directed at public awareness of elder abuse. For example, the Waterloo Region Committee on Elder Abuse (WRCEA) has created an information pamphlet directed to the public that include information about the types of elder abuse, signs and symptoms, reasons that people do not speak out about elder abuse, what can be done, where help can be found (WRCEA, 2000a). WRCEA (2000b) also published a more comprehensive booklet of guidelines for professionals (e.g. physicians) with signs of elder abuse, how to assess whether elder abuse is occurring, how to support

the abused person, document the evidence, and how to access community resources (WRCEA, 2000b). Elder abuse committees in various other cities produce similar resources. Government agencies also publish reports, research and education resources to educate the public. For example, the Mental Health Division of the National Clearinghouse on Family Violence (1994), (a department of Health Canada), published a handbook to introduce the issues of elder abuse and neglect in informal discussion groups within the workplace. These resources are publicly available on their website.

These are just a very few examples of the information available; in reality, there are countless resources available to relay the information and what can be done about elder abuse, however, this information may not be accessible, because people do not read these resources. Using the title “elder abuse” on a display or pamphlet may actually repel members of the public from reading it. The Thunder Bay District Health Unit (TBDHU) responded to a survey done by the Ontario Network for the Prevention of Elder Abuse (ONPEA), that informational displays acted as barriers because people were “reluctant to be seen looking at one” (ONPEA, 1998, p.1). The information and message cannot be relayed if people are hesitant to read or look at the resources. The image of an “elder abuser” that is commonly portrayed in the media, of physical assault of a frail older person at the hands of a younger caregiver, could be a possible reason for this aversion to the words elder abuse. While a small percentage of older Canadians do experience physical abuse of this nature, the other types of elder abuse, such as psychological abuse, neglect, and financial abuse are often not portrayed as readily, creating an unbalanced view of the realities of elder abuse.

For the information to be useful and effective and reach the older adults, their families and caregivers, the information must be presented in a way that encourages the individual to read it. To achieve this goal, the language used must not repel these people. The term elder abuse has strong connotations, possibly because in society, “child abusers” and “spouse abusers” are reviled, and their victims pitied. Elders likely do not wish to think of themselves as victims, and their caregivers would definitely not want the label of “elder abuser”. If these terms were avoided, it could be possible to educate the public more effectively about the range of damaging behaviours involved in what is known as elder abuse, (not only the physical assault) and what can be done about them, without passing judgement on those involved. This could be a more effective method for preventing, detecting and intervening into elder abuse cases.

One of the most common types of interventions for elder abuse in North America is known as Adult Protective Services (APS). These services vary by jurisdiction, and all 50 states, and 4 provinces have some version of them (McDonald & Collins, 2000). A definition of APS is

“a system of preventative, supportive and surrogate services for adults living in the community to enable them to maintain independent living to avoid abuse and exploitation” (Regan, 1983, p.279).

While these programs might sound like just what abused elders need, APS are quite controversial because they are modeled after child protection services, which creates the potential for infantilizing older adults and failing to respect their right to independence (McDonald & Collins, 2000; McDonald et al., 1991). These programs usually combine legal, health, and social services in a multidisciplinary team (McDonald & Collins, 2000).

The two main characteristics of most APS are the legal authority to make substitute decisions (e.g. if client refuses help, the legal system can authorize involuntary assistance), and coordinated delivery of services to adults at risk (Regan, 1983). APS are criticized because the resources are insufficient to deal adequately with identified cases, and the laws and legislation that define their role are vague and unclear (McDonald & Collins, 2000; McDonald et al., 1991). APS also work under contradictory philosophies when they are trying to help people (which sometimes means forcing “protection” on their clients) while simultaneously trying to respect their right to privacy and self-determination (McDonald et al., 1991).

There are other types of programs that attempt to help the abused elder. Advocacy programs acknowledge that the older person is vulnerable and in a potentially dangerous situation (McDonald & Collins, 2000). Formal advocates are paid professionals who advise clients of their rights, make clients aware of alternative services that are available, and assist the elder in carrying out the agreed upon actions (McDonald & Collins, 2000). Victims with advocates report less social isolation, feeling more connected to community services, that they achieve more goals, and are less likely to suffer further abuse (McDonald & Collins, 2000).

The integrated model is another intervention option. Multidisciplinary teams, which include such professionals as physicians, lawyers, social workers, can consult on atypical and difficult cases, resolve disputes between agencies, and provide services (e.g. legal, medical) that may be difficult to obtain otherwise (McDonald & Collins, 2000; Wolf & Pillemer, 1994).

Gold and Gwyther (1989) suggest intervention at the family, rather than individual, level. Prevention is the focus. Their hypothesis is that they can teach families to help themselves prior to the onset of violent behaviours. By identifying alternative strategies for coping with the four main sources of family conflict (finances, functional ability, social interaction, and emotional responses) it is hoped that abuse can be avoided. This type of assistance may be more palatable to victims and families, because family is typically viewed as a major source of social support. Confrontation (such as pressing criminal charges after abuse occurs) may be seen as creating a situation of helplessness or abandonment in future times of need, which may be why many cases go unreported (Gold & Gwyther, 1989).

Dealing with public policy may be an effective intervention for the long term. Callahan (1982) suggests that in order to create a sound public policy to deal with elder abuse, society must first recognize the changed age structure of society, which would lead to more public and private funding available to care for the needs of the elderly. Secondly, having a single public agency to handle the protective function for all family abuse would streamline the process and make it easier for people to know what to do when they suspect elder abuse (Callahan, 1982). Callahan (1982) even questions whether referring to violence against elderly as elder abuse is helpful, or a disservice to the victims, because passing a law and naming the problem does not solve the problem. Following this logic, if calling the phenomenon elder abuse does not help to solve the problem, rewording/renaming the problem as something else will not likely negatively effect solving the problem.

Reis and Nahmiash (1995) have developed an innovative three-tiered intervention program called Project Care. The first element to this program is the tools package used to screen for abuse in new clients and plan specific intervention strategies. Volunteer buddies make up the second part of the program. These buddies meet regularly with abused seniors and/or the abusers, in the home, in order to decrease isolation, help inform the senior of his/her rights, and assist and empower the abused person. The empowerment group is the third aspect to this program, and involves six to ten abused seniors meeting weekly with a nurse and social worker for 12 sessions as a channel to vent feelings, raise self-esteem, and provide peer support.

While this program appears to be effective, it, like most elder abuse interventions, has never been formally evaluated, so it is difficult to know what works and what does not (McDonald & Collins, 2000). The effectiveness of such common interventions as protective services, guardianship, in-home programs and shelter care is virtually unknown (Callahan, 1982). In one study that attempted to gather this type of information, Blakely and Dolon (1991) found that only 18.9% of respondents indicated that it is very often that interventions restore the safety and stability to the elder's life. Due to this lack of knowledge about effectiveness, Nahmiash and Reis (2000), set out to study the success of the empowerment model. They rated success as stopping or reducing abusive/neglectful behaviours, or solving identified problems (e.g. isolation). The model is based on empowerment theory, that helping individuals maximize confidence, skills and abilities will help people take control of their lives and make informed decisions in their best interests. This intervention entailed informing victims of their rights, helping them to identify and access medical, social service and community resources, counseling

to decrease self-blame, shame, anxiety, depression, and isolation. Abusers are given training, counseling and respite to help them cope. When evaluated, 80% of the interventions were rated as successful or partially successful. The most accepted and successful strategies included general medical, nursing, and rehabilitation strategies, abuser/caregiver strategies and concrete homemaking strategies (Nahmiash & Reis, 2000). The least successful strategies were financial and legal strategies, crime prevention and protective services. The authors claim that people may need more encouragement to utilize these services, but if they are not successful, why focus on these? Alternatives to these common interventions need to be provided, and then similarly evaluated to determine the best ways to help both the victim and the abuser.

Despite the fact that legal strategies were among the least successful, in many areas, legal action is the only option for dealing with elder abuse. There are a variety of problems with the ways that elder abuse laws are written, interpreted and enforced. For example, many of the laws are not clear enough to be useful, some laws are inherently ageist in their philosophy, and the legal consequences are often just as punishing to the victim as they are to the perpetrator.

There are a number of problems with the laws that are practical in nature. The ways in which the laws are written make it difficult to achieve a conviction in many cases, and often result in further victimization of the elder. McDonald et al. (1991) criticize the legal definitions of physical and emotional abuse as being useless, because the victims are either unable or unwilling to report the problems to the police, and police are hesitant to take these cases further even when they do get reported, because it is difficult to obtain the necessary evidence to garner a conviction. For a person to be found

guilty of criminal charges, the evidence must prove the case beyond a reasonable doubt, and in elder abuse cases, finding this type of evidence is difficult, if not impossible, because it is often the victim's word against that of the abuser (McDonald et al., 1991). When cases do come down to the word of the victim against the abuser, credibility plays a large role. Lawyers will play on the ageist assumption of judges/juries that frail victims are confused about the situation, while the abuser, often an upstanding member of society, is believed because he/she is younger, healthier, and caring for the elder (Eisenberg, 1991). A study by Wolf (2000) stated that of 328 elder abuse cases studied, only 9 took criminal action. Of the small number of cases that do make it to court and have sufficient evidence for a conviction, punishment of the perpetrator may also punish the victim, because if the abuser is the primary caregiver, and this caregiver goes to jail, the elderly person must often be institutionalized in order to be adequately taken care of (McDonald et al., 1991). In those cases that do not get a conviction, the victim could experience further abuse, because of retaliation from the accused (McDonald et al., 1991).

In the case of neglect, the law imposes a duty to provide the necessities of life to persons under one's charge if that person is unable to care for him/herself. If one fails to do so, and this behaviour endangers the life, or causes harm to, the elderly person, this is a criminal offense (McDonald et al., 1991). While it is helpful to state this in the Criminal Code, the law should also permit for entry into the home of the alleged abuse victims for the purpose of collecting evidence, because in many cases, the police cannot enter the home without the permission of the homeowner, (often the caregiver), who is often the accused. This creates a situation where evidence can often not be gathered, and therefore

convictions cannot result (McDonald et al., 1991). The way that the law presently stands, neglect is difficult to detect and substantiate, and therefore difficult for the justice system to effectively deal with (Johnson, 1995). States also vary on the matter of the elder's right to refuse investigation, with some permitting the elder the right to refuse assistance, and others allowing the use of this refusal as proof of incompetence (Lee, 1986). In general, interventions should be the least restrictive to the older persons' freedoms, but this does not always occur, partially because this concept is not well defined, and how to deal with a non-consenting adult differs by statute (Salend, Kane, Satz, & Pynoos, 1984).

In cases of financial abuse or exploitation, the laws state that theft, misuse of power of attorney, breach of trust, forgery or fraud are criminal offences, but these laws are reactive and do not prevent or detect abuse (McDonald et al., 1991). This is problematic, because often elderly are on a fixed income, and once monies are mishandled or stolen, it is difficult to recover them. Hence, like the other forms of abuse, legal interventions do not necessarily alleviate the problems caused by the abuse. Just because a perpetrator goes to prison, does not mean that the elderly person that he/she abused will have their money/property returned. If more laws were in place, for example, to monitor those who hold power of attorney or guardianship for an elderly person, e.g. reporting to a third party, auditing of financial records, then financial abuse could be prevented, instead of having to punish someone after the fact, when the elders' assets are likely unrecoverable.

When elders are asked about the laws meant to protect them, there is some disagreement between the elderly and their caregivers on the best way to treat abusers and the abused (Johnson, 1995). Elders were significantly more likely than caregivers to

indicate that elder abuse should be a misdemeanor (versus a felony) (Johnson, 1995). Elders also thought that elder abuse would be more likely to be perceived as wrong if it were against the law; interestingly, elders who were victimized by elder abuse were more willing to endorse criminalization (Johnson, 1995). Making elder abuse a crime does have its benefits; it can stop the violence and protect the victim, even if it is just for a short term, it holds the abuser accountable for his/her actions, can allow the abuser to be rehabilitated, and by making elder abuse against the law, it communicates societal values that elder abuse is wrong, and can possibly provide restitution for the victim (Wolf, 2000). The question is raised, however that how can these benefits apply if elders shy away from the justice system and avoid reporting abuse and pressing charges? Elders were actually significantly more likely to perceive social service agencies and families as the best context for dealing with elder abuse, rather than legal interventions. Caregivers, on the other hand, were more likely to identify criminal court as the best context (Johnson, 1995). Seeing as elders are in favour of laws against elder abuse, but believe that a family or social agency is the best context for treatment, perhaps a restorative justice framework (outlined below) within the legal system would be a good compromise between these two concepts. In fact, the elders and the caregivers viewed elder abuse as a crime, a social problem and a family problem, therefore, they view the problem in multiple lights, and therefore multiple solutions would be required to solve each of these aspects. Johnson (1995) calls for a need for multidisciplinary interventions, because passing laws does not solve the problem of elder abuse, because it is not merely a legal problem.

A major criticism of the legalities surrounding elder abuse is that they were conceptualized similarly to child abuse, because both child and elder abuse deal with dependent victims who are sometimes demanding, and who require care and attention (Lee, 1986; Wolf, 2000). Due to this parallelism between children and elders being abused, many states have included mandatory reporting statutes in their legislation (Lee, 1986). The purpose of these statutes is that the first step to solving the problem is identifying the victims, however these statutes have not resulted in increased reporting of elder abuse, so these laws are not having the intended effect (Lee, 1986). One problem with these statutes is that there were no preliminary studies conducted to determine if mandatory reporting laws would be effective in reducing elder abuse. Studies that have been done since the inception of these laws show that very few criminal actions are initiated under elder mistreatment reporting statutes (Daniels, Baumhover, Formby & Clark-Daniels, 1999).

Some of the mandatory reporting statutes specify that medical professionals and accountants have a duty to report suspected cases of elder abuse, but others mandate that any person in society that suspects elder abuse must report it (Lee, 1986; Salend, et al., 1984). Overgeneralizing who must report may cause the impact of the law to be diminished, because if something is everyone's duty, it can easily become no one's duty when no one is forced to take responsibility for it. In some states, it is a misdemeanor to fail to report, the sentences ranging from fines of \$25-1000 or up to six months in jail. Creating these laws without proper investigation into the consequences can be detrimental in the long term. If a breach in physician-patient confidentiality is permitted in cases of elder abuse, patients may not seek medical treatment in order to avoid having

the doctor report elder abuse suspicions. The law also puts doctors in an awkward situation, because failing to report could be against the law and grounds to be sued for negligence, but some statutes do not provide adequate protection for the person reporting the suspected abuse (Lee, 1986). Also, mandatory reporting laws for professionals may not be necessary, because the majority of reports of elder abuse come from private citizens who have no legal obligation to report (Salend et al., 1984). However, underreporting is still an issue, as some estimates state that only 1 in 14 cases of violence against elders is reported to authorities (Harshbarger, 1993).

Assumptions that children and elders are similar form the basis of the elder abuse laws. The three assumptions on which child abuse laws were based are that children are incompetent, vulnerable and helpless, that children are at the mercy of their caregivers, and that society has a protectible interest in children. Using these assumptions to conceptualize elder abuse implies that elders are unable to report on their own and is essentially ageist, as it infantilizes elders (Lee, 1986). These statutes may limit elders' freedom to control their own lives, because they may have made a conscious and competent decision to remain in an abusive situation due to limited alternatives (e.g. institutionalization) (Lee, 1986; Metcalf, 1986). In fact, elders who refuse protective services may have this refusal used against them in competency proceedings, as if one who refuses to leave an abusive relationship is no longer capable of making any decisions for oneself. The competency of battered women is not legally questioned, but in the case of abused elderly, this is the case. Actually, many elderly fear placement in nursing homes more so than the abuse (Salend et al., 1984).

Another criticism of the child abuse model of elder abuse is that it presumes that effective treatment is available upon identification of abuse; however, creating the laws does not necessarily lead to the creation of sufficient resources to cope with the cases that the law identifies (Lee, 1986). Funding falls short of the minimum necessary to support the enforcement of this legislation (Daniels et al., 1999; Lee, 1986). In the beginning of elder abuse legislation, the laws were downplayed because there were insufficient resources with which to address the cases that arose (Salend et al., 1984). Harshbarger (1993) suggests a possible solution to this lack of funding and attention is to create a special unit to investigate and prosecute elder abuse. Because there are few options for elder abuse cases, judges are often forced to choose between no intervention and institutionalization (Daniels et al., 1999). There is a dire need for additional services to provide for individuals in their own homes (such as home care, meals services), foster homes for elderly, and congregate living situations (analogous to group homes) but these are rarely available (Salend et al., 1984). Services such as these provide judges with an alternative to nursing home placement, and are much less punishing for elders, because the disruption in their lives is minimized. A mandatory reporting system that is not sufficiently funded and structured can cause increased dissatisfaction with the system as one reports abuse within the system (Daniels et al., 1999). Professionals, officers and others become frustrated with the way that their reports are handled (or not handled) and are less likely to report again, due to this frustration.

An alternative to the child abuse model of caring for abused elders, the Illinois Department of Aging uses a three-phase plan within the family systems model. Phase one involves giving relief and respite to caregivers, phase two provides education and support

about the client's disease process and demands on the caregiver, and the third phase involves interpersonal conflict resolution within the family (Wolf, 2000). This third phase is similar to mediation, which is an aspect of restorative justice, an alternative to criminalizing those who abuse elders. Criminalization does not appear to be a useful tool in the fight to protect elders, because as mentioned above, very few cases actually get to court for a variety of reasons (Payne, Berg & Byars, 1999). Often the victims are reluctant to press charges, because their abusers are often members of their immediate family, and the criminal justice system is reluctant to get involved with what they consider to be domestic cases (Payne, Berg & Byars, 1999).

In contrast to the evidence that victims are unlikely to report and press charges in reference to abuse, Blakely and Dolon (1991) found that 48% of older Americans surveyed indicated that they would first go to the police if they were victims of physical abuse. However, going to the police may not be of great help. Police frequently have the opportunity to report elder abuse to agencies that provide assistance, but do not often utilize these agencies (Blakely & Dolon, 1991). In fact, medical professionals, doctors and nurses, report more frequently than the police do (Blakely & Dolon, 1991). In cases where police officers are involved in cases of elder abuse, they are the gatekeepers controlling the flow of cases into the criminal justice system or social service agencies; therefore, the decision of the officer has a huge influence on the ultimate intervention (Daniels et al., 1999). Payne, Berg and Flanagan James (2001) examined how certain groups perceive the importance of using the criminal justice system to punish abusers. They compared nursing home directors, nursing home employees, police chiefs and students of criminology and sociology. Police chiefs tended to rate incarceration as a

better choice for dealing with elder abuse, while nursing home directors and employees rated a fine or community service as more appropriate sanctions (Payne, Berg & James, 2001). The point of view of police chiefs is that elder abuse is a legal problem, while nursing home personnel viewed elder abuse as a social problem. Because they viewed elder abuse as more of a social problem, nursing home personnel took a more restorative approach to sanctioning the abuser; a fine or community service can allow the abuser to restore the situation and attempt to make the victim whole again, while police chiefs took a retributive stance, in which incarceration was punishing the perpetrator for his/her behaviour. It is important for law enforcement and social services agencies to be educated in their respective philosophies, because recognition of differences is the first step in increasing the collaborative effort between these groups (Payne, Berg & Flanagan James, 2001).

Restorative justice, alluded to above, is a holistic alternative to the traditional criminal justice system. It offers a comprehensive and unified theory of justice that attempts to integrate the needs of offenders, victims, families, and the community (Roach, 2000). It can be defined as a “view that redefines crime as more an injury to the victim, and the community than as an injury to the government” (Hahn, 1998. p.133). Whereas traditional retributive justice focuses on determining guilt and delivering the appropriate punishment, restorative justice views the community as the ultimate consumer and partner in producing justice (Bazemore & Umbreit, 1995; Hahn, 1998). Restorative justice attempts to restore the relationships that were injured when the crime was committed. For this reason, it could be especially applicable to and useful for elder abuse, because in the majority of elder abuse cases, the victim and the perpetrator are

immediate family, so the main issue with the crime is that the fabric of the relationship is torn apart, and restorative justice attempts to restore this torn fabric. The focus of restorative justice is on healing, community participation, caring, respectful dialogue, forgiveness, responsibility, apology and making amends (Roach, 2000).

One advantage of restorative justice is that it allows accountability to be taken by understanding the impact on one's actions and making amends for those actions, rather than just being punished. Empowerment, enablement, and real accountability, rather than guilt and punishment, is the focus of restorative interventions (Hahn, 1998). It takes the view that crime is more than simply breaking the law; it is an injury to the victims and community (Bazemore & Umbreit, 1995).

There are four main principles of restorative justice. The first is that it holds the offender directly accountable to the individual victim and specific community that are affected by the crime. Secondly, it requires the offender to take responsibility to make things whole again. Providing victims with purposeful access to courts and correctional processes to allow them to shape the obligations of the offender is the third principle. The last is that restorative justice encourages the community to become directly involved in supporting victims, holding offender accountable, and providing the opportunity for the offender to reintegrate into the community (Hahn, 1998).

Restorative justice interventions are mainly aimed at non-dangerous and non-violent offenders (Hahn, 1998; Roach, 2000). It may not be appropriate for serious crimes of violence, since there is a risk that the victims may refuse to participate. This could be one reason that elder abuse has not previously been handled with restorative means. Elder abuse can be considered a dangerous crime, in that it can put older people's life and

welfare at risk. Just as the abused elder is often hesitant to appear in court to testify against his/her son/daughter/spouse, the abused elder may not wish to be involved in the restorative justice process due to fear of their abuser. However, victim satisfaction is higher in cases handled with restorative justice, than traditional retributive means, victims are also significantly more likely to experience the justice system as fair (Umbreit, 1994). Perhaps if victims can be convinced that they will benefit from the experience, they would be more willing to participate. Mediation is meant to benefit both parties because it will attempt to restore the victim's losses and the offenders' ability to be a law-abiding member of society (Umbreit & Coates, 1995). The main impact of mediation for the offender and the victim is a "major learning experience...about the rights of others, with implications far beyond just the delinquent act" (Umbreit & Coates, 1995, p.577).

Evaluations of restorative justice programs show that victims and offenders were highly satisfied with the programs, and perceived the programs to be highly fair and just (Umbreit & Coates, 1994). After participating in restorative justice programs, victims felt less anxious and fearful that they would again be crime victims. Offenders who participated were more likely than those who did not participate to make their assigned restitution payments (Umbreit, 1994). Offenders in mediation commit considerably fewer and less serious crimes within a one-year period than those from traditional courts (Umbreit, 1994).

Offenders do not perceive mediation (one form of restorative justice) as less demanding than incarceration or more traditional punishments (Umbreit, 1994). This is an important finding, because in North American society, incarceration is associated with serious crime, and therefore any other interventions are perceived as weak or less

adequate (Bazemore & Umbreit, 1995). Perhaps offenders do not feel that restorative measures are less demanding, because punishment makes offenders focus on themselves and not their victim, so offenders learn to take punishment without taking responsibility for misbehaviour (Bazemore & Umbreit, 1995). Restorative justice instead creates a meaningful response to the crime by addressing the harm that results when that specific offense is committed (Bazemore & Umbreit, 1995).

Restorative justice focuses on victim needs and involvement. Restorative measures are more effective at collecting restitution orders, the offenders are held accountable to the victims, and the key is to balance the needs of the offenders, the victims and the community (Bazemore & Umbreit, 1995). This focus on victims could be quite beneficial for elder abuse cases, because as indicated above, when elder abusers are punished (e.g. sent to prison) it also punishes the victim, who often had to be institutionalized in order to be cared for. If mediation and conflict resolution can be successful, the elderly person may not be left without a caregiver.

An advantage of restorative justice is that it serves the traditional goals of punishment; to deter crime, reduce crime, and rehabilitate and incapacitate criminals, but all at a lower cost than incarceration (Roach, 2000). With the limited funding available for elder abuse interventions, this could be a more cost effective and more advantageous method to solve the conflicts that create abusive situations. Another advantage is the rehabilitation of offenders; a healed offender is less likely to re-offend (Roach, 2000). This is particularly important in cases where family members are involved, especially when one is a caregiver. If the only alternative for the elder is institutionalization, and

conflict resolution is utilized in order to allow the elder to remain in the home, cared for by his/her former abuser, it is important that the abuse not recur.

Most studies of restorative justice have been done with juvenile criminals, because the majority of the victim-offender mediation programs in Canada have focused exclusively on young offenders (Umbreit, 1995; Umbreit & Coates, 1999). However, it can be successful with adult offenders (Umbreit & Coates, 1999). Nathanson (1983) was one of the first to suggest restorative justice principles be applied to the legal issues of the elderly. He described neighbourhood justice centers that would provide mediation and conflict resolution services in a community based, informal fashion, which attempts to solve the dispute between people who have a continuing relationship (Nathanson, 1983). Elder abuse commonly occurs with people who reside together and/or are immediate family, so neighbourhood dispute resolution may be the best solution. To date, most programs of this nature have not focused on elderly people or elder abuse, but it might be quite useful to the elderly for a variety of reasons (Nathanson, 1983). The formal court process often takes years to reach a resolution, which is financially, physically and emotionally stressful, especially for an older person. Criminal justice professionals are reluctant to deal with what appears to be an unimportant personal dispute, but these disputes may become more troublesome and eventually cause greater disruption. The cost of lawyers fees and fees for expert witnesses are prohibitive to older people who may be on fixed incomes. The adversarial system is based on finding guilt and innocence, but this could be a difficult situation for the elderly person, because he/she must live with their abuser. Legal principles and procedures are intimidating and complex, and courts are not designed to cope with problems between people who must relate to each other on a

continuing basis (Nathanson, 1983). These advantages for the elderly make restorative justice a more attractive option than criminal charges.

Purpose of the Studies

The main purpose of these studies is to explore the effect that the wording of elder abuse messages has on the perception of the impact and quality of those messages.

Exploring new possibilities for the actions that could be taken in response to elder abuse, specifically restorative justice, is another focus of this research. Whether the answers to these questions will interact is yet to be seen, as there is no previous research to direct a hypothesis. The first experiment involved an empirical test of the anecdotal information regarding the aversion to materials with the words elder abuse on them. Although community organizations have stated that the words elder abuse are aversive, there has been no empirical research to prove that this is the case. In order to test this theory, three pamphlets with the similar information but varying titles (Elder Abuse, Conflict Resolution and Empowering Older People) were made available in public locations. The two alternative frameworks, conflict resolution and empowerment, were presented to provide a comparison to the elder abuse framework. The empowerment framework was utilized in Kipper (2001) because it provided a subjective, positive aging approach which was a good counterpoint to the problem focused elder abuse framework. The conflict resolution framework was included as a reflection of restorative justice concepts. If the anecdotal information from community organizations proved to be correct, the pamphlet with the elder abuse title would be the least selected. This experiment also began to explore whether people may be open to restorative justice interventions, if the conflict resolution pamphlet was selected in moderate numbers.

The second experiment examined the impact and quality of these messages. Participants read one of six pamphlets varied by type (elder abuse, empowerment and conflict resolution) and tone (emotional and neutral) (See Appendix A-F) and answered various questionnaires regarding the quality and impact of the message (See Appendix G). Kipper (2001) had a similar design, and it is hoped that the results from this study will replicate Kipper's results. Kipper's (2001) research indicated that the tone of the message makes a difference in the participants' opinion of the impact of the message, with emotional messages having more impact than neutral messages (Kipper, 2001). This result would be expected in this study as well. The perceived quality of the message varied by type, with the elder abuse pamphlet being perceived as having higher quality than the empowerment pamphlet (Kipper, 2001). Attempts to remedy some of the indicated problems with the empowerment message were made. It is hypothesized that with these changes, the messages would be perceived to have equal quality, which is useful to determine which message has the most impact, unfettered by confusion about the perception of quality of the message effecting the perceived impact.

Study #1

Method

Participants

Because seniors are often omitted from the process of elder abuse research this study sought to include as many seniors as possible. In total, Study #1 had 204 seniors who participated by selecting particular pamphlets available at a local senior centre. No demographic data was collected on these seniors, as they were only participating by selecting a pamphlet.

Materials

The materials used in this study were various types of information pamphlets. The independent variable that made the pamphlets unique was the type of the messages. All messages were based on similar content from existing public information pamphlets and materials. The pamphlets were printed on 8 ½ by 11 inch yellow paper and were folded three times. The front covers of the pamphlets contained only the title reflecting the framework and a graphic of a flower. The elder abuse information was contained on the inside panels of the pamphlet. The back cover contained only contact information for the researcher, and no elder abuse information.

Effort was taken to ensure that there was similar content and length in all variations. (The number of words varies from 715 to 760, with a mean number of words of 740.) There were three types of messages: an elder abuse message, a conflict resolution message, and an empowerment message. The elder abuse message was very similar to the materials available presently, with the terms elder abuse and neglect included. There was more emphasis placed on involving professionals to deal with the difficult situations. This message allowed some insight into people's thoughts on the existing materials. The conflict resolution message focused on restorative justice principles when discussing how to resolve the elder abuse issues. It was more moderate in its emphasis on the use of professionals to effectively cope with difficulties. The empowerment message was based on a positive aging approach, in which the elders can call upon their own strengths to actively deal with elder abuse issues, hence professional help is deemphasized. The latter two messages completely avoided the terms elder abuse

and neglect, and use other words, (such as “conflict” and “challenge”), to describe these problems, in order to test the theory that the words “elder abuse” repel people.

The opening paragraph of these messages included a statement about the prevalence of the problems described. “An estimated 4% of Canadians aged 65 and older experience problems in their relations with someone close to them.” Then the first paragraph continued with the reasons that the problems occur and various examples of verbal and physical abuse.

Material abuse and neglect were the focus of the second paragraph along with the reasons why abuse and neglect often go unreported. In the empowerment format the strengths and resources of the older person were outlined in the third paragraph. In the other formats, the vulnerabilities and risk factors were outlined instead. Courses of action to resolve the problems outlined were explained in the fourth paragraph and the fifth and final paragraph discussed the involvement of professionals and then reiterated a statement reflecting the type of message.

Procedure

This study was completed at the local 55+ Centre in Thunder Bay, Ontario. While the researcher sat in a high visibility area at the centre during peak lunch time hours, three piles of pamphlets were placed on a table with a sign inviting seniors to take one. The researcher sat at table with pamphlets and answered any questions in a neutral fashion. Each hour, the researcher counted the number of each pamphlet taken that hour, and replenished piles as necessary to maintain approximately equally sized piles. In order to counterbalance for order effects, the researcher rotated the order of the pamphlets,

ensuring that on each visit, each pamphlet was in each position for one third of the data collection period. Data were collected on 6 occasions for 15 hours total.

Results

In total, 204 pamphlets were selected from the table. Of these, 26.5% were elder abuse pamphlets, 32.3% were empowerment pamphlets and 41.2% were conflict resolution pamphlets (see Table 1). These results indicate that the hypothesis was correct. The elder abuse pamphlet was selected significantly less than the other two pamphlets, χ^2 (df=2, N=204) = 6.1, $p=.035$. The elder abuse pamphlet was selected significantly less than the conflict resolution pamphlet, χ^2 (df=1, N=132) = 4.36, $p<.05$. There were no significant differences between the number of elder abuse and empowerment pamphlets selected, χ^2 (df=1, N=126) = 2.57, $p=1.09$, ns, or the number of conflict resolution versus empowerment pamphlets selected, χ^2 (df=1, N=150) = .24, $p=.62$, ns.

Discussion

Study #1 was the first attempt at empirically examining the anecdotal evidence that people appear to be repelled by the words elder abuse. The hypothesis that elder abuse pamphlets would be least selected was borne out by the data. Elder abuse pamphlets were selected significantly less often than the other two types, empowerment and conflict resolution. Admittedly, there is not a great deal that can be read into the data at this preliminary stage, but it is interesting to note that the most selected pamphlet was the conflict resolution pamphlet. Perhaps this is a small indication that people are interested in this concept. Future research would need to examine people's perceptions of restorative justice and its usefulness for elder abuse cases, but as a first attempt to even introduce this topic with respect to elder abuse, the results are encouraging. The results

Table 1

Number of Each Pamphlet Selected

Type of Pamphlet	Total Number Selected	Percentage of Total
Elder Abuse	54	26.5
Empowerment	66	32.3
Conflict Resolution	84	41.2
Total N=204		

for the conflict resolution pamphlet in the second study did not contribute a great deal to the understanding and answering of the question about what alternative actions can be taken for elder abuse cases. However, the finding in the second study that the conflict resolution pamphlet did not differ in quality from the elder abuse or empowerment pamphlets means that participants equally accepted the conflict resolution framework. Again, this conclusion and the data on which it is drawn are at very preliminary stages, but a great deal of future research must be done to determine in more detail the feasibility and effectiveness of such a framework for elder abuse cases.

The assumption of chi square tests, that observations be independent should be addressed. It was noted that 9 individuals who selected pamphlets did take more than one, so this fact could impact upon these results. It can probably be safely assumed that the results would not change dramatically, as such a small number of the observations violated this assumption.

It should also be noted that the first study was conducted solely at the local 55+ Centre in Thunder Bay, Ontario. The findings need to be replicated with different populations in various settings to ensure that they are not an artifact or reflection of the type of people that tend to attend these types of facilities. The population of this centre is quite active, relatively young and healthy, and is generally willing and able to socialize with peers outside the home on a regular basis. This may not be representative of most seniors or of the general public for that matter. In defense of the sample used, the anecdotal evidence, which inspired the study, was acquired from local seniors fairs and other similar events. It is likely fair to guess that a similar population of seniors attends

the fairs as do the 55+ Centre. Essentially, before generalizing to a great extent, replication would be advisable.

Also with respect to this sample, an alternative explanation for these findings should be offered. This group of seniors are exposed to a lot of information about a variety of issues while attending the 55+ Centre, and it could be the case that they did not select the elder abuse pamphlet because the other two pamphlets appeared to provide novel information, whereas they may have felt they already had enough information about elder abuse.

Study #2

Method

Participants

Since elder abuse education and awareness is important to all ages, younger volunteers, such as those found in Introductory Psychology and other undergraduate courses, were surveyed. Study #2 had 206 students who participated by reading a pamphlet and answering the survey questions. The average age of the participants in Study #2 was 22.5, with a range from 18 to 53 years old. Women composed 60.4% of the participants, 80.6% of participants were single, and 48.2% of participants were of European descent. For complete demographic information, please see Table 2.

Materials

In this study, both type and tone were the independent variables. In addition to the three types outlined above, elder abuse, empowerment and conflict resolution, the three messages were also written in both a neutral tone and an emotional tone. The neutral wording was more objective and unembellished, while the emotional versions were more

Table 2

Demographic Information Of Study #2 Participants (n=206)**Variables**

Average Age (Range)	22.5 (18-53)
Women	134 (60.4%)
Men	72 (32.4%)
Single	179 (80.6%)
Married	18 (8.1%)
Divorced	5 (2.3%)
Separated	4 (1.8%)
Participants with Children	23 (11.2%)
African	4 (1.8%)
Asian	9 (4.1%)
European	107(48.2%)
Native North American	18 (8.1%)
Other	65(32.3%)

personal and emphatic. The three types and two tones created 6 different pamphlets: elder abuse neutral, elder abuse emotional, empowerment neutral, empowerment emotional, conflict resolution neutral, conflict resolution emotional.

There were a number of instruments used for data collection. After the informed consent sheet, which described the purpose of the study and the procedures, there was a page of demographic questions (e.g. age, gender, marital status, number of children and their ages, education level, culture/ethnicity, occupation/former occupation). A pamphlet was then given to the participants in random order (one of the six variations; elder abuse-neutral, elder abuse-emotional, conflict resolution-neutral, conflict resolution-emotional, empowerment-neutral, empowerment-emotional). Then a questionnaire comprising 10 questions was given. These questions comprised the quality and impact ratings of each message. Ten aspects of the message were assessed. How clear, complete, confusing, controversial, depressing, disturbing, informative, offensive, surprising, and thought-provoking the pamphlet was assessed, each on a five point Likert type scale, with the following scale anchors; extremely, quite, somewhat, not very, not at all. Two other questions were assessed on five point Likert type scales as well; "How helpful do you think this pamphlet would be to an older person in a difficult situation?" and "How likely is it that you would give this pamphlet to someone else?".

The participants' beliefs about elder abuse were then assessed with 9 multiple-choice questions, each with three possible responses. Five of the questions closely related to the content of the pamphlets, while the other four relied on personal interpretations of the content given.

More general attitudes and beliefs about elder abuse, child abuse and spousal abuse and crime were measured in the fourth section, with 11 multiple-choice questions each with three possible responses. This section also included a question about whether the participant has ever had any personal experiences with mistreatment, abuse, or neglect (at any age). The possible responses for this question were “No, I have not”, “Yes, I personally know someone affected by it”, or “Yes, I have experienced it myself.”

The fifth section presented the 13 items of the Elder Abuse Attitudes Test (Stones & Pittman, 1995). This scale presented 13 examples of behaviour that could be considered abusive. These items were rated on a 5-point scale of perceived severity ranging from “not abusive” to “very severely abusive”. The title of the test did not appear on the questionnaire. The EAAT is a unifactorial measure with an internal consistency of .92 (Stones & Pittman, 1995).

Comments about the pamphlets or the questions asked were elicited from participants in the last section. The participants were also asked for any suggestions on how to deal with the issue of elder mistreatment.

Procedure

Each participant received a questionnaire containing one of the six versions of the pamphlets. The six versions were given out in random order. It was explained to participants that they would read a pamphlet about the lives of older adults and a type of challenge that some of them face. As the questionnaires were completed and submitted to the researcher, a debriefing sheet was given to each participant to keep, which included a full explanation of the study, where to get further information about the issues raised in

the pamphlet and questionnaires, and how to contact the researchers with any questions, concerns or to request results.

Participants were invited to participate during their classes, and the data were collected on the university campus in a classroom or lecture hall. The researcher attended the beginning or end of the various classes, depending on the professor's preference, and invited students who wished to participate to come to a particular classroom or lecture hall at their leisure on a particular day during a scheduled two-hour period. The researcher encouraged students who could not attend during the scheduled time to contact the researcher to arrange an alternative. Twelve students took advantage of alternate arrangements. If the students were enrolled in the Introductory Psychology course, they received one bonus point (1% of their final course mark) for their participation in the study. In order to qualify for the bonus point, introductory psychology students were asked to fill in a form with their name, student number and professor for the purpose of record keeping. To ensure confidentiality, these forms were stored separately from the surveys. For students in upper year classes, such as psychometrics, abnormal psychology, and gerontology, no bonus points or other incentives were offered for participation.

Results

Dependent Measures

Quality and Impact

The 12 items regarding the quality and impact of the pamphlet were used to measure reader's responses to the information presented. Kipper (2001) factor analyzed the responses to these items, and found that they clearly loaded on two factors. The first factor seemed to be related to the perceived quality of the information, and included the

items that dealt with how clear, complete, confusing, and informative the information was, in addition to the perceived likelihood of giving the information sheet to someone else, and perceived helpfulness of the information to an older person in a difficult situation. The other factor seemed to be related to the impact the information had on the reader, and included the items that measured how controversial, depressing, disturbing, surprising, offensive and thought-provoking the information was perceived to be. Kipper (2001) had high reliabilities for these scales. Chronbach's alpha indicated an internal consistency of .85 for the quality scale and .75 for the impact scale. Due to these high internal consistencies, the scales determined by Kipper (2001) were also used to analyze the data in the present study.

Elder Abuse Attitude Test (EAAT)

The 13-item EAAT served as a measure of attitudinal differences towards elder abuse as indicated by severity ratings for given samples of behaviour. The ratings of each item were added to give a summary score. Chronbach's alpha showed an internal consistency of .91 with this sample.

Missing values for the Quality, Impact and EAAT scales were replaced. Missing values were replaced by giving them a value equal to the given scale score divided by the difference between the total number of scale items and the number of unanswered items. Overall, there were 14.2 % of cases with at least one missing value. Of this 14.2%, 11.2% of missing values were from the EAAT scale, as 7.3% of participants did not complete any items on this scale. Only 3% of the missing values were from the Quality and Impact scales.

Main Analyses

Correlations

Pearson product-moment correlation coefficients were computed among the three dependent measures and three participant background variables. The results presented in Table 3 show the correlations among the dependent measures, Quality, Impact and EAAT scores, and age, sex and experience with abuse, noting the five that were significant. As in Kipper's (2001) study, quality and impact were significantly correlated. There were significant correlations with the age of the participants; the younger the participant, the higher they tended to rate the quality of the pamphlet read, the older the participant, the higher they rated the impact of the pamphlet and the higher they scored on the EAAT, meaning that older participants tended to rate the sample behaviours as more abusive. Also, the older the participant, the more likely he/she has had personal experience with abuse. Overall, of the 195 participants who elected to respond to this item, 80 stated they had some personal experience with abuse, either personally knowing someone affected by abuse (n=45) , or experiencing abuse themselves (n=35).

Analyses of Variance

A series of 3 X 2 ANOVA tests were conducted to examine the effects of two factors on each of the three dependent measures. The two independent factors were message type (elder abuse, empowerment and conflict resolution) and message tone (neutral and emotional).

Quality The first ANOVA evaluated the effects of type and tone on reported

Table 3

Intercorrelations among Quality, Impact, EAAT and Participant Background Variables (n=205)

	Impact	EAAT	Age	Sex	^a Experience
Quality	.291**	-.045	-.196**	.093	-.041
Impact		-.062	.151*	.07	.093
EAAT			.156*	.116	.089
Age				-.048	.347**
Sex					-.126

Notes: Correlations are significant at the .01 level** or at the .05 level * (2-tailed)

Scores for the dependent variables (Quality, Impact, EAAT) were z-scores

Sex was scored as 1 for female and 2 for male

^aExperience refers to personal experience with abuse. The wording of the item was "Have you had any personal experiences with mistreatment, abuse or neglect (at any age)?" The responses were scores as 1 for "No I have not", 2 for "Yes I know someone personally affected by it" and 3 for "Yes, I have experienced it myself".

pamphlet quality. The results indicated non-significant main effect for type, $F(2, 202) = .1.13$, $p = .37$, ns and tone, $F(1, 202) = .465$, $p = .50$, ns. The interaction between type and tone was also found to be non-significant, $F(2, 202) = .896$, $p = .41$, ns.

Impact The second ANOVA evaluated the effects of type and tone on reported pamphlet information impact. The results indicated significant main effect for pamphlet type, $F(2, 205) = 5.56$, $p < .01$. The results were non-significant for the main effect of pamphlet tone, $F(1, 205) = .580$, $p = .45$, ns, and the interaction between type and tone, $F(2, 205) = 1.06$, $p = .349$, ns.

The significant main effect of message type on impact was further investigated. Pairwise comparisons of estimated marginal means for type showed that elder abuse message were rated significantly higher in impact than both empowerment messages and conflict resolution messages. With Bonferroni adjustment, the elder abuse and conflict resolution difference was not statistically significant.

EAAT The third ANOVA conducted evaluated the effects of type and tone on the EAAT scores. The results indicated non-significant effects for message type, $F(2, 184) = .867$, $p = .422$ ns, tone, $F(1, 184) = 1.462$, $p = .228$ ns, and the interaction between type and tone, $F(2, 184) = .692$, $p = .50$ ns.

Chi Square Analyses

The third type of analysis examined responses to the 20 belief items. These items are found in Sections 3 and 4 of Appendix G. The first 9 items reflect beliefs about the nature of elder abuse, and the last 11 items reflect more general beliefs about issues related to elder abuse. Twenty separate chi square analyses were conducted for each item with the independent variable of message type, and twenty chi square analyses were

conducted with the independent variable of message tone, with each as a separate dependent variable with three nominal response categories (responses A, B, or C). These analyses examined whether the message type or tone influenced the choice of a particular response to an item. The results indicated that three of the forty chi square analyses were found to be significant. (See Table 4 for the significant items and their respective statistics.) However, due to the large number of analyses conducted, and hence the increased chance for Type 1 error, a Bonferroni correction was applied. Once this correction was applied to the data, none of the chi squares remained significant.

Discussion

The second study included much more detailed data, allowing for correlations, analyses of variance and chi square tests to be conducted. An important correlation found by Kipper (2001) was that ratings of the quality and impact of messages were significantly positively correlated. This correlation was replicated; however it was of a greater magnitude in the present study. As Kipper (2001) stated

“It seems reasonable to say that in order for a message to have impact, it must also be perceived as significantly clear, complete, informative and so on. A message of poorer quality, perhaps one seen as confusing, would be less likely to move the reader” (p. 62)

Another correlation that was replicated in this study was that EAAT scores were significantly positively correlated with age. It is interesting that this correlation was

Table 4

Significant chi square findings before applying the Bonferroni Correction

Items and Responses	Chi Square Statistic
Stress may be a main cause of conflict because:	
A. Stress diminishes one's coping skills	
B. Stress can cause minor problems to seem major	
C. Stress can cause situations to elevate to shouting/physical force	
	Type: χ^2 (4, N=205)= 9.35, p= .05
	Tone: χ^2 (4, N=205)= 6.20, p= .05
If someone reports the difficulties the older person and those close to him/her are experiencing:	
A. Taking action can stop the problem from getting worse	
B. Taking action can resolve new or long-standing problems	
C. Taking action can prevent future problems from occurring	
	Type: χ^2 (4, N=205)= 10.51, p= .03
Spousal abuse is:	
A. A relatively frequent problem in Canada	
B. A relatively infrequent problem in Canada	
C. A problem requiring more government funding in Canada	
	Type: χ^2 (4, N=204)= 11.27, p= .02

significant, although small, as age was quite positively skewed. (Although age ranged from 18 to 53 years, the median age was 20 years, with only 10 participants over the age of 40.) It seems unlikely that students only a few years older would have a significantly different outlook on what constitutes elder abuse, so rather than hypothesize about why older students perceived the items to be more abusive, it is probably safe to say that the findings could only be adequately explained by variables not included in this analysis. Since Kipper (2001) ruled out the number of gerontology courses, academic major, minor or specialization, and other demographic variables as explanations of these findings, it is unclear what other variables could effect this correlation.

Although the correlational data is of interest, the analyses of variance are more efficient at determining the answers the main questions this study poses. Although Kipper (2001) found that elder abuse messages had higher quality ratings than empowerment messages, this finding was not replicated in this study. In fact, the type and tone of the message did not have any significant effect on the perceived quality of the measure. At first blush this may appear to be a failure of the study, but in fact, it is viewed as a success. Because the types of Kipper's (2001) messages differed in perceived quality, it is difficult to determine if the perceived impact of the type of pamphlet was confounded by the quality of the pamphlets. In reviewing comments made from participants in Kipper's (2001) study, revisions were made to the messages used in this study to alleviate these concerns about quality confounding impact. Although Kipper attempted to sort out the possible influence of quality of the type of pamphlet on impact through covariance analyses, no clear conclusions could be drawn. Since quality did not differ according to

the type or tone of the message in the present study, one need not be concerned that the perceived impact of the messages were confounded by the ratings of quality.

Actually, only one significant effect was found within any of the analyses of variance conducted. The type of message had a significant effect on the perceived impact of the message. Post hoc tests revealed that elder abuse messages had more impact than conflict resolution or empowerment messages. A possible reason for the elder abuse message to be perceived as more controversial, depressing, disturbing and offensive is that when the words elder abuse are used, people can conjure a clear image of their preconceived perception of elder abuse, which possibly makes the message more depressing, disturbing, offensive or controversial. With the other frameworks using words such as conflict and challenge to substitute for elder abuse, it may be more difficult to conjure a concrete image of these concepts; hence the message does not seem as depressing, controversial, disturbing and so on. Also, by reading the title, readers of the elder abuse pamphlet know what to expect, while readers of the empowerment or conflict resolution pamphlets may be less clear of their expectations, and hence are not as impacted by the new concepts presented, because they do not have preconceived notions that could contribute to feeling disturbed or offended.

The results of the present study showed no significant effect of the message tone. This differed from Kipper (2001) in that the emotionally toned messages caused higher ratings of perceived impact, and higher EAAT scores than neutrally toned messages. Kipper's findings were logically explained in that it

“makes sense that a more emphatically-worded message would be expected to cause stronger reactions than one with a more neutral tone.” (p.67)

So then, how does one explain the non-significant findings in this study? Perhaps the revisions made in the wording of the message to remedy issues of quality had an effect on the emotional versus neutral conditions, which led to no differences in impact or EAAT scores. Efforts were taken in both Kipper's and the present research to avoid overly emotional language that could distort the message and bias the reader, so perhaps in certain ways, these efforts were too successful in that the conditions did not differ enough to make a significant difference in the dependent variables.

Finally, the attitude and belief items, although non-significant with respect to each of the dependent variables, demonstrated a potentially important point. It seems that reading a 700-word pamphlet for a few minutes does not impact upon one's opinions and beliefs about elder abuse and related issues. This is not really surprising, when one considers that people's attitudes and beliefs are formed over time, and often it takes more than one piece of information to alter these attitudes and beliefs. It may have been overly ambitious to hypothesize that responses to these items could differ on the basis of reading a certain pamphlet. Future research could revise these items to reflect a subtler attitude or belief shift in order to better detect any change that may be occurring, but is not reflected in the items as they stand. One possibility that could increase sensitivity of these types of items would be to change the response types to a Likert-type scale.

The same theory, that attitudes do not change quickly, could hold for the findings of the Elder Abuse Attitudes Test (EAAT). Although the pamphlets clearly outlined what acts constitute elder abuse, it appears that the framework or tone in which the message was written did not have any significant effect on what participants judged to be abusive. What one considers abusive could be viewed as another type of belief, one that could be

difficult to alter simply by reading a short pamphlet. These beliefs are likely formed over a long period of time by reading, seeing and experiencing various situations. In addition, it may take time to digest the presented information integrate it into one's conceptual framework of elder abuse. Since participants responded directly after reading the pamphlet, no time elapsed to permit this integration. It may be of interest to future researchers to delay responses to the survey items to determine if elapsed time is a factor. (On the other hand, there is no way of knowing whether any effects that might be seen are in fact lasting effects, or if reading a short pamphlet only causes fleeting changes. This could be another area to explore in future research.) Another possible explanation is that what constitutes abuse is almost always a judgment call, and as previously discussed, "abuse, like beauty, is in the eye of the beholder" (Payne, Berg, and Byars, 1999, p.67). If experts cannot be consistent about what they perceive as elder abuse, it may be impractical to believe that a pamphlet worded in a particular way is going to impact upon people's perceptions of what constitutes elder abuse. That said, the non-significance of these results holds great importance to the answer of the main question asked in this study, as will be illuminated below.

General Discussion

The purposes of this study were to determine the best ways to present elder abuse information in such a way that people would opt to read it, and when they did, that the important aspects of the message got through. In addressing these purposes, many pieces of the puzzle must be examined before the final "big picture" question can be answered. Another purpose of the research was to replicate the results of Kipper (2001), in order to lend validity and credence to this research.

What is the best way to present elder abuse information so that people will read and be affected by the message? This answer is not simple or clear from an examination of the aforementioned results. The first study showed that when given an option, most people did not elect to read an elder abuse message. This finding should have a strong impact on how elder abuse experts should go about imparting the facts to the masses. If the message is to get through to those who need it most, people must read the information, and it appears, with this first empirical finding of its nature, that the majority of people opt not to read elder abuse information when given a choice. This is an important factor in deciding how to present elder abuse information. It would appear that using some type of alternate wording, (such as the conflict resolution or empowerment frameworks), would be a wiser course of action.

But then the second study showed that elder abuse messages had more impact than the other messages, in terms of how controversial, depressing, disturbing and offensive the messages were. The question remains whether a message that has more impact is also more effective at getting the message across in terms of the reader retaining and interpreting the new information presented, and whether the information presented has any effect on the attitudes and beliefs a person holds about elder abuse. The data show that the type and tone of the message read did not have any significant effect on participant's responses to attitude or belief items about elder abuse and related issues. So, if people are more apt to select a pamphlet that omits the words elder abuse, and the type of wording does not appear to impact on people's attitudes and beliefs to any great extent, it may be most useful use an alternative wording, despite the fact that elder abuse pamphlets appear to have the most perceived impact, for the sheer fact that in order for a

message to have any effect whatsoever, it must first be read. Future research should be done to determine the best alternative to the words elder abuse, and also it could be potentially useful to determine exactly why the words elder abuse repel people, so that the alternative term does not eventually meet the same fate. For example, perhaps changing the term used for elder abuse in public education settings only alleviates the problem for a period of time until the same preconceived notions and connotations that cause people to avoid the words 'elder abuse' are attached to the new term.

Finding a solution to the gap in public information could be a great contribution to public education about an important issue such as elder abuse. Public education and awareness is a key element to solving this type of societal problem. In the past, when similar issues such as child abuse and spousal abuse were publicized effectively, society became more aware and less accepting of the problem. One could hope for the same in the case of elder abuse (Weiner, 1991). By educating people and getting them aroused about the issue, it may also be possible to begin to solve some of the main issues, such as non-reporting of elder abuse cases.

Educating people of all ages, professions, and backgrounds could increase understanding of what constitutes abuse and what each person can do about it when it is being perpetrated. More awareness could lead to more resources into how to remedy, and eventually prevent, the problem of elder abuse. This is integral, as the problem will likely only become a more pressing issue with the growing aging population.

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Appendix A: Elder Abuse-Neutral Condition

An estimated 4% of Canadians aged 65 and older experience problems in their relations with someone close to them. These sorts of problems are commonly referred to as elder abuse. Elder abuse may occur for a variety of different reasons. For example, many people feel that they are under a lot of stress. Chronic or prolonged stress can make it more difficult for us to be at our best, and more difficult for us to get along with others. It can make minor irritations seem like major annoyances. While it is impossible to completely avoid all disagreements, when under stress, they can turn into shouting matches, in which the older person could be threatened or harassed. The situation may perhaps even escalate to the use of physical force, like pushing or shoving. There may be a past history of these abuses in the family (e.g. between spouses or between parent and child), or they may be something new that develops in the later years of the older person's life. Aside from stress, other personal problems can contribute to strained relations and conflict (e.g. alcohol and drug abuse, psychological problems, or financial difficulties).

In other situations, an older person's legal rights may be disrespected. This kind of situation is a betrayal of the older person's trust. For instance, their mail may be opened without permission, or their money, property, or other material assets may be taken or misused. Another type of abuse that might develop is referred to as neglect. This is another kind of betrayal, in which care provider fails to act in the best interests of an older adult who trusts them. They may fail to provide for the older person's needs, which include access to medical care, safety, comfort, and social interaction. This may be done on purpose, or it may be due to a lack of knowledge, ability or awareness. Because of the private nature of these problems, and the difficulty or reluctance to involve outsiders in family matters, abuse and neglect most often go unreported and unresolved, despite laws to prevent all of these types of situations.

There are a number of factors that may explain why some older adults are more vulnerable to elder abuse or neglect. While the majority of people in their 60s, 70s and older are relatively fit and mobile, a small number live with physical limitations, mental incapacity, or other factors that restrict their independence or freedom. Some may be isolated (because of a language barrier, for example), and a small percentage have challenges like Alzheimer's disease. These types of isolation can leave the older person a target to exploitation.

To summarize, a number of older Canadians experience abuse or neglect in their relationships with others, which makes their lives difficult and stressful and can affect their health and well being. The first step in dealing with an abusive or neglectful situation is awareness. People of all ages should be aware that these problems exist and try to understand why they might happen. The next step is to recognize situations that might involve a threat to the safety, security, or well being of an older person. Then action can be taken to prevent the problems from getting worse, and to resolve matters in order to ensure that all the laws are abided. Taking action is important, because 70% of reported cases of elder abuse/neglect, involve repeated incidents.

Depending on the circumstances, the older person, the family member with whom they are in conflict, or someone else can be the one to take the first action. Actually, in 70% of cases of elder abuse/neglect, third parties were the ones to come forward.

Occasionally, those involved feel they can solve the problems on their own however, often, it is best to seek outside help. Those directly concerned may first confide in someone they trust. Professionals (e.g. physicians, psychologists, or social workers) are trained to assess these situations and provide advice and assistance. Also, the police may be contacted to enforce the laws. These can be difficult steps to take, but people should know that help is available, and that there are a variety of solutions that make these situations better. A group effort can improve the chances of successful aging, free of abuse and neglect, for all older Canadians.

Appendix B: Elder Abuse-Emotional Condition

An estimated 4% of Canadians aged 65 and older experience problems in their relations with someone close to them. These sorts of dire circumstances are commonly termed elder abuse. Instead of the harmonious relations that we expect in our senior years, interactions between spouses or between a parent and their adult son or daughter are marred by conflict. Elder abuse may occur for different reasons. For example, many people feel they're under a great deal of stress. Chronic or prolonged stress makes it nearly impossible for us to be at our best, and extremely difficult to get along with others. These conflicts can take the form of shouting at, threatening or harassing the older person. They can escalate to the use of physical force, such as pushing or shoving. Although for some there is a long-standing history of family discord, others begin to experience these terrible conflicts in their later years of life. Those responsible often blame their inexcusable behaviour on stress or personal problems (e.g. alcohol or drug abuse, psychological problems, or financial difficulties).

Another type of problem involves betrayal of the trust that an older person understandably has in those close to them. For example, mail may be opened without permission, or their money, property or other material assets may be misused or stolen. Another serious violation of trust occurs when a caregiver fails to provide for an older person's needs. This is termed neglect. In some cases, this could be deliberate, but others claim it is due to lack of ability or awareness. Because of the intensely private nature of these problems, and difficulty and reluctance to involve outsiders in family matters, abuse and neglect most often go unreported and unresolved, despite laws to prevent and punish these awful violations. Older people have absolute rights to proper medical care, safety, security and social interactions. These rights simply must be restored in those who have lost them. The laws of Canada uphold them.

There are a number of risk factors that leave an older person more open to abuse and neglect. While the majority of people in their 60's, 70's and older are relatively fit and mobile, some may be vulnerable because of physical limitations, mental incapacity, or other factors that severely restrict their independence and freedom. Some may be isolated, due to a language barrier, for example, and a small percentage have to live with difficulties like Alzheimer's disease. Because of this isolation, the older person is seen as an easy target for caregivers to exploit for their own purposes.

To summarize, a number of older Canadians experience abuse and neglect in their relationships. This makes life more difficult and stressful for them, and can profoundly affect their health and well being. People of all ages must acknowledge these situations exist, realize their seriousness and try to understand why they happen. As citizens, we have a responsibility to act when an older person's safety, security and well being are threatened. Immediate action can be taken to ensure these problems don't get worse, and to resolve matters in order to ensure that the laws are no longer broken. These actions are especially important since 70% of all reported cases of elder abuse and neglect involve repeated victimizations of the older person.

The older person, the family member that is victimizing him/her, or someone else can be the one to step forward to cease the victimization. In fact, in 70% of cases, it was necessary for a third party to step in and report the abuse/neglect.

Occasionally, those involved feel they can solve these difficult problems on their own, however, often it is much more beneficial to seek outside help. Those directly involved may first confide in someone they trust. Professionals (e.g. physicians, psychologists, or social workers) are best trained to assess these situations and deal with them effectively. A balance must be reached between the need to protect the older person's safety and the need to respect their rights to refuse offered services. When an older person is in immediate danger, the police should be contacted to enforce the laws. These steps can be difficult to take, but people should know that help is available, and there a variety of solutions to improve the situation. Older people do not have to continue to live in these dire circumstance; they have options. By doing what we can, we can contribute to making life safer and more secure for those in their senior years. After all, one day we might be in the same position.

Appendix C: Empowerment-Neutral Condition

An estimated 4% of Canadians aged 65 and older experience challenges in their relations with someone close to them. Coping with these challenges shows great strength of character. These problems may occur for a variety of different reasons. For example, many people feel that they are under a lot of stress. Chronic or prolonged stress makes it more difficult for us to at our best, and more difficult to get along with others. Chronic stress can make minor irritations seem like major annoyances, however, many older people are strong, and can live with this stress. Sometimes disagreements can turn into shouting matches, including threatening and harassing the older person, which might escalate to the use of physical force, like pushing or shoving. Though very difficult to deal with, these situations cause the older person to galvanize his/her resources in order to get through it. There may be a history of these conflicts in the family (e.g. between spouses or between parent and child), or they may be something new that develops in the later years of the older person's life. Aside from stress, other personal problems can contribute to strained relations and conflict (e.g. alcohol or drug abuse, psychological problems, or financial difficulties).

In other situations, an older person's rights may be disrespected. Examples include having their mail opened without permission, or having their money, property, or other material assets taken or misused. Other problems can come up when a caregiver fails to provide for an older person's needs. This may be done on purpose, or it may be due to lack of knowledge, ability, or awareness. Because the older person feels that he/she is strong enough to manage these issues on his/her own, he/she does not feel the need to go outside the family for help; therefore, these situations often go unreported and unresolved. All older adults have a right to proper medical care, safety, security, and social contacts, and these rights must be respected.

The majority of people in their 60's, 70's and older lead independent lives and are relatively fit and mobile. Most are in good health and can get around without difficulty. A small number of older people live with physical limitations, mental capacity or other factors that may restrict their freedom. Some may be isolated (because of a language barrier, for example), and a very small percentage of people cope with challenges like Alzheimer's disease.

To summarize, most older Canadians lead happy, healthy, and independent lives. However a small proportion face challenges in their relations with others that can force them to call upon their inner strength to cope. The first step to coping with these challenges is awareness. People of all ages should be aware that these challenges exist and why they might happen. Older adults have the advantage of a lifetime of knowledge and experience to draw upon when facing life challenges, which could help them recognize when these challenges might threaten their safety, security, and well being. Once problems have been acknowledged, a number of actions can be taken. People can learn to deal with each other more respectfully. Control that has been given up or taken away can be reestablished or renegotiated. These solutions can resolve matters and prevent problems from getting worse. Teaching people how to use their strengths to resolve these difficulties is important, because 70% of reported challenges involve repeated incidents.

The older person, a family member with whom they are having difficulty, or someone else can take steps to improve a bad situation. Actually, in 70% of cases, it was necessary for third parties to come forward to begin solving the problems.

Sometimes, with the strengths of the older person, these steps can be taken alone. At other times, it may be advantageous to seek outside help. Those directly concerned may confide in someone they trust, seek help from a professional (e.g. physician, psychologist, or social worker), or call the police for assistance. A counselor or social worker can help the older person and his/her family to capitalize on their strengths to come up with solutions that respect their needs and wishes. These steps can be difficult to take, even for a strong older person, but it shows strength to take advantage of the help that is available. There are a variety of solutions that can make things better. Aging successfully includes facing and meeting the challenges that arise.

Appendix D: Empowerment-Emotional Condition

An estimated 4% of Canadians aged 65 and older experience problems in their relations with someone close to them. This means that too many older adults are facing unwanted challenges in their lives, although coping with these challenges shows great strength of character. Although there is no excuse for these situations, some believe that they occur when people feel they are under a lot of stress, which causes them to take it out on people around them. Chronic or prolonged stress can cause people to blow minor irritations out of proportion. Despite the strong character of older people, disagreements can turn into shouting matches or escalate to the use of physical force, such as pushing or shoving. Those extremely taxing to deal with, these situations cause the older person to galvanize his/her many strengths in order to live through them. For some, there may be a long, difficult history of family discord (e.g. between spouses, or between parent and adult child), or for others these terrible conflicts only begin in later life. In addition to stress, other problems can contribute to strained relations and conflict (e.g. alcohol or drug abuse, psychological problems, or financial difficulties). Regardless of the reason, there is no excuse for this behaviour.

In other situations, an older person's rights may be flagrantly disrespected. Examples include having their mail opened without permission, or having their money, property or other material assets misused or stolen. Other problems can come up when a caregiver fails to provide for an older person's needs. This may be deliberate or conceivably due to a lack of knowledge, ability or awareness. Because the older person firmly believes that he/she can effectively manage these issues on his/her own, and because of the shame he/she feels about sharing what he/she views as weakness, these terrible situations unfortunately, most often go unreported and unresolved. All older adults have the basic right to proper medical care, safety, security, and social contacts. These rights must be respected, no matter what.

The vast majority of Canadians in their 60's, 70's and older lead very independent lives and are fit and mobile. Most are in good health and can get around without difficulty. A small number of older people live with physical limitations, mental incapacity, or other factors that may restrict their independence or freedom. A very small percentage of these people cope with challenges like Alzheimer's disease.

To summarize, most older Canadians lead happy, healthy and independent lives. However, a number of them face challenges in their relations with others, and make life unnecessarily difficult and stressful, which causes them to call upon their inner strengths to cope. The first step to coping with these challenges is awareness. People of all ages should be aware that these challenges exist and understand why they happen. Older adults have the overwhelming advantage of a lifetime of knowledge and experience to draw upon when facing difficult life challenges, which can help them recognize when these challenges might threaten their safety, security, or well being. Once these problems have been acknowledged, a number of actions can be taken. People can learn to deal with each other more respectfully and resolve matters to prevent the same trying problems from getting even worse. Teaching people to use their strengths to resolve these awful difficulties is especially important because 70% of reported difficulties involve repeated incidents. Control that has been given up or taken away can be reestablished or renegotiated. The older person, the family member involved in the difficulty or someone

else can insist that those involved take action to improve these appalling circumstances. In fact, in 70% of reported cases of difficulty, third parties were the ones who came forward to speak out against these situations.

Occasionally, older adults can use their many strengths to take steps to assert their well-deserved rights on their own, but often, many older adults see that it is advantageous to seek outside help, and choose to confide in someone they trust, seek help from a professional (e.g. physician, psychologist or social worker) or call the police for assistance. A counselor can work with the older person's strengths to come up with solutions that respect their needs and wishes. These steps can be difficult for a strong independent older person to take, but it shows strengths to take advantage of the help that is available and the variety of solutions that can make the situations better. Aging successfully includes facing challenges with courage and conviction, and standing up for what you know is right.

Appendix E: Conflict Resolution-Neutral Condition

An estimated 4% of Canadians aged 65 and older experience problems in their relations with someone close to them. These problems can be difficult to resolve for a variety of reasons. For example, many people feel that they are under a lot of stress. Chronic or prolonged stress makes it more difficult for us to be at our best, and more difficult to get along with others and use our resources to resolve conflicts as they arise. While it's impossible to completely avoid conflicts with others, chronic stress can tax our resources and make minor irritations seem like major annoyances. Disagreements can turn into shouting matches, including threatening or harassing the older person, perhaps even escalating to the use of physical force, like pushing or shoving. Whether there is a history of these conflicts in the family (e.g. between spouses or between parent or child), or if the problems are new to this stage of the older person's life, it may seem difficult to know how to resolve them. Aside from stress, other personal problems can contribute to strained relations and conflict (e.g. alcohol or drug abuse, psychological problems, or financial difficulties).

In other situations, an older person's rights may be disrespected. For instance, their mail may be opened without permission, or their money, property, or other material assets may be taken or misused. Another problem that might develop is the failure of a care provider to act in the best interests of an older adult. They may fail to provide for the older person's needs, which include access to medical care, safety, comfort, and social interaction. This may be done on purpose, or it may be due to a lack of knowledge, ability or awareness. Regardless of why they occur, these conflicts must be resolved, because older people have a right their have their needs met. Because of the private nature of these problems, and the difficulty or reluctance to involve outsiders in family matters, these situations often go unreported and unresolved. Resolution within the family may be possible, however it should be done in such a way that the rights of the older person are respected, the caregiver accepts accountability for the situation, and solutions are determined as to avoid similar situations in the future.

There are a number of factors that may explain why some older adults are more vulnerable to these sorts of problems. While the majority of people in their 60s, 70s and older are relatively fit and mobile, a small number live with physical limitations, mental incapacity, or other factors that restrict their independence or freedom and ability to resolve these problems. Some may be isolated (because of a language barrier, for example), and a small percentage have to deal with challenges like Alzheimer's disease.

To summarize, a number of older Canadians face challenges in their relations with others than can make life difficult and stressful. The first step in dealing with a bad situation is awareness. People of all ages should be aware that these problems exist, they should understand why they might happen, and how they can be resolved. The next step is to recognize situations that might involve a threat to safety, security, or well being of an older person. Then action can be taken to prevent problems from getting any worse, and to resolve matters in the best way possible. Resolution of problems is important because 70% of reported conflicts involve repeated incidents.

Depending on the circumstances, the older person, the family member with whom they are in conflict, or someone else can be the one to take action to initiate the conflict

resolution process. Actually, in 70% of cases, third parties were the ones to come forward with the conflict.

Occasionally, it is possible to resolve conflicts without help from others, but most often, it is best to seek outside help. Professionals (e.g., doctors, psychologists, or social workers) are trained to assess these situations and provide advice and assistance in resolving them. Police may offer assistance in dealing with these conflicts as well. These can be difficult steps to take, but people should know that help is available, and that there are a variety of solutions that can make situations better. We can all contribute to a happier, more secure life for those in their senior years.

Appendix F: Conflict Resolution-Emotional Condition

An estimated 4% of Canadians aged 65 and older experience problems in their relations with someone close to them. This means there are older people are living in dire situations that they have difficulty resolving for a variety of reasons. Instead of the harmonious relations that we expect in our senior years, interactions between spouses or a parent and their adult son or daughter are marred by conflict. Chronic or prolonged stress could be one reason because it can make it nearly impossible for us to be at our best, and extremely difficult for us to use our resources to resolve difficulties as they arise. These conflicts can degenerate into shouting matches or even escalate to the use of physical force, such as pushing or shoving. Although for some, there may be a long-standing history of family discord, others may begin to experience these terrible conflicts in their later life. Those responsible often blame their inexcusable behaviour on stress or personal problems (e.g. alcohol or drug abuse, psychological problems or financial difficulties).

Another type of conflict involves a betrayal of the trust an older person understandably has in those close to them. Mail may be opened without permission, or money, property or other material assets may be misused or stolen. Another serious violation of trust occurs when a caregiver fails to provide for the older person's most basic needs, such as access to medical care, safety, comfort and social interaction. These actions could be deliberate or due to a lack of ability or awareness. Whatever the reason, these conflicts must be resolved, because older people have absolute rights to have their needs met. Because of the intensely private nature of these problems, and the difficulty or reluctance to involve outsiders in family matters, these terrible conflicts most often go unreported and unresolved. Resolution of these conflicts may be possible, but only if done in such a way that the rights of the older person garner utmost respect, the caregiver willingly accepts accountability, and solutions are determined to ensure that conflicts are avoided in the future.

There are a number of risk factors that make some older people more vulnerable to conflicts. While the majority of people in their 60's, 70's and older are relatively fit and mobile, a small number live with physical limitations, mental incapacity, or other factors that severely limit their independence, freedom and ability to actively resolve these problems. Some may be isolated, due to a language barrier for example, and a very small percentage face challenges like Alzheimer's disease. The person responsible for the problems may see the older person as a target to exploit for their own purposes.

To summarize, a number of older Canadians must deal with problems in their relations to others that make life increasingly more difficult and stressful, and profoundly threaten the health and well being of the older person. People of all ages must acknowledge that these situations exist, realize their seriousness, and try to understand why they go unresolved. As citizens, we have a responsibility to take action when an older person's safety, security and well being are threatened. Immediate actions can be taken to resolve these problems so they don't get worse, and to ensure that in the future, conflicts will be resolved before they elevate to this extreme. Resolution is extremely important, because 70% of all reported cases of conflict involve repeated incidents.

The older person, the family member directly involved, or someone else can be the one to step forward to begin resolving the conflict. In fact, in 70% of cases, it was necessary for a third party to step in and begin the resolution process.

Occasionally, it is possible to resolve conflicts without help from others, however most often in serious cases; it's best to seek outside help. Those directly concerned may confide in someone they trust. Professionals (e.g. physicians, psychologists, or social workers) are properly trained to assess these situations and provide assistance to learn how to best resolve conflicts. When an older person is in immediate danger, police may assist in resolving conflicts. These can be difficult steps to take, but people should know that help is available, and there are a variety of solutions to improve the abilities of all involved parties to resolve conflict before it escalates to this awful state. By doing what we can to help people learn to effectively resolve their conflicts, we can contribute to making life safer and more secure for those in their senior years. After all, one day we might be in the same situation.

Appendix G: Survey Items

Section 1: Demographic Data

Please fill in the following. Place **check marks** in the appropriate boxes, and **fill in** the information in the available spaces.

Age: _____

Sex: Female Male

Marital Status: Single Married Divorced Widowed Separated

Culture/Ethnicity: African Asian European Native North American

Other (please specify) _____

Number of Children: _____

Children's Ages: _____

Education you have completed:

Less than high school (Please specify grade: _____)

High School

College, Business School, or Trade School

University (undergraduate degree or diploma)

Master's

Ph.D.

Current Occupation (if applicable): _____

Full Time Part Time

Former Occupation (if retired): _____

Section 2: Evaluation Questions

The following items ask you to rate different aspects of the information you have just read. Please **circle** your responses.

In my opinion, the information was...

- | | | | | | |
|-----|---|---------------------------------------|--|--|--|
| 1. | extremely
clear
[1] | quite
clear
[2] | somewhat
clear
[3] | not very
clear
[4] | not at all
clear
[5] |
| 2. | extremely
complete
[1] | quite
complete
[2] | somewhat
complete
[3] | not very
complete
[4] | not at all
complete
[5] |
| 3. | extremely
confusing
[1] | quite
confusing
[2] | somewhat
confusing
[3] | not very
confusing
[4] | not at all
confusing
[5] |
| 4. | extremely
controversial
[1] | quite
controversial
[2] | somewhat
controversial
[3] | not very
controversial
[4] | not at all
controversial
[5] |
| 5. | extremely
depressing
[1] | quite
depressing
[2] | somewhat
depressing
[3] | not very
depressing
[4] | not at all
depressing
[5] |
| 6. | extremely
disturbing
[1] | quite
disturbing
[2] | somewhat
disturbing
[3] | not very
disturbing
[4] | not at all
disturbing
[5] |
| 7. | extremely
informative
[1] | quite
informative
[2] | somewhat
informative
[3] | not very
informative
[4] | not at all
informative
[5] |
| 8. | extremely
offensive
[1] | quite
offensive
[2] | somewhat
offensive
[3] | not very
offensive
[4] | not at all
offensive
[5] |
| 9. | extremely
surprising
[1] | quite
surprising
[2] | somewhat
surprising
[3] | not very
surprising
[4] | not at all
surprising
[5] |
| 10. | extremely
thought-
provoking
[1] | quite
thought-
provoking
[2] | somewhat
thought-
provoking
[3] | not very
thought-
provoking
[4] | not at all
thought-
provoking
[5] |

11. How helpful do you think this pamphlet would be to an older person in a difficult situation?

extremely helpful [1]	quite helpful [2]	somewhat helpful [3]	not very helpful [4]	not at all helpful [5]
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12. How likely is it that you would give this pamphlet to someone else?

extremely likely [1]	quite likely [2]	somewhat likely [3]	not very likely [4]	not at all likely [5]
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Section 3: Beliefs about the Nature of Elder Abuse

Please circle your responses to the following questions. **Important note: Please do not refer back to the pamphlet.**

1. _____ older Canadians have significant problems in their relations with others.
 - A. Many
 - B. Some
 - C. Few

2. Older adults experiencing difficulties in their relations with others:
 - A. Almost always tell someone
 - B. Sometimes tell someone
 - C. Almost never tell someone

3. What proportion of Canadians 60 years and older have difficulty living independently?
 - A. The majority
 - B. Approximately half
 - C. The minority

4. Stress may be a main cause of conflict because:
 - A. Stress diminishes one's coping skills
 - B. Stress can cause minor problems to seem major
 - C. Stress can cause situations to elevate to shouting/physical force

5. If someone reports the difficulties the older person and those close to him/her are experiencing:
 - A. Taking action can stop the problem from getting worse.
 - B. Taking action can resolve the new or long-standing problems
 - C. Taking action can prevent future problems from occurring

6. When difficulties between an older person and someone close to him/her arise:
 - A. They should try to work it out themselves
 - B. Advice or counseling should be sought
 - C. Professionals (e.g. physicians, psychologists, or social workers) should provide assistance

7. Of reported incidences between an older person and someone close to him/her:
 - A. Most involve a single incidence
 - B. There is no indication about the number of times incidences occurred
 - C. Most involve repeated incidences

8. When help is sought to deal with the problems between an older person and someone close to him/her,
 - A. The solution is to press criminal charges
 - B. The solution is to place the older person in a nursing home
 - C. There is a variety of flexible solutions that can be tailored to each situation

9. When situations are reported, who is the most likely to report them?
 - A. The older person experiencing difficulty
 - B. The family member with whom the older person has the difficulty
 - C. A third party, not directly involved in the situation

Section 4: Beliefs about Elder Abuse and Related Issues

1. The lives of older adults would be better if they
 - A. Had access to more services
 - B. Had access to more information on available services
 - C. Formed community groups or networks to help each other

2. Elder abuse is
 - A. A relatively common problems in Canada
 - B. A relatively infrequent problem in Canada
 - C. A major source of stress for older Canadians

3. The best way of dealing with elder abuse is to
 - A. Increase funding for elder abuse education for all age groups
 - B. Improve access to services, such as family counseling
 - C. Improve training for professionals who work with older adults

4. Conflict in the families of older adults is mainly due to
 - A. The way the children were brought up
 - B. The choices people make as adults
 - C. The amount of stress that people are under

5. The abuse or neglect of an older adult by someone they have reason to trust is
 - A. A criminal matter
 - B. A private matter
 - C. A public matter

6. Child abuse is
 - A. A relatively common problem in Canada
 - B. A relatively infrequent problem in Canada
 - C. A problem requiring much more government funding in Canada

7. Spousal abuse is
 - A. A relatively common problem in Canada
 - B. A relatively infrequent problem in Canada
 - C. A problem requiring much more government funding in Canada

8. Crime is
 - A. A serious problem in Canada
 - B. Not a serious problem in Canada
 - C. A problem requiring much more government funding in Canada

9. If you could increase government funding in one area, what would be your first choice?
- A. Child care and education
 - B. Programs and services for parents
 - C. Health care, including mental health services
10. The best way to deliver information on elder abuse is through
- A. Public service ads on radio and t.v.
 - B. Public lectures in community centers, schools, and universities
 - C. Letter or pamphlets sent by mail
11. Have you had any personal experiences with mistreatment, abuse, or neglect (at any age)?
- A. No, I have not
 - B. Yes, I personally know someone affected by it
 - C. Yes, I have experienced it myself

Section 5: The Elder Abuse Attitude Test (EAAT)

The following statements refer to how people sometimes act toward seniors. They only refer to behaviour by someone a senior has reason to trust. That person could be a relative or someone who takes care of the senior. That person could also be someone paid to help or look after the senior's affairs, such as a doctor, nurse, homemaker, or lawyer. The questions do **not** refer to how strangers treat seniors.

Please indicate whether the actions below are:

[1] not abusive [2] possibly abusive [3] abusive [4] severely abusive [5] very severely abusive towards a senior if done by someone a senior has reason to trust. Remember that the questions do not apply to acts by a stranger. **Circle** a number next to each statement, such that:

[1] means **NOT** abusive

[2] means **POSSIBLY** abusive

[3] means **ABUSIVE**

[4] means **SEVERELY** abusive

[5] means **VERY SEVERELY** abusive

A person a senior has reason to trust who:

- | | | | | | |
|---|-----|-----|-----|-----|-----|
| 1. Steals something a senior values | [1] | [2] | [3] | [4] | [5] |
| 2. Makes a senior pay too much for things like house repairs or medical aids | [1] | [2] | [3] | [4] | [5] |
| 3. Pushes or shoves a senior | [1] | [2] | [3] | [4] | [5] |
| 4. Lies to a senior in a harmful way | [1] | [2] | [3] | [4] | [5] |
| 5. Opens a senior's mail without permission | [1] | [2] | [3] | [4] | [5] |
| 6. Pressures a senior to do paid work when that senior does not want to | [1] | [2] | [3] | [4] | [5] |
| 7. Doesn't take a senior places that the senior has to go (like a doctor's appointment) | [1] | [2] | [3] | [4] | [5] |
| 8. Withholds information that may be important to a senior | [1] | [2] | [3] | [4] | [5] |
| 9. Unreasonably orders a senior around | [1] | [2] | [3] | [4] | [5] |
| 10. Doesn't provide a senior with proper clothing when needed | [1] | [2] | [3] | [4] | [5] |
| 11. Tells a senior that they are "too much trouble" | [1] | [2] | [3] | [4] | [5] |
| 12. Fails to provide proper nutrition for a senior | [1] | [2] | [3] | [4] | [5] |
| 13. Disbelieves a senior who claims to be abused without checking the claim | [1] | [2] | [3] | [4] | [5] |

Section 6: Comments and Suggestions

Suggestions and comments:

Please use the space below on this page to write any comments you may have about the information sheet or the questionnaire items. Feel free to include your suggestions on how we should deal with the issue of the mistreatment of older people in the country.

Thank you for your help with this research!