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REWORDING ELDER ABUSE:

A TEST OF SIX FRAMEWORKS

MASTER'S THESIS

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Specialization in Gerontology

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Table of Contents

Tables

Abstract

The term "elder abuse" carries powerful connotations and preconceptions, making the topic a difficult one to broach. In order to effectively reach older adults, their family members and caregivers, educators would do well to avoid language that could automatically repel these individuals. The main objective of this study was to take a step toward finding more accessible forms of written information on elder abuse by testing the effects of the manner in which this information is presented. Combinations of three message types (informational, empowerment, and elder abuse) and two message tones (neutral and emotional) produced six alternative versions or frameworks. Informational messages featured an objective, factual approach, while empowerment messages took a more subjective, positive aging approach. Elder abuse messages referred directly to abuse and neglect. Each participant (305 university students and 60 older adults) read one of the six versions and completed a questionnaire. Two sets of three-way ANOVAs and multinomial logistic regressions examining type, tone, and group effects were conducted. The results indicated that elder abuse messages had higher perceived quality than empowerment messages, and that emotionally-toned messages had higher perceived impact than neutrally-toned messages. Compared to other frameworks, the information-neutral message was more likely to result in indications that most older Canadians have no problems or few problems with those close to them. A number of group effects and interactions occurred. It was concluded that the wording of information on elder abuse does have significant effects on readers' responses, effects that often vary according to the characteristics of the reader.

Rewording Elder Abuse: A Test of Six Frameworks

INTRODUCTION

History of the Problem

The history of elder abuse as a recognized social problem started in the 1970s, following the rise in public awareness of spousal abuse and child abuse (McDonald & Collins, 2000). It was first recognized in the United States and the United Kingdom, then in Canada, Australia and several other nations in the 1980s and 1990s (Gnaedinger, 1989; Kosberg & Garcia, 1995; Leroux & Petrunik, 1990; McDonald & Collins, 2000). The rise in elder abuse awareness paralleled a growing preoccupation with population aging (Baumann, 1989; Kosberg & Garcia, 1995; Leroux & Petrunik, 1990; Robertson, 1999).

The concept of "elder abuse" is now often referred to as "abuse and neglect of older adults" (e.g., McDonald & Collins, 2000; Nahmiash, 1998). The word "abuse" is sometimes substituted or interchanged with the terms "mistreatment" or "maltreatment" (e.g., Arris, 1999; Lachs, Williams, O'Brien, Pillemer, & Charlson, 1997).

Defining Elder Abuse

Although elder abuse has been readily accepted as a problem in need of solutions, it is difficult to define (Biggs, Phillipson, & Kingston, 1995; McDonald & Collins, 2000; Nahmiash, 1998). The lack of a clear definition has hampered research, as comparisons between studies require some consensus on how to conceptualize and define the phenomenon being studied.

A recent literature survey (Nahmiash, 1998) outlined commonly used categories of elder abuse. The major types were physical abuse, psychological or emotional abuse

(including verbal aggression), financial or material exploitation or abuse. and, lastly, neglect, consisting of both passive (unintentional) and active (intentional) negligence. Nahmiash cited two less common categories, namely, social or collective abuse, which refers to ageism and its effects, and also self-neglect. Sexual abuse of older adults is generally grouped with physical abuse, although some definitions place it in a separate category. An example of the latter comes from the National Center on Elder Abuse (NCEA) in the United States, which also adds abandonment as a type of abuse (NCEA, 1998). The descriptive, categorical approach to defining elder abuse embraces a wide range of behaviours, covering domains that invite the participation of a whole spectrum of professionals with interests in the health and well-being of the elderly.

Multiple Meanings

Stones (1995) discussed definitional approaches to elder abuse and neglect, noting the distinctions between connotative, structural, and denotative definitions. Connotative definitions focus on the consequences of abuse that are experienced by the abused person, while structural definitions emphasize the criteria used for evaluating abuse, an approach that demonstrates the "multiple meanings" of abuse in all its diversity. Stones cited his own basic definition of elder abuse, stated as: "A misdemeanour against acknowledged standards by someone a senior has reason to trust," to illustrate the broad nature of the concept (p. 114). Stones concluded his discussion by recommending that denotative definitions, those that refer to specific examples of abusive or negligent behaviour, would be preferable for constructing assessment measures.

Research and Theory

The acknowledgment of elder abuse as an important issue has been met by a problem-oriented response from the beginning, with practitioners in community care, social work, and criminal law taking leadership roles (Baumann, 1989; Leroux & Petrunik, 1990). A number of publications have emphasized the use of practical approaches to address victims' needs (e.g., Breckman & Adelman, 1988; Kartes, 1990; McDonald, Hornick, Robertson, & Wallace, 1991; Pritchard, 1995), although agreement on the need for research and theory development is widespread (Biggs et al., 1995; Breckman & Adelman, 1988; McDonald et al., 1991).

Prevalence and Incidence

Two North American prevalence studies are frequently cited. In the United States, Pillemer and Finkelhor (1988) conducted a random sample survey of 2020 community-dwelling older adults (aged 65 and older) in metropolitan Boston. Physical abuse, neglect, and psychological abuse (measured in terms of chronic verbal aggression) were assessed by telephone or in-person interviews. The researchers found a total prevalence rate of 32 people per 1000, or 3.2%, based on the responses of 63 participants who admitted that they had been mistreated. Reported rates by type of abuse were as follows: 2% physical abuse (40 cases), 1.1% verbal aggression (26 cases), and .4% neglect (7 cases). Spouses were the most common abusers, followed by adult sons, daughters, and others (i.e., grandchildren, brothers or sisters, and boarders).

In Canada, a 1989 research project known as the Ryerson study (Podnieks, 1992a) gauged the prevalence of elder abuse at a national level. A telephone survey was

conducted with 2008 people aged 65 and older who were living in private dwellings. A

modified random sample was drawn from five regions of the country: the Atlantic

provinces, Quebec, Ontario, the prairies, and British Columbia. The total prevalence rate

of 40 people per 1000, or 4%, was based on 80 respondents reporting abuse. In addition

to physical abuse, psychological abuse (viewed in terms of chronic verbal aggression),

and neglect, the survey also addressed material abuse or financial exploitation. The rates

for each type of abuse were the following: 2.5% material abuse (52 cases), 1.4% verbal

abuse (26 cases), .5% physical violence (11 cases), and .4% neglect (8 cases). Podnieks

noted the varying patterns associated with the four different types of abuse. For example,

friends, neighbours, and acquaintances were the most likely perpetrators of material abuse

(40%), followed by sons or daughters (29%) and more distant relations (24%). In

contrast, spouses were cited as the abusers in 24 of the 26 verbal abuse cases, and in 9 of

the 11 physical abuse cases.

A recent national incidence study in the United States (NCEA, 1998) assessed

new cases of elder abuse for 1996. The categories of abuse included physical, sexual,

emotional or psychological abuse, neglect, abandonment, financial or material

exploitation, and self-neglect. The study used a stratified multistage sample of 20

counties representing four geographical regions of the country. Data were gathered by

Adult Protective Services (APS) agencies, and also from "sentinels" working in the

following settings: law enforcement, public health departments, hospitals, elder care

(e.g., seniors' centres and home care agencies), and banks. Local contacts recruited from

these agencies and settings received training on how to recognize elder abuse, as defined

by the study, and how to proceed with data collection. Incidents of elder abuse, either officially reported cases or observed situations, were recorded on standardized forms and forwarded to the researchers for analysis. This method was based on the assumption that officially reported cases of abuse represent only "the tip of the iceberg."

Only the cases reported by sentinels and those reported and also substantiated by APS agencies were included in the incidence results. Estimates were derived from a process of weighting that was applied in order to derive national incident rates from the data collected. The study found that an estimated 449,924 community-dwelling people aged 60 and over had experienced abuse or neglect in 1996. The inclusion of self-neglect raised the national total to an estimated 551,011. These numbers represent approximately 1.02% and 1.26%, respectively, of the total population of people aged 60 and over in 1996.

Analyses of cases substantiated by APS agencies indicated that the most frequent category of elder abuse was neglect (an estimated 48.7% of national cases), followed by emotional/psychological abuse (35.4%), financial/material exploitation (30.2%), and physical abuse (25.6%). Estimated cases of abandonment and physical abuse accounted for 3.6% and .3% of the total, respectively. It should be noted that the total of these percentages exceeds 100 because more than one type of abuse was often reported for an incident. The proportion of women who were abused outnumbered men in all categories except for abandonment, although the percentages for neglect (40% for men vs. 60% for women) were not far apart. In all categories except for abandonment, the majority of those abused were 80 years of age or older.

Adult children. cited as the most frequent abusers, were responsible for an estimated 79.5% of abandonment cases, 60.4% of financial/material exploitation. 53.9% of emotional or psychological abuse, 48.6% of physical abuse, and 43.2% of neglect cases. Spouses were cited as the abusers in 30.3% of neglect cases, 23.4% of physical abuse, and 12.6% of emotional or psychological abuse cases. Most of the abusers (39%) were 41 to 59 years old, while 27% were aged 40 or less. Of the remainder, 8% were in their 60s, 12% in their 70s, and 14% were 80 or older.

The study concluded by remarking on the large increase (128% in the ten years spanning 1986 to 1996) in officially reported cases of elder abuse and neglect, while the population of people 60 and older had increased by 10% in the United States during that time (from 38.9 to 43.9 million). The study supported the perception that most incidents do not get reported to APS agencies. The total national estimate of 449,924 new cases reflects a ratio of approximately 84% of cases reported by trained sentinels, with only the remaining 16% (an estimated 70,942) reported to APS agencies and later substantiated. (Care was taken to avoid duplication of cases, so that each new case represents a different individual.) The authors cautioned that an unknown number of new cases remain unidentified and unreported, posing a challenge for future researchers.

Expert and Lay Perspectives

Research has begun to examine individual differences in attitudes toward elder abuse. Stones and Pittman (1995) reported on two studies related to this issue. Both studies used a survey tool containing 13 items describing various forms of abuse. The response scale allowed for ratings from 1, for "definitely not abusive" to 5, for "very

severely abusive." A comparison of older adults' responses to those of practitioners suggested that age and community size were significantly related to ratings of abusiveness: lower ratings were associated with older age and residence in larger communities. The second study examined a broader set of attitudes in a sample of older adults. The results identified an "extreme" response tendency that was linked to ratings of abusiveness: higher ratings were associated with stronger positive endorsements "that child, elder, and spousal abuse are problems that require societal intervention" (Stones & Pittman, 1995, p. 68).

Recently, researchers have been observing that although practitioners or "experts" show reasonably high levels of agreement with members of the public on what constitutes elder abuse, there are some areas of disagreement between the two groups (Hudson & Carlson, 1998; Stones & Bédard, 2000). For example, one study showed that experts rated an item describing chemical restraint ("...the doctor ordered a pill to stop the elder from bothering the nurses...") as more abusive (i.e., "slightly" vs. "moderately" abusive) than members of the public did. In contrast, the public rating for an item stating that "...the relative charges the elder $20 to drive the elder to every doctor's appointment" was "slightly abusive," whereas the experts' rating was "borderline" (Hudson & Carlson, pp. 90-91).

Along with age, community size, and expertise, cultural background has been linked to attitude differences regarding elder abuse (Anetzberger, Korbin, & Tomita, 1996; Hudson, Armachain, Beasley, & Carlson, 1998; Moon & Williams, 1993). An example of these differences is Moon and Williams' finding that, on average, Korean

Americans showed less severe reactions to scenarios of possible elder abuse than

Caucasian and African Americans did, and expressed a lower likelihood of seeking help

in cases that they identified as abusive. In a related vein, Maxwell and Maxwell (1992)

wrote that the members of two Plains Indian tribes in the United States tended to place

the mistreatment of elders in the context of community dysfunction, whereas non-Native

North Americans would be more likely to use an individualistic or interpersonal

framework.

Further research is needed to clarify differences in perceptions of and attitudes

toward elder abuse. In the real world, different ways of conceptualizing abuse and

differences in "thresholds" of the perception of abuse severity (Stones & Bédard, 2000)

likely result in disparities for reporting abuse and finding satisfactory solutions to

distressing situations. Podnieks (1992b) commented on follow-up interviews with 42 of

the original 80 respondents from the Ryerson study who admitted that they had

experienced abuse. She concluded that these individuals were survivors, people who had

managed to adapt to various hardships in their lives, including the Great Depression. She

suggested that hardiness was a strength they all shared. She went on to add that "the

damage and the suffering are still there whether they acknowledge it or not" (p. 107). On

the other hand, Podnieks stated that older adults in abusive situations need not be

pressured to accept the mantle of a "victim," but should instead be treated as individuals

with their own unique circumstances and requirements.

<u>Theoretical Models</u>

Elder abuse research has been hampered by the lack of a sound theoretical basis

(McDonald & Collins, 2000; McDonald et al., 1991; Wolf, 1997). Existing theoretical models, based largely on family violence literature (Wolf, 1997), offer incomplete explanations of elder abuse. McDonald and Collins remarked that a proposed risk factor (e.g., stress) has often served as an explanation in and of itself, rather than as a singular aspect of a larger model.

Four models commonly referred to in elder abuse literature were outlined by McDonald and Collins (2000). The situational model proposes that a stressful situation may cause caregivers to abuse or neglect the older adult in their care. The authors noted that this model does not account for the fact that caregivers may react differently to similar levels of stress. Furthermore, the model is overly simplistic, lacking a detailed examination of the operation of stress in personal relationships.

Social exchange theory, a somewhat more complex model, states that power differentials between people may largely account for their actions. With aging, individuals lose power and become more dependent on others, and are thus at a higher risk for abuse. McDonald and Collins (2000) remarked on the inherent ageism in this model, in that it equates aging with increased powerlessness. It is also flawed because research has shown that the abuser may be the one who is more needy or dependent than the older person they are abusing (Maxwell & Maxwell, 1992; Pillemer, 1985).

The third model outlined by McDonald and Collins (2000) was symbolic interactionism, which emphasizes personal interpretations of situations, as well as a social learning view of behaviour (i.e., past experiences of abuse, either directly experienced or observed, shape the way in which family members treat one another). The authors advised

that the causal implications of this model have not been supported by research. and that other important variables are neglected.

The fourth approach includes feminist models, which are based on the perception that spousal abuse plays a significant part in many cases of elder abuse (e.g., Podnieks, 1992a). Several authors have focused on the issue of violence against older women by their spouses or adult children (Aronson, Thornewell, & Williams, 1995; Cohen, 1984; Mastrocola-Morris, 1989). Like social exchange theory, feminist models implicate an imbalance in power as a precursor to abuse in relationships. McDonald and Collins (2000) commented that this approach also lacks empirical support and falls far short of accounting for the range of situations that involve elder abuse. Although some findings suggest that females are more frequent victims than males (NCEA, 1998), other findings suggest that males are equally or more at risk of some kinds of abuse (Nahmiash, 1998; Podnieks, 1992a).

An additional theoretical approach is the political economy model (Biggs et al., 1995; Wolf, 1997). Its premise is that discrimination against older adults (e.g., through mandatary retirement) leads to their marginalization in society, leaving them more dependent than they would otherwise be. Ageism may also result in a lack of sensitivity to the expressed concerns of older people, or a failure to take their problems seriously. These attitudes may limit the ability of older people to assert their rights and make sure that others treat them respectfully, or to successfully enlist the help of others when their needs are not being met.

This brief outline of theoretical approaches to elder abuse indicates that although

"[t]here seems to be no scarcity of theories" (Wolf, 1997, p. 159), "there is a notable lack of empirically generated and tested theoretical propositions regarding the causes of abuse and neglect of the elderly...[leaving researchers still] in search of a theory" (McDonald et al., 1991, p. 26).

Proposed Etiology

A common set of probable causes or "risk factors" for elder abuse can be found in the literature. As noted earlier, these factors are sometimes elevated to the status of theory.

Some proposed causes refer to vulnerabilities of the abused person, such as advanced age, physical or mental health problems, social isolation, and inadequate social support (Lachs et al., 1997; McDonald & Collins, 2000; Nahmiash, 1998). However, a greater emphasis has been placed on the characteristics of abusers. Problematic traits of the abuser include psychopathology (e.g., schizophrenia), alcohol or substance abuse, and personal problems such as financial debt (Biggs et al., 1995; Godkin et al., 1989; McDonald et al., 1991; Pillemer, 1985; Pillemer & Finkelhor, 1989). Nahmiash listed the following ten indicators that may apply to abusers of older adults: mental and emotional illness, substance abuse, lack of caregiving experience, caregiver reluctance, perceived caregiver stress and burden, family history of abuse, dependency, confusion and dementia, personality traits (e.g., the tendency to criticize, or a lack of empathy), and inadequate social supports.

One prominent category of abusers are those characterized as overburdened caregivers who are unable to deal effectively with the stress of caring for an older person.

In this scenario. an older person's cognitive impairment. usually from Alzheimer's disease, puts them at increased risk for abuse or neglect (Dyer, Pavlik, Murphy, & Hyman, 2000; Lachs et al., 1997). McDonald and Collins (2000) advised that more studies are needed to clarify our understanding of caregiver stress, which they considered a pressing issue. Their report cited declining health and social services funding in Canada, with the prediction of an increasing reliance on family members (who themselves often have careers and dependent children) for care. An in-depth discussion of family caregiver issues in Canada can be found in a report by Gottlieb (1998).

Another notable risk factor is a history of conflict in relationships, either between spouses or between parent and child. Abuse against older people is sometimes framed within a cycle of violence in a family, at times repeating across several generations (Biggs et al., 1995; McDonald et al., 1991).

The perspectives underlying these causes or risk factors have largely implied the dependency of abused elders. However, there has been a shift toward placing abuse in the context of interdependent relationships, acknowledging the complex dynamics of interpersonal relations, past history, and current stressors (McDonald & Collins, 2000; Pittaway, Westhues, & Peressini, 1995; Wolf, 1997). Nahmiash (1998) has suggested that researchers examine the different types of abuse separately, using both qualitative and quantitative methods.

Intervention and Prevention

The problem-oriented response to elder abuse has placed intervention strategies at a high priority. Nahmiash (1998) outlined the four main types of intervention models:

domestic violence/family therapy, adult protection, multidisciplinary programs, and information and advocacy. Nahmiash summarized her findings of specific projects typifying these models as follows:

> The programs...include a variety of strategies, based on multidisciplinary and sometimes an intersectoral approach that creates alliances among health and social services agencies, the criminal justice system, community organizations and others. Innovative approaches such as volunteer advocates, peer counselling strategies and support groups for abused older women are used, though individual counselling tends to be the strategy of choice for abused seniors and abused caregivers. (p. 288)

She further observed that the involvement of older adults in the planning and operation of these projects, one of their key objectives, did not always come about. Due to the structure of the programs, professionals often retained their leadership roles instead of handing them over to concerned elders in the community.

As a way to transcend limited theoretical models and to embrace the full involvement of older people, Nahmiash (1998) has suggested an empowerment perspective on elder abuse. Harbison (1999) has also taken this view, stating that "all policies and practices relating to elder mistreatment should be assessed in terms of their respect for older people's rights and for their ability to empower rather than dis-empower through the helping process" (p. 13). Although seniors' groups (e.g., Canada's One Voice and Australia's Older Women's Network) are assuming more of a leadership role, the fact that older people's views on the meaning of elder abuse are rarely solicited (Stones, 1995)

indicates that there is much room for improvement.

Public Information

One route to empowerment is through increased public awareness. The literature on elder abuse and neglect is filled with recommendations for prevention through education (McDonald & Collins, 2000; Nahmiash, 1998; Podnieks, 1992b; Podnieks & Baillie, 1995; Ross & Hoff, 1995). McDonald and Collins proposed the following: "Education is not just about learning new information: it is about changing attitudes, behaviours, and values. As such, education is a fundamental preventive strategy" (section 10.1).

Groups targeted for education and awareness strategies include professionals (e.g., in health care and social services), older adults, caregivers, the general public, and school-aged children (McDonald & Collins, 2000; Podnieks & Baillie, 1995). Examples of these initiatives are training sessions and seminars for professionals, advocacy and support groups for older adults and caregivers, psychoeducational and skills training for caregivers, and a variety of methods aimed at students and the general public.

Podnieks and Baillie (1995) described several techniques of informing the public about elder abuse. Community groups raise awareness by developing and distributing pamphlets, holding conferences, lobbying the media, and launching initiatives. An example of a creative initiative involved a poster contest for children (Podnieks & Baillie, 1995). Their designs were printed on 3000 grocery bags that were then used by a local store. Televised coverage of the event helped to spread the word about elder abuse and the importance of intergenerational ties.

Local. provincial, national, and international organizations have become involved in sharing information on elder abuse with the public. For example, the Community Elder Abuse Committee (CEAC), established in Thunder Bay in 1992, has produced two information pamphlets (CEAC, 1994, 1998). These pamphlets describe the four main types of elder abuse (i.e., physical, psychological, and financial abuse, and neglect), outline possible characteristics of victims and abusers, suggest potential signs of abuse (e.g., unexplained injuries), and provide a list of community contacts where further help can be sought.

The Toronto-based Ontario Network for the Prevention of Elder Abuse (ONPEA), also established in 1992, is involved in a number of initiatives. Their mandate includes offering services and support to victims, but education is their main focus (ONPEA, 1998a). Another example of a provincial organization involved in education is Alberta Family and Social Services (1990). Their booklet on elder abuse and neglect provides basic information, a bibliography, and a list of district health units throughout the province.

Public health organizations have been strong participants in the movement to gather and disseminate elder abuse information. The American Medical Association (AMA) maintains an on-line health information web site that provides access to basic information on elder abuse, including links to the National Center on Elder Abuse in Washington and the Administration on Aging (Arris, 1999). A recent edition of the journal <u>Geriatrics</u> featured an editorial advising family physicians of the potential signs of elder abuse (Butler, 1999).

In this country, the Family Violence Prevention Division of Health Canada (formerly Health and Welfare Canada) has produced a number of reports that are available to the public. Their topics include elder abuse in general (National Clearinghouse on Family Violence, 1986, 1993a, 1999a; Tindale, Norris, Berman, & Kuiack, 1994), as well as financial abuse (National Clearinghouse, 1993b, 1998b) and the abuse of older adults in institutions (National Clearinghouse, 1998a). Health Canada has also collaborated with the National Film Board of Canada to publish a list of videotapes pertaining to family violence, which includes a list of thirteen films on various aspects of elder abuse (National Clearinghouse, 1999b). The subjects of these films range from conflict within families to the prevention of crime against older adults.

Problems with Public Awareness Information

This brief review seems to suggest that there is no shortage of educational materials on elder abuse and neglect. However, there may be reason to doubt that these items are accessible in the sense that people actually read them. The title of a display or pamphlet containing the phrase "elder abuse" may in fact be aversive to members of the public. One indication of this is the response of the Thunder Bay District Health Unit (TBDHU) to a survey conducted by the ONPEA. Under the category of "main successes, barriers, and challenges," the TBDHU remarked that informational displays acted as barriers, as people were even "reluctant to be seen looking at one" (ONPEA, 1998b, p. 1). If people are unwilling to approach the material, they will certainly not receive the message.

It can be argued that the word "abuse" is to blame for public aversion to the topic

of elder abuse and neglect. The word conjures up images of physical assault. creating a mental picture of a frail, frightened elder cowering in front of a younger. stronger opponent. While acts of physical violence and sexual assault are examples of elder abuse, research such as the Ryerson study (Podnieks, 1992a) suggests that physical abuse cases among community-dwelling Canadians aged 65 and older are rare (i.e., at an estimated prevalence rate of .5%, compared to 1.4% for verbal abuse and 2.5% for material abuse). While the importance and validity of these cases should not be diminished or overlooked, it would be incorrect to dwell on them to the exclusion of a more balanced view of elder abuse and neglect.

A recent publication (Pritchard, 1995) provides an example of emphasizing the more extreme end of elder abuse. The book is designed as a training manual for providers of social services, suggesting ways to detect and deal with cases of elder abuse. Numerous hypothetical scenarios portray elderly people who have been injured by "falling" down the stairs, being burned with a hot brush, having hot soup poured on them, and so on. Although examples of financial and verbal abuse are also provided, the repeated scenarios of physical violence and extreme negligence are so vivid and appalling that they dominate the book and leave a lasting, one-sided impression. It is likely that Pritchard's intention was to prepare social workers for the "worst-case scenarios" that they might encounter, which would be those requiring immediate action. However, it can be argued that the intentions of others may be more complex.

Some have suggested that the scope and severity of elder abuse as a social problem have been overblown by those who have certain vested interests. Estes (1999)

has characterized the institutions. organizations, and professions geared to addressing the problems of aging and the elderly as an "aging enterprise" (p. 136). She has argued that the aging enterprise helps perpetuate social constructions of the elderly as dependent and in need of special services provided by others. Baumann (1989) has also taken a critical view of the treatment of aging as problematic, and in particular the forces behind the rise of elder abuse as a recognized social problem. She has remarked that the professional literature on elder abuse frequently reflects widespread public beliefs, rather than empirically supported facts. She claimed that descriptions of disturbing case studies went beyond raising awareness among service providers, functioning also "as atrocity tales – creating a sense of moral outrage in the reader" (Baumann, 1989, p. 62).

A cursory search of the term "elder abuse" on the Internet provides an example of how exaggeration and playing on people's emotions can reap benefits for some. The Law Offices of Houck and Balisok (2001) framed alleged elder abuse in nursing homes as a personal issue, referring to heinous acts of physical abuse and negligence perpetrated against "our parents," all for the purpose of "the operator's drive for profit" (p. 2). The web site described how "our parents" are being beaten, left with untreated, infected wounds, and starved to death in uncaring institutions. This is, of course, an extreme example of an emphasis on (and overblown exaggeration of) the extreme end of elder abuse. However, it is a real indication of how hyperbole can be misused to appeal to the emotions of the public, at the expense of a more balanced presentation of events.

Rewording Elder Abuse

In order to reach older adults, their family members and caregivers, elder abuse educators would do well to avoid language that could automatically repel these individuals. Many elders would probably not wish to classify themselves as potential "victims," nor would family members and caregivers choose to acknowledge that they could be categorized as "abusers" or "perpetrators" of abuse. Since it is likely that the terms "abuse" and "elder abuse" carry powerful connotations and preconceptions, perhaps it would be helpful to avoid using them at all in public information, if this could be possible. It would likewise be advisable to bypass the more extreme examples of abuse and neglect, in order to give an unbiased representation of the problems encountered by most older adults. A more moderate message would also serve to alert the reader to the milder forms of mistreatment, such as repeated verbal put downs, that are nonetheless potentially damaging.

RESEARCH OBJECTIVES

The purpose of this study was to test the effects of the manner in which elder abuse and neglect information is presented. Because the research was exploratory, no specific hypotheses were tested. The dependent variables were perceived information quality and impact as well as expressed attitudes and beliefs. The independent variables were the three message types and two message tones used in presenting the information, and also the different groups of participants.

Combinations of three message types (informational, empowerment, and elder abuse) and two message tones (neutral and emotional) produced six different information

sheets. They all contained similar content based on existing public information pamphlets and related material (e.g., booklets and public information on the Internet) on elder abuse and neglect.

The informational messages featured an objective, factual approach, while the empowerment messages took a more subjective, positive aging approach. These message types avoided the terms "abuse" and "elder abuse," terms that might colour individuals' responses to the information. In order to test responses to written information that does contain these problematic terms, the third message type directly referred to elder abuse, abuse, and neglect. It was expected that responses to the "abuse" format would help determine the effects of existing, factual information on elder abuse, once it was actually read by someone. The three message types were written in both a neutral tone and a more emphatic, emotional tone.

Different groups of participants were included in the study. Older adults' responses were sought because this topic directly concerns them, and because their input has too frequently been overlooked. The younger participants represent students from different year levels and subject majors. They varied in terms of their exposure to education on elder abuse and related issues concerning older adults. Some had an academic or career interest in gerontology, but others did not. Collectively, the participants covered a range of backgrounds, interests, and personal experiences.

METHOD

Participants

This study sought participants that represented a range of ages, educational levels, and backgrounds, with varying levels of knowledge and interest in topics related to gerontology in general, and to elder abuse in particular. Younger volunteers were sought among students taking Introductory Psychology and advanced courses in psychology, gerontology, and social work. Older participants were sought at two seniors' centres and one community centre.

The participants included 165 students taking Introductory Psychology and 140 students from advanced courses. Among the students taking advanced courses, 69 were in 3rd- and 4th-year gerontology courses, 32 were in 3rd- and 4th-year social work courses, and 39 were in 3rd-year psychology courses. The gerontology courses included were based in the following departments: anthropology (25 participants), psychology (n = 20), nursing (n = 14), social work (n = 5), and sociology (n = 5). Some students were present in more than one of the classes visited, but volunteers were only allowed to participate once.

Sixty-four older adults also participated. Four questionnaires were excluded from the analyses because too many items had been skipped. This left a total of 60 completed questionnaires from older participants, 10 for each version of information. A total of 305 students completed questionnaires, all of which were included in the analyses.

Materials

Information Frameworks

The first independent variable in this study was the information format or framework. As mentioned above, combinations of three different message types (informational, empowerment, and elder abuse) and two different tones (neutral vs. emotional) were used. Care was taken to ensure that the length (an average of 563 words, with a range from 553 to 579 words) and reading level of the messages were equivalent and that the content was comparable. The full text of the frameworks is shown in Appendices A through F. It should be noted that the actual information sheets were printed in an easy-to-read format with spaces placed between paragraphs and the text aligned in two magazine-style columns.

In the informational and empowerment message types, words like "conflict" and "challenge" were used to refer to problematic or abusive situations. The elder abuse message type, modelled on the informational format, included the term "elder abuse" and the words "abuse" and "neglect." In order to both simplify matters and to appeal to a broad audience, a family conflict model was used for each version. The frameworks have the same basic structure. Each begins with this statement: "An estimated 4% of Canadians aged 65 and older experience problems in their relations with someone close to them." This is followed by a unique qualifying statement that suits the perspective of the framework. The opening paragraph continues with the reasons that problems may occur (i.e., conflict due to stress, etc.), and concludes by citing examples of verbal and physical abuse.

The second paragraph provides examples of material abuse and neglect, and gives reasons for the fact that abuse and neglect often go unreported and unresolved.

Vulnerabilities and risk factors, as well as strengths and resources (in the empowerment formats), are mentioned in the third paragraph. A summary statement and possible courses of action to resolve problems are noted in the fourth paragraph. The fifth and final paragraph concerns the involvement of professionals, ending with a concluding statement that once again reflects the framework's perspective.

In terms of the approaches, the empowerment frameworks emphasize the strengths of older adults and the active role they can take in resolving their difficulties. In contrast, the informational frameworks focus on the problems encountered by roughly 4% of Canadians, and place more emphasis on the ability of professionals to deal with difficult situations. Regarding the tone of the pieces, while the neutral wording is rather objective and unadorned, the emotional versions are more emphatic and personal.

Instruments

The following instruments were used for data collection.

First, a cover sheet briefly explained the purpose of the study and the procedures. Next, there was a page of questions regarding the respondent's age, gender, marital status, number of children and their ages, education level, subject major(s) and minor (if applicable), and whether he or she was enrolled in a specialized program, such as gerontology. Respondents were asked to indicate their culture or ethnicity. The final demographic question assessed current or former occupation (i.e., if retired).

A one-page information sheet came next. Each participant received one the following versions: information type, neutral tone; information type, emotional tone; empowerment type, neutral tone; empowerment type, emotional tone; abuse type, neutral

tone; and abuse type, emotional tone. This was followed by a questionnaire comprising five sets of questions, which are shown in Appendix G along with the demographic questions noted above. Each section of the questionnaire began on a separate page in order to make it sufficiently clear and easy to follow.

The first set of questions concerned participants' evaluation of the information they read. Ten aspects were assessed, namely, whether the information was clear, complete, confusing, controversial, depressing, disturbing, informative, offensive, surprising, and thought-provoking. The answer format used a 5-point Likert-type scale, featuring the following options in ascending order: extremely, quite, somewhat, not very, and not at all. A blank space was provided for respondents to fill in other descriptors. Two more questions were included in this section. The first asked: "How helpful do you think this information sheet would be to an older person in a difficult situation?" The second asked: "How likely is it that you would give this information sheet to someone else?" These questions used the same 5-point scale response format (i.e., "extremely helpful", "extremely likely", and so on).

The second section contained 10 multiple choice questions, each with three alternative answers. These items reflected beliefs about the nature of elder abuse. The first five questions closely reflected the information sheets' content. The next five items addressed perceptions of elder abuse that relied more on personal interpretations of the information.

The third section included 10 questions with the same format, this time measuring respondents' beliefs and attitudes toward elder abuse in a more general sense, as well as

attitudes toward the related issues of child abuse, spousal abuse, and crime. This section marked the first time during the procedure that those who read the informational or empowerment messages would see the term "elder abuse." The section featured four more questions, some intended specifically for students, although they could apply to older adults as well. Three of the items asked how many gerontology courses the respondent had completed, whether they had taken courses addressing elder abuse, and whether they planned to work in a helping profession (e.g., in health, clinical psychology, or social work). The fourth item asked whether the respondent has had any personal experiences with mistreatment, abuse, or neglect (at any age). Response options included the following: "No, I have not," "Yes, I personally know someone affected by it," and "Yes, I have experienced it myself."

The fourth section of the questionnaire featured the 13 items from the Elder Abuse Attitude Test (EAAT, Stones & Pittman, 1995). This scale assesses the perceived severity of 13 examples of behaviour that most people consider abusive, rated on a 5-point scale 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).

The fifth and final section of the questionnaire invited participants to write comments about the information sheet or the questions, and to include their suggestions on how to deal with the issue of the mistreatment of older people. The cover sheet, demographic questions, information sheet, and questionnaire pages were all stapled together.

An elder abuse resource list containing the names of community contacts and a list of relevant reading material and web sites was compiled. The purpose was to address any questions or concerns related to the issues described in the information sheets and questionnaire.

Procedure

Each participant received a questionnaire containing one of the six versions of the information sheet. The questionnaires were arranged ahead of time so that the six versions were evenly distributed in serial order.

The data from student participants in advanced courses were collected during class time, either at the beginning or at the end of a class, depending on the instructor's preference. The researcher described the study as a test of how readers would respond to the same message when worded in different ways, the message in this case being information on the lives of older adults and a certain type of challenge that some of them may face. Volunteer participants were asked to read the cover sheet, fill in the demographic information, and then carefully read the information sheet and complete the attached questionnaire. As the questionnaires were collected, participants were each offered a copy of the resource list to keep.

The researcher described the study to students from three Introductory Psychology classes at the beginning of class time. Those interested were asked to show up at a large lecture theatre that was booked for a 2-hour period on a Friday afternoon. They were told to come in quietly at any time during the 2 hours. On the appointed day, instructions were shown on an overhead transparency. The researcher handed out questionnaires at the front

of the room and collected them as they were completed. offering each student a copy of the resource list to keep. In addition to the procedures already mentioned. the students were asked to fill in their names, student numbers, and course sections on a removable slip of paper attached to the cover sheet in order to obtain one bonus point (i.e., 1% to be added to their final course mark) for their participation.

Data collection with older participants took place at two seniors' centres and one community centre. The basic procedure was the same, except that the researcher was prepared to read the information and questions aloud to participants and record their responses if anyone had that preference. At the seniors' centres, the researcher set up a folding table and chairs next to a furnished lounge area. People passing by were invited to participate in the study. A senior volunteer accompanied the researcher on the first of three days of data collection in the larger and busier of the two centres. The researcher solicited volunteers at the smaller seniors' centre over two days. Approximately 4 hours per day were spent in the centres, from late morning until early afternoon. The office manager of the community centre telephoned a number of regular patrons to inform them of the study and ask them to contact the researcher if they were interested in participating. One of these people graciously arranged for herself and six other members to meet the researcher at the centre to complete questionnaires. In addition, the researcher went to the home of an elderly man in order for him to participate. The researcher read the material aloud and recorded this participant's responses. One woman participating at the larger of the seniors' centres asked the researcher to read the information sheet aloud, but she was able to read the remaining material and answer the questions without assistance.

RESULTS

Dependent Measures

EAAT

The 13-item Elder Abuse Attitude Test (EAAT, Stones & Pittman, 1995), described above, served as a measure of attitudinal differences towards elder abuse as indicated by severity ratings for given examples of behaviour. The ratings for each item were added to give a summary score. Cronbach's alpha showed an internal consistency of .94 with this sample.

Quality and Impact

The 12 evaluative questions were used to measure readers' responses to the information. Reflection on these items led to the idea that certain descriptors, such as the degree to which the information was clear or complete, differed in nature from others, such as how depressing or disturbing the information was. It was anticipated that items concerning the degree to which the information was clear, complete, confusing, informative, and offensive belonged together. Items regarding perceived helpfulness of the information to an older person in a difficult situation and perceived likelihood of giving the information sheet to someone else were also included in this group. It was then anticipated that items concerning the degree to which the information was controversial, depressing, disturbing, surprising, and thought-provoking belonged together. It appeared that the first set of items related to the quality of the information while the second set related to its impact on the reader.

Principal components analysis of the 12 items indicated that three factors had

eigenvalues greater than one. The percentage of item variance accounted for by these

components was 29.41% for the first, 20.45% for the second, and 8.58% for the third.

Because of the predominance of the first two components, two factors were rotated using

a Varimax rotation procedure. This resulted in two interpretable factors, quality and

impact, with six items loading on each. The information offensiveness item loaded with

the impact items rather than the quality items, while the remaining questions lined up as

expected. The quality factor accounted for 27.98% of item variance, and the impact factor

accounted for 21.88% of item variance. The rotated component matrix is shown in Table

1. Cronbach's alpha indicated an internal consistency of .80 for the Quality scale and .73

for the Impact scale.

Table 1

Item Loadings on Quality and Impact Factors

	Factors	
Item Descriptors	Quality	Impact
Clear	.75	-.13
Complete	.74	-.07
Confusing	-.65	.25
Informative	.78	.19
Helpful[a]	.66	.12
Give[b]	.69	.19
Controversial	-.12	.50
Depressing	.06	.76
Disturbing	.18	.75
Offensive	-.11	.63
Surprising	.05	.60
Thought-Provoking	.50	.55

Notes. [a] The wording of this item was "How helpful do you think this information sheet would be to an older person in a difficult situation?"

[b] The wording of this item was "How likely is it that you would give this information sheet to someone else?"

The remaining 10 descriptors were prefaced by the line "In my opinion, the information was..." The response format was a 5-point Likert-type scale ranging from 1 for "extremely" to 5 for "not at all."

The raw scores of the EAAT, Quality. and Impact scales were converted to standardized z-scores so that comparative analysis would be possible. Missing values were replaced whenever it was feasible. The following formula was used: missing value(s) are equal to the given scale score divided by the difference between the total number of scale items and the number of unanswered items. For example, if a participant answered five of the six Quality scale questions and obtained a score of 15, the equation would indicate that the missing value was equal to 15 / (6 - 1), or 15 / 5, which equals 3. A score of 3 would be assigned to the skipped item, resulting in a total score of 18.

The EAAT had 17 cases with missing values (5.66% of all participants). In eight of these cases, four from students (1.31% of all students) and four from older adults (6.67% of all older participants), the entire scale was skipped. No more than two missing values were replaced for each of the remaining cases. The Quality scale had eight cases with replaced missing values and four cases (1.1%) in which all items were skipped by student participants. The Impact scale had five cases with replaced missing values and four cases in which all items were skipped, also by student participants.

Attempts were made to devise composite measures from the 10 items reflecting beliefs about the nature of elder abuse and the 10 items reflecting more general beliefs about elder abuse and related issues. No reliable scales resulted from these attempts. Instead, because the response categories were nominal for the majority of these items (i.e., the response options had no intrinsic order), they were analysed with a multinomial regression model.

Grouping Participants

A central aim of this study was to examine how people with diverse backgrounds, knowledge, and life experience would respond to the same message worded in various ways. It was important to consider how the participants should be grouped in order to perform the analyses. It was logical to assume that older participants differed from the students in fundamental ways, which meant that they would belong to a separate group. This left the task of deciding how to subdivide the students in order to make comparisons between subgroups.

Three criteria were used for grouping students. First, the groups should be distinct in terms of the variables of interest. Second, none of the students should be excluded. Third, the groups should maintain a degree of diversity. The main focus of the study, determining the effects of the messages, was more important than examining specific subgroup differences. With this focus in mind, it was decided that only one way of grouping students would be chosen for the study. This approach provides the added benefits of keeping the design reasonably simple and the findings relatively easy to interpret.

Subject Categories

A coding system was created to group students into four subject major or minor categories: Gerontology (n = 48), Social Work (n = 28), Health Sciences, which includes Psychology, Nursing, or Kinesiology (n = 115), and Other (n = 111). A one-way analysis of variance (ANOVA) was performed to compare the effects of subject category on the following variables of interest: courses taken that address elder abuse, gerontology

courses taken, and plans to work in a helping profession. Post hoc tests were performed to assess the significance of subject category differences, using the Bonferroni method when the error variance of the dependent measure was equal across groups, or the Dunnett C method when the error variance was unequal (as determined by Levene's test of equality of error variances).

Not surprisingly, students taking a minor in gerontology had taken significantly more gerontology courses than the other three groups, F (3, 297) = 75.65, p < .001. Bonferroni post hoc multiple comparisons indicated the following mean differences from the Gerontology category: 1.41, p < .001 for Social Work; 1.33, p < .001 for Health Sciences; and 1.49, p < .001 for Other majors. The remaining three groups did not differ significantly from each other.

Students taking a minor in gerontology had also taken significantly more courses with elder abuse content than the other students, F (3, 296) = 24.90, p < .001. Dunnett C post hoc multiple comparisons showed the following mean differences from the Gerontology category: .64, p < .05 for Social Work; .90, p < .05 for Health Sciences; and 1.03, p < .05 for Other majors.

Students in the first three categories were significantly more likely to be planning a helping professions career than those in the Other category, F (3, 294) = 19.29, p < .001. Bonferroni post hoc multiple comparisons indicated the following mean differences from the Other category: .49 for Gerontology, p < .001; .51, p < .001 for Social Work; and .32, p < .001 for Health Sciences.

The analyses suggested that students in the Gerontology category were

significantly different from all other students in terms of gerontology and elder abuse courses. However, there were too few of them ($\underline{n}$ = 48) to form a group.

Dividing students on the basis of planning to work in a helping profession was an option. The analyses could focus only on students in this category, but this would exclude 45% of the students. Alternatively, the 168 students with this career goal could be compared to the 137 remaining students. However, this type of comparison would address specific subgroup comparisons, rather than serving the broader aims of the study. The same reasoning precluded comparisons of students on the basis of whether they had taken gerontology courses and/or courses with elder abuse content, and on the basis of their cultural background.

Student Year Levels

A logical way to subdivide students was by year level. A one-way ANOVA was performed to compare student year levels with the same variables used to analyse subject categories: courses taken that address elder abuse, gerontology courses taken, and plans to work in a helping profession. Significant group differences were found for the first two variables,

$\underline{F}$ (4, 287) = 22.03, $\underline{p}$ < .001 for courses with elder abuse, and $\underline{F}$ (4, 288) = 26.64, $\underline{p}$ < .001 for gerontology courses. Bonferroni post hoc multiple comparisons indicated that 1st-year students had taken significantly fewer courses addressing elder abuse than both 3rd-year students (mean difference = -.63, $\underline{p}$ < .001) and 4th-year students (mean difference = -1.03, $\underline{p}$ < .001). However, 1st-year and 2nd-year students did not differ significantly from each other in this regard (mean difference = -.23, $\underline{ns}$). (The finding that

28.1% of the 153 1st-year students had taken one course addressing elder abuse and 5.2% had taken more than one was quite unexpected. Apparently some students receive this information at the high school level.)

The same pattern was found for gerontology courses taken. 1st-year students had taken significantly fewer courses than both 3rd-year students (mean difference = -.75, $p <$ .001) and 4th-year students (mean difference = -1.03, $p < .001$), but did not differ significantly from 2nd-year students (mean difference = -.37, ns). It should be noted that there were five 5th-year student participants. This small subgroup did not different significantly from other students in terms of gerontology courses, but they had significantly fewer courses with elder abuse than the 4th-year students (mean difference = -1.01, $p < .05$).

On the basis of the analyses it was decided that 1st- and 2nd-year students would form one category, labelled Junior Students, with a total number of 184 participants (153 in 1st-year and 31 in 2nd-year). The remaining students would form a second category, labelled Advanced Students, totalling 111 participants (62 in 3rd-year, 44 in 4th-year, and 5 in 5th-year). An additional ten cases in which students did not specify their year levels were examined and coded as Advanced Students. According to the questionnaire responses, five of these students had already completed college or university programs, three of whom were aged 37 or older. The remaining five cases came from participants taking a 3rd-year course, three of whom were aged 28 or older.

Demographic information for all students and older adults and for junior and advanced students are presented in Tables 2 and 3, respectively. Table 4 shows the

subject majors, minors, and specializations of junior and advanced students, including

information on students planning to work in a helping profession.

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Table 2

Demographic Information for Students (n = 305) and Older Adults (n = 60)

Variables	Students	Older Adults
Average Age (Range)	23 (18-64)	69 (47-85)
Women	241 (79%)	37 (61.7%)
Men	61 (20%)	22 (36.7%)
Single	262 (86.9%)	2 (3.3%)
Married	18 (5.9%)	21 (35%)
Divorced	9 (3%)	3 (5%)
Widowed	2 (0.7%)	20 (33.3%)
Separated	0	4 (6.7%)
Participants with Children	25 (8.2%)	52 (86.7%)
Average Years of Education (Range)	14 (13-22)	15 (6-22)
Employed: Part-Time	112 (36.7%)	2 (3.3%)
Full-Time	17 (5.6%)	3 (5%)
Gerontology Courses Taken:		
None	195 (63.9%)	49 (81.7%)
One	51 (16.7%)	4 (6.7%)
More than one	58 (19%)	7 (11.7%)
Elder Abuse Courses Taken:		
None	158 (51.8%)	46 (76.7%)
One	83 (27.2%)	7 (11.7%)
More than one	62 (20.3%)	6 (10%)
Personal Experience with Abuse or Neglect:		
None	166 (54.4%)	30 (50%)
Know someone affected	79 (25.9%)	15 (25%)
Experienced it personally	56 (18.4%)	14 (23.3%)
Student's Year:		
1st-Year	153 (50.2%)	
2nd-Year	31 (10.2%)	
3rd-Year	62 (20.3%)	
4th- or 5th-Year	49 (16%)	

Table 3

Demographic Information for Junior (n = 184) and Advanced (n = 121) Students

Variables	Junior Students	Advanced Students
Average Age (Range)	21 (18-64)	25 (20-61)
Women	140 (76.1%)	101 (83.5%)
Men	43 (23.4%)	18 (14.9%)
Single	170 (92.4%)	92 (76%)
Married	5 (2.7%)	13 (10.7%)
Divorced	3 (1.6%)	6 (5%)
Widowed	1 (.05%)	1 (0.8%)
Students with Children	8 (4.3%)	17 (14%)
Average Years of Education (Range)	13 (13-17)	16 (15-22)
Employed: Part-Time	63 (34.2%)	49 (40.5%)
Full-Time	10(5.4%)	7 (5.8%)
Gerontology Courses Taken:		
None	149 (81%)	46 (38%)
One	25 (13.6%)	26 (21.5%)
More than one	10 (5.4%)	48 (39.7%)
Elder Abuse Courses Taken:		
None	120 (65.2%)	38 (31.4%)
One	50 (27.2%)	33 (27.3%)
More than one	14 (7.6%)	48 (39.7%)
Personal Experience with Abuse or Neglect:		
None	108 (58.7%)	58 (47.9%)
Know someone affected	44 (23.9%)	35 (28.9%)
Experienced it personally	31 (16.8%)	25 (20.7%)
Student's Year:		
1st-Year	153 (83.2%)	
2nd-Year	31 (16.8%)	
3rd-Year		62 (51.2%)
4th- or 5th-Year		49 (40.5%)

Table 4

Subject Majors and Minors of Junior (n = 184) and Advanced (n = 121) Students

	Junior Students		Advanced Students	
	Total (n = 184)	**Helppros[a]** (n = 94)	**Total** (n = 121)	**Helppros[a]** (n = 74)
Major				
Psychology	20.1%	24.5%	28.9%	35.1%
Kinesiology	15.2%	19.1%	14%	9.5%
English	14.1%	9.6%	0.8%	1.4%
History	8.7%	6.4%	4.1%	2.7%
Nursing	7.6%	14.9%	1.6%	2.7%
Sciences	7.1%	8.5%	6.6%	6.8%
Social Work	4.9%	7.4%	15.7%	23%
Other	22.3%	23.4%	20.7%	21.6%
None Given	0%	0%	2.5%	1.4%
Minor				
Gerontology	9.2%	17%	24.8%	29.7%
Psychology	5.4%	8.5%	4.1%	2.7%
Kinesiology	2.2%	1.1%	0%	0%
Sciences	1.6%	1.1%	2.5%	0%
Social Work	0.5%	1.1%	0%	0%
Other	29.3%	17%	14.9%	13.5%
None	51.6%	54.3%	53.7%	54.1%
Specialization				
Education	26.6%	20.2%	7.4%	6.8%
Gerontology	0%	0%	0.8%	0%
None	73.4%	79.8%	91.7%	93.2%

Note. [a] The term "helppros" refers to a subgroup of students, namely those who plan to work in a helping profession such as health, clinical psychology, and social work. Some students specializing in Education placed themselves in this category.

Before discussing the data analysis. it should be noted that a substantial number of students were reticent about stating their ages on the questionnaire. There were 62 missing values for student age (20.33% of all students). These cases were examined in terms of the students' stated year level and level of education completed. Those who had only completed high school were assigned an age equal to the mode that is, the most common age, for their year level. (The mode was thought to be a more accurate estimate than the average because of the wide range in student participants' ages.) This resulted in 45 replaced age values. Seventeen values were not replaced (5.57% of all students). Five cases had either the year level or education level missing, and 12 cases were from students who had completed college or university programs, which made it difficult to estimate their ages. Only four older adults failed to report their ages, and these missing values (6.67% of older adults) were left in place.

Main Analyses

The data from this study were analysed in terms of an independent groups design. A series of analyses were performed to address how students' responses to the information frameworks would compare to those of older adults, and how 1st- and 2nd-year students' responses would compare to those of advanced students. Three types of analysis were performed.

The first type of analysis featured separate sets of correlation coefficients used to discern general trends in each group of interest. The variables included were age, gender, years of education, gerontology and elder abuse courses taken, personal experience with abuse, and the three dependent measures.

Secondly, a series of 3 x 2 x 2 ANOVA tests were conducted to examine the effects of three factors on each of the three dependent measures. The three independent factors were message type (information, empowerment, and abuse), message tone (neutral and emotional), and participant group. It was apparent that testing type and tone in this kind of design would be more effective and meaningful than testing responses to the six versions individually. Message type and tone interactions could be examined as well as the separate effects of type and tone. Tests were initially run with a full factorial model, using a Type III sum of squares method. No three-way interactions were found, and so the tests were rerun using a model that included only the main effects and two-way interactions in order to enhance the significance and power of the design. Post hoc tests were performed to assess the main effects of factors with three levels, using the Bonferroni method when the error variance of the dependent measure was equal across groups, or the Dunnett C method when the error variance was unequal (as determined by Levene's test of equality of error variances). The Bonferroni method was also used for pairwise comparisons investigating significant interactions.

The third type of analysis examined responses to the 20 belief items. These items are shown in Sections 3 and 4 of Appendix G. As mentioned earlier, the first 10 items reflect beliefs about the nature of elder abuse, and the second 10 reflect more general beliefs about elder abuse and related issues. The type of analysis used was multinomial logistic regression, an extension of logistic regression applied to variables that have more than two response categories. Each item was treated as a separate dependent variable with three response categories, the categories being the three options given (i.e., answers A, B,

and C). Message type, message tone, and participant group were the independent

variables, just as they were in the ANOVA analyses. The analysis estimated how strongly

message type, tone, and group membership influenced the choice of a particular response

to each belief item.

The dependent and independent variable categories were coded numerically.

Responses A, B, and C were coded as 1, 2, and 3. There were also message types 1, 2,

and 3, message tones 1 and 2, and groups 0 and 1. The model always designates the last

category, the one with the highest coded number, as the reference category. The

regression parameter (B) is an exponential expression with a null value of unity.

Consequently, significance is conventionally interpreted by whether the 95% confidence

interval for B includes 1 within its range (i.e., nonsignificant) or lies below or above 1

(i.e., significant). B provides an estimate of the odds of a specific response by persons

within designated categories compared to reference conditions. The items reported are

those that had (a) a significant chi-square for the -2 log likelihood statistic (a measure of

how well the model fits the data) and (b) upper and lower 95% confidence intervals that

are greater or less than one.

Comparison of Students and Older Adults

The responses of 305 students and 60 older adults were compared.

Correlations for students. Pearson product-moment correlation coefficients were

computed among the three dependent measures and five participant background variables.

The results presented in Table 5 show the correlations among the dependent measures and

age, gender, gerontology and elder abuse related courses taken, and personal experience

with abuse, noting the eight that were statistically significant.

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Table 5

Intercorrelations among Quality, Impact, EAAT, and Participant Background Variables for All Student Participants (n = 305)

	Impact	EAAT	age	gender	gero[a]	abuse[b]	experience[c]
Quality	.21**	.02	.10	-.03	.08	.10	. 0
Impact		-.02	-.03	-.13*	-.11	-.04	-.03
EAAT			.15*	.09	.08	.04	-.09
age				-.07	.12*	.07	.26**
gender					.01	-.13*	-.07
gero						.61**	.09
abuse							.12*

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

Scores for the dependent measure scales (Quality, Impact, and EAAT) were in z-scores.

Gender was scored as 1 for female and 2 for male.

[a] The term "gero" refers to the number of gerontology courses taken. Responses were coded as 0 for none, 1 for one, and 2 for more than one course.

[b] Abuse refers to the number of courses taken that addressed elder abuse.

Responses were coded as 0 for none, 1 for one, and 2 for more than one course.

[c] Experience 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 scored as 0 for "No, I have not," 1 for "Yes, I personally know someone affected by it," and 2 for "Yes, I have experienced it myself."

The results indicated that quality and impact ratings correlated positively. On average, female students felt a stronger impact from the information than male students. Compared to the men, the women were more likely to have taken one or more courses that address elder abuse. The EAAT scores were significantly related to age, with older students reporting higher severity scores for the 13 examples of behaviour in the EAAT. Those reporting personal experience with abuse were generally older, as were those who had taken one or more gerontology courses. There was a positive relationship between having taken courses with elder abuse content and personal experience with abuse. Gerontology courses and courses addressing elder abuse were positively related to each other, which is understandable. This last finding was common to all participant groups, and so it will only be mentioned once.

Correlations for older adults. Pearson product-moment correlation coefficients were computed among the three dependent measures and five participant background variables. The results are presented in Table 6.

The only significant correlation showed than the men were less likely to have taken gerontology courses than the women. Impact and EAAT scores, age, and personal experience with abuse were not significantly related to the other factors. It is important to keep in mind that for smaller samples, correlations need to be larger in order to be statistically significant. This partly explains the relative lack of significant relationships among factors for older adult participants.

Table 6

Intercorrelations among Quality, Impact, EAAT, and Participant Background Variables for Older Adult Participants (n = 60)

	Impact	EAAT	age	gender	gero[a]	abuse[b]	experience[c]
Quality	.17	.16	.04	-.14	-.02	.18	.20
Impact		.23	-.02	-.24	.16	.2	-.15
EAAT			0	.18	-.08	.18	-.07
age				-.04	.05	-.05	-.26
gender					-.30*	-.21	.15
gero						.40**	.09
abuse							.25

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

Scores for the dependent measure scales (Quality, Impact, and EAAT) were in z-scores.

Gender was scored as 1 for female and 2 for male.

[a] The term "gero" refers to the number of gerontology courses taken. Responses were coded as 0 for none, 1 for one, and 2 for more than one course.

[b] Abuse refers to the number of courses taken that addressed elder abuse. Responses were coded as 0 for none, 1 for one, and 2 for more than one course.

[c] Experience 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 scored as 0 for "No, I have not," 1 for "Yes, I personally know someone affected by it," and 2 for "Yes, I have experienced it myself."

Quality. The first ANOVA evaluated the effects of type, tone, and group on reported information quality. The results indicated significant main effects for message type, $F_{(2, 351)} = 4.71$, $p = .01$, partial $\eta^2 = .03$, and participant group, $F_{(1, 351)} = 40.35$, $p < .001$, partial $\eta^2 = .10$, and a nonsignificant effect for message tone, $F_{(1, 351)} = 2.10$, $p = .15$. There was a significant interaction between message type and tone, $F_{(2, 351)} = 5.64$, $p < .01$, partial $\eta^2 = .03$.

Pairwise comparisons of estimated marginal means for group indicated that older adults' information quality ratings ($M = .70$, $SE = .12$) were significantly higher than those of students ($M = -.13$, $SE = .05$). The mean difference was .83, $p < .001$, using the Bonferroni adjustment for multiple comparisons.

The main effects of message type were further investigated. Pairwise comparisons of estimated marginal means for type showed that elder abuse messages (abbreviated as "abuse" messages) were rated significantly higher in quality ($M = .55$, $SE = .11$) than empowerment messages ($M = .07$, $SE = .11$). The mean difference was .48, $p < .01$. Bonferroni post hoc multiple comparisons confirmed the effect, showing a mean difference of .45, $p = .001$.

Analysis of the interaction between type and tone indicated significant differences among message types in the emotionally-toned formats, $F_{(2, 351)} = 7.19$, $p = .001$, partial $\eta^2 = .04$. The empowerment-emotional format led to significantly lower quality scores than information-emotional and abuse-emotional formats. Pairwise comparisons showed mean differences of -.54, $p = .02$, between empowerment and information, and -.73 $p = .001$, between empowerment and abuse formats. In addition, the information-

emotional format led to significantly higher quality scores than the information-neutral format, F (1, 351) = 8.45, p < .01, partial η^2 = .02, with a mean difference of .55, p = .004, between the two. The more interesting of the findings appears to be the one concerning the differential effects of message type in the emotionally-toned formats, showing a reader preference for the information and abuse formats (i.e., Versions 2 and 6 of the information sheet) over the empowerment format (i.e., Version 4).

Impact. The second ANOVA evaluated the effects of type, tone, and group on reported information impact. The results indicated significant main effects for message type, F (2, 350) = 17.40, p <.001, partial η^2 = .09, and message tone, F (1, 350) = 13.34, p < .001, partial η^2 = .04, and a nonsignificant effect for group, F (1, 350) = 1.65, p = .20. There was a significant interaction between group and message type, F (2, 350) = 4.40, p < .01, partial η^2 = .03.

Pairwise comparisons of estimated marginal means for tone indicated that messages with an emotional tone engendered significantly higher impact ratings (M = .19, SE = .09) than messages with a neutral tone (M = -.30, SE = .09). The mean difference was .48, p < .001.

Analysis of the main effects of message type revealed lower average impact scores for empowerment messages compared to information and abuse formats. The estimated marginal means were -.56, SE = .11, for empowerment, .37, SE = .11, for abuse, and .02, SE = .12, for information. Pairwise comparisons indicated mean differences of -.94, p < .001, between empowerment and abuse messages, and -.59, p = .001, between empowerment and information messages types. The results were confirmed by Dunnett C

post hoc multiple comparisons that showed a mean difference of -.62, p < .05, between empowerment and abuse messages, and -.53, p < .05, between empowerment and information messages. Empowerment messages had a significantly lower impact on readers than information and abuse message formats.

The interaction between group and type was investigated. The analyses indicated significant differences among message types for students, F (2, 350) = 9.18, p <.001, partial η^2 = .05, and for older adults, F (2, 350) = 11.77, p <.001, partial η^2 = .06. Among students, the level of impact was virtually the same for readers of the information and abuse messages. Students in these conditions experienced a significantly higher level of impact than student readers of the empowerment messages. However, among older adults the level of impact was highest for those who read the abuse messages only. The largest mean difference was between the abuse and empowerment formats (1.42, p < .001), while the mean difference between abuse and information was significant at the .05 level. It was also evident that student empowerment message readers felt significantly more impact from the information than older adult empowerment readers, F (1, 350) = 5.78, p = .017, partial η^2 = .02. In general terms, the empowerment formats appear to have carried the least amount of impact, especially for older adults.

EAAT. The fourth ANOVA evaluated the effects of type, tone, and group on EAAT scores. The results indicated a significant main effect for message type, F (2, 348) = 6.09, p <.01, partial η^2 = .03. Nonsignificant main effects were found for message tone, F (1, 348) = 2.79, p = .10, and group, F (1, 348) = .26, p = .61. There was a significant interaction between group and message type, F (2, 348) = 5.66, p < .01, partial η^2 = .03.

Analysis of the main effects of message type initially indicated higher EAAT scores following abuse messages when compared to empowerment formats. The estimated marginal means were .30, $\underline{SE}$ = .12, for abuse, and -.30, $\underline{SE}$ = .12, for empowerment. Pairwise comparisons indicated a mean difference of -.60, $\underline{p}$ < .01, between abuse and empowerment messages. However, the results of Bonferroni post hoc multiple comparisons showed an insignificant mean difference of .24, $\underline{p}$ = .18, between abuse and empowerment messages. Therefore, the EAAT scores of those who read empowerment messages were lower but not significantly different from the scores of those who had read abuse message formats.

The interaction between group and type was investigated. The analysis revealed significant differences among readers of the abuse messages, $\underline{F}$ (1, 348) = 6.04, $\underline{p}$ = .014, partial η^2 = .01. The EAAT ratings of older adults were significantly higher than those of students after reading the abuse formats. What was more interesting was the difference among message types for older adults, $\underline{F}$ (2, 348) = 6.92, $\underline{p}$ = .001, partial η^2 = .04. Pairwise comparisons indicated that older adults recorded higher EAAT ratings after reading abuse messages than they did following the other two message types. The largest mean difference existed between the abuse and empowerment formats (1.12, $\underline{p}$ = .001), while the mean difference between abuse and information was significant at the .05 level ($\underline{p}$ = .026). The finding of abuse messages having the strongest effect on EAAT ratings for older adults mirrors the results for impact ratings in this subgroup.

The results indicated significant group differences in response to quality, impact, and EAAT ratings. Older adults gave higher quality ratings than students. Abuse message

formats led to the highest impact and EAAT ratings from older adults while

empowerment messages had the lowest effect on impact and EAAT scores for this group.

Multinomial regression. The results for belief items with significant effects are

presented in Table 7 on pages 53 and 54.

Table 7

Significant Multinomial Regression Findings for Students (n = 305) and Older Adults (n = 60)

Parameter Estimates

Items and Response Options	Factors	Exp(B)	95% C. I. for Exp(B)	
			Lower Bound	Upper Bound
⮞Most Canadians aged 65 and older...				
(A) have no problems with those who are close to them	Info	.19	.04	.79
	Neutral	.19	.03	.99
	Info x Neutral	24.31	2.35	251.39
(B) have few problems with those who are close to them. (C) have a lot of problems with those who are close to them.	Info x Neutral	3.77	1.11	12.78
⮞Most of the difficulties between older adults and those close to them are due to...				
(A) stress.	Group	3.89	1.64	9.25
	Empower	3.86	1.59	9.35
	Neutral	2.93	1.20	7.17
(B) misunderstandings. (C) a variety of reasons.	Group	.33	.16	.67
⮞Most older adults...				
(A) have some difficulties getting around or have some other types of limitations.	Empower	.12	.04	.33
(B) need a significant amount of help from caregivers. (C) are completely independent.	Info	.16	.03	.69
	Empower	.04	.01	.20
⮞Older adults experiencing difficulties in their relations with others...				
(A) almost never tell someone.	Group	11.20	3.18	39.43
(B) often do not tell someone. (C) always tell someone.	Group	6.42	1.89	21.82

Table 7 (continued)

Significant Multinomial Regression Findings for Students (n = 305) and Older Adults (n = 60)

Parameter Estimates

Items and Response Options	Factors	Exp(B)	95% C. I. for Exp(B)	
			Lower Bound	Upper Bound
⬗When there are serious problems between an older person and someone close to him/her...				
(A) they should try to work it out.	Empower	6.74	1.79	25.41
(B) a professional should intervene.	Group	2.53	1.26	5.05
(C) advice or counselling should be sought.				
⬗An adult family member or caregiver who has personal problems...				
(A) is totally responsible for their own behaviour.	Group	4.98	2.44	10.15
(B) is somewhat responsible...	Group	2.68	1.17	6.14
(C) has only partial control over...				
⬗Child abuse is...				
(A) a relatively common problem.	Group	2.67	1.40	5.09
(B) a relatively infrequent problem				
(C) a problem requiring much more gov't funding.				
⬗ If you could increase gov't funding in one area, what would be your first choice?				
(A) child care and education.	Group	3.32	1.70	6.4
(B) programs and services for parents.				
(C) health care, including mental health services.				

Item 1 asked whether most Canadians aged 65 and older (a) have no problems with those who are close to them, (b) have few problems with those who are close to them, or (c) have a lot of problems with those who are close to them. The responses were significantly influenced by message type and tone, and by a type-by-tone interaction, χ^2 (12) = 23.52, p = .02. The main effects of type and tone meant that the odds of choosing response A were lower after reading either information messages or neutrally-toned messages. In terms of the interaction, the odds of choosing responses A or B were higher after reading the information-neutral message, compared to the other versions of information. There was a stronger effect for choosing response A after reading the information-neutral format.

Item 3 asked whether most of the difficulties between older adults and those close to them are due to (a) stress, (b) misunderstandings, or (c) a variety of reasons. The responses were influenced by message type, tone, and group, χ^2 (12) = 69.58, p < .001. In terms of group, the probability of choosing A instead of C was higher for students, while the probability of choosing B rather than C was lower for students. Regarding message type and tone, the probability of choosing A was higher for both the empowerment message readers and the neutrally-toned message readers.

Item 4 asked whether most older adults (a) have some difficulties getting around or some other types of limitations, (b) need a significant amount of help from caregivers, or (c) are completely independent. The responses were influenced by message type, χ^2 (12) = 64.36, p < .001. The odds of choosing A or B were lower after reading empowerment messages. The odds of choosing B were also lower after reading

informational messages.

In Item 5, participants were asked whether older adults experiencing difficulties in their relations with others (a) almost never tell someone about it, (b) often do not tell someone about it, or (c) almost always tell someone about it. There were significant group effects, χ^2 (12) = 24.86, p = .016. The likelihood of choosing A or B was higher among students than the likelihood of choosing C, when students were compared to older adults.

Item 7 asked about what should be done when there are serious problems between an older person and someone close to him or her. The response options were (a) they should try to work it out between themselves, (b) a professional (e.g., a social worker) should intervene, or (c) advice or counselling should be sought. There were significant effects of type and group, χ^2 (12) = 32.32, p = .001. The odds of choosing A were higher for empowerment message readers, while the odds of choosing B were higher for students.

Item 9 asked whether an adult family member or caregiver who has personal problems, such as financial debt, alcohol or drug abuse, (a) is totally responsible for their own behaviour, (b) is somewhat responsible for their own behaviour, or (c) has only partial control over their own behaviour. Their were significant group effects, χ^2 (12) = 32.59, p = .001. The probability of choosing A or B was higher for students.

The last two items came from Section 4 of the questionnaire. They relate to more general beliefs about elder abuse and about related issues. Item 8 asked whether child abuse is (a) a relatively common problem in Canada, (b) a relatively infrequent problem

in Canada, or (c) a problem requiring much more government funding in Canada. The responses were influenced by group, χ^2 (12) = 21.74, p = .04. The results indicated that for students, the likelihood of choosing A was higher than the likelihood of choosing C.

A significant group effect was also found for Item 11, χ^2 (12) = 23.51, p = .02. The item asked: If you could increase government funding in one area, what would be your first choice? The response options were (a) child care and education, (b) programs and services for parents, and (c) health care, including mental health services. The odds of choosing A were higher for the students.

Comparison of Junior and Advanced Students

The responses of 184 first- and 2nd-year students and 121 advanced students were compared. As mentioned earlier, the two groups differed in terms of their courses. Nineteen percent of junior students had taken one or more gerontology courses, compared to 61.2% of advanced students. The percentages for one or more elder abuse content courses were 34.8% of

junior students and 67% of advanced. A significant number of junior students apparently were informed about elder abuse in high school, which was an unexpected finding.

Correlations for junior students. Pearson product-moment correlation coefficients were computed among the three dependent measures and five participant background variables. The results are presented in Table 8 on page 59.

Quality and impact ratings were positively correlated, while impact was inversely related to gender, indicating that female junior students recorded higher impact ratings than their male counterparts. Higher scores on the EAAT were positively linked to

gerontology courses taken. There was a stronger tendency for the women to have taken courses with elder abuse content. Personal experience with abuse was positively linked to being older and to taking courses that addressed elder abuse.

Correlations for advanced students. Pearson product-moment correlation coefficients were computed among the three dependent measures and five participant background variables. The results are shown in Table 9 on page 60.

Among advanced students, quality ratings only had a positive link to gerontology courses taken. Impact scores were not significantly related to the other factors. There was a tendency for the men to have higher EAAT scores than the women. Being older was positively related to personal experience with abuse and to a lower likelihood of having taken courses that address elder abuse.

Table 8

Intercorrelations among Quality, Impact, EAAT, and Participant Background Variables for All Junior Student Participants (n = 184)

	Impact	EAAT	age	gender	gero[a]	abuse[b]	experience[c]
Quality	.33**	-.07	.06	-.07	.05	.10	.01
Impact		-.07	.02	-.22**	-.09	.01	-.06
EAAT			.12	.03	.16*	.03	-.06
age				-.12	.12	.08	.18*
gender					.01	-.19**	-.04
gero						.25**	.09
abuse							.21**

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

Scores for the dependent measure scales (Quality, Impact, and EAAT) were in z-scores.

Gender was scored as 1 for female and 2 for male.

[a] The term "gero" refers to the number of gerontology courses taken. Responses were coded as 0 for none, 1 for one, and 2 for more than one course.

[b] Abuse refers to the number of courses taken that addressed elder abuse. Responses were coded as 0 for none, 1 for one, and 2 for more than one course.

[c] Experience 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 scored as 0 for "No, I have not," 1 for "Yes, I personally know someone affected by it," and 2 for "Yes, I have experienced it myself."

Table 9

Intercorrelations among Quality, Impact, Knowledge, EAAT, and Participant Background Variables for All Advanced Student Participants (n = 121)

	Impact	EAAT	age	gender	gero[a]	abuse[b]	experience[c]
Quality	.05	.07	.17	.04	.18*	.16	-.02
Impact		.04	-.02	-.03	-.02	.01	.04
EAAT			.19	.22*	.03	.06	-.13
age				.09	-.15	-.21*	.30**
gender					.13	.01	-.10
gero						.71**	.02
abuse							-.04

Notes. Correlations are significant at the .01 level** or at the .05 level* (2-tailed).
　　　Scores for the dependent measure scales (Quality, Impact, and EAAT) were in z-scores.
　　　Gender was scored as 1 for female and 2 for male.
　　　[a] The term "gero" refers to the number of gerontology courses taken. Responses were coded as 0 for none, 1 for one, and 2 for more than one course.
　　　[b] Abuse refers to the number of courses taken that addressed elder abuse. Responses were coded as 0 for none, 1 for one, and 2 for more than one course.
　　　[c] Experience 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 scored as 0 for "No, I have not," 1 for "Yes, I personally know someone affected by it," and 2 for "Yes, I have experienced it myself."

Quality. The first ANOVA evaluated the effects of type, tone, and group on reported information quality. The results indicated a significant main effect for message type, $F(2, 291) = 4.74$, $p < .01$, partial $\eta^2 = .03$. Nonsignificant effects were found for message tone, $F(1, 291) = 2.34$, $p = .13$, and participant group, $F(1, 291) = .28$, $p = .60$. There was a significant interaction between message type and tone, $F(2, 291) = 4.55$, $p < .05$, partial $\eta^2 = .03$.

The main effects of message type were investigated. Pairwise comparisons of estimated marginal means for type showed that abuse messages were rated significantly higher in quality ($M = .06$, $SE = .10$) than empowerment messages ($M = -.35$, $SE = .09$). The mean difference was .41, $p < .01$. Bonferroni post hoc multiple comparisons confirmed the effect, showing a mean difference of .42, $p < .01$.

The interaction between type and tone mirrored the one from the first set of analyses. Once again, there were significant differences among message types in the emotionally-toned formats, $F(2, 291) = 7.22$, $p = .001$, partial $\eta^2 = .05$. In this case, an identical mean difference of -.61 ($p < .01$) for the two comparisons reflected the intersection of quality scores in the information-emotional and abuse-emotional conditions. The empowerment-emotional format led to significantly lower quality scores than information-emotional and abuse-emotional formats. As well, the information-emotional format led to significantly higher quality scores than the information-neutral format, $F(1, 291) = 9.17$, $p < .01$, partial $\eta^2 = .03$. As in the previous set of analyses, the more interesting of the findings seems to be the one concerning the differential effects of message type in the emotionally-toned formats, showing a reader preference for the

information and abuse formats (i.e., Versions 2 and 6 of the information sheet) over the empowerment format (i.e., Version 4) among both junior and advanced students.

Impact. The second ANOVA evaluated the effects of type, tone, and group on reported information impact. The results indicated significant main effects for message type, F (2, 291) = 9.23, p < .001, partial η^2 = .06, message tone, F (1, 291) = 26.29, p < .001, partial η^2 = .08, and participant group, F (1, 291) = 5.77, p < .05, partial η^2 = .02. Unlike the first set of analyses, there were no significant interactions.

Analysis of the main effects of message type indicated lower average impact scores for empowerment messages compared to information and abuse formats. The estimated marginal means were -.32, SE = .09, for empowerment, .11, SE = .10, for abuse, and .20, SE = .09, for information. Pairwise comparisons indicated mean differences of -.43, p < .01, between empowerment and abuse messages, and -.52, p < .001, between empowerment and information messages types. The results were confirmed by Dunnett C post hoc multiple comparisons that showed a mean difference of -.46, p < .05, between empowerment and abuse messages, and -.50, p < .05, between empowerment and information messages. Empowerment messages had a significantly lower impact on readers than information and abuse message formats.

Pairwise comparisons of estimated marginal means for tone indicated that messages with an emotional tone engendered significantly higher impact ratings (M = .27, SE = .08) than messages with a neutral tone (M = -.28, SE = .08). The mean difference was .55, p < .001.

Analysis of student subgroup effects on impact revealed that junior students had

higher average impact scores than advanced students. The estimated marginal means were .13, $\underline{SE}$ = .07, for junior students and -.13, $\underline{SE}$ = .08, for advanced students. Pairwise comparisons indicated a mean difference of .26, $\underline{p}$ < .05, between the impact scores of the two groups. Group effects on impact scores did not occur when comparing students with older adults.

EAAT. The fourth ANOVA evaluated the effects of type, tone, and group on EAAT scores. The results indicated a significant main effect for message tone, $\underline{F}$ (1, 291) = 4.01, $\underline{p}$ <.05, partial η^2 = .01. Nonsignificant main effects were found for message type, $\underline{F}$ (2, 291) = .92, $\underline{p}$ = .40, and group, $\underline{F}$ (1, 291) = .89, $\underline{p}$ = .61. Unlike the previous set of analyses, there were no significant interactions.

Analysis of the main effects of message tone indicated higher EAAT scores following the emotionally-tone messages ($\underline{M}$ = .12, $\underline{SE}$ = .08) compared to messages with a neutral tone ($\underline{M}$ = -.11, $\underline{SE}$ = .08). Pairwise comparisons indicated a mean difference of .22, $\underline{p}$ < .05, between EAAT scores linked to messages with the two tones.

Multinomial regression. The results for belief items with significant effects are presented in Table 10.

Table 10

Significant Multinomial Regression Findings for Junior (n = 184) and Advanced (n = 121) Students

Parameter Estimates

Items and Response Options	Factors	Exp(B)	95% C. I. for Exp(B)	
			Lower Bound	Upper Bound
⬅Most Canadians aged 65 and older...				
(A) have no problems with those who are close to them	Info	.06	.01	.53
	Info x Neutral	36.30	1.90	693.08
(B) have few problems with those who are close to them. (C) have a lot of problems with those who are close to them.	Group	.54	.31	.96
⬅Most of the difficulties between older adults and those close to them are due to...				
(A) stress.	Empower	4.50	1.76	11.47
	Neutral	3.02	1.18	7.74
(B) misunderstandings. (C) a variety of reasons.				
⬅Most older adults...				
(A) have some difficulties getting around or have some other types of limitations.	Empower	.13	.05	.37
(B) need a significant amount of help from caregivers.	Info	.19	.04	.97
	Empower	.04	.01	.24
	Group	2.73	1.07	6.96
(C) are completely independent.				

Table 10 (continued)
Significant Multinomial Regression Findings for Junior (n = 184) and Advanced
(n = 121) Students

Parameter Estimates

Items and Response Options	Factors	Exp(B)	95% C. I. for Exp(B)	
			Lower Bound	Upper Bound
☜When there are serious problems between an older person and someone close to him/her...				
(A) they should try to work it out.	Empower	7.08	1.82	27.63
(B) a professional should intervene.				
(C) advice or counselling should be sought.				
☜ The abuse or neglect of an older adult by someone they have reason to trust is...				
(A) a criminal matter.	Neutral	.22	.05	.86
	Group	.40	.20	.82
(B) a private matter.				
(C) a public matter.				

Item 1 asked whether most Canadians aged 65 and older (a) have no problems with those who are close to them, (b) have few problems with those who are close to them, or (c) have a lot of problems with those who are close to them. The responses were significantly influenced by message type, group, and by a type-by-tone interaction, χ^2 (12) = 25.44, p = .01. The main effect of type meant that the odds of choosing response A rather than C were lower after reading information messages. The interaction indicated that the odds of choosing A were higher after reading the information-neutral message, compared to the other versions of information. The group effect indicated that for junior students, the odds of choosing B were lower than the odds of choosing C.

Item 3 asked whether most of the difficulties between older adults and those close to them are due to (a) stress, (b) misunderstandings, or (c) a variety of reasons. The responses were influenced by message type and tone, χ^2 (12) = 41.47, p < .001. The probability of choosing A rather than C was higher following empowerment messages and neutrally-toned messages.

Item 4 asked whether most older adults (a) have some difficulties getting around or some other types of limitations, (b) need a significant amount of help from caregivers, or (c) are completely independent. The responses were influenced by message type and group, χ^2 (12) = 63.73, p < .001. The odds of choosing A or B were lower after reading empowerment messages. The odds of choosing B were also lower after reading informational messages. In addition, junior students had higher odds of choosing B rather than C.

Item 7 asked about what should be done when there are serious problems between

an older person and someone close to him or her. The response options were (a) they should try to work it out between themselves, (b) a professional (e.g., a social worker) should intervene, or (c) advice or counselling should be sought. There was a significant effect of message type, χ^2 (12) = 27.11, p = .007. The odds of choosing A were higher for empowerment message readers.

The last item came from Section 4 of the questionnaire, which related to more general beliefs about elder abuse and about related issues. Item 7 from this section asked whether the abuse or neglect of an older adult by someone they have reason to trust is (a) a criminal matter, (b) a private matter, or (c) a public matter. The responses were influenced by message tone and group, χ^2 (12) = 29.83, p = .003. The likelihood of choosing A rather than C was lower for junior students and for readers of neutrally-toned messages.

DISCUSSION

Summary and Interpretation of the Findings

Tables 11, 12, and 13 summarize the significant correlational findings, ANOVA test findings, and multinomial regression findings, respectively.

Table 11
Summary of Significant Correlations of Three Dependent Measures

Students and Older Adults	Junior and Advanced Students
STUDENTS (n = 305):	JUNIOR STUDENTS (n = 184):
Quality + related to Impact. Impact + related to female gender. EAAT + related to age.	Quality + related to Impact. Impact + related to female gender. EAAT + related to gerontology courses.
OLDER ADULTS (n = 60):	ADVANCED STUDENTS (n = 121):
(No significant findings)	Quality + related to gerontology courses. EAAT + related to male gender.

Notes. Plus signs refer to positive correlations.
Only correlations significant at alpha .05 or .01 are listed.

Correlational findings. Some interesting trends were found in the correlational

data. As mentioned earlier, correlational values had to be larger in order to be statistically

significant for the smaller subgroups.

A positive relationship between quality and impact scores was repeatedly found. It

seems reasonable to say that in order for a message to have impact, it must also be

perceived as sufficiently clear, complete, informative, and so on. A message of poorer

quality, perhaps one seen as confusing, would be less likely to move the reader.

This relationship was not found among advanced students. Instead, higher quality

ratings were linked to more gerontology courses for advanced students. This seems to

indicate that preferences of advanced students were not influenced as much by the impact

of a message as they were by prior introduction to the topic through course material,

which is a likely indication of personal interest. In other words, the advanced students

seemed to be showing a preference for reading information on a topic of interest to them,

one that they cared about (i.e., they cared enough to take courses related to it).

Some female participants tended to experience a stronger impact or reaction than

their male counterparts. The relationship was found among students in general and among

junior students. It is important to remember that the women outnumbered the men in each

of these subgroups, which means that findings of gender differences should be viewed

with caution.

Higher EAAT scores were linked to more gerontology courses for junior students.

This might indicate that some prior instruction on aging and older adults made the

examples of transgressions against seniors seem more severe than they were perceived by

advanced students. Advanced students were more likely than junior students to have

taken more than one gerontology course rather than just one (see Table 7 on page 53 and

Table 10 on page 64). The EAAT ratings of advanced students might therefore have been

more moderate and more realistic on average, due to their additional instruction in

gerontology.

The remaining correlational findings showed that EAAT scores were positively

related to age for students in general, and that male advanced students tended to give

higher EAAT ratings than their female counterparts. It is difficult to speculate on logical

reasons for these findings. For instance, it is possible that older students interact more

frequently with older adults than younger students, which might make them more apt to

rate transgressions against seniors as abusive. But only 13 students (4.5% of the 288 with

recorded ages) were in the 40 and older range. which makes this an unlikely explanation.

It seems probable that the findings could be explained by variables not included in the

analyses. It should be noted that all of the correlations in this study were small to

moderate in size, which means that the relationships accounted for only a small

proportion of variance in the factors examined.

The correlational data highlighted trends and tendencies, but the analysis of

variance findings provided a more comprehensive view of readers' reactions to the

messages.

Table 12
Summary of Significant Effects on Three Dependent Measures

Students & Older Adults	Junior & Advanced Students
QUALITY:	**QUALITY:**
Abuse rated higher in quality than Empowerment.	Abuse rated higher in quality than Empowerment.
Information-Emotional & Abuse-Emotional rated higher than Empowerment-Emotional.	Information-Emotional & Abuse-Emotional rated higher than Empowerment-Emotional.
Older Adults gave higher quality ratings than Students.	
IMPACT:	**IMPACT:**
Information & Abuse were rated higher in impact than Empowerment.	Information & Abuse were rated higher in impact than Empowerment.
Emotional rated higher in impact than Neutral.	Emotional rated higher in impact than Neutral.
Older Adults rated Abuse higher in impact than Information & Empowerment.	Juniors Students gave higher impact ratings than Advanced Students.
Students rated Information & Abuse higher in impact than Empowerment.	
EAAT:	**EAAT:**
Abuse led to higher EAAT ratings than Information & Empowerment for Older Adults.	Emotional led to higher EAAT ratings than Neutral.

ANOVA findings. Some common findings emerged. First, abuse messages had higher quality ratings than empowerment messages. Second, information and abuse messages had higher impact ratings than empowerment messages. These two results seem to elaborate on the positive link between quality and impact, indicating that the message with the lowest impact, empowerment, also had the lowest perceived quality.

Why was the empowerment type of message least preferred, especially when compared with the abuse message formats? One student's comment might shed some light on this question. She wrote that in her opinion the information was sending a mixed message: the phrase "successful aging" was in the title, but the message focused on problems in the lives of older adults. It is possible that an emphasis on older adults leading "happy, healthy, and independent lives" seemed misplaced in the context of information on abuse and neglect, or that the third paragraph ("The majority of older Canadians lead independent lives...") created an overly abrupt transition of topics. This might have led to some confusion or disgruntlement, and subsequently to lower quality ratings.

It might then be speculated that the abuse formats avoided this problem by clearly stating from the outset what the message was about, and then staying on the same theme. The information formats, which were templates for the abuse messages, also kept to one theme. However, they did not state the theme of abuse and neglect overtly, neither in the titles nor in the text. The information messages generally received intermediate ratings of quality and impact, closer to those of the abuse formats than the empowerment types.

A type-by-tone interaction involving quality was found in both sets of analyses.

Information-emotional and abuse-emotional frameworks received higher quality ratings than the empowerment-emotional message. The lower preference for empowerment message types has been discussed. A preference for the emotionally-toned versions of information and abuse formats may be explained by the fact that emotionally-toned messages in general were rated higher in impact than neutrally-toned messages, while the correlational data consistently showed that quality and impact were linked. The main effect of tone on impact, demonstrated in both analyses, makes sense considering that a more emphatically-worded message would be expected to cause stronger reactions than one with a more neutral tone.

It is interesting that message tone had relatively little effect. Aside from causing higher impact ratings, the only main effect of tone was that emotionally-toned messages led to higher EAAT scores than neutrally-toned messages. This was only evident in the comparison of junior and advanced students, and was only significant at the .05 level. The probable reason for the effect is that EAAT scores are another reflection of impact experienced by the reader, and an emotional message would engender more impact than a more neutral one.

The relative absence of effects from message tone may be due to the researcher's efforts to keep the wording within reasonable limits. The aim was to avoid overblown language that might distort the basic message and convey strongly biased information, and also to avoid strong reactions against overblown language that might distract the reader from message content. It was thought best to err on the side of caution, and as a result the emotional and neutral alternatives may have been too similar for effects to be

noticeable. There is also the possibility that the participants simply attended to the factual information. They were primed to read an "information sheet" and most did not have time to reflect on the wording beyond deciding whether the information itself was clear, complete, and so on.

A number of group effects were evident. Compared to students, older adults gave higher quality ratings. This may be because the students have to read more material and are thus more apt to critique what they read. The close proximity to final examinations may have adversely affected the students' mood as well, but this is speculative. Older adults also gave abuse formats higher impact ratings than the other two types, while students rated both information and abuse formats as higher in impact than empowerment. In other words, the seniors gave different ratings to each message type, ranking abuse as highest, empowerment as lowest, and information as intermediate in terms of impact. In contrast, the students rated information and abuse messages equally, and ranked empowerment messages below that.

In relative terms, the students felt more impact from empowerment messages than the seniors did. The differences may indicate that today's students are more familiar with the concept of "abuse" than older people are, and so they do not react as strongly to the phrase "elder abuse." It seems likely that the phrase would "hit home" to a much greater degree for older people as they are potential targets of elder abuse or may know a friend, a neighbour, or a relative who is in a possibly abusive situation. A similar group effect involving older adults showed that they gave higher EAAT ratings following abuse messages than they did after reading information or empowerment messages, which is

likely a reflection of perceived impact.

Only one group difference was found when comparing junior and advanced students. Junior students experienced higher levels of impact than senior students. This seems to indicate that the junior students had less exposure to information on elder abuse and gerontology than advanced students, and so they would be more apt to find the messages disturbing, surprising, and so on.

Multinomial regression findings. Once again, findings common to both sets of analyses emerged. Empowerment messages seem to have influenced readers to response in an empowerment-oriented direction. Participants who read these messages were more likely to indicate that when an older person and someone close to them are having serious problems, they should try to work it out between themselves rather than seeking advice or counselling. They were also less likely to indicate that most older adults have difficulties getting around or have other limitations, or that seniors need a significant amount of help from caregivers. Instead, they were more likely to believe that most older adults are completely independent. They were more likely to choose stress as the reason for most of the problems between older adults and those close to them.

In comparison with the elder abuse messages, informational messages were less likely to cause readers to indicate that most older Canadians have no problems with those close to them, rather than indicating that they have a lot of problems with those close to them. Informational messages were also less likely to cause readers to indicate that most seniors need a significant amount of help from caregivers. The first finding suggests that the abuse format led to more realistic assessments of the extent of family conflict than the

informational format did. However, the second finding suggests that the informational

format led to more realistic assessments of dependency among older adults than the abuse

format did.

Table 13

Summary of the Effects of Type, Tone, and Group on Belief Item Responses

ITEM:	Higher Odds:	Lower Odds:
▣ Most Canadians aged 65 and older...		
(A) have no problems with those who are close to them.	Info-Neutral	Info, Neutral[a]
(B) have few problems...	Info-Neutral[a]	Jr. Students
(C) have a lot of problems...		
▣ Most of the difficulties between older adults and those close to them are due to...		
(A) stress.	Empower, Neutral, Students	
(B) misunderstandings.		Students
(C) a variety of reasons.		
▣ Most older adults...		
(A) have some difficulties getting around or have some other types of limitations.		Empower
(B) need significant help from caregivers.	Jr. Students	Info, Empower
(C) are completely independent.		
▣ Older adults experiencing difficulties in their relations with others...		
(A) almost never tell someone about it.	Students	
(B) often do not tell someone about it.	Students	
(C) always tell someone about it.		
▣ When there are serious problems between an older person and someone close to him/her...		
(A) they should try to work it out.	Empower	
(B) a professional should intervene.	Students	
(C) advice or counselling should be sought.		

Table 13 (continued)
Summary of the Effects of Type, Tone, and Group on Belief Item Responses

ITEM:	Higher Odds:	Lower Odds:
⊟ **An adult family member or caregiver who has personal problems...**		
(A) is totally responsible for their own behaviour.	Students	
(B) is somewhat responsible...	Students	
(C) has only partial control over...		
⊟ **The abuse or neglect of an older adult by someone they have reason to trust is...**		
(A) a criminal matter.		Neutral[b], Jr. Students
(B) a private matter.		
(C) a public matter.		
⊟ **Child abuse is...**		
(A) a relatively common problem in Canada.	Students	
(B) a relatively infrequent problem...		
(C) a problem requiring much more gov't funding...		
⊟ **If you could increase gov't funding in one area, what would be your first choice?**		
(A) child care and education.	Students	
(B) programs and services for parents.		
(C) health care, including mental health services.		

Note. [a] These effects were only found in the first set of analyses, which included all students and older adults.
  [b] This effect was only found in the second set of analyses, which included junior and advanced students.

Compared to emotionally-toned messages, the messages with a neutral tone seemed more likely to cause readers to overestimate the extent of family conflict in the lives of most seniors. This finding seems to go against the expectation that a more strongly worded message with a stronger impact would more often result in this type of effect than a plainly worded message. Perhaps this expectation was met by the findings for the information-neutral message, which was more likely to cause readers to indicate that most older Canadians have no problems or few problems with those close to them. The first effect was the stronger of the two. An additional effect of the neutral tone was a lower likelihood of indicating that elder abuse or neglect is a criminal matter, rather than a public matter. This indicates that readers of the emotionally-toned formats were more likely to believe that elder abuse is more of a criminal matter than a public matter.

There were several significant group effects. Students were more likely than older adults to indicate that stress was the reason for most of the problems between seniors and those close to them, that seniors facing family conflict almost never or often do not tell others about it, and that a professional should intervene when serious problems arise. Students were also more likely to believe that personal problems are the responsibility of the one who bears them, that child abuse is relatively common in Canada, and that child care and education deserve more government funding.

In comparison with advanced students, junior students were less likely to indicate that elder abuse is a criminal matter rather than a public matter. They were also less likely to indicate that most Canadian seniors have few problems with those close to them instead of a lot of problems, and were more likely to believe that most seniors need a

significant amount of help from caregivers. These last two findings suggest that the junior students tended to overestimate the problems that seniors have, both in terms of family conflict and dependency. This is probably a reflection of their relatively lower exposure to information about the lives of older adults, as indicated by the smaller percentage of junior students that have taken gerontology courses and courses that address elder abuse.

The summaries of findings from this study support the idea that the wording of information on elder abuse and neglect does indeed affect readers' responses to the information. Effects were shown for perceived quality and impact of the messages, for severity ratings of specific acts against seniors, and for stated beliefs about the nature of elder abuse and about more general beliefs regarding elder abuse and related issues. In addition, the effects often varied according to the characteristics of the reader.

It is difficult to draw comparisons between these results and those of previous research. The design of this study introduced a new approach to the question of attitudes toward elder abuse, emphasizing the role of the message itself. The main finding of Stones and Pittman (1995) was a positive relationship between higher EAAT ratings and more extreme attitudes toward abuse in general (i.e., elder, child and spousal abuse). Although the current study did not directly assess this relationship, some tentative connections may be surmised. It was shown that higher EAAT ratings were linked to abuse messages for older adults and to emotionally-toned messages for students. Thus, there was the suggestion that abuse messages and emotionally-toned messages led to higher severity ratings for examples of abusive behaviours for some of the participants. It was further indicated that the more realistic, or less extreme, beliefs regarding the

estimated prevalence of elder abuse came not from the abuse or emotionally-toned frameworks, but from the information-neutral messages. This suggests not only a possible link between attitude extremity and EAAT severity ratings, but also the potential for messages containing abuse terminology and/or an emphatic tone to lead to an overestimation of the extent of elder abuse and neglect.

It should be emphasized that the message frameworks created and labelled for the purposes of this study were not meant to stand as prototypes. In other words, responses to the empowerment messages used here, for example, cannot reasonably be used to predict public reactions to empowerment-focused messages in general. Nonetheless, it was shown that minor variations in wording resulted in one basic message conveying distinctive meanings. If education is meant to not only inform but to influence attitudes, behaviours and values, as suggested by McDonald and Collins (2000), then attention must be paid to the wording of educational material on elder abuse.

Limitations of the Study

The metaphor of going out on a limb likely applies to the creation of a questionnaire and two dependent measure scales. The validity of the quality and impact scales has been argued and supported, but it is up to the reader to decide on their merits. The results suggest that they have served their purpose. The EAAT served as a useful measure as well. It was unfortunate that no reliable scales could be devised from the items reflecting respondents' attitudes and beliefs. However, it was possible to analyse these items individually by using multinomial logistic regression, which resulted in the examination of some interesting effects.

The combinations of three message types and two message tones seem to have served their purpose, but there is certainly room for modification. For example, the messages could be made shorter and the information could be more narrowly focused rather than attempting to touch on all aspects of the topic. Comments from the older adult participants indicated that some of them found the information sheets and the questionnaires rather lengthy.

The study did not address whether the impact of a message or its influences on stated beliefs would be short-lived or enduring. This question was beyond the scope of the study, but it is an important factor to consider.

A reasonable number and range of students participated in this study. The inclusion of more older adults would have lent additional support to the findings from this important subgroup. Generalization of the findings to other populations should at best be made with caution. It is perhaps safest to say that the wording of information on elder abuse does appear to influence readers' responses, and that readers with different backgrounds and experience respond to the versions differently. In fact, this outcome fulfills the main objective of the study.

Future Research

This study has laid the groundwork for further research. One logical step would be to revise the questionnaire items that address attitudes and beliefs. It might be especially valuable to investigate whether one sort of message results in more accurate recall of information content than others. For example, does a more emphatically worded message convey its meaning more effectively than a neutral one, or does it obscure the facts?

Changing the items into statements with Likert-type responses might result in measures capable of addressing this type of question. The items might be presented as statements with response options ranging from "strongly agree" to "strongly disagree."

Whenever possible, items that are free of vague and potentially confusing terms like "most" and "relatively" would be preferable as well. The topic of elder abuse and neglect seems to engender this type of tentative language, partly because of the wide scope of behaviours and situations it entails, but also because its true nature and prevalence can only be estimated.

It would be worthwhile to repeat the study with different kinds of participants. One example would be a study focusing on students and/or practitioners from a discipline like nursing. This could help clarify the level of knowledge and the types of attitudes and beliefs held by existing and future professionals in fields related to aging and the elderly.

An interesting offshoot of this research would be the creation of different versions of a public service advertisement on elder abuse. This would provide basic information on viewers' and listeners' responses, and also give feedback on the usefulness of this type of message. It might also address the question of how memorable and effective a message is over time.

A more direct and in-depth examination of respondents' thoughts about and reactions toward the terms "abuse" and "elder abuse" would be welcome. Research might compare the thoughts and perceptions of young, middle-aged, and older adult respondents. The attitudes and feelings might change with age, or they might be more strongly related to cohort factors or to individual differences in background and personal

experience. This still needs to be investigated.

<u>Final Words</u>

Writing the first four versions of information revealed the difficulty of "talking around" a subject. It is much easier to label a topic and use language that the reader finds familiar. The topic of elder abuse and neglect presents a dilemma: the existing language of abuse triggers recognition and reaction, but it places the focus on the more extreme types of behaviour that do exist, but are relatively rare. The language of abuse tends to put the message into a legalistic, punitive framework that is too small and rigid to encompass the wide range of behaviours that might fit under the term elder abuse.

The message of elder abuse and neglect is an important one, but the time has come to reframe the message and expand the model. Labelling a behaviour or situation as "abusive" fails to provide a clear indication of who did what to whom, and under what circumstances. In some situations it would be more useful to adopt the models of conflict resolution and restorative justice. These approaches should at least be considered and included in public dialogue. Otherwise, the child abuse model will prevail, treating all elders as dependent and incapable of acting on their own behalf. It is true that some older people cannot speak up, as one older participant commented to the researcher, but this is not always the case. There is certainly a place for legal action to defend the rights of those who are mistreated, regardless of their age. However, a wider range of options should be considered.

Options in terms of living conditions are also necessary in order to avoid problems in the first place, problems that arise from feeling stuck in a situation that is

difficult for both parties. Friedan (1993) discussed different living options that are possible in later life, including shared accommodations and communal living. The best ones strike a balance between mutual care and independence. More support and respite services for caregivers would also improve matters, making the option of in-home care a more viable one.

In conclusion, much more needs to be said about mistreatment, abuse, and neglect in later life. Placing the topic in the larger context of how we imagine our lives as we grow old might help to generate a more balanced and fruitful discussion.

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Appendix A. "What Everyone Should Know About Aging"
Information – Neutral Framework

An estimated 4% of Canadians aged 65 and older experience problems in their relations with someone close to them. Research supports this finding. The problems in question may occur for different reasons. For example, many people feel that they're 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. While it's impossible to completely avoid disagreements with others, chronic stress can make minor irritations seem like major annoyances. Disagreements can turn into shouting matches, perhaps escalating to the use of physical force, like pushing or shoving. 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. Aside from stress, other 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. 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.

There are a number of factors that may explain why some older adults are vulnerable to these sorts of problems. While many people in their 60s, 70s, and older are relatively fit and mobile, some 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.

To summarize, a significant number of older Canadians face challenges in their relations with others that 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 and 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 problems from getting worse, and to resolve matters in the best way possible. Depending on the circumstances, the older person, the family member they are in conflict with, or someone else can be the one to take action.

Those directly concerned may first confide in someone they trust. In many cases, 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 certain cases, the police may be contacted. These can be difficult steps to take, but people should know that help is available, and that things can get better. We can all contribute to a happier, more secure life for those in their senior years. After all, don't they deserve it?

Appendix B. "What You Need to Know About Aging"
Information – Emotional Framework

An estimated 4% of Canadians aged 65 and older experience problems in their relations with someone close to them. This means that a significant number of older people are living in dire circumstances. Instead of the harmonious relations that we expect to enjoy in our senior years, interactions between spouses or between a parent and their adult son or daughter are marred by conflict. This conflict can take the form of shouting at, threatening, or harassing the older person. The use of physical force against an older adult, like pushing or shoving, can be part of it. Although for some there is a history of family discord, at times these conflicts only begin in later life. Those responsible often blame their inexcusable behaviour on stress or on personal problems (e.g., alcohol or drug abuse, psychological problems, or financial difficulties).

Another type of problem involves betrayal of the trust an older person understandably has in those close to them. Examples include having their mail opened without permission, or having their money, property, or other material assets stolen from them or misused. An even more serious violation of trust occurs when a caregiver fails to provide for an older person's needs. This may be deliberate, or could conceivably be due to a lack of knowledge, ability, or awareness. Because of the private nature of these problems, and a fear of reprisals or feelings of shame, these terrible situations too often go unreported and unresolved. Whatever the reason for these problems, the results are the same. An older person has an absolute right to proper medical care, safety, security, and social contacts, and these rights must be upheld. (In fact, the offenses described here are included in the Criminal Code.)

There are a number of risk factors that leave an older person more open to these violations. They may become vulnerable because of physical limitations, mental incapacity (e.g., Alzheimer's disease), or other factors that restrict their independence or freedom. They may be isolated because of a language barrier or some other reason. The person responsible may have a criminal history, including offenses such as involvement with drugs, for example. They may see the older person as an easy target to exploit for their own purposes.

To summarize, a significant number of older Canadians are faced with problems in their relations with others that can make life not only more difficult and stressful, but may profoundly threaten their health and well-being. The public must realize that these situations exist, and acknowledge their seriousness. As individuals and as citizens, we have a responsibility to act when we know or suspect that an older person is being victimized.

Those directly concerned may first confide in someone they trust. In some cases, they may choose to seek outside help. Professionals (e.g., doctors, psychologists, or social workers) are trained to assess these situations and deal with them effectively. A balance must be reached between the need to protect an older person's safety and the need to respect their right to refuse offered services. When an older person is in immediate danger, the police should be contacted. By doing what we can, we will all contribute to making life safer and more secure for those who are in their senior years. After all, some day we might be in the same position.

Appendix C. "Successful Aging: Meeting Life's Challenges"
Empowerment – Neutral Framework

An estimated 4% of Canadians aged 65 and older experience problems in their relations with someone close to them. These problems represent a challenge that some older adults have to face. The problems in question may occur for different reasons. For example, many people feel that they're 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. While it's impossible to completely avoid disagreements with others, chronic stress can make minor irritations seem like major annoyances. Disagreements can turn into shouting matches, perhaps escalating to the use of physical force, like pushing or shoving. 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. Aside from stress, other 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 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, 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 older Canadians lead independent lives that are satisfactory and free from major health concerns. People in their 60s, 70s, and older are a highly diverse group of people who have different kinds of interests, strengths, and abilities. Most are in good health and can get around with no problem. Some live with physical limitations or have to get by on a tight budget. A very small percentage 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 make life difficult and stressful. Older adults have the advantage of a lifetime of knowledge and experience to draw upon when facing difficult life challenges. Once problems have been acknowledged, a number of actions can be taken. People can learn to cope with stress in a more constructive way, and to deal with each other more respectfully. Control that has been given up or taken away can be regained. The older person and/or those close to them can take steps to improve a bad situation.

Sometimes these steps can be taken alone, while at other times it is best to seek outside help. Those directly concerned may confide in someone they trust, seek help from a professional (e.g., a doctor, psychologist, or social worker), ask for advice from a service agency in the community, or call the police for assistance. A counsellor or social worker can work together with older adults and their families to come up with solutions that respect their needs and wishes. A group effort can improve the chances of successful aging for all older Canadians.

Appendix D. " Aging Successfully: Standing Up for What's Right"
Empowerment – Emotional Framework

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 an unwanted challenge in their lives. For these people, the relationship between themselves and someone close to them is marred by conflict. This can happen for a number of reasons. For example, when people are under a lot of stress, they may take it out on others around them. Chronic stress can cause some people to blow minor irritations out of proportion. Disagreements can turn into shouting matches, perhaps escalating to swearing, pushing, or shoving. Although for some there is a history of family discord (e.g, between spouses or between parent and child), at times these conflicts only begin in later life. Those responsible often blame their inexcusable behaviour on stress or on personal problems (e.g., alcohol or drug abuse, psychological problems, or financial difficulties). Whatever the reasons, however, there is no excuse for this kind of bad behaviour.

In other situations, an older person's rights are flagrantly disrespected. Examples include having their mail opened without permission, or having their money, property, or other material assets stolen or misused. Other problems concern a caregiver failing to provide for an older person's needs. This may be deliberate, or could conceivably be due to a lack of knowledge, ability, or awareness. Because of the private nature of these problems, and a fear of reprisals or feelings of shame, these terrible situations too often go unreported and unresolved. All older adults have a right to proper medical care, safety, security, and social contacts. No one should have to live with constant conflict, or in fear of their safety and well-being. These rights must be respected, no matter what.

The vast majority of Canadians aged 65 and older lead independent lives that are satisfactory and free from major health concerns. It's wrong to think that all older adults are the same. People in their 60s, 70s, and older are a highly diverse group of people who have all kinds of different interests, strengths, and abilities. Most are in excellent health and can get around with no problem. Some live with a physical limitation or have to get by on a tight budget. A very small percentage cope with greater challenges like Alzheimer's disease.

To summarize, most older Canadians lead happy, healthy, and independent lives. However, a significant number face challenges in their relations with others that can make life unnecessarily difficult and stressful. Older adults have the advantage of a lifetime of knowledge and experience to draw upon when facing difficult life challenges. The older person can insist that their family members find ways to cope with stress more constructively and learn to deal with their elders more respectfully. Treatment and counselling are available for a whole range of psychological or personal problems.

Older adults can take steps to assert their rights and regain control over difficult situations. Some may prefer to take these steps on their own. Others may choose to ask a friend for advice, or seek help from a professional (e.g., a doctor, psychologist, or social worker), someone who will work together with them to come up with solutions that respect their needs and wishes. Aging successfully includes facing challenges with courage and conviction, and standing up for what you know is right.

Appendix E. "Facts About Elder Abuse"
Elder Abuse – Neutral Framework

An estimated 4% of Canadians aged 65 and older experience problems in their relations with someone close to them. Elder abuse is a term commonly used to refer to these sorts of problems, which may occur for different reasons. For example, many people feel that they're 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. While it's impossible to completely avoid disagreements with others, chronic stress can make minor irritations seem like major annoyances. Disagreements can turn into shouting matches, perhaps escalating to the use of physical force, like pushing or shoving. 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. Aside from stress, other 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 referred to as neglect. This 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. Because of the private nature of these problems, and the difficulty or reluctance to involve outsiders in family matters, abuse and neglect often go unreported and unresolved.

There are a number of factors that may explain why some older adults are vulnerable to abuse or neglect. While many people in their 60s, 70s, and older are relatively fit and mobile, some 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.

To summarize, a significant number of older Canadians experience abuse or neglect in their relationships, which makes their lives 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 and 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 problems from getting worse, and to resolve matters in the best way possible. Depending on the circumstances, the older person, the family member they are in conflict with, or someone else can be the one to take action.

Those directly concerned may first confide in someone they trust. In many cases, 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 certain cases, the police may be contacted. These can be difficult steps to take, but people should know that help is available, and that things can get better. We can all contribute to a happier, more secure life for those in their senior years. After all, don't they deserve it?

Appendix F. "What You Need to Know About Elder Abuse"
Elder Abuse – Emotional Framework

An estimated 4% of Canadians aged 65 and older experience problems in their relations with someone close to them. This means that a significant number of older people are living in dire circumstances, experiencing what is commonly referred to as elder abuse. Instead of the harmonious relations that we expect to enjoy in our senior years, interactions between spouses or between a parent and their adult son or daughter are marred by conflict. This conflict can take the form of shouting at, threatening, or harassing the older person. The use of physical force against an older adult, like pushing or shoving, can be part of it. Although for some there is a history of family discord, at times these conflicts only begin in later life. Those responsible often blame their inexcusable behaviour on stress or on personal problems (e.g., alcohol or drug abuse, psychological problems, or financial difficulties).

Another type of problem involves betrayal of the trust an older person understandably has in those close to them. Examples include having their mail opened without permission, or having their money, property, or other material assets stolen from them or misused. An even more serious violation of trust occurs when a caregiver fails to provide for an older person's needs. This is referred to as neglect. It may be deliberate, or could conceivably be due to a lack of knowledge, ability, or awareness. Because of the private nature of these problems, and a fear of reprisals or feelings of shame, these terrible situations too often go unreported and unresolved. Whatever the reason for these problems, the results are the same. An older person has an absolute right to proper medical care, safety, security, and social contacts, and these rights must be upheld. (In fact, the offenses described here are included in the Criminal Code.)

There are a number of risk factors that leave an older person more open to the violations of abuse and neglect. They may become vulnerable because of physical limitations, mental incapacity (e.g., Alzheimer's disease), or other factors that restrict their independence or freedom. They may be isolated because of a language barrier or some other reason. The person responsible may have a criminal history, including offenses such as involvement with drugs, for example. They may see the older person as an easy target to exploit for their own purposes.

To summarize, a significant number of older Canadians experience abuse or neglect in their relationships. This makes life not only more difficult and stressful for them, but may profoundly threaten their health and well-being. The public must realize that these situations exist, and acknowledge their seriousness. As individuals and as citizens, we have a responsibility to act when we know or suspect that an older person is being victimized.

Those directly concerned may first confide in someone they trust. In some cases, they may choose to seek outside help. Professionals (e.g., doctors, psychologists, or social workers) are trained to assess these situations and deal with them effectively. A balance must be reached between the need to protect an older person's safety and the need to respect their right to refuse offered services. When an older person is in immediate danger, the police should be contacted. By doing what we can, we will all contribute to making life safer and more secure for those who are in their senior years. After all, some day we might be in the same position.

Appendix G. Questionnaire Items

<u>SECTION 1. Demographic Data</u>

Please fill in the following.
Place **check marks** in the appropriate boxes. and **fill in** the information on the dotted lines.

Age: ....

□ Female   □ Male

□ Single   □ Married   □ Divorced   □ Widowed   □ Separated

Culture/Ethnicity:

□ African   □ Asian   □ European   □ Native North American

□ Other (please specify): ....

Number of children you have: ....

Children's ages: ....

Education you have completed: □ Less Than High School

                                                 (Please specify highest grade): ....

                                                 □ High School

                                                 □ College, Business School, or Trade School

                                                 □ University (undergraduate degree or diploma)

                                                 □ Master's

                                                 □ PhD

Current level of studies (e.g., University, Year 1) ....

Subject major(s): ....

Subject minor: ....

Specialization (e.g., Gerontology): ....

Current Occupation: ....

                           □ 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...

(A)	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]

Please use the space below to note any other words that you would use to describe this information:

.

Please circle your responses to the following questions.

11. How helpful do you think this information sheet 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]

12. How likely is it that you would give this information sheet to someone else?

extremely likely [1]	quite likely [2]	somewhat likely [3]	not very likely [4]	not at all likely [5]

SECTION 3. Beliefs about the Nature of Elder Abuse

Please **circle** your responses to the following questions. If unsure, indicate the *best* one
of the 3 choices given. **Important note: please do not refer back to the information sheet.**

1. Most Canadians aged 65 and older
    (A)   have no problems with those who are close to them
    (B)   have few problems with those who are close to them
    (C)   have a lot of problems with those who are close to them

2. What percentage of older Canadians have significant problems in their relations with others?
    (A)   4%
    (B)   14%
    (C)   40%

3. Most of the difficulties between older adults and those close to them are due to
    (A)   stress
    (B)   misunderstandings
    (C)   a variety of reasons

4. Most older adults
    (A)   have some difficulties getting around or have some other types of limitations
    (B)   need a significant amount of help from caregivers
    (C)   are completely independent

5. Older adults experiencing difficulties in their relations with others
    (A)   almost never tell someone about it
    (B)   often do not tell someone about it
    (C)   almost always tell someone about it

6. What goes on between an older person and those who are close to him or her is
    (A)   a private matter
    (B)   the concern of everyone
    (C)   of public concern under certain circumstances

7. When there are serious problems between an older person and someone close to him or her
    (A)   they should try to work it out between themselves
    (B)   a professional (e.g., a social worker) should intervene
    (C)   advice or counselling should be sought

8. Who is most responsible for resolving conflicts between an older adult and someone else?
    (A)   the older adult
    (B)   the other person
    (C)   they are both equally responsible

9. An adult family member or caregiver who has personal problems (e.g.. financial debt. alcohol or drug abuse)

    (A)   is totally responsible for their own behaviour

    (B)   is somewhat responsible for their own behaviour

    (C)   has only partial control over their own behaviour

10. Which of the following behaviours is the most serious?

    (A)   getting into an argument with an older person

    (B)   failing to provide for an older person's needs

    (C)   disrespecting an older person's rights

SECTION 4. Beliefs about Elder Abuse and Related Issues *[Items 3 through 12]*

Please **circle** your responses to the following questions. If unsure, indicate the *best* one of the 3 choices given.

1. How many gerontology courses have you completed?

    (A)   None.

    (B)   One.

    (C)   More than one.

2. Have you taken any courses that have addressed elder abuse (which is sometimes referred to as the mistreatment of older adults)?

    (A)   No.

    (B)   Yes, one course.

    (C)   Yes, more than one course.

3. 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

4. Elder abuse is

    (A)   a relatively common problem in Canada

    (B)   a relatively infrequent problem in Canada

    (C)   a major source of stress for older Canadians

5. 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 counselling

    (C)   improve training for professionals who work with older adults

6. 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

7. 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

8. 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

9. 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

10. 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

11. 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

12. The best way to deliver information on elder abuse is through
    (A)   public service ads on the radio and t.v.
    (B)   public lectures in community centres, schools, and universities
    (C)   letters or pamphlets sent by mail

13. Do you plan to work in a helping profession (e.g., health, clinical psychology, social work)?
    (A)   I haven't decided yet.
    (B)   No, I do not.
    (C)   Yes, I do.

14. 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, a nurse, a homemaker, or a 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, or (5) very severely abusive towards a senior if done by someone a senior has reason to trust. Remember that the questions don't 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**

NOT ABUSIVE	POSSIBLY ABUSIVE	ABUSIVE	SEVERELY ABUSIVE	VERY SEVERELY ABUSIVE
[1]	[2]	[3]	[4]	[5]

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 doesn't want to.	[1]	[2]	[3]	[4]	[5]
7. Doesn't take a senior places that 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 that claim.		[1]	[2]	[3]	[4][5]

SECTION 6. Comments and Suggestions

Suggestions and comments:
Please use the space at the bottom of the previous 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 this country.
Thank you for your help with this research!