

**INTO THE LIGHT:
NATIONAL SURVEY ON THE
MISTREATMENT OF OLDER CANADIANS
2015**



NICE

National Initiative for the Care of the Elderly

Initiative nationale pour le soin des personnes âgées

EXECUTIVE SUMMARY

This study is one of the largest studies of a single country and was funded by Employment and Social Development Canada (ESDC) and five provincial governments that over sampled in the provinces of British Columbia, Alberta, Ontario, Quebec and New Brunswick. The study was based on a two-year pilot study, *Defining and Measuring Elder Abuse and Neglect – Preparatory Work Required to Measure the Prevalence of Abuse and Neglect of Older Adults in Canada*, (HRSDC, 2010).

GOALS OF THE STUDY

1. To estimate the prevalence of five forms of mistreatment in a large, representative, nation-wide sample of community dwelling, older Canadians through direct respondent interviews;
2. To estimate the risk factors (correlates) of elder abuse and neglect;
3. To explore the relevance of life course conceptual framework to the study of elder mistreatment.

METHODOLOGY

A population-weighted sample of all Canadian residents 55 years of age and older was developed that yielded a representative sample of 8,163 Canadians. The sample was limited to community dwelling older adults who were interviewed by telephone in English and French by the *Institute for Social Research* (ISR) located at York University, Toronto Ontario. The survey instrument examined five subtypes of mistreatment: (1) neglect, (2) psychological abuse, (3) physical abuse, (4) sexual abuse and (5) financial abuse that had occurred in the last 12 months. Mistreatment usually refers to the four types of abuse plus

neglect (1 through 5) and elder abuse often refers to the four main types of abuse (2 through 5).¹

RESULTS

PREVALENCE

- The aggregate prevalence for elder abuse in Canada for the last year was **7.5%** (physical, sexual, psychological and financial abuse) representing 695,248 older Canadians;
- The aggregate prevalence for mistreatment for the last year was **8.2%** (physical, sexual, psychological, financial abuse and neglect) representing 766,247 older Canadians;
- The prevalence of psychological abuse was **2.7%** representing 251,157 Canadians;
- The prevalence of physical abuse was **2.2%** representing 207,889 Canadians;
- The prevalence of sexual abuse was **1.6%** representing 146,649 Canadians;
- The prevalence of financial abuse was **2.6%** representing 244,176 older Canadians;
- The prevalence of neglect was **1.2%** affecting 116,256 Canadians;

¹ The concept of neglect is difficult to measure and has been the source of considerable controversy in the literature, particularly self-neglect. The research team decided that self-neglect would be omitted because it is difficult to be both a perpetrator and a victim. Two types of prevalence were therefore calculated for those who include neglect in their prevalence counts and those who do not include this concept.

- There was a gap between what respondents reported on standardized scales of elder abuse and how they actually felt about the abuse, raising questions about the estimation of elder mistreatment and peoples' understanding of elder abuse.

PERPETRATORS

- In situations of **physical abuse** the perpetrator was a spouse/ex-spouse (34.0% of physical incidents), followed by a child or grandchild (27.0%), a friend (12.0%), a service provider (7.0%), someone at work (7.0%), a sibling (4.0%), a neighbor or acquaintance (4.0%), and lastly, a stranger (3.0%);
- In situations of **sexual abuse** the perpetrator was a friend (50% of incidents), followed by a spouse (19%), someone at work (11%), a service provider (9%), followed by a stranger (7%), and a neighbor or acquaintance (2%);
- In situations of **financial abuse**, the perpetrator was an adult child or grandchild (37.0% of incidents), followed by a spouse/ex-spouse (22.0%), siblings (15.0%), stranger (10.0%), friends (8.0%), service provider (4.0%) and last, neighbours or acquaintances (3.0%);
- In situations of **psychological abuse**, the perpetrator was a spouse/ex-spouse (41.0%), followed by an adult child (25.0%), a friend (12.0%), a sibling (9.0%), someone at work (6.0%) a service provider (4.0%) and lastly, a neighbor or acquaintance (1.0%);
- Taking all situations of **neglect** into account, the perpetrator was their spouse/ex-spouse (31% of incidents) followed by their adult child/grandchild (25%), a neighbor (14.0%) followed by their friend (11.0%), a caregiver (9.0%), a sibling (5.0%) and lastly a service provider (3.0%).

RISK FACTORS

Those risk factors for abuse that were the most consistent and in order of importance were: higher depression scores as measured on the C-DES, having been abused as an adult, a child, a youth, having higher unmet ADL/IAD needs, not feeling safe with those closest to respondent, living outside of Quebec, being single as compared to being married, and lastly being female.

LIFE COURSE CONCEPTUAL FRAMEWORK

The conceptual framework for the life course has led to new and significant predictors of elder mistreatment, with abuse at earlier stages in life (childhood, youth and middle age) significantly correlated with elder abuse in later life.

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The telephone interviews were carried out by the *Institute for Social Research* (ISR) located at York University, located at Toronto, Ontario. The ISR houses the largest university-based survey research centre in Canada and provides expert consulting in social statistics, teaches statistics and social research, and operates the Research Data Centre.

Funder

Employment and Social Development
Canada

Provinces

Five provinces also funded the project by over sampling their own jurisdiction: Quebec, New Brunswick, Ontario, Alberta and British Columbia. Each province paid to collect more data for further assessment of their own provinces. The provincial data plus the Canada data are included in this report.

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INTRODUCTION

This report describes the most recent and comprehensive study to quantify the extent of elder abuse and neglect in Canada. The study is one of the largest studies of a single country and was funded by Employment and Social Development Canada (ESDC) and five provincial governments that over sampled in the provinces of British Columbia, Alberta, Ontario, Quebec and New Brunswick. The study was based on a two-year pilot study, *Defining and Measuring Elder Abuse and Neglect – Preparatory Work Required to Measure the Prevalence of Abuse and Neglect of Older Adults in Canada*, (McDonald et al., 2012). This pilot study reviewed elder mistreatment theories and developed conceptual and operational definitions of physical, psychological, sexual and financial abuse and neglect of older adults who lived in the community. Several focus groups with older adults and care providers were carried out in French and English Canada to test the definitions. A bilingual questionnaire was created based on the definitions; the questionnaire underwent cognitive testing and was adjusted accordingly. A nonrandom sample of 267 Canadians 55 years and older who were known to be abused and not abused were interviewed in both official languages by telephone to test the validity of the measurement instrument using the “known groups validation” approach. The resulting questionnaire was the main instrument used for the national prevalence study. ²

The study had three central goals:

- 1, To estimate the prevalence of five forms of elder abuse in a large, representative, nation-wide sample of community dwelling, older Canadians through direct respondent interviews;
2. To estimate the risk factors (correlates) of elder abuse and neglect;
3. To explore the relevance of life course conceptual framework to the study of elder mistreatment.

² Prevalence means how many cases in a given time frame and incidence means how many *new* cases in a given time frame.

The report describes the state of elder abuse and neglect in Canada, the guiding theoretical framework, the methodology applied in the study, the findings of the study and the extent to which the findings address the original research goals. The report also draws conclusions based on the data and offers some implications for future elder abuse research and for services for maltreated older adults in Canada.

BACKGROUND

The Problem Addressed

Only two systematic attempts have been made to determine the prevalence of elder mistreatment in Canada and both of these studies are dated.³ A national telephone survey, sometimes called *the Ryerson Study*, was carried out in 1989 of 2,008 randomly selected older Canadians (Podnieks, Pillemer, Nicholson, Shillington & Frizzel, 1990). The study found that about 4 percent of the sample reported some type of abuse: 2.5 percent of the sample experienced financial abuse, 1.4 percent experienced chronic verbal aggression, and .5 percent suffered physical abuse. About .4 percent reported neglect. Spouses perpetrated both physical abuse and chronic verbal aggression, whereas financial abuse tended to be perpetrated by both relatives and non-relatives. Both men and women were equally represented as abused (Podnieks et al., 1990).

The second study was carried out 10 years later in 1999 as part of the annual *General Social Survey* (GSS), and focused on the nature and extent of criminal victimization in Canada (Pottie-Bungie, 2000). The GSS is a telephone sample survey covering the non-institutionalized population aged 15 years and older in the ten provinces. The 1999 GSS asked 4,324 Canadians 65 years of age and over a series of questions about emotional and financial abuse by children, caregivers and spouses, as well as questions about physical and

³In this proposal the terms used are as follows: *'mistreatment'* is used to refer to all forms of abuse (psychological, physical, sexual and financial) and neglect; *'abuse'* is used to refer to all forms of abuse, *excluding* neglect; *'interpersonal abuse'* is used to collectively describe physical, psychological and sexual abuse (Biggs et al., 2009).

sexual assaults by children, caregivers, and spouses. Only one per cent of this population indicated physical or sexual abuse by a spouse, adult child, or caregiver in the five years prior to the survey (Pottie-Bunge, 2000). According to Pottie-Bunge (2000), seven per cent experienced psychological abuse, and one per cent financial abuse. Nine percent of older men and 6 percent of older women reported being victims of emotional or financial abuse (Pottie-Bunge, 2000).

The third study was carried out in 2002 as part of a study of older Chinese adults. The study examined the occurrence of abuse and neglect and the associated correlates based on data collected from a random sample of 2,272 aging Chinese 55 years and older in seven Canadian cities. The findings showed that 4.5% of the participants reported experiencing at least one occurrence of abuse or neglect within the past year. The most common forms of neglect and abuse experienced by the aging Chinese included being scolded, yelled at, treated impolitely all the time, and ridiculed. Close family members such as spouses and sons were those most likely to mistreat the older Chinese. Those who were more likely to report at least one occurrence of abuse or neglect were older adults living with others; they tended to have no education, more access barriers, more chronic illnesses, less favorable mental health, and a higher level of identification with Chinese cultural values. The findings implied that the face value of respect and care received by older people in the Chinese culture should not be taken for granted.

Today, some progress has been made in establishing the prevalence of elder mistreatment worldwide with the advent of a number of new studies in the research literature (Amstadter et al., 2011; DeDonder et al., 2011; Dong, 2014; Giraldo-Rodriguez, Rosas-Carrasco, 2013; Gil et al., 2015; Life Span of Greater Rochester Inc., Weil Cornell Medical Centre, New York Dept. for the Study of Aging, 2011; Naughton et al., 2010; Wu et al., 2012).⁴ These studies are welcome additions to the global arsenal to combat elder mistreatment in the community and increase the total number of robust studies to over a hundred, population-based, cross-sectional investigations. An examination of the studies

⁴ An overview of the characteristics of some of the major existing population based studies can be found at De Donder, (2011); Dong, (2015); Pillemer et al., (in press); Sooryanarayana, Choo & Hairi, (2013).

suggest that aggregate prevalence varies widely between countries (e.g. 2.2% in Ireland versus 12.3% in Portugal) and within countries, as is the case for the United States where Acierno et al. (2010) found an aggregate prevalence rate of 11.4 percent compared to 7.6% found in the New York State study (Life Span of Greater Rochester Inc., Weil Cornell Medical Centre, New York Dept. for the Study of Aging, 2011). These aggregate prevalence rates generally include four to five subtypes of abuse among community dwelling older people, however, they are likely to under estimate the real population prevalence because those suffering some form of cognitive impairment are often excluded and some respondents may not want to report mistreatment.

The differences in results have been attributed to methodological issues such as age, prevalence period, definitions, measurement instruments, severity and frequency indicators, geographical area, etc. (Dong, 2015; Göergen & Beaulieu, 2013; McDonald, 2011; Pillemer et al., 2015). Nevertheless, there is a growing world agreement that elder mistreatment is extensive, predictable, costly, and often lethal to older adults (Baker et al., 2009; Dong et al., 2009; Lachs, Williams, O'Brien, Pillemer & Charlson, 1998; Schofield, Powers & Laxton, 2013). With 15.7 percent of the older population in Canada already over age 65 as of July 2014, all selected scenarios of Statistics Canada's population projections suggest that the proportion of seniors aged 65 years or over will continue to increase in the future. This group would represent between 23 percent and 25 percent of the population by 2036 and between 24 percent and 28 percent by 2061 (Statistics Canada, 2010). This is a first for Canada and a somber indication of the likely significance of elder abuse and neglect in the very near future.

Canada must protect older adults despite the fact that there is no current substantial research on the size of the problem or on risk factors for mistreatment, no way to determine whether the problem is better or worse, and no way to compare Canada to other nations to assess how Canada measures up internationally. A national prevalence study helps solve many of these problems.

Defining Elder Mistreatment

A review of the literature from a conceptual perspective has identified the following issues pertinent to creating definitions of mistreatment: (1) there appear to be no standardized conceptual definitions of mistreatment and neglect of older adults in the more rigorous studies conducted world-wide; (2) the expansion or contraction of conceptual definitions (thresholds) produces different estimates of mistreatment and neglect; (3) there is no agreement on prevalence periods with some attempts to provide two measures in a single study; (4) the lack of uniformity in the categories of mistreatment and neglect is exacerbated by an attempt to include as many forms of mistreatment as possible which no one can agree upon; (5) lack of uniformity within the categories so that a category may include one or all factors (e.g. casual factors, means and outcomes of mistreatment) such that comparisons are not possible and confusion may reign through overlap; (6) legal definitions are actually much broader in Canada than in comparable jurisdictions and do not always include the trust relationship (Dixon et al., 2010); (7) abuse and neglect among community dwelling residents may differ at least on systematic factors that may lead to abuse or neglect.

The *Definition Consensus Workshop* from the pilot study with international and national experts and stakeholders from Canada, considered the above issues to reach a consensus. The group ultimately chose the following definitions that were believed to be “Canadian” tailored taking into account the two official languages of Canada.⁵

⁵ The original research team included: Dr. Marie Beaulieu, University of Sherbrooke; Dr. Simon Biggs, King’s College London; Dr. Thomas Göergen, German Police University; Dr. Barry Goldlist, University of Toronto; Dr. Sandi Hirst, University of Calgary; Dr. Anthony Lombardo, University of Toronto; Dr. Ariela Lowenstein, Haifa University; Dr. Shelley Raffin Bouchal, University of Calgary; Dr. Cynthia Thomas, Westat; Judith A. Wahl, Advocacy Centre for the Elderly; Dr. Christine Walsh, University of Calgary; Laura Watts, Canadian Centre for Elder Law; Dr. Kevin D. Willison, Lakehead University. The Advisory Committee included: Dr. Jane Barratt (Chair), International Federation on Ageing; Billie Allan, Native Women’s Association of Canada; Elizabeth Esteves, Ontario Seniors’ Secretariat; Dr. Michael Gordon, Baycrest; Detective Ed Lum, Hamilton Police Services; Lisa Manuel, Family Service Toronto; Thelma McGillivray, National Council of Women of Canada; Jean-Guy Saint Gelais, Canadian Network for the Prevention of Elder Abuse; Dr. Parminder Raina, McMaster University; Susan Somers, International Network for the Prevention of Elder Abuse.

MISTREATMENT

Mistreatment of older adults refers to actions and/or behaviours, or lack of actions and/or behaviours that cause harm or risk of harm within a trusting relationship. Mistreatment includes abuse and neglect of older adults.

La maltraitance_envers les personnes âgées fait référence aux actes ou comportements, ou à l'absence d'actes ou de comportements, à l'intérieur d'une relation basée sur la confiance, causant du tort ou un risque de tort.

PHYSICAL ABUSE

Physical Abuse: Actions or behaviours that result in bodily injury, pain, impairment or psychological distress.

Maltraitance de type physique : Actes ou comportements causant des blessures corporelles, de la douleur, un affaiblissement ou de la détresse psychologique.

PSYCHOLOGICAL ABUSE

Emotional/Psychological Abuse: Severe or persistent verbal or non-verbal behaviour that results in emotional or psychological harm.

Maltraitance de type psychologique/émotionnelle : Une parole ou un comportement non-verbal, sévère ou persistant, causant des atteintes de nature psychologique ou émotionnelle.

SEXUAL ABUSE

Sexual Abuse: Direct or indirect involvement in sexual activity without consent.

Maltraitance de type sexuelle : Activité sexuelle directe ou indirecte contre votre gré.

NEGLECT

Neglect: Repeated deprivation of assistance needed by the older person for activities of daily living.

Négligence : Privations répétitives dans l'assistance à une personne âgée qui en a besoin pour réaliser ses activités de la vie quotidienne.

FINANCIAL ABUSE

Financial/Material Abuse – An action or lack of action with respect to material possessions, funds, assets, property, or legal documents, that is unauthorized, or coerced, or a misuse of legal authority.

Abus financier - Acte ou absence d'acte non-autorisé, coercitif ou usage abusif d'une autorisation légale, eu égard à un bien matériel, un fonds, du capital, une propriété, ou un document légal.

Defining Risk Factors

Risk factors screening is central to detecting elder abuse but continues to vary depending on theory, definitions, methodology and socio-cultural factors. The analyses of the data also suffer from confounding factors like medical condition, and the fact that the majority of studies are not longitudinal preventing and examination of causation. There have been at least two frameworks offered for assessing risk factors. One of the most used schemes has been proposed by the National Research Council (Bonnie & Wallace, 2003), and refines previous frameworks according to the supporting evidence for each risk factor. A distinction is made between risk factors (factors that increase the probability that a problem will occur) and protective factors (factors that decrease the probability of occurrence). The way in which risk factors affect the likelihood of mistreatment is complex, and the impact of risk factors may be altered by the presence of other factors. Following the National Research Council framework that has been extensively used in the research (Biggs, Erens, Doyle, Hall & Sanchez, 2009), the distinction between risk factors/ risk indicators, are divided into three categories based on available evidence, namely risk factors validated by substantial evidence, for which there is unanimous or near-unanimous support from a number of studies; possible risk factors, for which the evidence is mixed or limited and contested risk factors, for which potential for increased risk has been hypothesized, but for which there is a lack of evidence.

The research shows that the factors consistently indicating risk included: shared living situation (Naughton et al., 2010; Lachs, Williams, O'Brien, Hurst & Horwitz, 1997; Paveza et

al.1992; Pillemer & Finkelhor, 1989; Pillemer & Suito (1992); social isolation and poor social networks (Compton, Flanagan & Gregg, 1997; Grafstrom, Nordberg & Winblad, 1993; Lachs, Berkman, Fulmer & Horwitz, 1994; Phillips 1983; Wolf & Pillemer 1989); the presence of dementia for physical abuse (Coyne, Reichman & Berbig, 1993; Homer & Gilleard 1990; Paveza et al. 1992; Pillemer & Suito 1992; Tatara & Thomas, 1998); mental illness of the perpetrator, mainly depression (Fulmer & Gurland, 1996; Homer & Gilleard, 1990; Pillemer & Finkelhor, 1989; Reay & Browne, 2001; Reis & Nahmiash,1998; Williamson & Shaffer, 2001); hostility of the perpetrator (Quayhagen et al., 1997); alcohol abuse by the perpetrator (Anetzberger, Korbin & Austin, 1994; Bristowe & Collins, 1989; Greenberg, McKibben & Raymond, 1990; Homer & Gilleard, 1990; Reay & Browne, 2001; Wolf & Pillemer, 1989;) and lastly perpetrator dependency on the mistreated older adult (Anetzberger, 1987; Dyer, Pavlik, Murphy & Hyman, 2002; Greenberg et al., 1990; Pillemer & Finkelhor, 1989; Wolf, Strugnell & Godkin, 1982).

The “possible” indicators included gender (Tatara & Thomas, 1998; Wolf & Pillemer, 1989; Wolf, 1997); personality of the victim (Comijs, Smit, Pot, Bouter & Jonker, 1998) and race (Lachs et al., 1994, 1997; Yan & Tang, 2004). The relationship between the victim and the perpetrator appears to be one wherein the victims are more often abused by a spouse, rather than by a child or any other family member (Pillemer & Finkelhor, 1988, 1989; Bristowe & Collins, 1989; Pillemer & Suito, 1992). As well, there is some support for the importance of lower levels of social isolation as a risk factor for abuse and neglect (Amstadter et al., 2011; Chokkanathan & Lee, 2005; Dong et al., 2009; Yan, 2012. For example Amstadter and colleagues (2011) found in a prevalence study in South Carolina, lower levels of social support significantly predicted emotional and physical mistreatment, making this relationship one of the more robust findings from the study.

Another possible factor is the association between depression and elder abuse. A cross-sectional study by Pillemer and Moore in 1989 and many studies later found that depression was a strong predictor of elder abuse (Abrams, 2002; Chokkanathan, 2015; Dong, 2014; Dong & Simon, 2008; Wu et al, 2012). Prospective studies of depression with a risk factor for abuse have had equivocal outcomes. Lachs, Williams, O'Brien, Hurst and Horwitz

(1997) found that depression was not significantly associated with increased risk for reported elder abuse and neglect while a study in 2014 by the Chicago Health and Aging Project (CHAP) team found that depression, included in a risk index, was associated with an increased risk for abuse (Dong, 2015). Using the same data, Roepke-Buehler, Simon and Dong (2015) recently found that depression, measured in several ways including the CES-D, was linked to both reported and confirmed cases of elder abuse.

The “contested” indicators included: physical impairment where Pillemer and Finkelhor (1988) found that those in poor health were three to four times more likely to be neglected. Similarly, Coyne et al. (1993) found a positive relationship between level of patient functioning and occurrence of abuse. Lachs et al. (1997) found that a few functional impairments, such as needing assistance with eating or grooming, were associated with a higher probability for ombudsman investigation. Naughton et al. (2010) found similar results to Lachs. They also report that older adults in poor health were three times more likely to self-report abuse (Naughton et al., 2010). However, Wolf and Pillemer (1989) did not find that physically abused older adults were more impaired or in poorer health than members of a control group. Other studies have not found that physical impairment is a risk factor for elder abuse (Phillips, 1986; Bristowe & Collins, 1989; Homer & Gilleard, 1990; Paveza et al., 1992; Reis & Nahmiash, 1998). Fewer but more recent studies have found that physical and mental health may be confounding factors (Amstadter et al., 2011; Dong, 2014; Lichtenberg, 2013; Naughton, 2012; Stasser, 2013).

A relationship has been found between chronic disease in the person and elder abuse and neglect, but not in the expected direction: the prevalence of chronic disease was higher in a control group than in the abused group (Lachs et al. 1997); victim dependency and care induced stress (for Davidson, 1979; Hickey & Douglass, 1981; Steinmetz, 1988; and against Bristowe & Collins, 1989; Homer & Gilleard, 1990; Phillips, 1983; Pillemer, 1985; Wolf & Pillemer, 1989; Pillemer & Finkelhor, 1989; Pillemer & Suito, 1992; Reis & Nahmiash, 1995); and intergenerational transmission of abuse has found no support (Anetzberger et al., 1994; Wolf & Pillemer, 1989).

One equivocal risk factor that has been hypothesized to be important is whether the older adult lives in a rural area or an urban area. There have been a few recent studies that are primarily qualitative and not related to prevalence or are limited in their methodology (Brozowski & Hall, 2003, 2005, 2010; Cadmus, Owaaje & Oladapo, 2015; Dimah and Dimah, 2004; MacKay-Barr et al., 2012; Roberto et al., 2013; Friedman et al., 2015). One recent study but without a random sample found that rural location had no effect on elder abuse (Friedman et al., 2015), while an earlier study using the Illinois Elder Abuse Neglect Program 1989 found that more rural women were physically and emotionally abused than urban women (Dimah and Dimak, 2004). In Canada, a secondary analyses, of the General Social Survey 1999, found that rural participants had a greater risk for emotional abuse than urban dwellers, however, using the same data it was found that those living in an urban area compared to a rural area had a greater risk for physical and sexual abuse (Brozowski & Hall, 2005, 2010).⁶

Risk factors that could be examined in the data were chosen for the study from each of the categories for testing within the Canadian context and are described under instruments below. A recent review of risk factors showed that there have been few changes in the factors in the last several years (see Dong, 2015 for a summary). It is important to remember however, that each prevalence study has used different variables, measured differently and have estimated different regression models to ascertain what was effective in their data.

Conceptual Framework

The population-based studies used to frame the review of mistreatment prevalence were subsequently organized into a conceptual grid, rarely found in the research literature (Luoma et al., 2011). Prevalence studies are usually not explanatory but descriptive since the aim is to measure the prevalence of characteristics in the population at any given time. At best, prevalence studies can suggest causative or risk factors from correlations of

⁶ The researchers did not use an unweighted sample and therefore could not really determine what was significant because they were more concerned to present variables of substantial interest.

variables and identify further research designed for explanation like case-control studies (DeDonder et al., 2011; Earle et al., 2007; Silva et al., 2001). This does not mean, however, that prevalence studies do not require a conceptual framework (Silva et al., 2001). Besides causation, a conceptual framework provides the basis for the scope and reach of a study and how terms are conceptualized and operationalized. Bonnie and Wallace (2003) have noted that without some type of theoretical approach to data collection, facts about elder abuse and neglect in domestic or institutional settings will continue to be misleading and non-cumulative (p. 60). The aim of the research reported here was to test the life course perspective as an organizing conceptual framework for the national prevalence study following the five principles outlined by Elder (2006).⁷

The life course perspective emerged as part of a trend toward a contextual understanding of human developmental processes and outcomes and is currently considered the pre-eminent theory in social gerontology (Dannefer & Uhlenberg, 1999; Elder, Johnson, & Crosnoe, 2003; Settersten, 2003). The objective of life course studies was to develop a conceptual framework of social pathways and their relation to socio-historical conditions with an emphasis on human development and aging (Settersten, 2003, p. 82). The main architect of the approach, Glen Elder, developed five paradigmatic principles that provide a concise, conceptual map of the life course: development and aging as life-long

⁷ The **life cycle** refers to the stages of parenthood, from the birth of the first child to the departure of all children. The cycle is repeated from one generation to the next, although occasionally some people will not have children and will not be part of an intergenerational life cycle. The life cycle comprises a set of ordered stages with the major transition points being marriage, the births of the first and last children and the departure of the last child. The **lifespan**, drawn from developmental psychology refers to age-related biological and behavioural changes from birth to death, with emphasis on the adult years. The generalizability of behaviour patterns of a normative nature is key to this perspective (Baltes & Reese, 1984). There is not as much emphasis on historical effects. **Life history** usually refers to a set of methods for collecting information about human lives over time. The focus of life course theory is on trajectories and transitions that constitute an individual's life or the lives of similarly situated people. The life cycle is more about reproductive cycle from one generation to the next and the life span focuses more on age-related development (Chappell et al., 2008). The term **generation** is not interchangeable with cohort. From a kinship perspective generations are nested within families and individual family members are nested within generations. Members of generations are likely to members of several different cohorts because of individual differences in fertility within generations and because of variability in the historical differences between generations in families. Generations are influenced by two factors, age and cohort effects (Alwin & McCammon, 2006).

processes; lives in historical time and place, social timing, linked lives and human agency (Elder, 2006).

The first principle of **life long development and aging** means that individual development does not stop in adulthood but extends from birth to death, has both gains and losses and is multidimensional occurring along biological, psychological and social dimensions. All life periods involve unique and significant developmental experiences and no one experience is more important than another (Settersten, 2003).

An addendum to this view is the acknowledgement that the life course is composed of a set of multiple, interdependent **trajectories** similar to that of careers at school, work and in the family (Elder & Pellerin, 1998; Settersten, 2003). What happens along one trajectory can have consequences for other trajectories such as when living situations reflect risk for mistreatment (Settersten, 2003, p. 25). Trajectories are punctuated with **events, transitions and turning points** (Elder & Pellerin, 1998; Settersten, 2003). An event is usually conceptualized as an abrupt change such as being fired from a job or being slapped once while a transition is seen as a more gradual change that usually has to do with taking on or relinquishing roles such as moving from school to work or moving from work to retirement. A turning point is seen as major directional change or discontinuity in a trajectory such as calling the police on an adult abuser to save one's life. The second principle outlined by Elder (2006) is the principle of **timing**. A recent study shows how very early transitions into adult statuses like leaving home, cohabitating and becoming a parent at a relatively young age has a detrimental effect on the mental health of young people (Harley & Mortimer, 2000). Or, it is possible that mistreatment at earlier stages in the life course may affect future abuse as suggested in the pilot study.

The third principle of linked lives states that the individual life course is embedded in relationships with others (Elder, 2001). A transition in the life of one individual has repercussions for the lives of others and this interdependence can provide both challenges and resources. The interdependence requires some coordination to avoid potential tension as in the case of joint retirement of dual career couples where age-related benefits make

mutual retirement difficult when the partners are of different ages (Schellenberg, Turcotte, & Ram, 2005). When lives are asynchronous the issues can become even more strained such as retiring to caregive prior to the availability of public pensions (McDonald, Sussman, & Donahue, 2008). Or adult children deciding to live with parents. When hardship transpires, the interdependence of lives allows for economic or emotional support or the interdependence of lives can cause hardship as in the case of mistreatment. According to Elder (2001), this principle also applies to the solidarity or conflict across generations⁴ where the break-up of a family at younger ages can hamper the development of children through exposure to poverty (Frytak, Harley, & Finch, 2006).

The fourth principle of lives in time and place suggests that the life course of individuals is embedded in and shaped by the **historical times** they experience over their lifetime and where they happen to be physically located. If there is rapid change in a society, historical effect is usually expressed as a cohort effect when social change differentiates the experiences of successive **cohorts** as has been the case of different cohorts of baby boom women. Those women born between 1946 and 1955 had a lower labour force participation rate compared to those born between 1956 and 1965 (Galarneau, 1994). History can also take the form of a **period effect** when the influence of a social change is relatively uniform across successive birth cohorts like the recession in the 1990s that had a significant effect on all Canadians (Chappell, McDonald, & Stones, 2008). In the case of elder abuse it was not really accepted by society until the 1980s following on the heels of woman abuse.

The fifth principle developed by Elder (2001) recognizes that the life course is not only influenced by the social structure and history but it is also influenced by the choices or decisions people make and the individual competencies they bring to these decisions. Examples would include decisions about changing residence, dropping out of school, looking for another job or going back to work after retirement. The way people age is a lifetime of choices. These choices people make represent the principle of human agency since individuals construct their own life course through these decisions but within the constraints of history and social conditions. The principle of human agency is based on an individual's initiative and is a counterpoint to the social patterning and regulation of the life

course, recognizing that there is a loose connection between social stages and transitions (Elder & O'Rand, 1995). The potential for this approach when applied to mistreatment is the strong reminder that older adults, although constrained by circumstances, have some capacity to make their own decisions in the face of mistreatment.

Previous Studies of Prevalence

It is important to note that most researchers would agree on three basic categories of elder abuse: (a) abuse of the older adult in the community; (b) institutional abuse; and (c) neglect. Most would also agree on the major types of abuse – physical, psychological, financial, but beyond this classification, there is little agreement, especially about sexual abuse or neglect. For example, neglect can be intentional, non-intentional, and self-inflicted (Bonnie & Wallace, 2003). The increase in prevalence studies worldwide at the end of the 1980s clearly underscored the issues attendant on defining mistreatment and the problems inherent in developing a prevalence study in the community. Respondents were asked specifically about elder abuse across a lifetime according specific time periods when they were ages 0-17; 18- 24 and ages 25 to age fifty-five.

A review of prevalence studies provided the basis for the initial conceptual analyses of terms, their operationalization and questions asked, the inclusion criteria, prevalence period used and the theories used in international studies (McDonald, 2012). Out of hundreds of articles, the inclusion criteria for the studies reviewed developed by the research team were four: (a) the target population was defined by clear inclusion and exclusion factors (e.g., age); (b) probability sampling was utilized; (c) the data collection methods were standardized; and (d) the abuse measures were standardized and valid. The studies were analyzed according to a conceptual grid that considered the conceptual definitions used, how they were used as a precursor to, a process or outcome of maltreatment, whether the definitions were based on theory, how they were operationalized and the actual questions asked in the various questionnaires.

Overall, 20 community prevalence studies met the inclusion guidelines relevant to the national research program. The community prevalence research included three studies from Canada (Lai, 2011, Podnieks, 1993; Pottie-Bunge, 2000); six from the United States; (Acierno et al., 2010; Amstadter et al., 2011; Dong et al., 2014; Laumann, Leitsch, & Waite, 2008; Life Span of Greater Rochester Inc., Weil Cornell Medical Centre, New York Dept. for the Study of Aging, 2011; Pillemer & Finkelhor, 1988); one from India (Chokkanathan & Lee, 2005); one from China (Wu et al., 2012), eight from Europe (Comijs, Smit, Pot, Bouter, & Jonker, 1998; Executive Agency for Health and Consumers, 2010; Garre-Olmo et al., 2009; Gil et al., 2014; Iborra, 2005; Luoma et al., 2011; Naughton et al., 2010; O’Keeffe et al., 2007); and one from Israel (Lowenstein, Eisikovits, Band-Winterstein, & Enosh, 2009).⁸

From the literature review it was decided that the prevalence study would be developed according to the following criteria: cross national comparability should be possible, national comparability to earlier studies in Canada should be possible, should be future oriented to newer mistreatment issues, adaptable for longitudinal surveys, have the capacity to expand and contract definitions, the capacity to conduct statistical analyses and the ability to frame qualitative research.

Significance of Study

The study is unique for a number of reasons. The Canadian project is one of the first prevalence studies to introduce a new theoretical perspective that served as a framework for the study and which was tested in the study. Second, the study was based on tests of the validity of the measurements in the Canadian context – measures that have been used extensively over the years with little previous validation. Third, the study examined, in a new way, the major issues of over and under estimation of the rates of elder mistreatment (Killick et al., 2015). Fourth, the methods included a community consensus approach that integrated the views of major stakeholders from across Canada at the inception of the project and finished with a knowledge transfer event for these stakeholders to share in the results and

⁸ Please see Appendix A for a review of original studies and more recent prevalence studies.

plan for the future. Lastly, an extensive ethics manual was developed that could be used by both practitioners and researchers in any aspect of intervention through practice or research that afforded the protection and resources older adults might require.

METHODOLOGY

Study Population

A population-weighted sample of all Canadian residents 55 years of age and older was created. Age 55 was chosen as the cut-off for the study so that the age could be increased or decreased for national and international comparisons [e.g., age 55 in Canada, Lai (2012); age 65 in Israel, Lowenstein et al. (2009)]. A second reason for the lower cut-off for age was to insure that Canadian Aboriginals were captured in the sample because they have a lower average life expectancy than non-Aboriginal Canadians.⁹

A list of most telephone numbers in the ten provinces was constructed from CD ROM versions of local telephone books and other commercially available lists of telephone numbers. When there was more than one adult 55 years of age and older the interviewer randomly selected the respondent by identifying the adult who would have the next birthday. Five provincial governments requested over sampling in their provinces in order to conduct analyses for the development of their own policies and services.¹⁰ This approach yielded a representative sample of 8,163 Canadians. Using the SPSS complex samples routine, data were weighted to correct for unequal probabilities of selection by province and post stratified by age and gender to match the Canadian population.

⁹ Statistics Canada (2010) It is projected that in 2017 the life expectancy for the total Canadian population is anticipated to be 79 years for men and 83 years for women. Among the Aboriginal population the Inuit will have the lowest projected life expectancy in 2017, of 64 years for men and 73 years for women. The Métis and First Nations populations have similar life expectancies, at 73-74 years for men and 78-80 years for women.

¹⁰ Over sampling in the five provinces included 750 cases in Quebec; 550 in Ontario; 300 in New Brunswick; 1000 in Alberta and 500 in British Columbia. The territories, North West Territories, the Yukon and Nunavut wanted to participate but could not because their populations are too young and a census would have had been necessary to interview enough people to be meaningful.

All random samples suffer sampling errors and, in this case, part of the error could be that some people may have had no telephones and others may only have had cell phones that would affect the universe from which the sampling frame was chosen. Non-response can also be a difficulty although the cooperation rate suggests otherwise. How well the sample statistic estimates the underlying population value is always an issue. A confidence interval addresses this problem because it provides a range of values, which is likely to contain the population parameter of interest. The confidence intervals are provided where appropriate to indicate the extent of sampling error in this report.

Eligible persons were those that were: (1) fifty-five years of age and older; (2) living in a community dwelling, not an institution; (3) English or French speaking; (4) cognitively intact. Because few tests of cognitive competency can be completed by telephone, two questions developed in the earlier pilot study and previously used in other studies (Westat, 2012) were asked at the beginning of the interviews. The number of people 55 or older not interviewed because they did not meet the cognitive criteria was 296 or 2.7 % of older adults who started the interview. The survey was piloted tested on 20 English respondents followed by 10 in French. The interview took on average 28 minutes and the cooperation rate was 77.2% using the American Association for Public Opinion Research (2000) formula.¹¹

The telephone interviews were carried out in English and French by the *Institute for Social Research* (ISR) located at York University, Toronto, Ontario. The ISR houses the largest university-based survey research centre in Canada and provides expert consulting in social statistics, teaches statistics and social research, and operates the Research Data Centre. The interviewers were primarily graduate students from very diverse backgrounds and spoke many languages. On site training and education about elder mistreatment was held twice prior to the initiation of the survey and supervisors monitored the interviews in

¹¹ The cooperation rate includes the number of completed interviews plus those screened out as ineligible divided by the total number of completed interviews and refusals to interview.

real time. Interviewers used standardized computer assisted telephone interviewing (CATI) procedures to ask respondents about their mistreatment experiences, the correlates of abuse and socio-demographic characteristics. The field interviewing commenced on July 15, 2014 and ended August 8, 2015.

An extensive ethics manual was developed in the pilot project that was used by survey researchers that provided information on the protection (laws) and resources (services) older adults might require in Canada. Two social workers with expertise in social work (French and English speaking) were on telephone standby during the interviews and at the end of each interview the respondent was asked if they wanted talk further with the social worker. Anyone who wanted to discuss maltreatment or the survey further were given the social worker's number who returned the respondents call within the hour.

Instruments

The survey instrument measured abuse in 5 areas to include psychological abuse, physical abuse, sexual abuse and financial abuse and one measure of neglect, namely, intended neglect. A general proviso in the research literature is to use existing measures where possible since they are likely to be standardized and can allow for cross-study comparisons. There is also the proviso that a conceptual framework can help focus a study on the choice of variables and their operationalization, however, there are few examples where measures have been *specifically* developed to measure elder abuse based on a conceptual framework (Bonnie & Wallace, 2003). Like most investigations of elder abuse prevalence, this study used modified measurements in some instances and developed new ones in others as a consequence of the findings from the initial pilot study and the need to accommodate a life course perspective. The following provides an over view of the measures embedded in the questionnaire which can be found in Appendix B.

Cognitive Screen

The Westat cognitive screen involved 2 questions (1) When I say your participation is fully voluntary, what does that mean to you? (2) When I say that all information will be

kept confidential, what does that mean to you? The objective of the screen was not to identify and diagnose whether someone had dementia, but to assess whether he/she was competent to answer the interview questions in the survey. Westat evaluated this instrument in an earlier study by comparing responses to the questions in this instrument with IQ and other neurological data for a sample of 30 respondents. It was found that the people who “failed” had an IQ of 65 or lower. These questions were subsequently used in surveys conducted by the United States Social Security Administration and the United States Department of Labor.

Neglect

Neglect was measured using the items from the standardized Instrumental Activities of Daily Living (IADL) and Activities of Daily Living (ADL) measures. Respondents were asked if they needed assistance with five IADL items: (1) assistance with using the telephone, (2) preparing meals, (3) housework, (4) handling money, and (5) taking medication. The six ADL items included: (1) help with eating, bathing, dressing, (2) getting into bed, (3) toileting and (4) help with appearance. If the respondents reported they needed assistance they were asked (1) who was responsible for helping them, (2) if it was someone they trusted, (3) their gender, (4) did they receive help when they needed it, (5) how often they did not receive help, (6) whether they lived with the person, (7) whether the person had a mental health problem, (8) whether the person had a drug or alcohol problem.

If the respondent endorsed that they needed help, had someone to help but they didn't always help or they needed help and had no one to help, for any of the items noted above, they were considered candidates for neglect. A frequency factor for the persons who made these choices was added so that the neglect had to occur a few times, many times, almost or everyday to be counted as neglect in the study. Only one instance of neglect did not suffice. **This is the official definition used in this report.** If the respondent reported they were neglected they were then asked if they personally felt neglected. A comparison of the two scores provided some indication of the over or under estimation of neglect and provided the person's own view.

Physical and Psychological Abuse

The Conflict Tactics Scale was used to measure these two subtypes of abuse. The scale was originally developed for the field of family violence (Straus, 1979) and has been expanded and adapted to measure physical and psychological elder abuse (Pillemer & Finkelhor, 1988) in the majority of national prevalence studies (see Appendix A). In the earlier pilot test both dimensions of the scale were moderately accurate in differentiating between the abused and non-abused. The respondents were then asked about the frequency of the abuse, who had perpetrated the abuse and characteristics of the abuser as noted above. A case of abuse was *initially* counted if the respondent answered yes to any item on the physical abuse dimension and the psychological dimension. If the respondent reported physical or psychological abuse they were then asked if they felt abused. An open-ended question was then asked of the respondent to describe the abuse if there was an inconsistency between the respondent's report and feelings about the abuse.

In keeping with a life course perspective, the respondent was then asked if they had been physically abused in childhood (1-17 years), youth (18-24 years), as an adult (25-54 years) and as a senior (55 up to the beginning of the prevalence study). Any overlap among these variables was removed. The same procedures were followed for psychological abuse.

There has been some discussion in the research literature on the frequency and severity of elder mistreatment. In some studies, adjustments to both sets of items, (psychological and physical abuse) found on the CTS were modified by researchers through consensus on severity and frequency criteria for each variable on each scale. (e.g., Life Span of Greater Rochester Inc., Weil Cornell Medical Centre, New York Dept. for the Study of Aging, 2011). On others, an answer to one item on the psychological or physical abuse scale sufficed (O'Keeffe et al., 2007). As Taylor et al., (2014) found in qualitative assessments of psychological abuse, older adults deemed emotional abuse the most damaging and reported that it was an "insidious process" that did not just "suddenly happen" (p.233). Here a definition about the frequency of psychological abuse was employed in national estimates.

One of the most challenging issues is how the CTS measures psychological abuse since some of the items would necessarily not be considered abusive if happening only once (e.g. over the past 12 months has someone criticized you?). Part of this problem is reflected in very high rates of psychological abuse that are likely over-estimated (e. g. 32.3% for Canada, n=5000). In addition, respondents (22%) were most likely to mention only one incidence of psychological abuse in a year and that incident was someone criticized the respondent. To guard against over-estimating the level of psychological abuse, if a respondent endorsed psychological abuse 'every or almost every day' on any item on the Conflict Tactics Scale, this was counted as a case of psychological abuse. ***This is the official abuse rate used in this report.*** This measure is used so that the Canadian data can be compared to other countries and across provinces.

Although not reported here, new measures of abuse were developed that combined the respondent's yes to any item on a scale with yes if they felt abused. For example, in the case of psychological abuse, the rate became 5.8 percent but these rates are not used here because they do not reflect the research in other countries.

Sexual Abuse

Based on a review of the literature and the "known groups" validation of sexual abuse in the pilot study, respondents were asked 8 questions about sexual abuse. This measure was developed in the pilot study. They were asked if (1) has anyone talked to you in a sexual way when you did not want them to? (2) During the last 12 months has someone you trust tried to touch you in a sexual way against your will? (3) During the last 12 months has someone you trust touched you in a sexual way against your will? (4) During the last 12 months has anyone tried to make you watch pornography against your will? (5) During the last 12 months has someone you trust made you watch pornography against your will? (6) During the last 12 months has someone you trust tried to have sexual intercourse with you against your will? (7) During the last 12 months has someone you trust had sexual intercourse with you against your will? (8) Other than what you told us about, have you had any other unwanted sexual experiences with someone you trusted in the past 12 months? The respondents were asked on each item about the frequency of the abuse, who had

perpetrated the abuse and characteristics of the abuser as noted above. They were then asked if they felt sexually abused, to describe the situation and were asked the same life course questions as above.

Financial Abuse

Based on a review of the literature and the “known groups” validation of financial abuse in the pilot study, respondents were asked 9 questions about material abuse. They were asked if: (1) During the past 12 months has someone you trusted tried to make you give them your money, possessions or property? (2) During the past 12 months has someone you trusted made you give him or her your money, possessions or property? (3) During the past 12 months has someone you trusted attempted to take your money, possessions or property? (4) In the past 12 months has someone you trusted taken your money, possessions or property? (5) In the past 12 months has someone you trusted tried to take or keep power of attorney (6) In the past 12 months has someone you trusted taken or kept power of attorney? (7) In the past 12 months has someone you trusted deliberately prevented your access to your money, possessions, or property? (8) In the past 12 months has someone you trusted forced, or mislead you to change your will or any other financial document? (9) Other than what you have already told us about, in the past 12 months has any one done anything to harm you financially by taking your money, property or hurt you financially?

The respondents were asked at each item about the frequency of the abuse, who had perpetrated the abuse and characteristics of the abuser as noted above. They were then asked if they felt financially abused and to describe the situation. Lastly, they were asked the same life course questions as above recognizing the inappropriateness of the question for childhood.

Link between Standardized and Perception Measures of Mistreatment

During cognitive testing of the survey instrument, some respondents noted that although they said “yes” to one or several items of abuse, they did not *feel* they experienced abuse. Because of this finding, we included a summary question that addressed this issue in the telephone interviews. Respondents were given a definition for each type of abuse. If

respondents said “yes” to any abuse item, they were asked if they *felt* they had experienced that particular type of abuse (e.g. physical abuse). To further understand how they felt, they were asked to describe their experiences. The qualitative experiences are not described in this report.

Perpetrators of Mistreatment

For each item endorsed on the measures of mistreatment, the respondent was asked (1) Who did this? (2) Is this person male or female? (3) Did this person live with them? (4) Did this person have a problem with alcohol or drugs at the time? (5) Did this person have a mental health problem at the time? In the first question about ‘who’, the answers were spouse/ex-spouse, sibling, child/grandchild, parent, other family, friend, family caregiver, service provider, neighbor, someone at work, or a stranger. Collecting the data, in this way meant that the data could not be analyzed at the perpetrator level. For example, if a respondent reported four types of abuse and twice said it was one of their children and twice said it was one of their siblings there would be four pieces of data, which could represent four persons, three persons or two persons and it would be hard to tell whom from the list above. Initials could have been used but respondents were not keen on this in the pilot study. In the analyses we reported separately on each type of mistreatment by counting the number of instances of that type of abuse and what percentage was a spouse, a sibling, an adult child etc.

Risk Factors

Socio-demographic Factors: Standard demographic variables were assessed as follows: age (5 categories - under 60, 5 year intervals, over 80); gender (dichotomous male/female); ethnicity (5 categories – Canadian European, Asian, Black African, American, Middle East, Aboriginal); geographical location with two categorical variables, province (10 provinces of Canada), and rural/urban (yes/no); marital status (4 categories – married, widowed, separated/divorced, ever single); living arrangements with two categorical variables, lives alone (yes/no); household size (categories 1 through 4); level of education (4 categories - less than high school, completed high school, post high school but no degree, university degrees); pre-tax household income (10 categories with differing intervals, starting at 0-19 to 150-997); social support with two categorical variables, socially isolated (yes/no) and feels socially isolated (yes/no); language of interview (French and English;) and will talk to interviewers again (yes/no).

Family Contact: the respondents were asked four questions about their friends and families: (1) how often do you spend time with friends and relatives (every day, a few times a week, once a week, a few times a month, once a month or less often, or never?); (2) if they had communication over the telephone with family and relatives (dichotomous yes/no); (3) if anyone had prevented them from getting together with family and friends (yes/no) and (4) how often they felt safe with the people closest to them (all of the time, some of the time, rarely, or never?).

Health: The respondents were asked three questions about their functional capacity: (1) Do you use a cane, walker, wheelchair, scooter or other device to help you get around inside your home? (2) Are you usually able to see well enough to read ordinary newsprint with glasses (or contact lenses if you use them)? (3) Are you usually able to hear what is said in a conversation with one other person in a quiet room (with a hearing aid if you use one)?

CES-D - Centre for Epidemiologic Studies Depression (Scale): In the pilot study, depression was measured by the 9 items on the CES-D, and was significantly correlated

with mistreatment so was included in the prevalence assessment. The 9-item CES-D scale is a short, self-report scale designed to measure depressive symptomatology in the general population. The scale is generalizable across different subgroups such as age, sex, race and education and has high validity and reliability (Radloff, 1977). The items are as follows: (1) How often during the past week did you not feel like eating or your appetite was poor? (2) How often during the last week did you feel that you could not "shake off the blues" even with help from family or friends? (3) In the last week how often did you have trouble keeping your mind on what you were doing? (4) How often have you felt depressed? (5) How often have you felt that everything you did was an effort? (6) Your sleep was restless? (7) You felt lonely? (8) You felt sad? (9) I could "not get going"?

The items are rated on a four-point Likert-type scale from less than one day to five to seven days. **The score is the sum of the points for all 9 items and a score of 10 or greater is considered depressed.** Reported here are four categories: zero; greater than zero but less than 3; three to less than ten and ten or more.

The respondents were also asked if they had any visitors from health and social services in the last year using a dichotomous variable (yes/no).

Data Analytic Plan

A socio-demographic profile using frequencies and population estimates with confidence intervals was created and prevalence was derived for abuse and neglect according to the procedures described in the instrument section. A two-tailed bivariate Pearson Chi Square analyses examined mistreatment in relation to the demographic, health, social support and living arrangements. When 'Don't know' and 'Refused' were less than 5 percent they were omitted because the huge confidence intervals would take up considerable space. These correlates (possible risk factors) were examined in a logit model for their association with mistreatment.¹²

¹² In statistics, a logic model is a regression model where the dependent variable is categorical.

Ethics

The ethics boards of each of the three involved Universities (University of Sherbrooke, University of Toronto and York University) received ethical approvals for the study.

RESULTS

All tables from the analyses appear in Appendix C. The interviews were carried out in the two official languages of Canada, 77.4 percent in English and 22.6 percent in French. The tables in the report are divided into 3 sections: socio-demographic characteristics, health, and various types of contacts (e. g. family, friends, care providers) and the detailed tables can be found in Appendix C.

Socio-demographic Profile of Respondents

The population estimate represents the weighted estimate for people 55 and older – 9,320,800 - in the ten provinces (excluding the territories). Provincial totals, and ‘age/sex’ totals for 4 cells (women 55 to 64 and 65 plus and men 55 to 64 and 65 plus) are weighted to match the population, 55 years and older, in the ten provinces. Totals may not be exact due to rounding. The un-weighted sample consisted of 8,163 Canadians including the oversampling from British Columbia (n=500), Alberta (n=1000), Ontario (n=2113), Quebec (n=750), and New Brunswick (n=300).

The social demographic characteristics of the sample were consistent with the general Canadian population and were as follows:

- There were slightly more females than males with 53.4% females and 46.6% males;¹³

¹³ The difference between the percentages were not tested for significant differences.

- Most of the respondents were aged 60 to 64 (26%), followed by those aged 65-69 (18%), those 70-74 (13.9%), those 75-79 (9.5%) with those over age 80 comprising 11.7 percent of the sample;
- The sample was well-educated with 31.7% of respondents having a post high school credential but no degree, while 30% had a university degree;
- Most respondents were married (62%) and most lived with others (68.7%) in a two-person household (52.1%);
- Almost a third of the sample lived alone (31.3%);
- The distribution of older adults by province was Newfoundland 1.8% , Prince Edward Island .5%, Nova Scotia 3.1%, Quebec 25.2%, Ontario, 37.6%, Manitoba 3.4%, Saskatchewan 3%, Alberta 8.8%, and British Columbia 14%;
- The majority of the sample lived in urban areas with 76.2% in urban areas compared to 23% in rural areas;
- The ethnic backgrounds of the respondents were: Canadian 17.8%, European 74.2%, Asian 2.7%, Black African .9%, American .5%, Middle Eastern .8%, Aboriginal 1.2%;
- Over a third of the sample had a pre-tax median income under \$50,000, close to the norm for seniors in Canada.

Table 1 Social Demographic Profile of the Respondents

Characteristic		Sample %	95% Confidence Interval	
			Lower	Upper
Gender	Male	46.6	45.4	47.8
	Female	53.4	52.2	54.6
	Total	100.0	100.0	100.0
Age	55 to 59	20.9	19.9	21.9
	60 to 64	26.0	24.9	27.1
	65 to 69	18.0	17.1	18.9
	70 to 74	13.9	13.2	14.7
	75 to 79	9.5	8.9	10.2
	80 and older	11.7	11.0	12.4
	Total	100.0	100.0	100.0
Education	Less than high school	15.6	14.7	16.4
	Completed high school	22.7	21.7	23.7
	Post high school but no degree	31.7	30.6	32.9
	University degree(s)	30.0	28.9	31.1
	Total	100.0	100.0	100.0
Marital Status	Married / living with a partner	62.0	60.8	63.1
	Divorced or separated	14.2	14.4	15.0
	Widowed/partner deceased	17.3	16.5	18.2
	Never married	6.6	6.0	7.2
	Total	100.0	100.0	100.0
Living Situation	Lives Alone	31.3	30.3	32.4
	Lives with others	68.7	67.6	69.7
	Total	100.0	100.0	100.0
Household Size	One (lives alone)	31.1	30.3	32.4
	Two	52.1	50.9	53.3
	Three	10.2	9.5	11.0
	Four or more	6.4	5.8	7.0
Location Urban/rural	Urban	76.2	75.1	77.2
	Rural and small towns	23.0	22.0	24.0
	Missing	.9	.7	1.1
	Total	100.0	100.0	100.0
Total	Total	100%	100%	100%

Table 2 Pre-Tax Income of the Respondents

Income Categories	Estimate	95% Confidence Interval		Unweighted Count
		Lower	Upper	
0 - 19	667,897	612,271	723,523	601
20 - 29	871,681	809,272	934,089	819
30 - 39	866,005	802,743	929,267	798
40 - 49	784,710	724,427	844,994	720
50 - 59	739,888	679,495	800,282	650
60 - 69	645,483	588,163	702,804	559
70 - 79	535,060	482,551	587,568	451
80 - 89	469,117	419,318	518,916	394
90 - 99	249,477	212,632	286,322	208
100 - 119	661,438	601,280	721,597	522
120 - 149	406,200	357,618	454,783	313
150 - 997	755,513	690,763	820,263	588
Total	7,652,470	7,554,921	7,750,019	6,623
0 - 19	8.7	8.0	9.5	601
20 - 29	11.4	10.6	12.2	819
30 - 39	11.3	10.5	12.2	798
40 - 49	10.3	9.5	11.1	720
50 - 59	9.7	8.9	10.5	650
60 - 69	8.4	7.7	9.2	559
70 - 79	7.0	6.3	7.7	451
80 - 89	6.1	5.5	6.8	394
90 - 99	3.3	2.8	3.8	208
100 - 119	8.6	7.9	9.4	522
120 - 149	5.3	4.7	6.0	313
150 - 997	9.9	9.1	10.7	588
Total	100%	100%	100%	6,623

Table 3 Ethnicity

		Estimate	95% Confidence Interval		Unweighted
			Lower	Upper	Count
Population					
Size					
	Canadian	1,663,660	1,579,637	1,747,682	1,447
	European	6,918,315	6,814,539	7,022,091	6,107
	Asian	248,047	210,846	285,247	195
	Black African	84,314	61,780	106,849	60
	American	45,971	31,035	60,907	42
	Middle				
	Eastern	78,326	57,599	99,052	65
	Aboriginal	114,765	88,982	140,549	93
	Other D/K	167,402	137,973	196,831	154
	Total	9,320,800	9,271,345	9,370,255	8,163
% of Total					
	Canadian	17.8%	17.0%	18.8%	1447
	European	74.2%	73.2%	75.3%	6107
	Asian	2.7%	2.3%	3.1%	195
	Black African	.9%	.7%	1.2%	60
	American	.5%	.4%	.7%	42
	Middle				
	Eastern	.8%	.6%	1.1%	65
	Aboriginal	1.2%	1.0%	1.5%	93
	Other D/K	1.8%	1.5%	2.1%	154
	Total	100.0%	100.0%	100.0%	8163

Table 4 Provincial Location

Province	Estimate	95% Confidence Interval		Unweighted Count
		Lower	Upper	
Newfoundland	163,895	160,599	167,191	200
Prince Edward Island	43,545	41,552	45,538	203
Nova Scotia	290,760	281,847	299,673	202
New Brunswick	237,630	232,763	242,497	508
Quebec	2,349,790	2,334,148	2,365,432	1,767
Ontario	3,508,595	3,478,271	3,538,919	2,113
Manitoba	321,115	310,579	331,651	209
Saskatchewan	280,710	268,857	292,563	201
Alberta	821,665	808,674	834,656	1,501
British Columbia	1,303,095	1,275,831	1,330,359	1,259
Total	9,320,800	9,271,345	9,370,255	8,163
Newfoundland	1.8	1.7	1.8	200
Prince Edward Island	.5	.4	.5	203
Nova Scotia	3.1	3.0	3.2	202
New Brunswick	2.5	2.5	2.6	508
Quebec	25.2	25.0	25.4	1,767
Ontario	37.6	37.4	37.9	2,113
Manitoba	3.4	3.3	3.6	209
Saskatchewan	3.0	2.9	3.1	201
Alberta	8.8	8.7	9.0	1,501
British Columbia	14.0	13.7	14.2	1,259
Total	100%	100%	100%	8,163

Health

- The functional capacity of the respondents was quite high although 7.3% used some type of device to get around their homes (cane, walker, wheelchair, scooter);
- Only 3.6% of the respondents had difficulty seeing and 4.1% had difficulty hearing a conversation;
- Approximately 10% of the respondents showed symptoms of depression¹⁴

¹⁴ The CES-D scale is a self-report measurement designed to assess depressive symptomology in the general population. In the short version used here a score of over 10 indicates depressive symptomology.

Table 5 Functional Capacity

Characteristic		Estimate	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Population/ % of Total					
Uses Device to get around	Yes	682,626	626,954	738,297	660
	No	8,633,585	8,557,705	8,709,465	7,500
	Total	9,316,211	9,266,519	9,365,903	8,160
	Yes	7.3%	6.7%	8.0%	660
	No	92.7%	92.0%	93.3%	7500
	Total	100%	100%	100%	8160
Sees well enough	Yes	8,971,736	8,907,454	9,036,019	7,858
	No	335,825	294,190	377,460	294
	Total	9,307,561	9,257,439	9,357,682	8,152
	Yes	96.4%	95.9%	96.8%	7858
	No	3.6%	3.2%	4.1%	294
	Total	100%	100%	100%	8152
Can hear a conversation	Yes	8,924,171	8,858,213	8,990,130	7,837
	No	383,489	339,040	427,937	316
	Total	9,307,660	9,257,437	9,357,883	8,153
	Yes	95.9%	95.4%	96.3%	7837
	No	4.1%	3.7%	4.6%	316
	Total	100%	100%	100%	8153

Table 6 Depression Symptomology

Score	Estimate	95% Confidence Interval		Unweighted Count
		Lower	Upper	
Zero	2,844,165	2,742,141	2,946,189	2,446
Greater than 0 less than 3	2,517,729	2,417,040	2,618,419	2,191
Three to less than 10	3,012,474	2,907,867	3,117,081	2,689
10 or more	924,270	857,789	990,751	819
Total	9,298,639	9,248,037	9,349,240	8,145
Zero	30.6	29.5	31.7	2,446
Greater than 0 less than 3	27.1	26.0	28.2	2,191
Three to less than 10	32.4	31.3	33.5	2,689
10 or more	9.9	9.2	10.7	819
Total	100%	100%	100%	8,145

Contacts and Social Isolation

- A large proportion of the respondents (62.6%) reported that they communicated with family and relatives everyday by email or telephone while 29.5% had this type of contact 1 to 6 times a week;
- Only 1.7% of respondents thought someone had prevented them from getting together with friends and relatives in the last year and 97% felt safe when with people closest to them;
- Only 4.8% of the respondents had regular visitors from health and social services;
- Respondents reported a high level of socialization with friends and family (83.6%) yet over a quarter (26.3%) felt socially isolated.

Table 7 Social Contact

Characteristic		Sample %	95% Confidence Interval	
			Lower	Upper
Family contact by telephone or email	Every day	62.6	61.4	63.7
	1 to 6 times a week	29.5	28.4	30.6
	A few times a month or less	7.9	7.3	8.6
	Total	100.0	100.0	100.0
Past 12 months anyone prevented getting together with friends and relatives	Yes	1.7	1.4	2.1
	No	98.3	97.9	98.6
	Total	100.0	100.0	100.0
How often feels safe with people closest to respondent	All of the time	97.0	96.6	97.4
	Some of the time	2.5	2.1	2.9
	Rarely or never	.5	.4	.7
	Total	100.0	100.0	100.0
Has visits from health and social service workers	Yes	4.8	4.3	5.3
	No	95.2	94.7	95.7
	Total	100.0	100.0	100.0
Social Isolation	Isolated	16.4	15.6	17.4
	Not Isolated	83.6	82.6	84.4
	Total	100.0	100.0	100.0
Feels social Isolated	Yes	26.3	25.2	27.4
	No	73.7	72.6	74.8
	Total	100%	100%	100%

Perpetrators

The following comments on perpetrators represent the percentage of perpetrators for each type of abuse. No tests of significant difference were carried out.

Physical Abuse

- The most common perpetrator amongst physical abusers was a spouse/ex-spouse (34% of physical abuse incidents), followed by a child or grandchild (27.3%), a friend (12%), a service provider (7%), someone at work (7%), a sibling (4%), a neighbor or acquaintance (4%), and lastly, a stranger (3%) ;
- A larger percent of men (57%) abused than women (43%);
- A slight majority of abusers (55.3%) did not live with the victim while 47.5% did;
- The perpetrator had a fairly high rate of mental health problems, over 25 percent (26.5%) and to a lesser degree a drinking problem (15%).

Table 8 Perpetrators and Physical Abuse

Perpetrator		Estimate % of incidents	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Relationship	Spouse/ex-spouse	34%	NA ¹	NA	92
	Sibling	4%	"	"	10
	Child/grandchild	27%	"	"	74
	Parent	1.0%	"	"	2
	Other family	0%	"	"	1
	Friend	12%	"	"	32
	Paid Caregiver	1%	"	"	3
	Service provider	7%	"	"	19
	Someone at work	7%	"	"	20
	Neighbour	4%	"	"	11
	Stranger	3%	"	"	8
		Total	100%	100%	100%
Gender	Male	57.0%	48.9%	64.6%	86
	Female	43.0%	35.4%	51.1%	65
	Total	100%	100%	100%	151
Live together	Yes	44.7%	37.2%	52.5%	72
	No	55.3%	47.5%	62.8%	89
	Total	100%	100%	100%	161
Alcohol/Drugs	Yes	15.2%	10.3%	21.9%	23
	No	84.8%	78.1%	89.7%	128
	Total	100%	100%	100%	100%
Mental Health Problems	Yes	26.5%	20.1%	34.1%	40
	No	73.5%	65.9%	79.9%	111
	Total	100%	100%	100%	100%

Note: 1. NA is non applicable because multiple reporting of the same perpetrators was removed.

Sexual Abuse

- The most frequently reported person to sexually abuse was a friend (50%), followed by a spouse/ex-spouse (19%), someone at work (11%), a service provider (9%), a stranger (7%) and a neighbour/acquaintance (2%);
- The majority of sexual abusers were *not* family members;
- The gender of the sexual abuser was largely male (87.7%);
- Only 3.1 percent of sexual abusers lived with the victim;
- A fair percent of sexual abusers had a mental health problem (17.9%) or alcohol problem (20.9%).

Table 9 Perpetrators and Sexual Abuse

Perpetrator		Estimate % of incidents	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Relationship	Spouse/ex-spouse	19%	NA	NA	19
	Sibling	1%	"	"	1
	Child/grandchild	1%	"	"	1
	Other family	1%	"	"	0
	Parent	0%	"	"	0
	Friend	50%	"	"	82
	Paid caregiver	0%	"	"	0
	Service provider	9%	"	"	15
	Someone at work	11%	"	"	18
	Neighbour	2%	"	"	4
	Stranger	7%	"	"	12
		Total	100%	100%	100%
Gender	Male	87.7%	77.3%	93.7%	57
	Female	12.3%	7.3%	19.4%	8
	Total	100%	100%	100%	65
Live together	Yes	3.1%	.8%	11.7%	2
	No	96.9%	88.3%	99.2%	62
	Total	100%	100%	100%	64
Alcohol/Drugs	Yes	17.9%	9.9%	30.1%	10
	No	84.6%	72.1%	%	46
	Total	100%	100%	100%	56
Mental Health Problems	Yes	15.4%	17.9%	27.9%	8
	No	83%	74.6%	92.1%	44
	Total	100%	100%	100%	52

Note: 1. NA is non applicable because multiple reporting of the same perpetrators was removed.

Financial Abuse

- Out of all instances of financial abuse, the most common financial abuser was an adult child or grandchild (37%), followed by a spouse (22%), siblings (15%), a stranger (10%), friends (8%), service provider (4%) and neighbours (3%);
- Over half of abusers were males (58.1%) and over a quarter were money and property managers (26.3%);
- Almost a quarter of the financial abusers lived with the victim (23.4%);

- Mental health problems were prominent among the abusers (28.8%) as were alcohol problems (25.9%) and to a lesser extent, gambling problems (9.2%).

Table 10 Perpetrators and Financial Abuse

Perpetrator		Estimate % of incidents	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Relationship	Spouse/ex-spouse	22%	NA	NA	50
	Sibling	15%	"	"	34
	Child/grandchild	37%	"	"	85
	Parent	0%	"	"	0
	Other family	0%	"	"	0
	Friend	8%	"	"	19
	Paid caregiver	0%	"	"	1
	Service Provider	4%	"	"	9
	Neighbour	3%	"	"	7
	Stranger	10%	"	"	23
		Total	100%	100%	100%
Gender	Male	58.1%	50.6%	65.3%	100
	Female	41.9	34.7	49.4%	72
	Total	100%	100%	100%	172
Money/ property manager	Yes	26.3%	16.5%	39.2%	15
	No	73.7%	60.8%	83.5%	42
	Total	100%	100%	100%	57
Gambling problems	Yes	9.2%	5.6%	14.7%	15
	No	90.8%	85.3%	94.4%	148
	Total	100%	100%	100%	163
Live together	Yes	23.4%	18.0%	29.8%	46
	No	76.6%	70.2%	82.0%	151
	Total	100%	100%	100%	197
Alcohol/Drugs	Yes	25.9%	19.8%	32.2%	42
	No	74.1%	66.6%	80.2%	120
	Total	100%	100%	100%	162
Mental Health Problems	Yes	28.8%	22.3%	36.2%	46
	No	71.3%	63.8%	77.7%	114
	Total	100%	100%	100%	160

Note: 1. NA is non applicable because multiple reporting of the same perpetrators was removed.

Psychological Abuse

- Amongst psychological abusers, the most common perpetrator was a spouse/ex-spouse (41%), followed by a child or grandchild (25%), a friend (12%), sibling (9%), someone at work (6%), a service provider (4%), and lastly, a neighbor or acquaintance (1%);
- The proportion of male and female abusers was similar with 42 percent of men and 53 percent of women being psychological abusive;
- A large proportion of abusers lived with the victim (42.6%);
- The perpetrator had a fairly low rate of mental health problems (14.9%), and to a lesser degree a drinking problem (9.3%).

Table 11 Perpetrators and Psychological Abuse

Perpetrator		Estimate % of incidents	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Relationship	Spouse/ex-spouse	41%	NA	NA	1975
	Sibling	9%	"	"	456
	Child/grandchild	25%	"	"	1233
	Parent	1%	"	"	57
	Other family	0%	"	"	21
	Friend	12%	"	"	571
	Paid caregiver	0%	"	"	8
	Service Provider	4%	"	"	182
	Neighbour	1%	"	"	35
	Someone at work	6%	"	"	283
	Stranger	0%	"	"	17
		Total	100%	100%	100%
Gender	Male	47%	45%	49%	1109
	Female	53%	51%	55%	1252
	Total	100%	100%	100%	2361
Live together	Yes	42.6%	40.6%	44.6%	1024
	No	57.4%	55.4%	59.4%	1381
	Total	100%	100%	100%	2405
Alcohol/Drugs	Yes	9.3%	8.1%	10.5%	217
	No	90.7%	89.5%	91.9%	2127
	Total	100%	100%	100%	2344
Mental Health Problems	Yes	14.9%	13.5%	16.4%	343
	No	85.1%	83.6%	86.5%	1963
	Total	100%	100%	100%	2306

Note: 1. NA is non applicable because multiple reporting of the same perpetrators was removed.

Perpetrators and Neglect

- In instances of neglect, the most common perpetrator was a spouse/ex-spouse (31%), followed by a child or grandchild (27%), a neighbor or acquaintance (14%), a friend (11%), a caregiver (9%), a sibling (5%), and lastly, a service provider (3%);
- A woman (51.5%) was just as likely to neglect as a man (48.5%);
- A larger percentage of those who were neglectful, lived with the victim (45.4%);
- The perpetrator had a fairly low rate of mental health problems (15.8%) and to a lesser degree a drinking problem (11.7%).

Table 12 Perpetrators and Neglect

Perpetrator		Estimate % of incidents	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Relationship	Spouse/ex-spouse	31%	NA	NA	54
	Sibling	5%	"	"	8
	Child/grandchild	27%	"	"	47
	Parent	0	"	"	0
	Other family	0	"	"	0
	Friend	11%	"	"	19
	Paid caregiver	9%	"	"	16
	Service Provider	3%	"	"	5
	Neighbour	14%	"	"	24
	Someone at work	0	"	"	0
	Stranger	0	"	"	0
	Total	100%	100%	100%	173
	Gender	Male	48.5%	38.6%	58.5%
Female		51.5%	41.5%	61.4%	53
Total		100%	100%	100%	99
Live together	Yes	45.4%	35.9%	55.1%	44
	No	54.6%	44.9%	64.1%	53
	Total	100%	100%	100%	99
Alcohol/Drugs	Yes	11.8%	6.5%	20.3	11
	No	83.3%	79.7%	93.5%	83
	Total	100%	100%	100%	94
Mental Health Problems	Yes	15.8%	10%	24%	15
	No	84.2%	76%	90%	80
	Total	100%	100%	100%	95

Note: 1. NA is non applicable because multiple reporting of the same perpetrators was removed.

Neglect in Past 12 Months

The *unadjusted* prevalence for neglect was 5.7% representing 528,427 older Canadians if only one incident per year was used. Of this neglected group 1.2 percent or 112,989 people felt abused. Following the research from other countries, a more rigorous measure was used for comparison purposes. Since it is considered that one incident of neglect could be a simple mistake, 'a few, many and everyday/almost everyday' incidents were considered neglectful and represented 116,257 older adults. **This latter number is used in the calculation of the overall prevalence rates for mistreatment. If the definition was a few or more occurrences a year, the prevalence rate was 1.2 percent.**

Using the unadjusted rate for neglect (one occurrence a year):

- Housework was identified as the most important need that was not met (3.3%) followed by help with meals (1.1%), help with the telephone (.5%), help with medications (.5%), help with handling money (.4 %);
- Help was not provided 4.6% of the time for one need, .8% for 2 needs and .2% for four to eight needs.
- Most respondents did not require help with ADLs possibly because they were younger.

Using the **unadjusted** rates for neglect, a larger number of people were neglected one time or more (5.7%) than actually felt neglected (1.2%).

Table 13 Aggregate Prevalence Rate of Neglect (Unadjusted Data)

(One or more items answered yes)

		Estimate	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Neglect					
Population Size	No	8,792,373	8,722,066	8,862,680	7,717
	Yes	528,427	476,469	580,385	446
	Total	9,320,800	9,271,345	9,370,255	8,163
Percent of Total	No	94.3%	93.7%	94.9%	7,717
	Yes	5.7%	5.1%	6.3%	446
	Total	100.0%	100.0%	100.0%	8,163

Table 14 Aggregate Prevalence Rate of Neglect (Adjusted Data)

(No help plus sometimes no help a few times, many times, almost or every day, combined)

		Estimate	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Neglect					
Population Size	No	3461929.069	9149677.556	9259407.632	8064
	Few	105953.748	82389.370	129518.126	90
	Every Day	10303.657	3170.094	17437.221	9
	Total	9320800.000	9271345.311	9370254.689	8,163
Percent of Total	No	98.8%	98.5%	99.0%	8064
	Few	1.1%	.9%	1.4%	90
	Every Day	.1%	.1%	.2%	9
	Total	100.0%	100.0%	100.0%	8,163

Table 15 Neglect in Receiving Help by Items for ADL and IADL (Unadjusted Data)¹⁵

Item	Percent of Population	Estimate	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Telephone	Help not required	98.4%	98.0%	98.7%	8,027
	Need and always get help	1.1%	.9%	1.4%	87
	No helper/helper doesn't always assist	.5%	.4%	.7%	41
	Total	100%	100%	100%	8,155
Help with Meals	Meals – Help not required	94.6%	94.0%	95.1%	7688
	Need and always get help	4.3%	3.8%	4.8%	357
	No helper/helper does not always assist	1.1%	.9%	1.4%	81
	Total	100.0%	100.0%	100.0%	8,163
Help with Housework	Help not required	82.8%	81.9%	83.7%	6,447
	Need and always get help	13.9%	12.2%	14.8%	1,170
	No helper/helper does not always assist	3.3%	2.9%	3.7%	255
	Total	100%	100%	100%	8,116
Help with Money	Help not required	97.7%	97.4%	98.1%	7,829
	Need and Always get help	1.8%	1.5%	2.2%	162
	No helper/helper does not always assist	.4%	.3%	.6%	38
	Total	100%	100%	100%	8,029
Help with Medications	Help not required	98.8%	98.5%	99.0%	7,975
	Need and always get help	98.8%	98.5%	99.0%	7,975
	No helper/helper does not always assist	.5%	.3%	.7%	35
	Total	100.0%	100.0%	100.0%	8,069
	Help not required	99.6%	99.44	99.7%	8,107

¹⁵ Items are the specific questions asked of the respondent.

Help with Eating	Need and always get help	.1%	.0%	.2%	6
	No helper/helper does not always assist	.3%	.2%	.5%	21
	Total	100%	100%	100%	8,134
Help with Bathing	Help not required	98.9%	98.6%	99.1%	63
	Need and always get help	.8%	.6%	1.0%	63
	No helper/helper does not always assist	.3%	.2%	.5%	25
Total	100%	100%	100%	7,892	
Help with Dressing	Help not required	99.3%	99.0%	99.4%	7,937
	Need and always get help	.4%	.3%	.6%	37
	No helper/helper does not always assist	.3%	.2%	.5%	24
Total	100%	100%	100%	7,998	
Help with Appearance	Help not required	99.5%	99.3%	99.6%	8,084
	Need and always get help	.2%	.3%	.4%	20
	No helper/helper does not always assist	.3%	.2%	.5%	22
Total	100%	100%	100%	8,084	
Help with Toilet	Help not required	99.9%	99.8%	99.9%	8,107
	Need and always get help	.0%	.0%	.1%	1
	No helper/helper does not always assist	.1%	.0%	.2%	6
Total	100%	100%	100%	8,114	
Help in and out of Bed	Help not required	99.6%	99.4%	99.7%	8,030
	Need and always get help	.1%	.0%	.2%	7
	No helper/helper does not always assist	.4%	.2%	.5%	26
Total	100%	100%	100%	8,063	

Table 16 Felt Neglected (Unadjusted Data)

(Were you neglected during the past 12 months?)

		Estimate	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Neglect					
Population Size	No	9194180.635	9138859.021	9249502.250	8048
	Yes	112988.703	88920.403	137057.004	104
	D/K	11960.973	4216.500	19705.445	10
	Refused	1669.688	-1603.327	4942.704	1
	Total	9320800.000	9271345.311	9370254.689	8163
Percent of Total	No	98.6%	98.3%	98.9%	8048
	Yes	1.2%	1.0%	1.5%	104
	D/K	.1%	.1%	.2%	10
	Refused	.0%	.0%	.1%	1
	Total	100.0%	100.0%	100.0%	8,163

Psychological Abuse in Past 12 Months

If the respondents only answered one item or more on the CTS the **unadjusted** rate for psychological abuse was a large 33 percent;

- 2.7% of the respondents reported psychological abuse almost every day or everyday representing 251,158 when adjusted for frequency;
- The respondents were abused mainly once a year (15.6%), 2 to 3 times a year (11.3%), 4 to 5 times a year (4.2%) or 6 times or more (1.5%);
- The most common forms of abuse in order of significance: criticized (22.1%), yelled or shouted (13.2%), insulted (8.6%), excluded or ignored you (7.9%), name calling and obscenities (4%), threatened or intimidated you (2.9%);
- Over 10 percent noted that they experienced some other type of psychological harm;
- Of the 33% of psychologically abused respondents, 22.9% were abused as children and 10.6% were abused as youth and 17% during middle age;
- Of the 33% (unadjusted data) respondents who reported any psychological abuse, 6.4% actually felt abused;

- Using a new measure that combined reported and felt abused, 5.8% of respondents were psychologically abused.

Table 17 Aggregate Prevalence Rate of Psychological Abuse (Unadjusted Data)

(One or more items on CTS)

	Unweighted Count	Percent of Sample	Population Estimates
Psychological Abuse			
No	2,954	67.0%	6,249,044
Yes	1,580	33.0%	3,071,756
Total	4,534	100%	9,320,800

Table 18 Aggregate Prevalence Rate of Psychological Abuse (Adjusted Data)

(Every or almost every day' on CTS)

	Estimate	95% Confidence Interval		Unweighted Count	
		Lower	Upper		
Psychological Abuse					
Population Size	No	9069642.394	9009560.742	9129724.045	7941
	Yes	251157.606	215167.632	287147.581	222
	Total	9320800.000	9271345.311	9370254.689	8163
Percent of Total	No	97.3%	96.9%	97.7%	7941
	Yes	2.7%	2.3%	3.1%	222
	Total	100.0%	100.0%	100.0%	8163

Table 19 Psychological Abuse by Item, Conflict tactics Scale (Unadjusted Data)

Item: Over Last 12 Months		Estimate	95% Confidence Interval		Unweighted Counts
			Lower	Upper	
Someone you trust criticized you	Yes	22.1%	21.1%	23.1%	1,714
	No				6,377
	Total	100%	100%	100%	8,091
Someone you trust yelled or shouted at you	Yes	13.2%	12.4%	14.1%	1,043
	No	86.8%	85.9%	87.6%	7,090
	Total	100.0%	100.0%	100.0%	8,133
Someone you trust insulted you	Yes	8.6%	7.9%	9.3%	673
	No	91.4%	90.7%	92.1%	7,444
	Total				8,117
Someone you trust called you names or obscenities	Yes	4.0%	3.6%	4.5%	320
	No	96.0%	95.5%	96.4%	7,818
	Total	100.0%	100.0%	100.0%	8,138
Someone you trust intimidated you	Yes	2.9%	2.5%	3.3%	233
	No	97.1%	96.7%	97.5%	7,919
	Total	100%	100%	100%	8,152
Someone you trust made you do something against your will	Yes	1.1%	.9%	1.4%	86
	No	98.9%	98.6%	99.1%	8,065
	Total	100%	100%	100%	8,151
Someone you trust excluded or ignored you	Yes	7.9%	7.2%	8.5%	621
	No	92.1%	91.5%	92.8%	7,489
	Total	100%	100%	100%	8,110
Has someone caused you any other emotional distress?	Yes	10.9%	10.2%	11.6%	924
	No	89.1%	88.4%	89.8%	7,198
	Total	100%	100%	100%	8,122

Table 20 Felt Psychologically Abused (Unadjusted Data)

(One or more items answered yes)

		Estimate	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Psychological Abuse					
Population Size	Yes	597,126	541,971	652,280	509
	No	8,688,825	8,616,277	8,761,373	7,622
	D/K	31,155	18,724	43,586	29
	Refused	3,695	-692	8,081	3
	Total	9,320,800	9,271,345	9,370,255	8,163
Percent of Total	Yes	6.4%	5.8%	7.0%	509
	No	93.2%	92.6%	93.8%	7,622
	D/K	.3%	.2%	.5%	29
	Refused	.0%	.0%	.1%	3
	Total	100.0%	100.0%	100.0%	8,163

Table 21 Reported and Felt Psychological Abuse

		Estimate	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Psychological Abuse					
Population Size	No	8,777,494	8,707,543	8,847,444	7,697
	Yes	543,306	490,645	595,968	466
	Total	9,320,800	9,271,345	9,370,255	8,163
Percent of Total	No	94.2%	93.6%	94.7%	7,697
	Yes	5.8%	5.3%	6.4%	466
	Total	100.0%	100.0%	100.0%	8,163

Table 22 Suffered Psychological Abuse as a Child, Youth or Adult (Unadjusted Data)

Age Group		Estimate	95% Confidence Interval		Unweighted Counts
			Lower	Upper	
Children Age 1-17	Yes	985,433	918,339	1,052,527	892
	No	8,250,444	8,166,314	8,334,573	7,193
	D/K	84,923	64,093	105,753	78
	Total	9,320,800	9,271,345	9,370,255	8,163
	Yes	10.6%	9.9%	11.3%	892
	No	88.5%	87.7%	89.2%	7,193
	D/K	.9%	.7%	1.2%	78
	Total	100.0%	100.0%	100.0%	8,163
Youth Age 18-24	Yes	985,433	918,339	1,052,527	892
	No	8,250,444	8,166,314	8,334,573	7,193
	D/K	84,923	64,093	105,753	78
	Total	9,320,800	9,271,345	9,370,255	8,163
	Yes	10.6%	9.9%	11.3%	892
	No	88.5%	87.7%	89.2%	7,193
	D/K	.9%	.7%	1.2%	78
	Total	100.0%	100.0%	100.0%	8,163
Adult Age 25-54	Yes	1,587,093	1,504,524	1,669,662	1,423
	No	7,661,861	7,566,423	7,757,298	6,673
	D/K	71,846	52,655	91,037	67
	Total	9,320,800	9,271,345	9,370,255	8,163
	Yes	17.0%	16.2%	17.9%	1,423
	No	82.2%	81.3%	83.1%	6,673
	D/K	.8%	.6%	1.0%	67
	Total	100.0%	100.0%	100.0%	8,163

Physical Abuse in Past 12 Months

- 2.2% of the respondents were physically abused in the past 12 months representing 207,889 older Canadians;
- The respondents were mainly abused once a year;
- The most common forms of abuse in order of importance: pushed, shoved or grabbed (.7%), followed by hit or slapped person (.6%), threw something at respondent (.5%), pinched, scratched or pulled respondent's hair (.4%) and tried to restrain or hold person down (.3%);
- Of the abused respondents, 14.5% were abused as children when they were less than 18 years of age, 4.6% as youth and 5.3% as adults;

- Of the 2.2% of the respondents who reported they were physically abused in the past year, only .3% said they felt abused.

Table 23 Aggregate Rate of Physical Abuse (Unadjusted Data)

		Estimate	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Physical					
Population Size	No	9,112,911	9,054,619	9,171,203	7,990
	Yes	207,889	174,244	241,534	173
	Total	9,320,800	9,271,345	9,370,255	8,163
Percent of Total	No	97.8%	97.4%	98.1%	7,990
	Yes	2.2%	1.9%	2.6%	173
	Total	100.0%	100.0%	100.0%	8,163

Table 24 Physical Abuse by Item CTS

Item: Over Last 12 months		Estimate	95% Confidence Interval		Unweighted Counts
			Lower	Upper	
Has anyone restrained you/held you down?	Yes	.3%	.2%	.5%	23
	No	99.7%	99.5%	99.8%	8,139
	Total	100.0%	100.0%	100.0%	8,163
Anyone handled you roughly to cause fall or bruises?	Yes	.2%	.2%	.4%	22
	No	99.8%	99.6%	99.8%	8,138
	Total	100.0%	100.0%	100.0%	8,160
Has anyone pushed, shoved or grabbed you?	Yes	.7%	.6%	1.0%	66
	No	99.3%	99.0%	99.4%	8,095
	Total	100.0%	100.0%	100.0%	8,161
Has anyone thrown anything at you	Yes	.5%	.4%	.7%	42
	No	99.5%	99.3%	99.6%	8,117
	Total	100.0%	100.0%	100.0%	8,159
Has anyone hit or slapped you?	Yes	.6%	.4%	.8%	42
	No	99.4%	99.2%	99.6%	8,117
	Total	100.0%	100.0%	100.0%	8,159
	Yes	.0%	.0%	.1%	3

Has anyone burned or scaled you?	No	100.0%	99.9%	100.0%	8,155
	Total	100.0%	100.0%	100.0%	8,158
Has anyone pinched, scratched, or pulled your hair?	Yes	.4%	.2%	.5%	28
	No	99.6%	99.5%	99.8%	8,130
	Total	100.0%	100.0%	100.0%	8,158
Has anyone tried to choke you?	Yes	.1%	.0%	.2%	8
	No	99.9%	99.8%	100.0%	8,148
	Total	100.0%	100.0%	100.0%	8,156
Has anyone kicked, bit or punched you?	Yes	.2%	.2%	.4%	20
	No	99.8%	99.6%	99.8%	8,137
	Total	100.0%	100.0%	100.0%	8,157
Has anyone tried to hit you with something?	Yes	.2%	.1%	.4%	20
	No	99.8%	99.6%	99.9%	8,136
	Total	100.0%	100.0%	100.0%	8,156
Has anyone threatened you with a weapon?	Yes	.1%	.0%	.2%	4
	No	99.9%	99.8%	100.0%	8,154
	Total	100.0%	100.0%	100.0%	8,158
Has anyone administered drugs not necessary?	Yes	.2%	.1%	.4%	15
	No	99.8%	99.6%	99.9%	8,127
	Total	100.0%	100.0%	100.0%	8,142

Table 25 Felt Physically Abused

		Estimate	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Physical					
Population Size	Yes	26,559	15,793	37,325	27
	No	9,285,183	9,234,121	9,336,245	8,130
	Total	9,311,742	9,261,852	9,361,631	8,157
Percent of Total	Yes	.3%	.2%	.4%	27
	No	99.7%	99.6%	99.8%	8,130
	Total	100.0%	100.0%	100.0%	8,157

Table 26 Suffered Physical Abuse as a Child, Youth or Adult (Unadjusted Data)

Age Group		Estimate	95% Confidence Interval		Unweighted Counts
			Lower	Upper	
Children Age 1-17	Yes	1,354,683	1,274,723	1,434,644	1,152
	No	7,879,040	7,789,212	7,968,868	6,938
	D/K	87,077	65,316	108,838	73
	Total	9,320,800	9,271,345	9,370,255	8,163
	Yes	14.5%	13.7%	15.4%	1,152
	No	84.5%	83.6%	85.4%	6,938
	D/K	.9%	.7%	1.2%	73
	Total	100.0%	100.0%	100.0%	8,163
Youth Age 18-24	Yes	425,518	380,300	470,736	390
	No	8,866,973	8,798,947	8,934,999	7,748
	D/K	28,309	16,090	40,528	25
	Total	9,320,800	9,271,345	9,370,255	8,163
	Yes	4.6%	4.1%	5.1%	390
	No	95.1%	94.6%	95.6%	7,748
	D/K	.3%	.2%	.5%	25
	Total	100.0%	100.0%	100.0%	8,163
Adult Age 25-54	Yes	489,717	440,766	538,669	433
	No	8,815,601	8,745,703	8,885,499	7,716
	D/K	15,482	6,571	24,393	14
	Total	9,320,800	9,271,345	9,370,255	8,163
	Yes	4.8%	4.8%	5.8%	433
	No	94.6%	94.0%	95.1%	7,716
	D/K	.2%	.1%	.3%	14
	Total	100.0%	100.0%	100.0%	8,163

Sexual Abuse in Last 12 Months

- 1.6% of the respondents representing 146,649 Canadians reported sexual abuse in the past 12 months;
- Respondents mainly were abused one (.95) or two to three (.6%) times a year;
- The most common forms of sexual abuse in order of importance: talked to you in a sexual way (1.2%), tried to touch in a sexual way (1.2%); touched the person in a sexual way (.4%), tried to make respondents have sexual intercourse (.2%);
- Of the abused respondents, 11.6% were abused as children when they were less than 18 years of age; 5.1% as youths and 3.6% as adults
- Of the 1.6% of the respondents who reported sexual abuse, only .2% felt that they were sexually abused.

Table 27 Aggregate Prevalence Rate of Sexual Abuse

		Estimate	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Sexual					
Population Size	No	9,174,151	9,118,098	9,230,204	8,033
	Yes	146,649	119,647	173,652	130
	Total	9,320,800	9,271,345	9,370,255	8,163
Percent of Total	No	98.4%	98.1%	98.7%	8,033
	Yes	1.6%	1.3%	1.9%	130
	Total	100.0%	100.0%	100.0%	8,163

Table 28 Sexual Abuse by Item

Item: Over Last 12 months		Estimate	95% Confidence Interval		Unweighted Counts
			Lower	Upper	
Has anyone <i>talked</i> to you in a sexual way when you did not want them to?	Yes	1.2%	1.0%	1.5%	96
	No	98.8%	98.5%	99.0%	8,053
	Total	100.0%	100.0%	100.0%	8,149
Has anyone <i>tried</i> to touch you in a sexual way when you did not want them to?	Yes	1.2%	1.0%	1.5%	96
	No	98.8%	98.5%	99.0%	8,053
	Total	100.0%	100.0%	100.0%	8,149
Has anyone <i>touched</i> in a sexual way when you did not want them to?	Yes	.4%	.3%	.6%	30
	No	99.6%	99.4%	99.7%	8,115
	Total	100.0%	100.0%	100.0%	8,145
Has anyone <i>tried</i> to make you watch pornography against your will?	Yes	.1%	.0%	.2%	5
	No	99.9%	99.8%	100.0%	8,137
	Total	100.0%	100.0%	100.0%	8,142
Has anyone made you <i>watch</i> pornography against your will?	Yes	.0%	.0%	.1%	2
	No	100.0%	99.9%	100.0%	8,143
	Total	100.0%	100.0%	100.0%	8,145

Has anyone <i>tried</i> to make you have sexual intercourse against your will?	Yes	.2%	.1%	.4%	16
	No	99.8%	99.6%	99.9%	8,131
	Total	100.0%	100.0%	100.0%	8,147
Has anyone had <i>intercourse</i> with you against your will?	Yes	.1%	.0%	.2%	3
	No	99.9%	99.8%	100.0%	8,142
	Total	100.0%	100.0%	100.0%	8,145
<i>Unwanted</i> sexual experiences with someone you trust?	Yes	.1%	.0%	.2%	8
	No	99.9%	99.8%	100.0%	8,148
	Total	100.0%	100.0%	100.0%	8,156

Table 29 Felt Sexually Abused

		Estimate	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Sexual Abuse					
Population Size	Yes	15,585	6,395	24,775	13
	No	9,282,039	9,230,649	9,333,428	8,129
	Total	9,297,624	9,247,036	9,348,211	8,142
Percent of Total	Yes	.2%	.1%	.3%	13
	No	99.8%	99.7%	99.9%	8129
	Total	100.0%	100.0%	100.0%	8142

Table 30 Suffered Sexual Abuse as a Child, Youth or Adult

Age Group		Estimate	95% Confidence Interval		Unweighted Counts
			Lower	Upper	
Children Age 1-17	Yes	1,077,246	1,007,726	1,146,765	976
	No	8,170,918	8,084,391	8,257,445	7,121
	D/K	72,636	53,399	91,873	66
	Total	9,320,800	9,271,345	9,370,255	8,163
	Yes	11.6%	10.8%	12.3%	976
	No	87.7%	86.9%	88.4%	7,121
	D/K	.8%	.6%	1.0%	66
	Total	100.0%	100.0%	100.0%	8,163
Youth Age 18-24	Yes	478,619	432,183	525,056	451
	No	8,796,204	8,725,188	8,867,220	7,673
	D/K	45,977	30,373	61,580	39
	Total	9,320,800	9,271,345	9,370,255	8,163
	Yes	5.1%	4.7%	5.7%	451
	No	94.4%	93.8%	94.9%	7,673
	D/K	.5%	.4%	.7%	39
	Total	100.0%	100.0%	100.0%	8163
Adult Age 25-54	Yes	339,478	299,960	378,995	316
	No	8,942,647	8,876,663	9,008,632	7,815
	D/K	38,675	24,208	53,142	32
	Total	9,320,800	9,271,345	9,370,255	8,163
	Yes	3.6%	3.2%	4.1%	316
	No	95.9%	95.5%	96.4%	7,815
	D/K	.4%	.3%	.6%	32
	Total	100.0%	100.0%	100.0%	8,163

Financial Abuse in Last 12 Months

- 2.6% of the respondents reported financial abuse representing 244,176 Canadians;
- Respondents mainly were abused one (1.7%) or two or three (.8%) times a year;
- The most common forms of financial abuse in order of importance: tried to make you give them your money (.8%), attempted to take your money, possessions or property (.8%), took your money possessions or property (.8%), tried to take or keep power of attorney (.3%);
- Of the financially abused respondents, 1.3% were young adults and 4.4% were abused as middle-aged adults;
- Of the 2.6% of the respondents who reported financial abuse, only .7% felt that they were materially abused.

Table 31 Aggregate Prevalence Rate of Financial Abuse

		Estimate	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Financial					
Population Size	No	9,076,624	9,016,611	9,136,637	7,948
	Yes	244,176	208,620	279,732	215
	Total	9,320,800	9,271,345	9,370,255	8,163
Percent of Total	No	97.4%	97.0%	97.7%	7,948
	Yes	2.6%	2.3%	3.0%	215
	Total	100.0%	100.0%	100.0%	8,163

Table 32 Financial Abuse by Item

Item: Over Last 12 months has:		Estimate	95% Confidence Interval		Unweighted Counts
			Lower	Upper	
Someone you trusted <i>tried</i> to make you give them money, possessions or property?	Yes	.8%	.6%	1.0%	60
	No	99.2%	99.0%	99.4%	8,085
	Total	100.0%	100.0%	100.0%	8,145
Someone you trusted <i>made</i> you give them money?	Yes	.3%	.2%	.5%	26
	No	99.7%	99.5%	99.8%	8,123
	Total	100.0%	100.0%	100.0%	8,149
Someone <i>tried</i> to take your money, possessions or property?	Yes	.8%	.6%	1.0%	61
	No	99.2%	99.0%	99.4%	8,086
	Total	100.0%	100.0%	100.0%	8,147
Someone you trust <i>took</i> your money, possessions or property?	Yes	.8%	.6%	1.0%	61
	No	99.2%	99.0%	99.4%	8,086
	Total	100.0%	100.0%	100.0%	8,147
Someone your trusted <i>tried</i> to or keep power of attorney?	Yes	.3%	.2%	.5%	27
	No	99.7%	99.5%	99.8%	8,122
	Total	100.0%	100.0%	100.0%	8,149
Someone your trusted <i>took</i> or <i>kept</i> power of attorney?	Yes	.2%	.2%	.4%	20
	No	99.8%	99.6%	99.8%	8,124
	Total	100.0%	100.0%	100.0%	8,144
Someone you trusted deliberately <i>prevented</i> access to your money, possessions or property?	Yes	.2%	.1%	.3%	17
	No	99.8%	99.7%	99.9%	8,132
	Total	100.0%	100.0%	100.0%	8,149
Someone you trusted <i>forced</i> or misled you to change will or other documents?	Yes	.1%	.0%	.1%	7
	No	99.9%	99.9%	100.0%	8,144
	Total	100.0%	100.0%	100.0%	8,151
Anyone done <i>other harm</i> to you financially by taking money or property	Yes	.9%	.7%	1.1%	72
	No	99.1%	98.9%	99.3%	8,077
	Total	100.0%	100.0%	100.0%	8,149

Table 33 Felt Financially Abused

		Estimate	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Financial					
Population Size	Yes	65,086	46,322	83,850	56
	No	9,238,825	9,185,808	9,291,841	8,091
	D/K	7,188	1,638	12,739	8
	Refused	9,701	2,465	16,936	8
	Total	9,320,800	9,271,345	9,370,255	8,163
Percent of Total	Yes	.7%	.5%	.9%	56
	No	99.1%	98.9%	99.3%	8,091
	D/K	.1%	.0%	.2%	8
	Refused	.1%	.0%	.2%	8
	Total	100.0%	100.0%	100.0%	8,163

Table 34 Suffered Financial Abuse as a Youth or Adult

Age Group		Estimate	95% Confidence Interval		Unweighted Counts
			Lower	Upper	
Youth	Yes	124,502	99,864	149,139	120
	No	9,173,654	9,117,573	9,229,734	8,021
Age 18-24	D/K	22,645	12,440	32,850	22
	Total	9,320,800	9,271,345	9,370,255	8,163
	Yes	1.3%	1.1%	1.6%	120
	No	98.4%	98.1%	98.7%	8,021
	D/K	.2%	.2%	.4%	22
Total	100.0%	100.0%	100.0%	8,163	
Adult	Yes	405,483	360,556	450,411	362
	No	8,891,143	8,825,034	8,957,252	7,780
Age 25-54	D/K	24,174	13,099	35,248	21
	Total	9,320,800	9,271,345	9,370,255	8,163
	Yes	4.4%	3.9%	4.9%	362
	YN	95.4%	94.9%	95.9%	7,780
	D/K	.3%	.2%	.4%	21
Total	100.0%	100.0%	100.0%	8,163	

Summary Measures

- When the prevalence rate of **mistreatment** is **adjusted** for level of seriousness of psychological abuse and neglect, the mistreatment rate for Canada is **8.2** percent (5 types);
- When the prevalence rate of **elder abuse** is **adjusted** for level of seriousness of psychological abuse, the abuse rate for Canada is **7.5** percent (4 types);
- With the adjustment to psychological abuse and neglect the rates are still somewhat high compared to more recent North American studies although comparisons need to be made cautiously until exact measures can be compared;
- The **unadjusted** aggregate rate for mistreatment is 13.5 percent or 1,255,120 Canadians;
- The number of types of mistreatment reported in the last 12 months was one type (10.2%) and 2 types (2.3%);
- A large number of Canadians have been **abused** in the last 12 months: **9.3** percent or 866,185 Canadians using the **unadjusted rate**;
- The number of types of **abuse** reported in the last 12 months was one type (6.9%) and 2 types (1.9%);
- In the aggregate, the respondents reported that as children, 30% of them suffered abuse, 14.3% were abused in their youth and 20.4 suffered abuse as middle-aged adults.

Table 35 Aggregate *Mistreatment* Prevalence in Past 12 Months (Adjusted Data)

	Occurred	Estimate	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Population Size	No	8554552.8	8478550.3	8630555.3	7497
	Yes	766247.1	704924.77	827569.5	666
	Total	9320800.0	9271345.3	9370254.6	8163
Percent of Total	No	91.8%	91.1%	92.4%	7497
	Yes	8.2%	7.6%	8.9%	666
	Total	100.0%	100.0%	100.0%	8163

Table 36 Aggregate *Elder Abused* Prevalence in Past 12 Months (Adjusted Data)

	Occurred	Estimate	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Population Size	No	8625551.0	8551455.0	8699647.0	7558
	Yes	695248.9	636527.0	753970.8	605
	Total	9320800.0	9271345.3	9370254.6	8163
Percent of Total	No	92.5%	91.9%	93.1%	7558
	Yes	7.5%	6.9%	8.1%	605
	Total	100.0%	100.0%	100.0%	8163

Table 37 Aggregate Mistreatment Prevalence in Past 12 Months (Unadjusted Data)

	Occurred	Estimate	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Population Size	No	8,065,680	7,977,871	8,153,490	7,086
	Yes	1,255,120	1,178,431	1,331,808	1,077
	Total	9,320,800	9,271,345	9,370,255	8,163
Percent of Total	No	86.5%	85.7%	87.3%	7,086
	Yes	13.5%	12.7%	14.3%	1,077
	Total	100.0%	100.0%	100.0%	8,163

Table 38 Number of Types of Mistreatment Reported Past 12 Months

		Estimate	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Population Size	None	8,065,680	7,977,871	8,153,490	7,086
	1 type	954,010	885,966	1,022,055	826
	2 types	215,536	181,451	249,622	176
	3 types	59,651	41,938	77,363	51
	4 types	23,198	12,397	34,000	21
	5 types	2,724	-601	6,048	3
	Total	9,320,800	9,271,345	9,370,255	8,163
Percent of Total	None	86.5%	85.7%	87.3%	7,086
	1 type	10.2%	9.5%	11.0%	826
	Two types	2.3%	2.0%	2.7%	176
	3 types	.6%	.5%	.9%	51
	4 types	.2%	.2%	.4%	21
	5 types	.0%	.0%	.1%	3
	Total	100.0%	100.0%	100.0%	8,163

Table 39 Aggregate Elder Abuse Prevalence in Past 12 Months (Unadjusted Data)

	Occurred	Estimate	95% Confidence Interval		Unweighted Count
			Lower	Upper	
Population Size	No	8,454,615	8,375,816	8,533,414	7,412
	Yes	866,185	801,157	931,213	751
	Total	9,320,800	9,271,345	9,370,255	8,163
Percent of Total	No	90.7%	90.0%	91.4%	7,412
	Yes	9.3%	8.6%	10.0%	751
	Total	100.0%	100.0%	100.0%	8,163

Table 40 Number of Types of Elder Abuse Reported in Last 12 Months

	Occurred	Estimate	95% Confidence Intervals		Unweighted Counts
			Lower	Upper	
Population Size	None	8,454,615	8,375,816	8,533,414	7,412
	1 type	645,492	588,710	702,274	567
	Two types	176,854	146,027	207,682	146
	3 types	32,535	19,270	45,800	27
	4 types	11,304	4,107	18,501	11
	5 types	9,320,800	9,271,345	9,370,255	8,163
	Total	90.7%	90.0%	91.4%	7,412
Percent of Total	None	6.9%	6.3%	7.6%	567
	1 type	1.9%	1.6%	2.3%	146
	Two types	.3%	.2%	.5%	27
	3 types	.1%	.1%	.2%	11
	4 types	.1%	.1%	.2%	8,163
	Total	100.0%	100.0%	100.0%	8,163

Table 41 Suffered Abuse as a Child, Youth or Adult (Unadjusted Data)

Age Group		Estimate	95% Confidence Interval		Unweighted Counts
			Lower	Upper	
Children Age 1-17	No	6,516,527	6,408,916	6,624,137	5731
	Yes	2,804,273	2,700,776	2,907,771	2432
	Total	9,320,800	9,271,345	9,370,255	8163
Youth Age 18-24	No	69.9%	68.8%	71.0%	5731
	Yes	30.1%	29.0%	31.2%	2432
	Total	100.0%	100.0%	100.0%	8163
Adult Age 25-54	No	7,989,296	7,899,511	8,079,081	6947
	Yes	1,331,504	1,255,333	1,407,676	1216
	Total	9,320,800	9,271,345	9,370,255	8163
	No	85.7%	84.9%	86.5%	6947
	Yes	14.3%	13.5%	15.1%	1216
	Total	100.0%	100.0%	100.0%	8163
	No	7,418,184	7,319,220	7,517,147	6469
	Yes	1,902,616	1,813,686	1,991,547	1694
	Total	9,320,800	9,271,345	9,370,255	8163
	No	79.6%	78.6%	80.5%	6469
	Yes	20.4%	19.5%	21.4%	1694
	Total	100.0%	100.0%	100.0%	8163

Bivariate Analyses

The bivariate analyses can be found in Appendix C. There are many relationships between the aggregate measures of mistreatment and the socio-demographic, health and contact characteristics that provide a baseline for understanding what factors might place older adults at risk for maltreatment. While the bivariate analyses is suggestive of what may be associated with elder abuse, the logistic regression model helps to determine what characteristics, net of the others, increases older adults odds of being mistreated or not.¹⁶

Neglect

The significant socio-demographic factors related to neglect include older age, being unattached (ever single, widowed or divorced), living alone and lower income. Ethnicity is significant whereas gender is not related to being neglected nor is provincial location or being in a rural or urban area.

From a health perspective there is a significant correlation with health and neglect especially with depression. Regular visits from health and social service workers resulted in feeling less neglected. Those social variables that are significant are social isolation and feeling socially isolated while family contact via telephone and email are not. How often the respondent felt safe when with people closest to them was also related to neglect.

Emotional Abuse

Gender is related to emotional abuse, mainly for women. Age is also correlated with emotional abuse primarily at lower ages. As would be expected, being unattached, especially separated or divorced or ever single and living alone may leave the respondent vulnerable to emotional abuse. Low income is related to emotional abuse, as it was to neglect. Living in the province of Manitoba may lead to more vulnerability to psychological abuse.

¹⁶ The unadjusted data is used for the bivariate analyses which is just an exploratory technique for risk factors to include in the logistic regression. The logistic regression uses the adjusted variables in the dependent variable of elder abuse.

In consideration of the health capacity only using a device such as a cane, walker, or wheelchair was related to psychological abuse, while vision and hearing problems were not. Being depressed was strongly related to emotional abuse but not to having regular visits from health and social service practitioners. Having higher scores on IADL/ADL was also related to psychological abuse.

When it comes to social contacts respondents who rarely or never felt safe when with people closest to them had a significant chance of being emotionally abused. If someone over the past 12 months prevented the respondent from getting together with friends and family they were open to emotional abuse. Like neglect, both social isolation and feeling socially isolated were related to emotional abuse.

Physical Abuse

In the case of physical abuse the relationships with age, gender, ethnicity, education, marital status, and province or rural/urban location were not significant. Of the socio-demographic characteristics only income was related to physical abuse at the lower end of the income distribution.

Of the health characteristics only depression, IADL/ADL needs and using an appliance for mobility were related to physical abuse. In contrast, the social variables of social isolation and feeling socially isolated were related, as were two family variables – feeling safe with those closest to the respondent and being prevented from socializing with family and friends.

Sexual Abuse

Being female is significantly correlated to sexual abuse as is a younger age, being unattached and living alone. Not many socio-demographic factors were related to sexual abuse. Of the health characteristics, only IADL/ADL scores and depression were related to sexual abuse. The two family variables of not feeling safe and being prevented from

socializing are related to sexual abuse but being social isolated is not. What is significant is if the respondent felt socially isolated.

Financial Abuse

Gender, age and education were not related to financial abuse, but being unattached, one's ethnic background, living alone, low income and province of residence were all related to financial abuse. Of the health variables, IADL/ADL levels, depressive symptomology and using a device for mobility reasons were related to financial abuse. Having a health or social services practitioner visit on a regular basis was related to financial abuse. As in almost all other situations of abuse the two key family factors were significant for safety and fear. Both being socially isolated and feeling socially isolated were related to maltreatment.

Risk Factors For Abuse

While the bivariate analyses provides some suggestion as to what is correlated to the abuse of older adults, the bivariate analyses do not adequately assess the contribution of each of the characteristics, net of the other, as to who will likely be abused. Most of the characteristics that appeared to be related to elder abuse are included in the logistic regression in Table 42. The codes for the characteristics can be found at the bottom of Table 42.

As can be seen in Table 40 there are 9 factors that are correlated with elder abuse. In order of importance¹⁷: higher depression scores as measured on the C-DES, having been abused as an adult, a child, a youth, having higher unmet ADL/IAD needs, not feeling safe with those closest to respondent some of the time, living anywhere in Canada except Quebec; being single compared to being married and lastly, being female. These factors may change depending on the model estimated and may be different for each type of abuse. However, for the purposes of this report all the characteristics that were significant in the bivariate analyses were tested and those that were most consistent appear to continue to be important when all factors were controlled. What is new is the importance of a history of previous

¹⁷ The Wald statistic indicates which variable has the largest effect on the dependent variable.

abuse prior to elder abuse, especially in childhood and middle age. This finding provides some support for the life course theoretical framework when looking at elder abuse in research and practice.

Table 42 Logistical Regression of Possible Predictors on Elder Abuse ^a

ADL/IADL (count)**	.396	.009	19.537	1	.000	1.485
Depression**	.107	.006	149.209	1	.000	1.113
Age (years)	.006	.006	.781	1	.377	1.006
Lives alone (1) ^b	-.177	.158	1.260	1	.942	.838
Education	.033	.006	.248	1	.619	1.003
Gender* ^b	.206	.105	3.814	1	.051	1.228
Urban/Rural (1) ^b	.150	.119	1.581	1	.209	1.162
Feel Safe** ^b			16.543	2	.000	
Feel Safe (1)	.600	.209	8.261	1	.004	1.822
Feel safe (2)	1.254	.418	8.982	1	.003	3.503
Telephone in touch ^b			.668	2	.716	
Telephone (1)	-.032	.111	.083	1	.773	.969
Telephone (2)	.123	.183	.454	1	.500	1.131
Feel Social Isolation (1) ^b	.142	.105	1.809	1	.179	1.152
Social isolation (1) ^b	-.011	.129	.008	1	.930	.989
Marital Status			5.308	3	.151	
Marital Status-married(1) ^b	-.460	.218	4.444	1	.035	.631
Marital Status -widow (2)	-.292	.211	1.913	1	.167	.746
Marital Status-separate (3)	-.153	.202	.574	1	.449	.858
Province ^b			24.120	9	.004	
Nfld & Lab	-.058	.341	.029	1	.865	.944
Prince Edward Island	-.056	.327	.029	1	.864	.946
Nova Scotia	-.266	.337	.622	1	.430	.766
New Brunswick	-.046	.212	.047	1	.828	.955
Quebec**	-.629	.159	15.566	1	.000	.530
Manitoba	-.188	.325	.335	1	.563	.828
Saskatchewan	.207	.286	.525	1	.469	1.231
Alberta	-.115	.141	.663	1	.416	.892
British Columbia	.143	.140	1.046	1	.306	1.154
Born in Canada	.067	.131	.266	1	.606	.935
No Abuse as Child** ^b	-.529	.107	34.817	1	.000	.533
No Abuse as Youth** ^b	-.625	.117	28.687	1	.000	.535
No Abuse as Adult** ^b	-.697	.112	38.362	1	.000	.498
Constant	-1.959	.488	16.087	1	.000	.141

Note: All coefficients are maximum likelihood estimates. Calculations are weighted.

a. Elder abuse status equals 1 if respondent was abused, 0 otherwise.

b. Dummy variables defined as follows: yes if respondent (R) lives alone, reference category no; yes if R uses appliances for mobility, reference category no; yes if R is male, reference category female; yes if R did not feel safe with those closest to them, reference category felt safe all of the time; yes if R lived in urban area, reference category rural and small town; 1 if R communicated by telephone/computer once to 6 times a week, 2 if R communicated a few times a month, reference category communicated everyday; yes if R felt social isolated, 0 otherwise, yes if R socially isolated, 0 otherwise; 1 if R married, 2 if R widowed, 3 if R divorced or separated, reference category ever single; 1 if respondent not abused as a child, reference category abused as a child; 1 if R not abused in middle age, reference category abused as middle aged; 1 if not abused as a youth, reference category abused as a youth.

* significant – at $0 \alpha \geq .01$; **significant – at $0 \alpha \geq .05$.

Summary

The aggregate *adjusted* prevalence for elder abuse in Canada for the last year was **7.5%** (physical, sexual, psychological and financial abuse) representing 766,247 older Canadians, while the aggregate *adjusted* prevalence for mistreatment for the last year was **8.2%** (physical, sexual, psychological, financial abuse and neglect) representing 695,248 Canadians. The prevalence of psychological abuse was **2.7%** representing 251,157 Canadians and the prevalence of physical abuse was **2.2%** representing 207,889 Canadians. The prevalence of sexual abuse was **1.6%** representing 146,649 Canadians and finally, the rate for financial abuse was **2.6%** representing 244,176 older Canadians. The modified measure for the prevalence of neglect was **1.2%** affecting 116,256 Canadians. The rate is much higher if only one incidence of neglect is counted but this may be somewhat unrealistic. Although no tests of significance were conducted, the perpetrators seemed to be over-represented by spouses and ex-spouses except in the cases of financial abuse where adult children and grandchildren figured and in sexual assault where men were over-represented perpetrators.

The most important risk factor for abuse in Canada was, first and foremost, depression and secondly having been abused in another life stage of the life course as a child, youth or middle aged adult. These factors were new on the radar of risk factors. Specifically, risks for elder abuse were found to be higher depression scores as measured on the C-DES, feeling unsafe with those closest to respondent some of the time, having been abused as an adult, a child, a youth, and to a lesser extent, living outside Quebec, being married as compared to being ever single and lastly, being female.

There was a gap between what respondents reported on standardized scales of elder abuse and how they actually felt about the abuse, raising questions about the estimation of elder mistreatment and peoples' understanding of mistreatment. It does seem reasonable that a combination of the more objective and personal might provide more accurate rates but this must be tested further. One factor seems to stand out and that is the measures of psychological abuse and neglect need to be revisited since they appear to over estimate the psychological abuse compared to other forms of abuse. Although not reported here, even

when the item 'someone criticized you' is removed from the measure the aggregate rate still remains fairly high.

These figures align with the latest research on elder abuse and mistreatment but what is new in these analyses is that abuse across the life course is an important predictor of abuse. The disjuncture between standardized measures of abuse and self-perceptions of abuse (which tend to be lower than standardized measures) could have a number of meanings and require further exploration. Overall, these new factors suggest mistreatment is a life-long process and that self-perceptions of abuse and standardized measures likely need to be integrated to create more reliable estimates of mistreatment and elder abuse.

Limitations

Currently this study is the largest in the world on elder abuse and mistreatment but is still vulnerable to errors. Sampling error is always a problem with random samples, which has been noted above. It should also be noted that in order to participate the respondents had to have the cognitive capability of using the telephone and answering the survey questions in an appropriate way. Although most cognitively impaired older adults reside in institutions, many also live in the community so that it is possible, but cannot be confirmed in this study, that the rate of elder abuse mistreatment would have been found to be higher if this group had been included in the survey sample. The measures of elder abuse still prove to be less than accurate although most countries continue to use them. Although this project tried to include personal views on elder abuse with more objective measures, there is no gold standard and considerable work is yet to be done in this area. Finally, regression analyses of risk factors are subject to the nature of the regression and tend to change from study to study. What is really required to assess risk factors is longitudinal data. The goal of collecting long-term data is likely to be achieved once the Canadian longitudinal Study on Aging is in full force.

REFERENCES

- Aboriginal Nurses Association of Canada. (1992). Annual general meeting report for 1992: Abuse of the elders in Aboriginal communities. Fort Qu'Appelle, SK: Indian and Inuit Nurses of Canada.
- Abrams R.C., M, McAvay G. et Lachs, M. al. (2002). Predictors of self-neglect in community-dwelling elders. *Am J Psychiatry*; 159:1724–1730.
- Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. *American Journal of Public Health*, 100(2), 292-297.
- Allen, P. D., Kellett, K., & Gruman, C. (2003). Elder abuse in Connecticut's nursing homes. *Journal of Elder Abuse & Neglect*, 15(1), 19-42.
- Alwin, D. F., & McCammon, R. J. (2006). Generations, Cohorts and Social Change. In J. T. Mortimer & M. J. Shanahan (Eds.), *Handbook of the Life Course* (pp. 23-51). New York, NY: Springer.
- Alwin, D. F., & McCammon, R. J. (2006). Generations, Cohorts and Social Change. In J. T. Mortimer & M. J. Shanahan (Eds.), *Handbook of the Life Course* (pp. 23-51). New York, NY: Springer.
- American Association for Public Opinion Research. (2000). *Standard definitions: Final dispositions of case codes and outcome rates for surveys*. Lenexa, KS: Author.
- Amstadter, A. B., Zajac, K., Strachan, M., Hernandez, M.A., Kilpatrick, D.G., & Acierno, R. . (2011). Prevalence and correlates of elder mistreatment in South Carolina: The South Carolina elder mistreatment study. *Journal of Interpersonal Violence*, 26, 2947-2972.
- Anetzberger, G. J. (1987). The etiology of elder abuse by adult offspring. Springfield, IL: Charles C Thomas.
- Anetzberger, G. J., Korbin, J. E., & Austin, C. (1994). Alcoholism and elder abuse. *Journal of Interpersonal Violence*, 9(2), 184-193.
- Ansello, E. F. (1996). Causes and theories. In A. Baumhover & S. C. Beal (Eds.), *Abuse, neglect and exploitation of older persons: Strategies for assessment and intervention*. Baltimore, MD: Health Professions Press.
- Baker, M. W., LaCroix A. Z., Wu, C. et al. (2009). Mortality risk associated with physical and verbal abuse in women aged 50 to 79. *J Am Geriatr Soc*. 57:1799–1809.
- Baltes, P. B., & Reese, H. W. (1984). The life-span perspective in developmental psychology. In M. H. Bornstein & M. E. Lamb (Eds.), *Developmental psychology: An advanced textbook* (pp. 493-531). Hillsdale, NJ: Erlbaum.
- Bearpaw. (2011). *Hidden - Elder abuse in Aboriginal communities*, (film). Edmonton, AB: Native Counselling Service of Alberta.
- Beaulieu, M. (1992). La formation en milieu de travail: L'expression d'un besoin des cadres en ce qui concerne les abus à l'endroit des personnes âgées en centre d'accueil. *Le Gérontophile*, 14(3), 3-7.
- Beaulieu, M. (1994). Réagir face aux mauvais traitements en institution: Une responsabilité individuelle et collective. *Le Gérontophile*, 16(4), 35-40.

- Beaulieu, M., & Tremblay, M. J. (1995). Abuse and neglect of older adults in institutional settings: Discussion paper building from French language sources. Ottawa, ON: Health Canada, Mental Health Division.
- Bélanger, L. (1981). The types of violence the elderly are victims of: Results of a survey done with personnel working with the elderly. Paper presented at the 34th Annual Scientific Meeting of the Gerontological Society of America, Toronto, ON.
- Bengtson, V. L., Elder, G. H., & Putney, N. M. (2005). The life course perspective on ageing: Linked lives, timing, and history. In M. Johnson, V. L. Bengtson, P. G. Coleman & T. Kirkwood (Eds.), *Cambridge handbook on age and aging* (pp. 493-501). Cambridge: Cambridge University Press.
- Bennett, G. (1990). Action on elder abuse in the 1990's: New definitions will help. *Geriatric Medicine*, 20(4), 53-54.
- Bent, K. (2009). Literature review: Aboriginal senior abuse in Canada. Ottawa, ON: Native Women's Association of Canada.
- Bergin, B. (1995). Elder abuse in ethnocultural communities: An exploratory study with suggestions for intervention and prevention. Ottawa, ON: Canadian Association of Social Workers.
- Bigelow, B. J. (2007). What happens when the wheels fall off? Elders abuse complaints and legal outcomes in residential care facilities in Canada. *American Journal of Forensic Psychology*, 25(2), 35-64.
- Biggs, S., Erens, B., Doyle, M., Hall, J., & Sanchez, M. (2009). Abuse and neglect of older people: Secondary analysis of UK prevalence study. London, UK: King's College London and the National Centre for Social Research.
- Bond, J. B., Cuddy, R., Dixon, G. L., Duncan, K. A., & Smith, D. L. (1999). The financial abuse of mentally incompetent older adults: A Canadian study. *Journal of Elder Abuse & Neglect*, 11(4), 23-38.
- Bonnie, R. J., & Wallace, R. B. (Eds.). (2003). *Elder mistreatment: Abuse, neglect, and exploitation in an aging America*. Washington, DC: The National Academies Press.
- Braun, K. L., Suzuki, K. M., Cusick, C. E., & Howard-Carhart, K. (1997). Developing and testing training materials on elder abuse and neglect for nurse aides. *Journal of Elder Abuse & Neglect*, 9(1), 1-15.
- Bravo, G., Dubois, M. F., De Wals, P., Hebert, R., & Messier, L. (2002). Relationship between regulatory status, quality of care, and three-year mortality in Canadian residential care facilities: A longitudinal study. *Health Services Research*, 37(5), 1181-1196.
- Bredthauer, D., Becker, C., Eichner, B., Koczy, P., & Nikolaus, T. (2005). Factors relating to the use of physical restraints in psychogeriatric care: A paradigm for elder abuse. *Zeitschrift für Gerontologie und Geriatrie*, 38(1), 10-18.
- Brennan, P. L., & Moos, R. H. (1990). Physical design, social climate, and staff turnover in skilled nursing facilities. *Journal of Long Term Care Administration*, 18(2), 22-27.
- Bristowe, E., & Collins, J. B. (1989). Family mediated abuse of noninstitutionalized frail elderly men and women living in British Columbia. *Journal of Elder Abuse & Neglect*, 1, 45-64.
- Brownell, P., & Heiser, D. (2006). Psycho-educational support groups for older women victims of family mistreatment: A pilot study. *Journal of Gerontological Social Work*, 46(3-4), 145-160.

- Brownell, P., & Wolden, A. (2002). Elder abuse intervention strategies: Social service or criminal justice? *Journal of Gerontological Social Work*, 40(1/2), 83-100.
- Brozowski, K., & Hall, D. (2003). Elder abuse in a risk society. *Geriatrics Today*, 6, 167-172.
- Brozowski, K., & Hall, D. R. (2010). Aging and risk: Physical and sexual abuse of elders in Canada. *Journal of Interpersonal Violence*, 25, 1183-1199.
- Burgess, A. W., & Phillips, S. L. (2006). Sexual abuse and dementia in older people. *Journal of the American Geriatrics Society*, 54(7), 1154-1155.
- Cadmus, E. O; Theodora, E., Akinyemi, O. A. (2015). Older Persons' Views and Experience of Elder Abuse in South Western Nigeria: A community Based Qualitative Survey. Vol.27(4) 711-729.
- Canadian Centre for Elder Law. (2009). Definitions of elder abuse and neglect. Vancouver, BC: Canadian Centre for Elder Law.
- Cassell, E. J. (1989). Abuse of the elderly: Misuses of power. *New York State Journal of Medicine*, 89(3), 159-162.
- Chappell, N. L., & Novack, M. (1992). The role of support in alleviating stress among nursing assistants. *The Gerontologist*, 32(3), 351-359.
- Chappell, N. L., McDonald, L., & Stones, M. (2008). *Aging in contemporary Canada* (2nd ed.). Toronto: Pearson Education.
- Chokkanathan, S., & Lee, A. E. (2005). Elder mistreatment in urban India: A community based study. *Journal of Elder Abuse & Neglect*, 17(2), 45-61.
- Chokkanathan, S. (2015). Elder Mistreatment and Health Status of Rural Older Adults. *Journal of Interpersonal Violence*, Vol.30(18) 3267-3282.
- Cohler, B. J., & Hostetler, A. J. (2003). Linking life course and life story: Social change and the narrative study of lives. In J. Mortimer & R. Shanahan (Eds.), *Handbook of the life course* (pp. 555-578). New York: Kluwer Academic/Plenum Publishing Company.
- College of Nurses of Ontario. (1993). Abuse of clients by registered nurses and registered nursing assistants: Report to council on results of Canada Health Monitor Survey of Registrants (pp. 1-11). Toronto, ON.
- Comijs, H. C., Smit, J. H., Pot, A. M., Bouter, L. M., & Jonker, C. (1998). Risk indicators of elder mistreatment in the community. *Journal of Elder Abuse & Neglect*, 9(4), 67-76.
- Compton, S. A., Flanagan, P., & Gregg, W. (1997). Elder abuse in people with dementia in Northern Ireland: Prevalence and predictors in cases referred to a psychiatry of old age service. *International Journal of Geriatric Psychiatry*, 12(6), 632-635.
- Cooper, C., Selwood, A., & Livingston, G. (2008). The prevalence of elder abuse and neglect: A systematic review. *Age and Ageing*, 37(2), 151-160.
- Coughlan, S., Downe-Wamboldt, B., Elgie, R., Harbison, J., Melanson, P., & Morrow, M. (1995). *Mistreating elderly people: Questioning the response to elder abuse and neglect*. (Vol. 2), Legal Responses to Elder Abuse and Neglect. Halifax, NS: Dalhousie University Health Law Institute.
- Council of Europe. (1992). *Violence against elderly people*. Strasbourg: Council of Europe Steering Committee on Social Policy.
- Coyne, A. C., Reichman, W. E., & Berbig, L. J. (1993). The relationship between dementia and elder abuse. *American Journal of Psychiatry*, 150(4), 643-646.
- Creswell, J. W. (1994). *Research design: Qualitative and quantitative approaches*. Thousand Oaks, CA: Sage.

- Daskalopoulos, M. D., & Borelli, S. E. (2006). Definitions of elder abuse in an Italian sample. *Journal of Elder Abuse & Neglect*, 18(2-3), 67-85.
- Davidson, J. L. (1979). Elder abuse. In M. R. Block & J. D. Sinnott (Eds.), *The battered elder syndrome: An exploratory study*. College Park, MD: Center on Aging, University of Maryland.
- Davis, R. C., & Medina-Ariza, J. (2001). Results from an elder abuse prevention experiment in New York City. *National Institute of Justice: Research in Brief*, 1-7.
- Davis, R. C., Medina, J., & Avitabile, N. (2001). Reducing repeat incidents of elder abuse: Results of a randomized experiment, final report. New York, NY: U.S. Department of Justice.
- De Donder, Liesbeth; Lang, Gert; Luoma, Minna-Liisa; Penhale, Bridget Alves, José Ferreira; et al. (2011). Perpetrators of abuse against older women: a multi-national study in Europe. *The Journal of Adult Protection* 13(6): 302-314.
- Decalmer, P., & Glendenning, F. (Eds.). (1993). *The mistreatment of elderly people*. Newbury Park, CA: Sage.
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2000). *Handbook of qualitative research*. London, UK: Sage.
- Dimah, K. P.; Dimah, A. (2003). Elder Abuse and Neglect among Urban and Rural Women. *Journal of Elder Abuse and Neglect*. Vol. 15(3): 76-93.
- DiMaggio, P. J., & Powell, W. W. (1983). The iron cage revisited: Institutional isomorphism and collective rationality in organizational fields. *American Sociological Review*, 48, 147-160.
- Dixon, J., Manthorpe, J., Biggs, S., Mowlam, A., Tennant, R., Tinker, A., & McCreadie, C. (2010). Defining elder mistreatment: Reflections on the United Kingdom Study of Abuse and Neglect of Older People. *Aging and Society*, 30, 403-420.
- DMEA Research Team. (2010a, September). *Clear Definitions of Abuse and Neglect (Final Report for Project One - Defining and Measuring Elder Abuse and Neglect: Preparatory Work Required to Measure the Prevalence of Abuse and Neglect of Older Adults in Canada)*. Toronto, ON: University of Toronto, Institute for Life Course and Aging, NICE.
- DMEA Research Team. (2010b, June). *Definition Consensus (Workshop Report for Project One - Defining and Measuring Elder Abuse and Neglect: Preparatory Work Required to Measure the Prevalence of Abuse and Neglect of Older Adults in Canada)*. Toronto, ON: University of Toronto, Institute for Life Course and Aging, NICE.
- DMEA Research Team. (2010c, September). *Development of Measurement Instruments (Final Report for Project Two - Defining and Measuring Elder Abuse and Neglect: Preparatory Work Required to Measure the Prevalence of Abuse and Neglect of Older Adults in Canada)*. Toronto, ON: University of Toronto, Institute for Life Course and Aging, NICE.
- DMEA Research Team. (2011a, July). *Validation of Measurement Instruments (Final Report for Project Three - Defining and Measuring Elder Abuse and Neglect: Preparatory Work Required to Measure the Prevalence of Abuse and Neglect of Older Adults in Canada)*. Toronto, ON: University of Toronto, Institute for Life Course and Aging, NICE.
- DMEA Research Team. (2011b, January). *Ethical Considerations (Final Report for Project Four - Defining and Measuring Elder Abuse and Neglect: Preparatory Work*

- Required to Measure the Prevalence of Abuse and Neglect of Older Adults in Canada). Toronto, ON: University of Toronto, Institute for Life Course and Aging, NICE.
- DMEA Research Team. (2011c, November). Consensus Development: Pathway for Knowledge Transfer (Final Report for Project Five Research Project Report - Defining and Measuring Elder Abuse and Neglect: Preparatory Work Required to Measure the Prevalence of Abuse and Neglect of Older Adults in Canada). Toronto, ON: University of Toronto, Institute for Life Course and Aging, NICE.
- Dong, X. Q. (2015). Elder Abuse: Systematic Review and Implications for Practice. *Journal of the American Geriatrics Society*, 63(6), 1214-1238.
- Dong X. Q. (2014). Do the definitions of elder mistreatment subtypes matter? Findings from the PINE Study. *J Gerontol A Biol Sci Med Sci* 2014; 69(Suppl. 2): S68-S75.
- Dong, Q. & Simon, M.A.(2013). Urban and Rural Variations in the Characteristics Associated With Elder Mistreatment in a Community-Dwelling Chinese Population *Journal of Elder Abuse & Neglect*, 25:97-125.
- Dong, X. Q., Simon M., de Leon, C.M. et al. (2009). Elder self-neglect and abuse and mortality risk in a community-dwelling population. *JAMA*; 302:517-526.
- Dong X., Simon M.A., Odwazny, R. et al. (2008). Depression and elder abuse and neglect among community-dwelling Chinese elderly population. *J Elder Abuse Negl* 20:25-41.
- Dyer, C., Pavlik, D. B., Murphy, K., & Hyman, D. J. (2002). The high prevalence of depression and dementia in elder abuse and neglect. *Journal of the American Geriatrics Society*, 48, 205-258.
- Earle, S., Lloyd, C.E., Sidell, M., and Spurr, S. (eds.) (2007). *Theory and research in promoting public health*. London: Sage.
- Elder, G. H. (2006). Life Course. In *Encyclopedia of Aging*, ed. R. Schulz. New York: Springer.
- Elder, G., & Pellerin, L. (1998). Linking history and human lives. In J. Giele & G. Elder (Eds.), *Methods of life course research: Quantitative and qualitative approaches*. Thousand Oaks, CA: Sage.
- Elder, G. H., & O'Rand, A. M. (1995). Adult Lives in a Changing Society. In K. S. Cook, G. A. Fine & J. S. House (Eds.), *Sociological Perspectives*
- Ens, I. (1999). Abuse and neglect of older adults: A discussion paper. Ottawa, ON: Public Health Agency of Canada.
- Erlingsson, C. L. (2007). Searching for elder abuse: A systematic review of database citations. *Journal of Elder Abuse & Neglect*, 19(3/4), 59-78.
- Erlingsson, C. L., Carlson, S. L., & Saveman, B.-I. (2003). Elder abuse risk indicators and screening questions: Results from a literature search and a panel of experts from developed and developing countries. *Journal of Elder Abuse & Neglect*, 15(3/4), 185-203.
- Estes, C. L. (1999). Critical gerontology and the new political economy of aging. In M. Minkler & C. L. Estes (Eds.), *Critical gerontology: Perspectives from political and moral economy* (pp. 17-36). Canterbury, England: Baywood Publishing Company.

- Eulitt, P; Tomberg, B.A; & Cunningham, T.D. (2014). Screening Elders in the Emergency Department at Risk for Mistreatment: A Pilot Study. *Journal of Abuse and Neglect*. 26 424-435.
- Executive Agency for Health and Consumers. (2010). ABUEL: Abuse of elderly in Europe Retrieved November 8, 2010, from <http://www.abuel.org/>
- Feldt, K. S., & Ryden, M. B. (1992). Aggressive behavior: Educating nursing assistants. *Journal of Gerontological Nursing*, 18(5), 3-12.
- Filinson, R. (1993). An evaluation of a program of volunteer advocates for elder abuse victims. *Journal of Elder Abuse & Neglect*, 5(1), 77-93.
- Folstein, M. F., Folstein, S. E., & McHugh, P. R. (1975). Mini-Mental State: A practical guide for grading the cognitive state of patients for the clinician. *Journal of Psychiatric Research*, 12, 189-198.
- Friedman, B.; Santos, E.J., Liebel, D.V., Russ, A.J. & Conwell, Y. (2015). Longitudinal prevalence and Correlates of Elder Mistreatment Among Older Adults Receiving home Visiting Nursing. *Journal of Elder Abuse and Neglect*. 27: 34-64.
- Frytak, J. R., Harley, C., R., & Finch, M. D. (2006). Socioeconomic Status and Health over the Life Course: Capital as a Unifying Concept. In J. T. Mortimer & M. J. Shanahan (Eds.), *Handbook of the Life Course* (pp. 623-646). New York, NY: Springer.
- Fulmer, T., & Gurland, B. (1996). Restriction as elder mistreatment: Differences between caregiver and elder perceptions. *Journal of Mental Health and Aging*, 2, 89-98.
- Furness, S. (2006). Recognizing and addressing elder abuse in care homes: Views from residents and managers *Journal of Adult Protection*, 8(1), 33-49.
- G.A. Frecker Association on Gerontology. (1983). Summary report on aging and victimization, including 1983 St. John's survey results. St. John's, NL: mvn Extension Service.
- Garre-Olmo, J., Planas-Pujol, X., Lopez-Pousa, S., Juvinya, D., Vila, A., & Vilalta-Franch, J. (2009). Prevalence and risk factors of suspected elder abuse subtypes in people aged 75 and older. *Journal of the American Geriatrics Society*, 57(5), 815-822.
- Geobytes, R. L., O'Connor, D., & Mair, K. J. (1992). Public perceptions of elder mistreatment. *Journal of Elder Abuse & Neglect*, 4, 151-169.
- George, L. (2003). Life course research: Achievements and potential. In J. T. Mortimer & M. J. Shanahan (Eds.), *Handbook of the life course* (pp. 671-680). New York: Kluwer Academic Publishers.
- Gil, A. P., Kislaya, I., Santos, A. J., Nunes, B., Nicolau, R., & Fernandes, A. A. (2015). Elder abuse in Portugal: findings from the first national prevalence study. *Journal of Elder Abuse & Neglect*, 27(3), 174-95. doi: 10.1080/08946566.2014.953659
- Gilleard, C. (1994). Physical abuse in homes and hospitals. In M. Eastman (Ed.), *Old age abuse: A new perspective* (2nd ed., pp. 93-112). London, UK: Chapman and Hall.
- Giraldo-Rodríguez, L., & Rosas-Carrasco, O. (2013). Development and psychometric properties of the Geriatric Mistreatment Scale. *Geriatr Gerontol Int*, 13, 466-474. doi: 10.1111/j.1447-0594.2012.00894.x
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine Publishing Company.
- Göergen, T. (2001). Stress, conflict, elder abuse and neglect in German nursing homes: A pilot study among professional caregivers. *Journal of Elder Abuse & Neglect*, 13(1), 1-26.

- Göergen, T. (2004). A multi-method study on elder abuse and neglect in nursing homes. *The Journal of Adult Protection*, 6(3), 15-25.
- Göergen, T. & Beaulieu, M. (2013) critical concepts in elder abuse research. *International Psychogeriatrics*. 25(8), 1217-1228.
- Glendenning, F. (1993). What is elder abuse and neglect? In P. Decalmer & F. Glendenning (Eds.), *The mistreatment of elderly people* (pp. 1-34). London, UK: Sage.
- Gnaedinger, N. (1989). *Elder abuse: A discussion paper*. Ottawa: Health and Welfare Canada, Family Violence Prevention Division.
- Grafstrom, M., Nordberg, A., & Winblad, B. (1993). Abuse is in the eye of the beholder: Report by family members about abuse of demented persons in home care. A total population-based study. *Scandinavian Journal of Social Medicine*, 21(4), 247-255.
- Graham, I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in knowledge translation: Time for a map? *The Journal of Continuing Education in the Health Professions*, 26(1), 13-24.
- Grandmaison, A. (1988). "Protection des personnes âgées: Étude exploratoire de la violence à l'égard de la clientèle des personnes âgées." Unpublished manuscript.
- Greenberg, J. R., McKibben, M., & Raymond, J. A. (1990). Dependent adult children and elder abuse. *Journal of Elder Abuse & Neglect*, 2, 73-86.
- Greenwood, R., Oliver, C., Sahlin, K., & Suddaby, R. (2008). Introduction. In R. Greenwood, C. Oliver, K. Sahlin & R. Suddaby (Eds.), *The Sage handbook of organizational institutionalism* (pp. 1-46). London: Sage.
- Griffore, R. J., Barboza, G. E., Mastin, T., Oehmke, J., Schiamberg, L. B., & Post, L. A. (2009). Family members' reports of abuse in Michigan nursing homes. *Journal of Elder Abuse & Neglect*, 21(2), 105-114.
- Haley, R.C. (1984). *Elder abuse/neglect*. Halifax, NS: Department of Social Services.
- Hall, M. (2008). Constructing elder abuse: The Canadian legal framework. Paper presented at the HRSDC Expert Roundtable on Elder Abuse, Ottawa, ON.
- Harbison, J., Beaulieu, M., Coughlan, S., Karabanow, J., VanderPlaat, M., Wildeman, S., . . . Wexler, E. (2008). *Conceptual frameworks: Understandings of "elder abuse and neglect" and their Implications for policy and legislation*. Ottawa, ON: Human Resources and Social Development Canada.
- Harbison, J., Coughlan, S., Karabanow, J., & VanderPlaat, M. (2005). A clash of cultures: Rural values and service delivery to mistreated and neglected older people in Eastern Canada. *Practice--Social Work in Action*, 17(4), 229-246.
- Harley, C. R., & Mortimer, J. T. (2000). Social status and mental health in young adulthood: The mediating role of the transition to adulthood. In J. T. Mortimer & M. J. Shanahan (Eds.), *Handbook of the Life Course*. New York: Plenum.
- Hawes, C. (2002). Elder abuse in residential long-term care facilities: What is known about prevalence, causes, and prevention. Paper presented at the Testimony given before the U.S. Senate Committee on Finance, June 18.
- Hickey, T., & Douglass, R. L. (1981). Mistreatment of the elderly in the domestic setting: An exploratory study. *American Journal of Public Health*, 71(5), 500-507.
- Hirst, S. P. (2000). Resident abuse: An insider's perspective. *Geriatric Nursing*, 21(1), 32-38.
- Hirst, S. P. (2002). Defining resident abuse within the culture of long-term care institutions. *Clinical Nursing Research*, 11(3), 267-284.

- Homer, A. C., & Gilleard, C. (1990). Abuse of elderly people by their carers. *British Medical Journal*, 301(6765), 1359-1362.
- Iborra, I. (Ed.). (2005). *Violencia contra personas mayores*. Barcelona: Centro Reina Sofía para el Estudio de la Violencia.
- Institute for Life Course and Aging. (2008). A way forward: Promoting promising approaches to abuse prevention in institutional settings, (2005-2007), from <http://www.aging.utoronto.ca/node/125>
- Jogerst, G., Daly, J., & Hartz, A. (2005). Ombudsman program characteristics related to nursing home abuse reporting. *Journal of Gerontological Social Work*, 46(1), 85-98.
- Jogerst, G. J., & Ely, J. W. (1997). Home visit program for teaching elder abuse evaluations. *Family Medicine*, 29(9), 634-639.
- Johannesen, M. & LoGiudice, D. (2013). Elder Abuse: a systematic review of risk factors in community-dwelling elders. *Age and Ageing*. 42: 292-298.
- Johnson, T. F. (1991). *Elder mistreatment: Deciding who is at risk*. Westport, CT: Greenwood Press.
- Kelley-Moore, J. (2010). Disability and ageing: The social construction of causality. In D. Dannefer & C. Phillipson (Eds.), *The Sage handbook of social gerontology* (pp. 96-110). Thousand Oaks, CA: Sage.
- Killick, C., Taylor, B., J., Begley, E., & Carter-Anand, J. & O'Brien, M., (2014). Older people's conceptualization of abuse: A systematic review. *Journal of Elder Abuse & Neglect*. 27:100-120.
- Kingdom, D. (1992). Preventing aggression. *Canadian Nursing Home*, 3(2), 14-16.
- Konig, J., & Leembruggen-Kallberg, E. (2006). Perspectives on elder abuse in Germany. *Educational Gerontology*, 32(1), 25-35.
- Kosberg, J. I., & Garcia, J. L. (Eds.). (1995). *Elder abuse: International and cross-cultural perspectives*. Binghamton, NY: The Haworth Press.
- Kozak, J., & Lukawiecki, T. (2001). *Returning home: Fostering a supportive and respectful environment in the long-term care setting*. Ottawa, ON: National Clearinghouse on Family Violence.
- Kozma, A., & Stones, M. J. (1995). Issues in the measurement of elder abuse. In M. MacLean (Ed.), *Abuse and neglect of older Canadians: Strategies for change* (pp. 117-128). Toronto, ON: Thompson.
- Kwan, A. Y. (1995). Elder abuse in Hong Kong: A new family program for the old east. *Journal of Elder Abuse & Neglect*, 6(3/4), 65-80.
- Lachs, M. S. (2004). Screening for family violence: What's an evidence-based doctor to do? *Annals of Internal Medicine*, 140(5), 399-400.
- Lachs, M. S., Berkman, L., Fulmer, T., & Horwitz, R. I. (1994). A prospective community-based pilot study of risk factors for the investigation of elder mistreatment. *Journal of the American Geriatrics Society*, 42(2), 169-173.
- Lachs, M. S., Williams, C., O'Brien, S., Hurst, L., & Horwitz, R. (1997). Risk factors for reported elder abuse and neglect: A nine-year observational cohort study. *Gerontologist*, 37(4), 469-474.
- Lachs, M. S., Williams, C. S., O'Brien, S., Pillemer, K. A., & Charlson, M. E. (1998). The mortality of elder mistreatment. *JAMA*, 280(5), 428-432.
- Lai, D. W. (2011). Abuse and neglect experienced by aging Chinese in Canada. *Journal of Elder Abuse and Neglect*. 23:326-347.

- Laumann, E. O., Leitsch, S. A., & Waite, L. J. (2008). Elder mistreatment in the United States: Prevalence estimates from a nationally representative study. *The Journals of Gerontology*, 63(4), S248-S254.
- Lawton, M. P., & Brody, E. M. (1969). Assessment of older people: Self-maintaining and instrumental activities of daily living. *The Gerontologist*, 9(3), 179-186.
- Leisering, L. (2003). Government and the life course. In J. T. Mortimer & M. J. Shanahan (Eds.), *Handbook of the life course* (pp. 205-225). New York: Springer.
- Leisering, L., & Leibfried, S. (1999). *Time and poverty in western welfare states*. Cambridge: Cambridge University Press.
- Lifespan of Greater Rochester, Inc. (2011). *Under the radar: New York State Elder Abuse Prevalence Study: Self-reported prevalence and documented case surveys (Final Report)*. New York, NY: Cornell University, Weill Cornell Medical Center & New York City Department for the Aging.
- Lichtenberg P.A., Stickney L, Paulson D. (2013). Is psychological vulnerability related to the experience of fraud in older adults? *Clin Gerontol* 36:132-146.
- Lowenstein, A., Eisikovits, Z., Band-Winterstein, T., & Enosh, G. (2009). Is elder abuse and neglect a social phenomenon? Data from the First National Prevalence Survey in Israel. *Journal of Elder Abuse & Neglect*, 21(3), 253-277.
- Luoma, M.-L., Koivusilta, M., Lang, G., Enzenhofer, E., De Donder, L., Verté, D., Reingarde, J., Tamutiene, I., Ferreira-Alves, J., Santos, A. J. & Penhale, B. (2011). *Prevalence Study of Abuse and Violence against Older Women. Results of a Multi-cultural Survey in Austria Belgium, Finland, Lithuania, and Portugal (European Report of the AVOW Project)*. Finland: National Institute for Health and Welfare (THL).
- Malmedal, W., Ingebrigtsen, O., & Saveman, B. I. (2009). Inadequate care in Norwegian nursing homes--as reported by nursing staff. *Scandinavian Journal of Caring Sciences*, 23(2), 231-242.
- Manitoba Seniors Directorate. (1993). *Abuse of the elderly: A guide for the development of protocols*. Winnipeg, MB: Manitoba Seniors Directorate.
- Marshall, V.W. 1996. The state of theory in aging and the social sciences. In R. Binstock and L. George (Eds.), *Handbook of Aging and the Social Sciences* (4th ed.). San Diego, CA: Academic Press.
- Marshall, C. E., Benton, D., & Brazier, J. M. (2000). Elder abuse: Using clinical tools to identify clues of mistreatment. *Geriatrics*, 55(2), 42-44, 47-50, 53.
- Marshall, V. W. (2009). Theory informing public policy: The life course perspective as a policy tool. In V. L. Bengston, D. Gans, N. Putney & M. Silverstein (Eds.), *Handbook of theories of aging* (pp. 573-593). New York: Springer.
- McDonald, L. (1995). Elder abuse and neglect. In J. E. Birren (Ed.), *The encyclopedia of gerontology*. London: Sage.
- McDonald, L. (2007). Abuse and neglect of elders. In J. E. Birren (Ed.), *The encyclopedia of gerontology* (2nd ed., pp. 1-9). New York: Academic Press.
- McDonald, L. (2008). Explanations of institutional abuse: A case of the under determination of theory. Paper presented at the Symposium on elder abuse: The need for theory. Paper presented at the 61st Annual Meeting of the Gerontological Society of America, National Harbor, MD.
- McDonald, L. (2009). The social aspects of aging. In L. Tepperman & J. Curtis (Eds.), *Principles of Sociology*. Online chapter: Oxford University Press.

- McDonald, L. (2011). The Social Aspects of Aging. In Tepperman, L; and Albanese, (Eds.) 3rd edition, *Sociology: A Canadian Perspective*. Don Mills: Oxford University Press.
- McDonald, L. et al., (2012). *Measuring Elder Abuse and Neglect: Synthesis of Preparatory Work Required to Measure the Prevalence of Abuse and Neglect of Older Adults in Canada*. ESDC.
- McDonald, L., Beaulieu, M., Harbison, J., Hirst, S., Lowenstein, A., Podnieks, E., & Wahl, J. (2008). *Institutional abuse of older adults: What we know, what we need to know*. Ottawa, ON: Human Resources and Social Development Canada
- McDonald, L., & Collins, A. (2000). *Abuse and neglect of older adults: A discussion paper*. Ottawa, ON: Health Canada.
- McDonald, L., Collins, A., & Dergal, J. (2006). The abuse and neglect of adults in Canada. In R. Alaggia & C. Vine (Eds.), *Cruel but not unusual* (pp. 425-466). Waterloo, ON: Wilfred Laurier.
- McDonald, L., Hornick, J. P., Robertson, G. B., & Wallace, J. E. (1991). *Elder abuse and neglect in Canada*. Toronto, ON: Butterworths.
- Meddaugh, D. I. (1993). Covert elder abuse in the nursing home. *Journal of Elder Abuse & Neglect*, 5(3), 21-37.
- Meyer, J. W., & Rowan, B. (1977). Institutionalized organizations: Formal structure as myth and ceremony. *American Journal of Sociology*, 83(2), 340-363.
- Ministry of Community and Social Services. (1985). *Report of a survey of elder abuse in the community*. Toronto: Standing Committee on Social Development, Government of Ontario.
- Montgomery, R. J. V., & Borgatta, E. F. (1986). Plausible theories and the development of scientific theory: The case of aging research. *Research on Aging*, 8, 586-608.
- Moon, A. (2000). Perceptions of elder abuse among various cultural groups: Similarities and differences. *Generations*, 26(1), 75-80.
- Mukherjee, D. (2013). Financial Exploitation of Older Adults in Rural Settings: A Family Perspective. *Journal of Elder Abuse and Neglect*. 25:425-437.
- National Centre on Elder Abuse. (1998). What is elder abuse: What are the major types of elder abuse? Retrieved January 26, 1998, from http://www.interinc.com/NCEA/Elder_Abuse/main.html
- Naughton, C., Drennan, J., Treacy, M. P., Lafferty, A., Lyons, I., Phelan, A., Quin, S., O'Loughlin, A., & Delaney, L. (2010). *Abuse and neglect of older people in Ireland: A report on the National Study of Elder Abuse and Neglect*. Dublin, Ireland: National Centre for the Protection of Older People, School of Nursing, Midwifery and Health Systems, University College Dublin.
- Naughton, C. Drennan, J., & Lafferty, A. (2014). Older People's Perceptions of the Term Elder Abuse and Characteristics Associated With a Lower Level of Awareness. *Journal of Elder Abuse and Neglect*. Volume 26(3): 300-318.
- NICE. (2010). National Initiative for the Care of the Elderly, from <http://www.nicenet.ca/>
- Nurminen, J., Puustinen, J., Kukola, M., & Kivela, S. L. (2009). The use of chemical restraints for older long-term hospital patients: A case report from Finland. *Journal of Elder Abuse & Neglect*, 21(2), 89-104.
- O'Keeffe, M., Hills, A., Doyle, M., McCreadie, C., Scholes, S., Constantine, R., . . . Erens, B. (2007). *UK study of abuse and neglect of older people: Prevalence survey report*. London, UK: National Centre for Social Research.

- Office of the Privacy Commissioner of Canada. (2008). Office of the Privacy Commissioner of Canada, from http://www.priv.gc.ca/index_e.cfm
- Ogioni, L., Liperoti, R., Landi, F., Soldato, M., Bernabei, R., & Onder, G. (2007). Cross-sectional association between behavioral symptoms and potential elder abuse among subjects in home care in Italy: Results from the Silvernet Study. *American Journal of Geriatric Psychiatry*, 15(1), 70-78.
- Ontario Government. (2002). Ontario government takes action on elder abuse Retrieved September 16, 2003, from <http://www.gov.on.ca/citizenship/english/about/n280302.htm>
- Parliamentary Committee on Palliative and Compassionate Care. (2010). Toronto elder abuse hearing. Sutton Place Hotel, Toronto, ON.
- Paveza, G. J., Cohen, D., Eisorfer, C., Freels, S., Semla, T., Ashford, W. J., . . . Levy, P. (1992). Severe family violence and Alzheimer's disease: Prevalence and risk factors. *The Gerontologist*, 32, 493-497.
- Payne, B. C. (2002). An integrated understanding of elder abuse and neglect. *Journal of Criminal Justice*, 30(6), 535-547.
- Peri, K., Fanslow, J., Hand, J., & Parsons, J. (2008). Elder abuse and neglect: Exploration of risk and protective factors. Wellington: Families Commission.
- PHAC. (2010). September 2010 - Social media in elder abuse prevention, from <http://www.phac-aspc.gc.ca/ea-ma/EB/eb-Sept-2010-eng.php>
- Phillips, L. R. (1983). Abuse and neglect of the frail elderly at home: An exploration of theoretical relationships. *Journal of Advanced Nursing*, 8(5), 379-392.
- Phillips, L. R. (1986). Theoretical explanations of elder abuse: Competing hypotheses and unresolved issues. In K. Pillemer & R. S. Wolf (Eds.), *Elder abuse: Conflict in the family* (pp. 197-217). Auburn: Dover.
- Pillemer, K. (1985). The dangers of dependency: New findings on the domestic violence against the elderly. *Social Problems*, 33(2), 146-158.
- Pillemer, K., & Bachman-Prehn, R. (1991). Helping and hurting: Prediction of maltreatment of patients in nursing homes. *Research on Aging*, 13, 74-95.
- Pillemer, K., & Finkelhor, D. (1988). The prevalence of elder abuse: A random sample survey. *The Gerontologist*, 28(1), 51-57.
- Pillemer, K., & Finkelhor, D. (1989). Causes of elder abuse: Caregiver stress versus problem relatives. *The American Journal of Orthopsychiatry*, 59(2), 179-187.
- Pillemer, K., & Moore, D. W. (1989). Abuse of patients in nursing homes: Findings from a survey of staff. *The Gerontologist*, 29(3), 314-320.
- Pillemer, K., Mueller-Johnson, K., Mock, S. E., Suito, J. J., & Lachs, M. S. (2006). Prevention of elder mistreatment. In L. Doll, S. Bonzo, J. Mercy & D. Sleet (Eds.), *Handbook on injury and violence prevention* (pp. 241-254). Atlanta, GA: Centers for Disease Control and Prevention.
- Pillemer, K., & Suito, J. J. (1992). Violence and violent feelings: What causes them among family caregivers? *Journal of Gerontology*, 47(4), S165-172.
- Pittaway, E. D., & Westhues, A. (1993). The prevalence of elder abuse and neglect of older adults who access health and social services in London, Ontario, Canada. *Journal of Elder Abuse and Neglect*, 5(4), 77-93.
- Plamondon, L., & Nahmiash, D. (2006). Portrait de la vulnérabilité et des risques dans la population âgée vivant en HLM. *Vie et Vieillesse*, 5(1), 27-36.

- Ploeg, J., Fear, J., Hutchison, B., MacMillan, H., & Bolan, G. (2009). A systematic review of interventions for elder abuse. *Journal of Elder Abuse & Neglect*, 21(3), 187-210.
- Podnieks, E. (1992). Emerging themes from a follow-up study of Canadian victims of elder abuse. *Journal of Elder Abuse & Neglect*, 4(1/2), 59-111.
- Podnieks, E. (1993). National Survey on Abuse of the Elderly in Canada. *Journal of Elder Abuse & Neglect*, 4(1/2), 5-58.
- Podnieks, E. (2008). Elder abuse: The Canadian experience. *Journal of Elder Abuse & Neglect*, 20(2), 126-150.
- Podnieks, E., Pillemer, K., Nicholson, J., Shillington, T., & Frizzel, A. (1990). National survey on abuse of the elderly in Canada: Final report. Toronto, ON: Ryerson Polytechnical Institute.
- Podnieks, E., Pillemer, K., Nicholson, J. P., Shillington, T., & Frizzel, A. F. (1989). A national survey on abuse of the elderly: Preliminary findings. Toronto, ON: Ryerson Polytechnical Institute.
- Poirier, D. (1992). The power of social workers in the creation and application of elder protection statutory norms in New Brunswick and Nova Scotia. *Journal of Elder Abuse and Neglect*, 4(1/2), 113-133.
- Poole, C., & Rietschlin, J. (2008). Spousal/Partner victimization among adults aged 60 and older: An analysis of the 1999 and 2004 General Social Survey. Ottawa, ON: Human Resources and Social Development Canada
- Pottie-Bunge, V. (2000). Abuse of older adults by family members. In V. Pottie Bunge & D. Locke (Eds.), *Family violence in Canada: A statistical profile* (pp. 27-30). Ottawa, ON: Statistics Canada.
- Purdon, S., Speight, S., O'Keeffe, M., Biggs, S., Erens, B., Hills, A., . . . Tinker, A. (2007). Measuring the prevalence of abuse of older people in care homes: A development study. Part of the UK study of abuse and neglect of older people. London, UK: Comic Relief & the Department of Health.
- Quayhagen, M., Quayhagen, M. P., Patterson, T. L., Irwin, M., Hauger, R. L., & Grant, I. (1997). Coping with dementia: Family caregiver burnout and abuse. *Journal of Mental Health and Aging*, 3, 357-364.
- Radloff, L. S. (1977). The CES-D scale a self-report depression scale for research in the general population. *Applied psychological measurement*, 1(3), 385-401.
- Ramage-Morin, P. L. (2005). Successful aging in health care institutions. *Health Reports*, 16(Suppl), 47-56.
- Ramsey-Klawnsnik, H., Teaster, P. B., Mendiondo, M. S., Marcum, J. L., & Abner, E. L. (2008). Sexual predators who target elders: Findings from the first national study of sexual abuse in care facilities. *Journal of Elder Abuse & Neglect*, 20(4), 353-376.
- Reay, A. M., & Browne, K. D. (2001). Risk factor characteristics in carers who physically abuse or neglect their elderly dependants. *Aging & Mental Health*, 5(1), 56-62.
- Reis, M., & Nahmiash, D. (1995). When seniors are abused: A guide to intervention. North York, ON: Captus Press Inc.
- Reis, M., & Nahmiash, D. (1998). Validation of the indicators of abuse (IOA) screen. *Gerontologist*, 38(4), 471-480.
- Richardson, B., Kitchen, G., & Livingston, G. (2002). The effect of education on knowledge and management of elder abuse: A randomized controlled trial. *Age and Ageing*, 31(5), 335-341.

- Richardson, B., Kitchen, G., & Livingston, G. (2004). What staff know about elder abuse in dementia and the effect of training. *Dementia*, 3(3), 377-384.
- Right Honourable Chief Justice of Canada Beverley McLachlin. (2007). Keynote address. Paper presented at the 3rd Annual Canadian Conference on Elder Law, November 10, Vancouver, BC.
- Rodriguez, M. A., Wallace, S. P., Woolf, N. H., & Mangione, C. M. (2006). Mandatory reporting of elder abuse: Between a rock and a hard place. *Annals of Family Medicine*, 4(5), 403-408.
- Roberto, K.A.; Brossoie, N. & McPherson, M.C. (2013). Invited commentary violence Against Rural Older Women: Promoting Community Awareness and Action. *Australian Journal on Aging* Vol. 32 No. 1, 2-7.
- Roepke-Buehler, S; Simon, M.; & Dong, X. (2015). Association between Depressive Symptoms, Multiple Dimensions of Depression, and Elder Abuse: A Cross-Sectional, Population-Based Analysis of Older Adults in Urban Chicago. Vol. 27(6) 1003-1025.
- Ryan, W. (1976). *Blaming the victim*. New York: Vintage Books.
- Sanchez, Y. M. (1996). Distinguishing cultural expectations in assessment of financial exploitation. *Journal of Elder Abuse & Neglect*, 8(2), 49-59.
- Saveman, B.-I., Astrom, S., Bucht, G., & Norberg, A. (1999). Elder abuse in residential settings in Sweden. *Journal of Elder Abuse & Neglect*, 10(1), 43-60.
- Schellenberg, G., Turcotte, M., & Ram, B. (2005). Post-retirement employment. *Perspectives on Labour and Income*, 17(4), 14-19.
- Schiamberg, L. B., & Gans, D. (1999). An ecological framework for contextual risk factors in elder abuse by adult children. *Journal of Elder Abuse & Neglect*, 2(1), 79-103.
- Schofield, M., J., Powers, J., R. & Loxton, D. (2013). Mortality and disability outcomes of self-reported elder abuse: A 12-year prospective investigation. *J Am Geriatr Soc*; 61:679-685.
- Schwandt, T. A. (1997). *Qualitative inquiry*. Thousand Oaks, CA: Sage.
- Scogin, F., Beall, C., Bynum, J., Stephens, G., Grote, N. P., Baumhover, L. A., & Bolland, J. M. (1989). Training for abusive caregivers: An unconventional approach to an intervention dilemma. *Journal of Elder Abuse & Neglect*, 1(4), 73-86.
- Selznick, P. (1949). *TVA and the grass roots: A study of politics and organization*. Berkeley, CA: University of California Press.
- Settersten, R. A., ed. 2003. *Invitation to the Life Course: Toward New Understandings of Later Life*. Edited by J. R. A. Settersten, *Rethinking Social Policy: Lessons of a Life-Course Perspective*. Amityville, NY: Baywood.
- Settersten, R. A., Jr. 2006. "Aging and the life course". In *Handbook of aging and the social sciences*, ed. R. Binstock and L. George. San Diego: Academic Press.
- Shah, G., Veeton, R., & Vasi, S. (1995). Elder abuse in India. *Journal of Elder Abuse & Neglect*, 6(3/4), 101-118.
- Shaw, M. M. C. (1998). Nursing home residents abuse by staff: Exploring the dynamics. *Journal of Elder Abuse & Neglect*, 9(4), 1-21.
- Shell, D.J. (1982). *Protection of the elderly: A study of elder abuse*. Report of the Manitoba council on aging. Winnipeg, MB: Association of Gerontology.
- Silva, T. W. (1992). Reporting elder abuse: Should it be mandatory or voluntary? *HealthSpan*, 9(4), 13-15.

- Silva, L.C. Ordúñez, P. Rodriguez & Robles, S. (2001). A tool for assessing the usefulness of prevalence studies done for surveillance purposes: the example of hypertension. *Rev Panam Salud Publica*, vol. 10, numer 3 Washington Sept.
- Sooryanarayana, R., Choo, Wan-Yuen, & Hairi, N.N. (2013). A review on the prevalence and measurement of elder abuse in the community. *Trauma, Violence and Abuse*, 14(4)316-325.
- Spector, W. D., Fleishman, J. A., Pezzin, L. E., & Spillman, B. C. (2001). *Characteristics of long-term care users*. Rockville, MD: Agency for Healthcare Research and Quality.
- Spencer, C. (1994). *Abuse and neglect of older adults in institutional settings: An annotated bibliography*. Ottawa, ON: Health Canada.
- Spencer, C. (1995). New directions for research on interventions with abused older adults. In M. J. Maclean (Ed.), *Abuse & neglect of older Canadians: Strategies for change* (pp. 143-155). Toronto, ON: Thompson Educational Publishing, Inc.
- Spencer, C. (1996). *Diminishing returns: An examination of financial responsibility, decision-making, and financial abuse among older adults*. Vancouver, BC: Gerontology Research Centre, Simon Fraser University.
- Spencer, C., & Beaulieu, M. (1994). *Abuse and neglect of older adults in institutional settings: A discussion paper building from English language sources*. Ottawa, ON: Health Canada.
- Spencer, C., & Gutman, G. M. (2008). *Sharpening Canada's focus: Developing an empirical profile of abuse and neglect among older women and men in the community. Final report - Expert Roundtable on Elder Abuse in Canada*. Ottawa, ON: Human Resources and Social Development Canada.
- Stasser, S. M.; Smith, M., Weaver, S., et al., (2013). Screening for elder mistreatment among older adults seeking legal assistance services. *West J Emerg Med* 14:309–315.
- Statistics Canada (2010). Retrieved January 2015 from Life expectancy - www.statcan.gc.ca/pub/89-645-x/.../life-expectancy-esperance-vie-eng.htm
- Steinmetz, S. (1988). *Duty bound*. Beverly Hills, CA: Sage.
- Stevenson, C. (1985). *Family abuse of the elderly in Alberta*. Edmonton, AB: Seniors Advisory Council for Alberta.
- Stilwell, E. M. (1991). Nurses' education related to the use of restraints. *Journal of Gerontological Nursing*, 17(2), 23-26.
- Stolee, P., & Hillier, L. (2008). *Best practices in dealing with elder abuse: Identifying, communicating, and adopting processes for prevention, detection, and response*. Ottawa, ON: Human Resources and Social Development Canada.
- Stones, M. (1995). Scope and definitions of elder abuse and neglect in Canada. In M. MacLean (Ed.), *Abuse and neglect of older Canadians* (pp. 111-116). Ottawa, ON: Thompson Educational Publishing.
- Stones, M., & Pittman, D. (1995). Individual differences in attitudes about elder abuse: The Elder Abuse Attitude Test (EAAT). *Canadian Journal on Aging*, 14(2, suppl. 2), 61-71.
- Straus, M. A. (1979). Measuring intrafamily conflict and violence: The conflict tactics (CT) scales. *Journal of Marriage and the Family*, 75-88.
- Sweeney, V. (1995). *Report on needs assessment for senior women as victims of violence*. Kentville, NS: Gerontology Association of Nova Scotia Valley Region.
- Szikita Clark, C. (2008). *Aging at home: Allowing seniors to live safely at home with dignity and independence*. Toronto, ON: University of Toronto, Faculty of Social Work.

- Tatara, T., & Thomas, C. (1998). National Elder Abuse Incidence Study: Final report. Washington, DC: National Center on Elder Abuse, American Public Human Services Association.
- Taylor, B. J., Killick, C., O'Brien, M., Begley, E., & Carter-Anand, J. (2014). Older people's conceptualization of elder abuse and neglect. *Journal of Elder Abuse & Neglect*, 26:223-243.
- Teaster, P. B., Ramsey-Klawnsnik, H., Mendiondo, M. S., Abner, E., Cecil, K., & Tooms, M. (2007). From behind the shadows: A profile of the sexual abuse of older men residing in nursing homes. *Journal of Elder Abuse & Neglect*, 19(1-2), 29-45.
- Teaster, P. B., & Roberto, K. A. (2003). Sexual abuse of older women living in nursing homes. *Journal of Gerontological Social Work*, 40(4), 105-119.
- Teaster, P. B., & Roberto, K. A. (2004). Sexual abuse of older adults: APS cases and outcomes. *Gerontologist*, 44(6), 788-796.
- Timmreck, T. C. (1998). An introduction to epidemiology. Boston: Jones & Bartlett Publishers.
- Trottier, H., Martel, L., & Houle, C. (2000). Living at home or in an institution: What makes the difference for seniors? *Health Reports*, 11(4), 49-61.
- Wallace, H. (1996). Family violence: Legal, medical, and social perspectives. Boston, MA: Allyn and Bacon.
- Wang, J.-J. (2006). Psychological abuse and its characteristic correlates among elderly Taiwanese. *Archives of Gerontology and Geriatrics*, 42, 307-318.
- Watts, L., & Sandhu, L. (2006). The 51st state - The "state of denial": A comparative exploration of penal statutory responses to criminal "elder abuse". *Elder Law Journal*, 14(1), 207-211.
- Whall, A. L., Gillis, G. L., Yankou, D., Booth, D. E., & Beel-Bates, C. A. (1992). Disruptive behavior in elderly nursing home residents: A survey of nursing staff. *Journal of Gerontological Nursing*, 18(10), 13-17.
- WHO. (2002). "Missing voices" older persons views of elder abuse. Geneva: World Health Organization (WHO).
- Williamson, G. M., & Shaffer, D. R. (2001). Relationship quality and potentially harmful behaviors by spousal caregivers: How we were then, how we are now. The Family Relationships in Late Life Project. *Psychology and Aging*, 16(2), 217-226.
- Wolf, R. S. (1997). Elder abuse and neglect: An update. *Reviews in Clinical Gerontology*, 7, 177-182.
- Wolf, R. S., & Pillemer, K. A. (1989). Helping elderly victims: The reality of elder abuse. Irvington, NY: Columbia University Press.
- Wolf, R. S., Strugnell, C. P., & Godkin, M. A. (1982). Preliminary findings from three model projects on elderly abuse. Worcester, MA: Center on Aging, University of Massachusetts Medical Center.
- Wolf, R.S. (1988). Elder abuse: Ten years later. *Journal of the American Geriatric Society*, 36, 758-762.
- Wu, L., Chen, H., Hu, Y., Xiang, H., Yu, X., Zhang, T., . . . Wang, Y. (2012). Prevalence and associated factors of elder mistreatment in a rural community in People's Republic of China: A cross-sectional study. *Plos One*, 7, e33857. doi:10.1371/journal.pone.0033857

Yan, E. C.-W., & Tang, C. S.-K. (2004). Elder abuse by caregivers: A study of prevalence and risk factors in Hong Kong Chinese families. *Journal of Family Violence*, 19(5), 269-277.

APPENDIX A: NATIONAL ESTIMATES OF PREVALENCE OF MISTREATMENT IN THE COMMUNITY, SELECTED COUNTRIES

	Canada 1989 [Podnieks et al., 1989]	Canada 1999 [Pottie-Bunge, 2000]	Germany, Greece, Italy, Lithuania, Portugal, Spain, and Sweden. 2008/09 [Soares et al., 2010]	India (Chennai) 2001 [Chokkanathan & Lee, 2005]	Israel 2003/04 [Lowenstein et al. 2009]	Netherlands (Amsterdam) (1994/95) [Comijs et al., 1998]
Characteristic						
Unit of Analysis	Individual men and women	Individual men and women	Individual men and women	Individual men and women	Individual men and women	Individual men and women
(n)	(2,008)	(4,324)	(4,451)	(400)	(1,045)	(1,797)
Age	65 and older	65 and older	60–84	65 and older	65 and older	5-year strata, age 65 and older
Prevalence Period	Past year	5 years (respondents were asked about the past 5 years)	12 months	12 months	12 months (abuse), 3 months (neglect)	12 months
Data Collection	Telephone interviews	Telephone survey	Face-to-face interviews, self response or both	Face-to-face interviews	Face-to-face interviews	Face-to-face interviews
Aggregate Mistreatment	4%	-	-	14%	18.4% (no neglect)	5.6%
Type of Mistreatment						
Physical	.5%	1%	2.7%	4.3%	2%	1.2%
Sexual	-	-	.7%	-	-	-
Psychological/emotional	1.4%	7%	19.4%	10.8%	14.2%	3.2%
Financial	2.5%	1%	3.8%	5%	6.4%	1.4%
Neglect	.4%	-Not collected	Not collected	4.3%	18%	.2%
Measures	CTS, OARS, own	Modified CTS	CTS2, UK study definitions of abuse used	CTS, own	CTS2, OARS, own	CTS, own
Conceptual Framework	None	Family violence	None	None	None	None

	Spain 2006 [Iborra, 2008]	Spain (Girona) 2006/07 [Garre-Olmo et al., 2009]	United Kingdom England, Scotland, Wales, N. Ireland 2006 [O'Keeffe et al., 2007]	United States 2005/06 [Laumann et al., 2008]	United States 2008 [Acierno et al., 2010]	United States 1988 [Pillemer &Finkelhor, 1988]
Characteristic						
Unit of Analysis	Individual men and women	Individual men and women	Individual men and women	Individual men and women	Individual men and women	Abused men and women
(n)	(3,190)	(676)	(2,111)	(3,005)	(5,672)	(2,020)
Age	65 and older	75 and older	66 and older	57-85	60 and older	65 and older
Prevalence Period	12 months	12 months	-12 months -since age 65	12 months	12 months	12 months
Data Collection	Face-to-face interviews	Face-to-face interviews	Face-to-face interviews	Face-to-face interviews and mail-in questionnaires	Telephone interviews	Face-to-face and telephone
Aggregate MMistreatment	.8%	29.3%	2.6%	-	11.4%	3.2%
Type of Mistreatment						
Physical	.1%	0.1%	.4%	0.2%	1.6%	2%
Sexual	.1%	-	.2%	-	0.6%	-
Psychological/ emotional	.3%	15.2%	.4%	9%	4.6%	1.1%
Financial	.2%	4.7%	.7%	3.5%	5.2%	-
Neglect	.3%	16%	1.1%	-	5.1%	.4%
Measures	Own	AMA Screen for Various Types of Abuse or Neglect	Own	Hwalek- Sengstock Elder Abuse Screening Test; Vulnerability to Abuse Screening Scale	Own	CTS, OARS
Conceptual Framework	None	None	None	Several theories noted	None	None

	Ireland 2010 [Naughton et al., 2011]	United States State of South Carolina 2008 [Amstadter et al. 2011]	Austria, Belgium, Finland, Lithuania, Portugal 2010 AVOW Study [Luoma et al., 2011]	United States, Chicago (Chinese) 2011 [Dong et al., 2014]	Canada (Chinese) 2002-2002 [Lai, 2011]	New York State [Lifespan of Greater Rochester, Inc., Weil Cornell Medicine Centre of Cornell University, and the New York City Department for the Aging, 2011]
Characteristic						
Unit of Analysis	Individual men and women	Individual men and women	Individual women	Individual men and women	Individual men and women	Individual men and women
(n)	(2,021)	(902)	(2,880)	(3,159)	(2,272)	(4156)
Age	65 and older	60 and older	60-97	60 and older	55 and older	60+ English Spanish
Prevalence Period	12 months	Since age 60	12 months	Since age 60	12 months	12 months
Data Collection	Face to Face	Computer Assisted Telephone	Face-to-face interviews and self response or both	Face-to-face interviews	Face-to-face interviews	Telephone
Aggregate Mistreatment	2.2%	Not collected	28.1%	13.9-25.8%	4.2%	7.6%
Aggregate Mistreatment						
Physical	.5%	1.8%	2.5%	1.1%	-	2.2% includes sexual
Sexual	.07%	.3%	3.1%	.02	-	-
Psychological/emotional	1.2%	5.1%	23.8%	1.1-9.8%	-	1.6%
Financial	1.3%	6.6% by family	8.8%	8.9-9.3%	-	4.2%
Neglect	.3%	5.4%	5.4%	4.6-11.1%	-	1.8%
Measures	CTS, UK and NY measures, own	Own (e.g. borrowing from CTS)	Adapted CTS2, Own	CTS, own	Own, Dong, 2012; item checklist	Modified CTS, Duke OARS
Conceptual Framework	None	None	Ecological	None	None	None

	China (Rural) 2010 Wu et al., 2012	Portugal (National) 2012 Gil et al., 2015
Characteristic		
Unit of Analysis	Individual men and women	Individual men and women
(n)	(2000)	(1,123)
Age	60+	60 +
Prevalence Period	12 months	12 months
Data Collection	Face-to-Face	Telephone
Aggregate Mistreatment	36.2	12.3
Type of Mistreatment		
Physical	4.9%	2.3%
Sexual	-	.2%
Psychological/emotional	27.3	6.3%
Financial	2.0%	6.3% by family
Neglect	15.8%	.04%
Measures	Hwalek-Sedngstock Screening Vulnerability to Abuse Screening Scale	From NY, Ireland, UK
Conceptual Framework	None	Operational Model Portuguese Penal Code

ADLs: Activities of Daily Living

CTS: Conflict Tactics Scale

OARS: Older Americans Resources and Services Program

Own: New measure developed by researcher

APPENDIX B: QUESTIONNAIRE

>expl<

[r] Hello, my name is [fill unam]. I'm calling from the Institute for Social [n]
[r] Research at York University (in Toronto). [n]
[r] First, let me assure you that we are not selling anything or asking for [n]
[r] donations. [n]

[r] We are conducting a study on behalf of National Initiative for the Care of [n]
[r] the Elderly. We are interested in speaking to people, 55 years of age and [n]
[r] older about their health, safety and well being. From this study we hope to [n]
[r] better understand the extent to which older people are treated unfairly by [n]
[r] others. [n]

[r] We would greatly appreciate your views. [n]

>ethical< [help eth_text]

[r] Before we continue, I need to make sure you understand the guidelines under [n]
[r] which the research is being completed. [n]

[r] I would like to assure you that all information you provide, including your [n]
[r] answers, identity, and any other information will remain confidential to [n]
[r] the extent allowed by law. This research project has been reviewed and [n]
[r] approved by York University's Ethics Committee to insure the study conforms [n]
[r] to the standards of the Canadian Tri-Council Research Ethics guidelines. [n]
[r] I would be pleased to provide you with the name and telephone number of [n]
[r] my supervisor, our study manager, and the study manager at NICE. [n]

>ethics_2<

[r] You do not have to answer any questions you do not want to and if you decide [n]
[r] to stop the interview, and wish us to do so, we will destroy all the [n]
[r] information you have given us. Not doing the interview, or stopping the [n]
[r] interview, will have no affect on any current or future relationships with [n]
[r] York University or the University of Toronto. Participation is completely [n]
[r] voluntary, but your assistance is very important if the results are to be [n]
[r] accurate. [n]

>ethics_3< [loc 16/65]

[r] When I say your participation is fully voluntary, what does that mean to you? [n]

[bold][yellow]

Interviewer: If respondent says "it is voluntary" probe for an explanation. Say, for example: "and what does that mean?" Accurate answers include responses like: it is my choice whether or not to participate, I do not have to do this (participate); I can do this (interview), if I want to, it is up to me to decide; it is my choice, etc.

If R's answer is not clear ask: "what does it mean to you when we say: 'doing the survey is voluntary?' "

[n][white]

- 1 accurate answer
- 5 inaccurate answer

>ethics_4<

[r] From time to time, my supervisor may listen in to make sure I am doing the [n]
[r] research correctly. I would like to assure you, however, that all information [n]
[r] you provide, including your answers, identity, and any other information [n]
[r] will remain completely confidential. [n]

[r] When I say that all information will be kept confidential, what does [n]
[r] that mean to you? [n]

[bold][yellow]

Interviewer: If respondent says it is confidential, probe for an explanation. Accurate answers include responses like: it will be secret; only authorized (some) people will see what I said; what I say will be (kept) private; it will only be used for research, no one will know what I said, you can not tell anyone, etc.

If R's answer is not clear ask: "what does it mean to you when we say: 'your answers will be kept confidential'"

[n][white]

- 1 accurate answer
- 5 inaccurate answer

interview ceases unless both ethics_3 and ethics_4 are judged as accurate answers

[# ===== TIME USE =====]

>time_1<

[r] Now, some questions about how you spend your time. [n]
[r] Other than people who live with you, how often do you spend time with [n]

[r] friends and relatives:

- 1 every day
- 2 a few times a week
- 3 once a week
- 4 a few times a month
- 5 once a month or less often
- 6 never
- d don't know r refused

>time_2<

[r] How often do you use the telephone or the computer to stay in touch with [n]
[r] friends and relatives? [n]

Same Response set as time_1

>time_3<

[r] How do you feel about the amount of time you spend with friends and [n]
[r] relatives? [n]

- 1 right amount
- 3 too much
- 5 not enough time
- d don't know r refused

>time_4<

[r] Over the past 12 months has anyone prevented you from getting together [n]
[r] with your friends and relatives? [n]

- 1 yes 5 no d don't know r refused

>time_5<

[r] Who prevented you from getting together with your friends and relatives? [n]

- @1 your spouse or partner
- @2 first brother/sister
- @3 second brother/sister
- @4 first child
- @5 second child
- @6 grandchild
- @7 another family member (also use for 3rd child/2nd grandchild, etc.)
- @8 friend
- @9 first paid caregiver

@10 second paid caregiver
@0 someone else/other (use if not on list above)(specify)
d don't know r refused

>time_6<

[r] How often do you feel safe when you are with the people who are closest to [n]
[r] you:

1 all of the time
3 some of the time
5 rarely
7 never
d don't know r refused

>time_7<

[r] Do you have regular visits from any health or social service workers [n]
[r] or members of community organizations? [n]

1 yes 5 no d don't know r refused

>time_8<

[r] Who visits you regularly from these organizations? [n]

Text answer provided

[# ===== DEPRESSION
=====]

>dep_1<

[r] How often during the past week did you: "not feel like eating or your [n]
[r] appetite was poor:"

1 rarely or never
3 1 or 2 days
5 3 to 4 days
7 5 to 7 days (include every day here)
d don't know r refused
@

>dep_2<

[r] How often during the last week did you feel that you could not "shake [n]
[r] off the blues" even with help from family or friends:

Same response set as dep_1

>dep_3<
[r] In the last week how often did you have trouble "keeping your mind on [n]
[r] what you were doing?" [n]

Same response set as dep_1

>dep_4<
[r] How often have you "felt depressed?" [n]

Same response set as dep_1

>dep_5<
[r] How often have you felt that "everything you did was an effort?" [n]

Same response set as dep_1

>dep_6<
[r] Your sleep was restless? [n]

Same response set as dep_1

>dep_7<
[r] You felt lonely? [n]

Same response set as dep_1

>dep_8<
[r] You felt sad? [n]

Same response set as dep_1

>dep_9<
[r] You could not get 'going'? [n]

Same response set as dep_1

[# ===== NEGLECT (ASSISTANCE) =====]

>st_neg<
[r] How much difficulty do you have getting around your home, walking, or [n]
[r] going outside: do you have a lot of difficulty, some difficulty, or no [n]
[r] difficulty at all? [n]

1 a lot
3 some

5 no difficulty at all
d don't know r refused

>assist_2a<

[r] Do you use a cane, walker, wheelchair, scooter or other device to help [n]
[r] you get around inside your home? [n]

1 yes 5 no d don't know r refused

>assist_2b<

[r] What do you use? [n]

@1 cane
@2 walker
@3 wheelchair
@4 scooter
@5 other (specify)
d don't know r refused

>assist_3<

[r] Are you usually able to see well enough to read ordinary newsprint with [n]
[r] glasses or contact lenses if you use them? [n]

1 yes 5 no d don't know r refused

>assist_4<

[r] Are you usually able to hear what is said in a conversation with one [n]
[r] other person in a quiet room with a hearing aid if you use one? [n]

1 yes 5 no d don't know r refused

>assist_5a<

[r] During the past 12 months how often did you need help with any of the [n]
[r] following activities, if at all? [n]

[r] First, using the telephone

1 all of the time
3 some of the time
5 none of the time
d don't know r refused

>assist_5b<

[r] Has someone you trust been responsible for helping you use the telephone? [n]

1 yes 5 no d don't know r refused

>assist_5c<

[r] Who has been responsible for helping you? [n]

Same Response set as time_5

>assist_5d<

[r] Is [this person] male or female? [n]

>assist_5ea<

[r] Did you always get help from [this person] when you needed it? [n]

1 yes 5 no d don't know r refused

>assist_5eb<

[r] How often has [this person] NOT provided help when you needed it: [n]

1 once
2 a few times
3 many times
4 every day or almost every day
d don't know r refused
@

>assist_5f<

[r] Did [this person] live with you then? [n]

1 yes 5 no d don't know r refused

>assist_5g<

[r] Did [this person] have a problem with alcohol or drugs at the time? [n]

1 yes 5 no d don't know r refused

>assist_5h<

[r] Did [this person] have mental health problems at the time? [n]

1 yes 5 no d don't know r refused

>assist_6a<

[r] During the last 12 months how often, if at all, did you require help [n]

[r] preparing your meals? Would you say: all of the time, some of the [n]
[r] time, or none of the time? [n]

Same follow up questions as used for assist_5a

>assist_7a<

[r] During the last 12 months how often, if at all, did you require help [n]
[r] doing housework or work around the house? Would you say: all of the time, [n]
[r] some of the time or none of the time? [n]

Same follow up questions as used for assist_5a

>assist_8a<

[r] During the last 12 months how often, if at all, did you require help [n]
[r] handling your money? [n]

Same follow up questions as used for assist_5a

>assist_9a<

[r] During the last 12 months how often, if at all, did you require help [n]
[r] taking medications? [n]

Same follow up questions as used for assist_5a

>assist_10a<

[r] During the last 12 months how often, if at all, did you require help [n]
[r] eating? [n]

Same follow up questions as used for assist_5a

>assist_11a<

[r] During the last 12 months how often, if at all, did you require help [n]
[r] Bathing or showering? [n]

Same follow up questions as used for assist_5a

>assist_12a<

[r] During the last 12 months how often, if at all, did you require help [n]
[r] dressing and undressing? [n]

Same follow up questions as used for assist_5a

>assist_13a<

[r] During the last 12 months how often, if at all, did you require help
[r] taking care of your appearance including things like combing your hair, [n]

[r] shaving, and so on? [n]

Same follow up questions as used for assist_5a

>assist_14a<

[r] During the last 12 months how often, if at all, did you require help [n]

[r] Using the toilet? [n]

Same follow up questions as used for assist_5a

>assist_15a<

[r] During the last 12 months how often, if at all, did you require help [n]

[r] getting in and out of bed? [n]

[# ===== NEGLECT =====]

>neg6<

[r] Sometimes people do not get help when they need it. [n]

[r] One type of neglect is when a person responsible for helping an older [n]

[r] person does not help that person with daily activities. Do you feel [n]

[r] you were neglected during the past 12 months? [n]

1 yes 5 no d don't know r refused

>neg7<

[r] About how many times do you feel you were neglected during the past [n]

[r] 12 months? [n]

Same Response set as assist_5eb

>neg8<

[r] About how many times would that be in the last 12 months?

Same Response set as assist_5eb

>neg9<

[r] Can you tell me a little more about what usually happened? [n]

text answers provided

>neg_10<

[r] You said yes to some items about needing and not receiving help. Can you [n]

[r] tell me what happened? [n]

text answers provided

[#===== PSYCHOLOGICAL ABUSE
=====]

>psy_1a<

[r] Next we would like to ask you about some things that might cause you [n]
[r] emotional distress. Sometimes people close to you such as a partner, [n]
[r] spouse, family member, a friend or someone who takes care of you can [n]
[r] cause you emotional distress. [n]

[r] Over the past 12 months has someone you trust criticized you? [n]

1 yes 5 no d don't know r refused

>psy_1b<

[r] How often did this happen over the last 12 months:

Same Response set as assist_5eb

>psy_1c<

[r] Who did this? [n]

Same Response set as time_5

>psy_1d<

[r] Is [this person] male or female? [n]

>psy_1e<

[r] Did [this person] live with you then? [n]

>psy_1f<

[r] Did [this person] have a problem with alcohol or drugs at the time?[n]

>psy_1g<

[r] Did [this person] have mental health problems at the time? [n]

>psy_2a<

[r] Over the last 12 months did someone you trust yell or shout at you? [n]

Same follow up questions as for psy_1a

>psy_3a<
[r] Over the last 12 months did someone you trust insult you? [n]

Same follow up questions as for psy_1a

>psy_4a<
[r] Over the last 12 months did someone you trust call you names or use [n]
[r] obscenities? [n]

Same follow up questions as for psy_1a

>psy_5a<
[r] Over the last 12 months did someone you trust threaten or intimidate you? [n]

Same follow up questions as for psy_1a

>psy_6a<
[r] Over the last 12 months did someone you trust force you to do something [n]
[r] against your will? [n]

Same follow up questions as for psy_1a

>psy_7a<
[r] Over the last 12 months did someone you trust exclude you or ignore you? [n]

Same follow up questions as for psy_1a

>psy_8a<
[r] Did any person you trust cause you emotional distress over the past 12 [n]
[r] months? [n]

Same follow up questions as for psy_1a

>psy1<

[r] Sometimes actions such as these can result in emotional harm or [n]
[r] psychological abuse. During the past 12 months do you feel you [n]
[r] experienced emotional harm or psychological abuse? [n]

1 yes 5 no d don't know r refused

>psy2<

[r] About how many times did you feel emotionally harmed or psychologically [n]

[r] abused during the past 12 months?

>psy3<

[r] You said you felt emotionally harmed or psychologically abused many times. [n]

[r] About how many times would that be?

>psy4<

[r] Can you tell me a little more about what usually happened? [n]

[bold][yellow]

Interviewer: probe for details. Consider repeating the respondent's answer as you enter the text. If appropriate, "Can you tell me a bit more about what happened". If not clear ask the following as appropriate: "Who was it? where did it happen? why did it happen? did you get help afterwards?"

[n][white]

text answers provided

>psy5<

[r] You said yes to some items about feeling emotional harm. Can you tell me [n]

[r] what happened? [n]

[bold][yellow]

Interviewer: remind r of the questions answered affirmatively, see listhere:

[n][white]

text answers provided

>psy6a<

[r] What about as a CHILD, do you feel you experienced any emotional harm or [n]

[r] psychological abuse as a child, that is before you turned 18 years of age? [n]

1 yes

5 no

7 R volunteers never suffered from any emotional harm or psychological abuse

d don't know r refused

>psy6b<

[r] Who did this? [n]

>psy6c<

[r] Is [this person] male or female? [n]

>psy7a<

[r] What about as a YOUNG ADULT, do you feel you experienced any emotional harm [n]
[r] or psychological abuse when you were between 18 and 24 years of age? [n]

>psy7b<

[r] Who did this? [n]

>psy7c<

[r] Is [this person] male or female? [n]

>psy8a<

[r] What about as a MIDDLE-AGED ADULT, between ages 25 and 54 years of age? [n]
[r] Do you feel you experienced any emotional harm or psychological abuse [n]
[r] when you were between ages 25 and 54 years of age? [n]

>psy8b<

[r] Who did this? [n]

>psy8c<

[r] Is [this person] male or female? [n]

>psy9a<

[r] OTHER than emotional harm or psychological abuse that happened in the last [n]
[r] 12 months, that you have already told us about, do you feel you experienced [n]
[r] any other emotional harm or psychological abuse since you turned 55 years [n]
[r] old? [n]

>psy9b<

[r] Who did this? [n]

>psy9c<

[r] Is [this person] male or female? [n]

[# ===== PHYSICAL ABUSE =====]

>phy_1a<

[r] Sometimes people you trust can cause pain, injury, or impairment. [n]
[r] The person doing these things might be a partner, spouse, family [n]
[r] member, friend or someone who helps take care of you. [n]

[r] During the past 12 months has anyone restrained you or held you down? [n]

1 yes 5 no d don't know r refused

>phy_1b<

[r] How often did this happen over the last 12 months: once, a few times, [n]

[r] many times, every day or almost every day? [n]

>phy_1c<

[r] Who did this? [n]

>phy_1d<

[r] Is [this person] male or female? [n]

>phy_1e<

[r] Did [this person] live with you then? [n]

>phy_1f<

[r] Did [this person] have a problem with alcohol or drugs at the time? [n]

>phy_1g<

[r] Did [this person] have mental health problems at the time? [n]

>phy_2a<

[r] During the past 12 months has anyone handled you roughly enough to cause [n]

[r] a fall or bruises? [n]

Same follow up questions as used for phy_1a

>phy_3a<

[r] During the past 12 months has anyone pushed, shoved or grabbed you? [n]

Same follow up questions as used for phy_1a

>phy_4a<

[r] During the past 12 months has anyone thrown something at you? [n]

Same follow up questions as used for phy_1a

>phy_5a<

[r] During the past 12 months has anyone Hit or slapped you? [n]

Same follow up questions as used for phy_1a

>phy_6a<

[r] During the past 12 months has anyone burned or scalded you? [n]

Same follow up questions as used for phy_1a

>phy_7a<

[r] During the past 12 months has anyone pinched or scratched you, or pulled [n]
[r] your hair? [n]

Same follow up questions as used for phy_1a

>phy_8a<

[r] During the past 12 months has anyone tried to choke you? [n]

Same follow up questions as used for phy_1a

>phy_9a<

[r] During the past 12 months has anyone kicked, bit or punched you? [n]

Same follow up questions as used for phy_1a

>phy_10a<

[r] During the past 12 months has anyone tried to hit you with something? [n]

Same follow up questions as used for phy_1a

>phy_11a<

[r] During the past 12 months has anyone threatened you with a weapon? [n]

Same follow up questions as used for phy_1a

>phy_12a<

[r] During the past 12 months has anyone administered drugs that were not [n]
[r] necessary? [n]

Same follow up questions as used for phy_1a

>phy_13a<

[r] Other than what you have already told us about, in the past 12 months [n]
[r] do you feel you experienced any physical abuse? [n]

>phy_text<

[r] Please describe what happened. [n]

[bold][yellow]

Interviewer: the standard follow up questions are next but make sure you understand what happened. Was the abuse physical or verbal? Was the

respondent hurt?
[n][white]

>phy3<

[r] Physical abuse happens when a person intentionally causes bodily injury [n]
[r] that could result in bruises, wounds, broken bones or other injuries to [n]
[r] another person. During the past 12 months do you feel you experienced [n]
[r] physical abuse? [n]

1 yes 5 no d don't know r refused

>phy4<

[r] About how many times do you feel you experience physical abuse during [n]
[r] the past 12 months:

>phy5<

[r] About how many times would that be one or two times, three to [n]
[r] five times, six to ten times, or more than 20 times? [n]

>phy6<

[r] Can you tell me a little more about what usually happened? [n]

[bold][yellow]

Interviewer: probe for details. Consider repeating the respondent's answer as you enter the text. If appropriate, "Can you tell me a bit more about what happened". If not clear ask the following as appropriate: "Who was it? where did it happen? why did it happen? did you get help afterwards?"

[n][white]

text answers provided

>phy7<

[r] You said yes to some items about experiencing pain, injury, or impairment. [n]
[r] Can you tell me what happened? [n]

Interviewer: Probe for details, if not clear: "earlier you told us that someone: [remind R which questions they answered affirmatively] but you've said you didn't feel physically abused. Can you tell us why you didn't feel abused?"

text answers provided

>phy8a<

[r] What about as a child, do you feel you experienced any physical abuse as a [n]
[r] child, that is, before you turned 18 years of age? [n]

>phy8b<

[r] Who did this? [n]

>phy8c<

[r] Is [this person] male or female? [n]

>phy9a<

[r] Do you feel you experienced any physical abuse as a young adult between [n]
[r] 18 and 24 years of age? [n]

>phy9b<

[r] Who did this? [n]

>phy9c<

[r] Is [this person] male or female? [n]

>phy10a<

[r] Do you feel you experienced any physical abuse as a middle-aged adult [n]
[r] between 25 and 54 years of age? [n]

>phy10b<

[r] Who did this? [n]

>phy10c<

[r] Is [this person] male or female? [n]

>phy11a<

[r] OTHER than physical abuse that happened in the last 12 months, that you [n]
[r] have already told us about, has this happened to you since you turned 55 [n]
[r] years old? [n]

>phy11b<

[r] Who did this? [n]

>phy11c<

[r] Is [this person] male or female? [n]

[# ===== SEXUAL ABUSE =====]

>sex_1a<

[r] The next questions are about unwanted sexual experiences involving [n]
[r] someone you trust. The trusted person could be a friend, partner, [n]
[r] spouse, a family member or someone else. [n]

[r] In the last 12 months has anyone talked to you in a sexual way when [n]
[r] you did not want them to? [n]

>sex_1b<

[r] How often did this happen over the last 12 months:

>sex_1c<

[r] Who did this? [n]

>sex_1d<

[r] Is [this person] male or female? [n]

>sex_1e<

[r] Did [this person] live with you then? [n]

>sex_1f<

[r] Did [this person] have a problem with alcohol or drugs at the time? [n]

>sex_1g<

[r] Did [this person] have mental health problems at the time? [n]

>sex_2a<

[r] During the last 12 months has someone you trust [n]
[r] TRIED to touch you in a sexual way against your will? [n]

Same follow up questions as used for sex_1a

>sex_3a<

[r] During the last 12 months has someone you trust [n]
[r] TOUCHED you in a sexual way against your will? [n]

Same follow up questions as used for sex_1a

>sex_4a<

[r] During the last 12 months has anyone [n]
[r] tried to make you watch pornography against your will? [n]

Same follow up questions as used for sex_1a

>sex_5a<

[r] During the last 12 months has someone you trust [n]
[r] made you watch pornography against your will? [n]

Same follow up questions as used for sex_1a

>sex_6a<

[r] During the last 12 months has someone you trust [n]
[r] tried to have sexual intercourse with you against your will? [n]

Same follow up questions as used for sex_1a

>sex_7a<

[r] During the last 12 months has someone you trust [n]
[r] Had sexual intercourse with you against your will? [n]

Same follow up questions as used for sex_1a

>sex_8a<

[r] Other than what you told us about, have you had any OTHER unwanted sexual [n]
[r] experiences with someone you trusted in the past 12 months? [n]

>sex_text<

[r] Can you please describe what happened. [n]

[bold][yellow]

Interviewer: the standard follow up questions are next but make sure you understand what happened. Was the abuse physical or verbal? Was the respondent hurt?

[n][white]

text answers provided

>sex3<

[r] Sexual abuse happens when a person forces undesired sexual behavior upon [n]
[r] you against your will. Do you feel that you experienced sexual abuse [n]
[r] during the past 12 months? [n]

1 yes 5 no d don't know r refused

>sex4<

[r] About how many times did you feel you experienced sexual abuse during the [n]
[r] past 12 months?

Same Response set as assist_5eb

>sex5<

[r] About how many times would that be:

- 1 1-2 times
- 2 3-5 times
- 3 6-10 times
- 4 11-20 times
- 5 more than 20 times

>sex6<

[r] Can you tell me a little more about what usually happened? [n]

[bold][yellow]

Interviewer: probe for details. Consider repeating the respondent's answer as you enter the text. If appropriate, "Can you tell me a bit more about what happened". If not clear ask the following as appropriate: "Who was it? where did it happen? why did it happen? did you get help afterwards?"

[n][white]

text answers provided

>sex7<

[r] You said yes to some items about experiencing unwanted sexual behavior. [n]

[r] Can you tell me what happened? [n]

Interviewer: Probe for details, if not clear: "earlier you told us that someone [remind R of the questions they answered affirmatively, but you've said you didn't feel sexually abused. Can you tell us why you didn't feel abused?"

text answers provided

>sex8a<

[r] Do you feel you had any unwanted sexual experiences as a child, that is, [n]

[r] before you turned 18 years of age? [n]

>sex8b<

[r] Who did this? [n]

>sex8c<

[r] Is [this person] male or female? [n]

>sex8d<

[r] Did you ever tell anyone about the incident? [n]

>sex9a<

[r] Do you feel you had any unwanted sexual experiences as a young adult between [n]
[r] 18 and 24 years of age? [n]

>sex9b<

[r] Who did this? [n]

>sex9c<

[r] Is [this person] male or female? [n]

>sex9d<

[r] Did you ever tell anyone about the incident? [n]

>sex10a<

[r] Do you feel you had any unwanted sexual experiences as a middle-aged adult [n]
[r] between 25 and 54 years of age? [n]

>sex10b<

[r] Who did this? [n]

>sex10c<

[r] Is [this person] male or female? [n]

>sex10d<

[r] Did you ever tell anyone about the incident? [n]

>sex11a<

[r] OTHER than sex abuse that happened in the last 12 months, that you have [n]
[r] already told us about, did you feel you have had any other unwanted sexual [n]
[r] experiences since you turned 55 years of age? [n]

>sex11b<

[r] Who did this? [n]

>sex11c<

[r] Is [this person] male or female? [n]

>sex11d<

[r] Did you ever tell anyone about the incident? [n]

[# ===== FINANCIAL ABUSE =====]

>fin_1<

[r] Now we would like to ask you about how your money and property are [n]

[r] handled. [n]

[r] Do you manage your money and property, do you share this responsibility [n]

[r] with another person, or does someone else manage your money and property [n]

[r] for you? [n]

1 R is responsible

3 shared responsibility with another person

5 someone else is responsible

>fin_2<

[r] Who shares / Who is completely responsible [n]

>fin_3a<

[r] Financial abuse is when someone has taken control over or prevented [n]

[r] you from accessing your money, possessions, property or legal documents [n]

[r] against your will. [n]

[r] During the past 12 months has someone you trusted TRIED to make you give [n]

[r] them your money, possessions or property? [n]

>fin_3b<

[r] How often did this happen over the last 12 months:

>fin_3c<

[r] Who did this? [n]

>fin_3d<

[r] Is [this person] male or female? [n]

>fin_3e<

[r] Was this the same person who [fill respons] [n]

[r] to manage your money and property? [n]

>fin_3f<

[r] Did [this person] live with you then? [n]

>fin_3g<

[r] Did [this person] have a problem with alcohol or drugs at the time? [n]

>fin_3h<

[r] Did [this person] have mental health problems at the time? [n]

>fin_3i<

[r] Did [this person] have a gambling problem at the time? [n]

>fin_4a<

[r] In the past 12 months has someone you trusted MADE YOU give them money, [n]
[r] possessions or property? [n]

Same follow up questions as used for fin_1a

>fin_5a<

[r] has someone you trusted ATTEMPTED to take money, possessions or property [n]
[r] from you? [n]

Same follow up questions as used for fin_1a

>fin_6a<

[r] has someone you trusted TAKEN money, possessions or property from you? [n]

Same follow up questions as used for fin_1a

>fin_7a<

[r] has someone you trusted TRIED to take or keep power of attorney? [n]

Same follow up questions as used for fin_1a

>fin_8a<

[r] has someone you trusted taken or kept power of attorney over you? [n]

Same follow up questions as used for fin_1a

>fin_9a<

[r] has someone you trusted deliberately prevented your access to your money, [n]
[r] possessions, or property? [n]

Same follow up questions as used for fin_1a

>fin_10a<

[r] has someone you trusted forced, or misled you to change your will or any [n]
[r] other financial document? [n]

Same follow up questions as used for fin_1a

>fin_11a<

[r] In the past 12 months has anyone done anything else to harm you financially [n]
[r] by taking your money or property? [n]

>fin_text<

[r] Can you please describe what happened? [n]

[bold][yellow]

Interviewer: the standard follow up questions are next but make sure you understand what happened.

[n][white]

text answers provided

>fin5<

[r] Financial abuse happens when someone has taken control over or prevented [n]
[r] you from accessing your money, possessions, property or legal documents [n]
[r] against your will. [n]

[r] Do you feel that you experienced financial abuse during the past 12 months? [n]

1 yes 5 no d don't know r refused

>fin6<

[r] About how many times do you feel you experienced financial abuse during the [n]
[r] past 12 months

>fin7<

[r] About how many times would that be:

- 1 1-2 times
- 2 3-5 times
- 3 6-10 times
- 4 11-20 times
- 5 more than 20 times

>fin8<

[r] Can you tell us a little more about what happened? [n]

[bold][yellow]

Interviewer: probe for details. Consider repeating the respondent's answer as you enter the text. If appropriate, "Can you tell me a bit more about what happened". If not clear ask the following as appropriate: "Who was it? where did it happen? why did it happen? did you get help after wards?"

[n][white]

text answers provided

>fin9<

[r] You said yes to some items under financial abuse. Can you tell me what [n]
[r] happened? Remind R that they answered affirmatively to the following [n]
[r] questions but "you've said you didn't feel financially abused. Can you [n]
[r] tell us why you didn't feel abused?" [n]

text answers provided

>fin10a<

[r] Do you feel your money or property was mishandled by someone else as a [n]
[r] young adult between ages 18 and 24 years of age? [n]

>fin10b<

[r] Who did this? [n]

>fin10c<

[r] Is [this person] male or female? [n]

>fin11a<

[r] Do you feel your money or property was mishandled as a middle-aged adult [n]
[r] between 25 and 54 years of age? [n]

>fin11b<

[r] Who did this? [n]

>fin11c<

[r] Is [this person] male or female? [n]

>fin12a<

[r] OTHER than financial abuse that happened in the last 12 months, [n]
[r] that you have already told us about, do you feel this has happened [n]
[r] to you since you turned 55 years old? [n]

>fin12b<

[r] Who did this? [n]

>fin12c<

[r] Is [this person] male or female? [n]

[#===== H. DEMOGRAPHIC QUESTIONS
=====]

>si_1<

[r] These last questions will help us understand how good a job we have done [n]
[r] in talking to a cross section of people in Canada. The information will [n]
[r] be used for classification purposes only. In what year were you born? [n]

>si_2a<

[r] And in what month were you born? [n]

>si_2b<

[r] And in what day of the month were you born? [n]

>age_group<

[r] The information collected in the study is more valuable when we know [n]
[r] the age of the people who participated. [n]

[r] Now we don't need your exact age, but would you please tell me if you are: [n]

- 1 under 60 (i.e 59 and under)
- 2 60-64 years of age
- 3 65-69 years of age
- 4 70-74 years of age
- 6 75-79 years of age
- 7 80 years of age or older

>si_3<

[r] Are you
1 married / living with a partner
2 widowed
3 divorced
4 separated
5 never married (includes single)

d don't know r refused

@

>si_4<

[r] Does your spouse live with you or elsewhere? [n]

>si_5<

[r] Do you live alone or with others? [n]

>si_6<

[r] COUNTING yourself, how many people live in the household? [n]

>eth1<

[r] To what ethnic or cultural group do you belong? [n]

>eth2< if answer Canadian]

[r] In addition to being Canadian to what ethnic or cultural group did you, [n]
[r] or your ancestors belong on first coming to this continent? [n]

>eth3<

Interviewer: enter SECOND mentioned group here. [

>edu<

[r] What is the highest level of education you have completed? [n]

>born_Can<

[r] Were you born in Canada? [n]

>born_other<

[r] In what country were you born? [n]

>can_years<

[r] For how many years have you lived in Canada? [n]

>language<

[r] What language do you usually speak at home? [n]

>lang_pron<

[r] During the past 12 months has anyone tried to prevent you from speaking [n]
[r] [fill lang_text] at home? [n]

>rel_prob<

[r] During the past 12 months has anyone tried to prevent you from [n]
[r] practicing your cultural or religious beliefs? [n]

>inc1<

[r] To the nearest 1,000 dollars, what is your best estimate of your [n]
[r] total household income, received by all household members, from [n]
[r] all sources, before taxes and deductions, during the year ending [n]
[r] December 31, 2014 [n]

>inc2<

[r] We don't need the exact amount; could you tell me which of these broad [n]
[r] categories it falls into... [n]

[#===== Re-contacting =====]

>permis_1<

[r] That completes our survey. Thank you very much for all your [n]
[r] assistance. The researchers hope to call back some respondents [n]
[r] and talk with them a second time. [n]

[r] Would you be willing to talk with the researchers again about the issues [n]
[r] raised in the survey? [n]

1 yes 5 no d don't know r refused

>permis_2<

[r] Would you prefer to be contacted by telephone or by e-mail or does [n]
[r] it not matter? [n]

1 by telephone
3 by e-mail
5 does not matter

d don't know r refused
@

>mail<

[r] Can you please give me your email address? [n]

>permis_4<

[r] Can we have your first name so we know who to ask for if we do [n]
[r] contact you again? [n]

[#=====
ROUTINE=====]

[r] Can you tell me your postal code please? [n]

>help_number<

[r] Thank you very much for helping us with this important research. There is [n]
[r] an excellent social worker who is part of the research team. Her name is [n]
[r] Terri. She/he can help you with questions you might have. Can I provide [n]
[r] you with her number? [n]

APPENDIX C: DETAILED TABLES

Social Demographic Characteristics of the Respondents

line #

327	Respondent's Gender
337	Age Categories
355	Highest level of education completed
369	Respondent Lives Alone
379	Number of People in Household
393	Marital Status
407	Ethnic Group
429	Pre-tax Household Income
459	Language Of Interview
469	Urban Rural
481	Province
507	Willing to speak to researchers again

Social and Health Characteristics of the Respondents

520	Social Isolation Measured
530	Respondent Feels Socially Isolated
540	Communication over telephone and computer with Family and Relatives
552	Over the past 12 months has anyone prevented you from getting together with your friends and relatives?
562	Do you have regular visits from any health or social service workers or members of community organizations?
572	How often feel safe when with people closest to you
584	ADL / IADL
599	Use a cane, walker, wheelchair, scooter to get around inside home
609	Usually able to see well enough to read ordinary newsprint with glasses (or contact lenses)
619	Usually able to hear what is said in a conversation with one other person in a quiet room (with a hearing aid)

630 Score on CES-D

Assistance and Neglect

- 648 Assistance / Neglect in getting help using telephone
- 660 Assistance / Neglect in getting help with meals
- 672 Assistance / Neglect in getting help with housework
- 684 Assistance / Neglect in getting help with money
- 696 Assistance / Neglect in getting help with medications
- 708 Assistance / Neglect in getting help with eating
- 720 Assistance / Neglect in getting help with bathing
- 732 Assistance / Neglect in getting help with dressing
- 744 Assistance / Neglect in getting help with appearance
- 756 Assistance / Neglect in getting help with toilet
- 768 Assistance / Neglect in getting help getting in and out of bed
- 781 Number of activities were assistance not provided / neglect
- 795 Experienced lack of assistance/ neglect

Emotional Harm and Psychological Abuse

- 808 Over the past 12 months has someone you trust criticized you?
- 818 Over the past 12 months has someone you trust yelled or shouted at you?
- 828 Over the past 12 months has someone you trust insulted you?
- 838 Over the past 12 months has someone you trust called you names or obscenities?
- 848 Over the past 12 months has someone you trust threatened or intimidated you?
- 858 Over the past 12 months has someone you trust forced you to do something against your will?
- 868 Over the past 12 months has someone you trust excluded or ignored you?
- 878 Over the past 12 months has someone caused you any other emotional distress?
- 888 Number of Emotional Harm / Psychological Questions Answered Yes
- 904 During the past 12 months do you feel you experienced emotional harm or psychological abuse?
- 918 Reported & Felt Emotional Harm / Psychological Abuse Last Year
- 928 Emotional Harm / Psychological Abuse as a Child
- 940 Emotional Harm / Psychological Abuse as a Youth

- 952 Emotional Harm / Psychological Abuse in Middle Years
- 964 Emotional Harm / Psychological Abuse as a Senior

Physical Abuse

- 979 Over the past 12 months has anyone restrained you or held you down?
- 989 Over the past 12 months has anyone handled you roughly enough to cause a fall or bruises?
- 999 Over the past 12 months has anyone pushed, shoved or grabbed you?.
- 1009 Over the past 12 months has anyone thrown something you?
- 1019 Over the past 12 months has anyone hit or slapped you?
- 1029 Over the past 12 months has anyone burned or scalded you?
- 1039 Over the past 12 months has anyone pinched, scratched or pulled your hair?
- 1049 Over the past 12 months has anyone tried to choke you?
- 1059 Over the past 12 months has anyone kicked, bit or punched you?
- 1069 Over the past 12 months has anyone tried to hit you with something?
- 1079 Over the past 12 months has anyone threatened you with a weapon?
- 1089 Over the past 12 months has anyone administered drugs that were not necessary?
- 1099 Other than what you have already told us about, in the past 12 months do you feel you experienced any physical abuse?
- 1109 Reported Physical Abuse Last Year
- 1119 Number of Physical Abuse Questions Answered Yes
- 1135 During the past 12 months do you feel you experienced physical abuse?
- 1145 Physical Abuse as a Child
- 1157 Physical Abuse as a Youth
- 1169 Physical Abuse as an Adult
- 1181 Physical Abuse as an Older Adult (55+)

Sexual Abuse

- 1196 Over the past 12 months has anyone talked to you in a sexual way when you did not want them to?
- 1206 Over the past 12 months has anyone tried to touch you in a sexual way when you did not want them to?
- 1216 Over the past 12 months has anyone touched you in a sexual way when you did not want them to?

- 1226 Over the past 12 months has anyone tried to make you watch pornography against your will?
- 1236 Over the past 12 months has anyone made you watch pornography against your will?
- 1246 Over the past 12 months has anyone tried to make you have sexual intercourse against your will?
- 1256 Over the past 12 months has anyone had sexual intercourse with you against your will?
- 1266 Have you had any unwanted sexual experiences with someone you trusted in the past 12 months?
- 1276 Reported Sexual Abuse Last Year
- 1286 Number of Sexual Abuse Questions Answered Yes
- 1301 During the past 12 months do you feel you experienced sexual abuse?
- 1312 Sexual Abuse as a Child
- 1324 Sexual Abuse as a Youth
- 1336 Sexual Abuse as an Adult
- 1348 Sexual Abuse as an Older Adult (55+)

Financial Abuse

- 1363 During the past 12 months has someone you trusted tried to make you give them your money, possessions or property?
- 1373 During the past 12 months has someone you trusted made you give them your money, possessions or property?
- 1383 During the past 12 months has someone you trusted attempted to take your money, possessions or property?
- 1393 During the past 12 months has someone you trusted taken your money, possessions or property?
- 1403 During the past 12 months has someone you trusted tried to take or keep power of attorney?
- 1413 During the past 12 months has someone you trusted taken or kept power of attorney?
- 1423 During the past 12 months has someone you trusted deliberately prevented your access to your money, possessions, or property?
- 1433 During the past 12 months has someone you trusted forced, or misled you to change your will or any other financial document?
- 1443 In the past 12 months has anyone done anything else to harm you financially by taking your money or property?
- 1453 Number of Financial Abuse Questions Answered Yes
- 1469 Reported Financial Abuse Last Year
- 1479 Do you feel that you experienced financial abuse during the past 12 months?
- 1493 Financial Abuse as a Youth
- 1505 Financial Abuse as an Adult
- 1517 Financial Abuse as an Older Adult (55+)

Summary Abuse Measures

1533	Abuse4 # of types of abuse (Psych, Physical, Sexual & Financial) reported
1549	Abuse4 Reported Abuse (Psych, Physical, Sexual or Financial)
1559	Abuse5 # of types of abuse (4 abuse types or Neglect) reported
1577	Abuse5 Reported Abuse (Psych, Physical, Sexual or Financial)
1588	Suffered Abuse as a Child
1598	Suffered Abuse as a Youth
1608	Suffered Abuse as an Adult
1618	Suffered Abuse as an Older Adult (55+)

Cross tabs abuse by key variables

Lack of Assistance / Neglect Cross Tabs

Lack of Assistance / Neglect Cross Tabs by Sociodemographic Variables

1638	Respondent's Gender * Experienced lack of assistance / neglect
1672	Age Categories * Experienced lack of assistance / neglect
1738	Highest level of education completed * Experienced lack of assistance / neglect
1788	Marital Status * Experienced lack of assistance / neglect
1838	Respondent Lives Alone * Experienced lack of assistance / neglect
1872	Number of People in Household * Experienced lack of assistance / neglect
1922	Pre-tax Household Income * Experienced lack of assistance / neglect
2036	Ethnic Group * Reported & Felt Emotional Harm / Psychological Abuse Last Year
2118	Language Of Interview * Experienced lack of assistance / neglect
2152	Urban Rural * Experienced lack of assistance / neglect
2185	PROVINCE * Experienced lack of assistance / neglect

Lack of Assistance / Neglect Cross Tabs by Social Health Variables

2284	Social Isolation Measured * Experienced lack of assistance / neglect
2317	Respondent Feels Socially Isolated * Experienced lack of assistance / neglect

2350	Communication over telephone and computer with Family and Relatives * Experienced lack of assistance / neglect
2391	Over the past 12 months has anyone prevented you from getting together with your friends and relatives? * Experienced lack of assistance / neglect
2424	Do you have regular visits from any health or social service workers or members of community organizations? * Experienced lack of assistance / neglect
2457	How often feel safe when with people closest to you * Experienced lack of assistance / neglect
2493	ADL / IADL
2527	Do you use a cane, walker, wheelchair, scooter or other device to help you get around inside your home? * Experienced lack of assistance / neglect
2561	Are you usually able to see well enough to read ordinary newsprint with glasses (or contact lenses if you use them)? * Experienced lack of assistance / neglect
2597	Are you usually able to hear what is said in a conversation with one other person in a quiet room (with a hearing aid if you use one)? * Experienced lack of assistance / neglect
2631	Score on CES-D * Experienced lack of assistance / neglect

Emotional Harm / Psychological Abuse Cross Tabs

Emotional Harm / Psychological Abuse Sociodemographic Cross Tabs

2683	Respondent's Gender * Reported & Felt Psych Abuse Last Year
2711	Age Categories * Reported & Felt Psych Abuse Last Year
2763	Highest level of education completed * Reported & Felt Psych Abuse Last Year
2803	Respondent Lives Alone * Reported & Felt Psych Abuse Last Year
2830	Number of People in Household * Reported & Felt Psych Abuse Last Year
2870	Marital Status * Reported & Felt Psych Abuse Last Year
2909	Ethnic Group * Reported & Felt Psych Abuse Last Year
2991	Pre-tax Household Income * Reported & Felt Psych Abuse Last Year
3079	Language Of Interview * Reported & Felt Psych Abuse Last Year
3107	Urban Rural * Reported & Felt Psych Abuse Last Year
3140	Province * Reported & Felt Psych Abuse Last Year

Emotional or Psychological Abuse in Last Year by Social & Health Status

3218	Social Isolation Measured * Reported & Felt Psych Abuse Last Year
------	---

3251	Respondent Feels Socially Isolated * Reported & Felt Psych Abuse Last Year
3284	Communication over telephone and computer with Family and Relatives A6554* Reported & Felt Psych Abuse Last Year.
3325	Over the past 12 months has anyone prevented you from getting together with your friends and relatives? * Reported & Felt Psych Abuse Last Year
3358	Do you have regular visits from any health or social service workers or members of community organizations? * Reported & Felt Psych Abuse Last Year
3391	How often feel safe when with people closest to you * Reported & Felt Psych Abuse Last Year
3432	ADL / IADL * Reported & Felt Psych Abuse Last Year
3466	Do you use a cane, walker, wheelchair, scooter or other device to help you get around inside your home? * Reported & Felt Emotional Harm / Psychological Abuse Last Year
3500	Are you usually able to see well enough to read ordinary newsprint with glasses (or contact lenses if you use them)? * Reported & Felt Emotional Harm / Psychological Abuse Last Year
3534	Are you usually able to hear what is said in a conversation with one other person in a quiet room (with a hearing aid if you use one)? * Reported & Felt Emotional Harm / Psychological Abuse Last Year
3568	Score on CES-D * Reported & Felt Psych Abuse Last Year

Physical Abuse (Cross Tabs)

Physical Abuse in Last Year by Sociodemographic Variables

3622	Respondent's Gender * Reported Physical Abuse Last Year
3656	Age Categories * Reported Physical Abuse Last Year
3722	Highest level of education completed * Reported Physical Abuse Last Year
3772	Respondent Lives Alone * Reported Physical Abuse Last Year
3806	Number of People in Household * Reported Physical Abuse Last Year
3856	Marital Status * Reported Physical Abuse Last Year
3906	Ethnic Group * Reported Physical Abuse Last Year
3987	Pre-tax Household Income * Reported Physical Abuse Last Year
4101	Language Of Interview * Reported Physical Abuse Last Year
4135	Urban Rural * Reported Physical Abuse Last Year
4168	Province * Reported Physical Abuse Last Year

Physical Abuse in Last Year by Social & Health Status

4268	Social Isolation Measured * Reported Physical Abuse Last Year
4302	soc_iso_feelings Respondent Feels Socially Isolated * phy0_1 Reported Physical Abuse Last Year

- 4336 Communication over telephone and computer with Family and Relatives *
Reported Physical Abuse Last Year
- 4377 Over the past 12 months has anyone prevented you from getting together with your
friends and relatives? * Reported Physical Abuse Last Year
- 4411 Do you have regular visits from any health or social service workers or members of
community organizations? * Reported Physical Abuse Last Year
- 4444 How often feel safe when with people closest to you * Reported Physical
Abuse Last Year
- 4486 ADL / IADL * Reported Physical Abuse Last Year
- 4514 Do you use a cane, walker, wheelchair, scooter or other device to help you get around
inside your home? * Reported Physical Abuse Last Year
- 4548 Are you usually able to see well enough to read ordinary newsprint with glasses (or
contact lenses if you use them)? * Reported Physical Abuse Last Year
- 4582 Are you usually able to hear what is said in a conversation with one other person in a quiet
room (with a hearing aid if you use one)? * Reported Physical Abuse Last Year
- 4616 Score on CES-D * Reported Physical Abuse Last
Year

Sexual Abuse (Cross Tabs)

Sexual Abuse in Last Year by Sociodemographic Variables

- 4670 Respondent's Gender * Reported Sexual Abuse Last Year
- 4703 Age Categories * Reported Sexual Abuse Last Year
- 4768 Highest level of education completed * Reported Sexual Abuse Last
Year
- 4818 Number of People in Household * Reported Sexual Abuse Last
Year
- 4867 Respondent Lives Alone * Reported Sexual Abuse Last Year
- 4900 Marital Status * Reported Sexual Abuse Last Year
- 4949 Ethnic Group * Reported Sexual Abuse Last Year
- 5030 Pre-tax Household Income * Reported Sexual Abuse Last Year
- 5143 Language Of Interview * Reported Sexual Abuse Last Year
- 5177 Urban Rural * Reported Sexual Abuse Last Year
- 5210 PROVINCE * Reported Sexual Abuse Last Year

Sexual Abuse in Last Year by Social & Health Status

- 5310 Social Isolation Measured * Reported Sexual Abuse Last Year
- 5345 Respondent Feels Socially Isolated * Reported Sexual Abuse Last Year
- 5379 Communication over telephone and computer with Family and Relatives *
Reported Sexual Abuse Last Year
- 5421 Over the past 12 months has anyone prevented you from getting together with your
friends and relatives? * Reported Sexual Abuse Last Year
- 5455 Do you have regular visits from any health or social service workers or members of
community organizations? * Reported Sexual Abuse Last Year

- 5488 How often feel safe when with people closest to you * Reported Sexual Abuse Last Year
- 5529 ADL / IADL * Reported Sexual Abuse Last Year
- 5557 Do you use a cane, walker, wheelchair, scooter or other device to help you get around inside your home? * Reported Sexual Abuse Last Year
- 5591 Are you usually able to see well enough to read ordinary newsprint with glasses (or contact lenses if you use them)? * Reported Sexual Abuse Last Year
- 5625 Are you usually able to hear what is said in a conversation with one other person in a quiet room (with a hearing aid if you use one)? * Reported Sexual Abuse Last Year
- 5659 Score on CES-D * Reported Sexual Abuse Last Year

Financial Abuse (Cross Tabs)

Financial Abuse in Last Year by Sociodemographic Variables

- 5713 Respondent's Gender * Reported Financial Abuse
- 5746 Age Categories * Reported Financial Abuse Last Year
- 5811 Highest level of education completed * Reported Financial Abuse Last Year
- 5860 Respondent Lives Alone * Reported Financial Abuse Last Year
- 5893 Number of People in Household * Reported Financial Abuse Last Year
- 5942 Marital Status * Reported Financial Abuse Last Year
- 5992 Ethnic Group * Reported Financial Abuse Last Year
- 6074 Pre-tax Household Income * Reported Financial Abuse Last Year
- 6187 Language Of Interview * Reported Financial Abuse Last Year
- 6221 Urban Rural * Reported Financial Abuse Last Year
- 6254 PROVINCE * Reported Financial Abuse Last Year

Financial Abuse in Last Year by Social & Health Status

- 6354 Social Isolation Measured * Reported Financial Abuse Last Year
- 6387 Respondent Feels Socially Isolated * Reported Financial Abuse Last Year
- 6420 Communication over telephone and computer with Family and Relatives * Reported Financial Abuse Last Year
- 6461 Over the past 12 months has anyone prevented you from getting together with your friends and relatives? * Reported Financial Abuse Last Year
- 6494 Do you have regular visits from any health or social service workers or members of community organizations? * Reported Financial Abuse Last Year
- 6527 How often feel safe when with people closest to you * Reported Financial Abuse Last Year

6569	Score on ADL / IADL * Reported Financial Abuse Last Year
6597	Do you use a cane, walker, wheelchair, scooter or other device to help you get around inside your home? * Reported Financial Abuse Last Year
6631	Are you usually able to see well enough to read ordinary newsprint with glasses (or contact lenses if you use them)? * Reported Financial Abuse Last Year
6664	Are you usually able to hear what is said in a conversation with one other person in a quiet room (with a hearing aid if you use one)? * Reported Financial Abuse Last Year
6698	Score on CES-D * Reported Financial Abuse Last Year

Summary Abuse (Abuse4) Cross Tabs

Summary Abuse (Abuse4) by Sociodemographic Variables

6753	Respondent's Gender *Abuse4 (yes to one or more of the four abuse types)
6786	Age Categories *Abuse4 (yes to one or more of the four abuse types)
6852	Highest level of education completed *Abuse4 (yes to one or more of the four abuse types)
6901	Marital Status *Abuse4 (yes to one or more of the four abuse types)
6950	Respondent Lives Alone *Abuse4 (yes to one or more of the four abuse types)
6983	Number of People in Household *Abuse4 (yes to one or more of the four abuse types)
7032	Pre-tax Household Income *Abuse4 (yes to one or more of the four abuse types)
7145	Ethnic Group *Abuse4 (yes to one or more of the four abuse types)
7226	Language Of Interview *Abuse4 (yes to one or more of the four abuse types)
7259	Urban Rural *Abuse4 (yes to one or more of the four abuse types)
7292	PROVINCE *Abuse4 (yes to one or more of the four abuse types)

Summary Abuse (Abuse4) by Social & Health Status

7392	Social Isolation Measured *Abuse4 (yes to one or more of the four abuse types)
7426	Respondent Feels Socially Isolated *Abuse4 (yes to one or more of the four abuse types)
7460	Communication over telephone and computer with Family and Relatives *Abuse4 (yes to one or more of the four abuse types)
7502	Do you have regular visits from any health or social service workers or members of community organizations? *Abuse4 (yes to one or more of the four abuse types)
7536	Over the past 12 months has anyone prevented you from getting together with your friends and relatives? *Abuse4 (yes to one or more of the four abuse types)

- 7570 How often feel safe when with people closest to you *Abuse4 (yes to one or more of the four abuse types)
- 7612 Score on ADL / IADL *Abuse4 (yes to one or more of the four abuse types)
- 7646 Do you use a cane, walker, wheelchair, scooter or other device to help you get around inside your home? * Abuse4 Reported Abuse (Psych, Physical, Sexual or Financial)
- 7680 Are you usually able to see well enough to read ordinary newsprint with glasses (or contact lenses if you use them)? * Abuse4 Reported Abuse (Psych, Physical, Sexual or Financial)
- 7714 Are you usually able to hear what is said in a conversation with one other person in a quiet room (with a hearing aid if you use one)? * Abuse4 Reported Abuse (Psych, Physical, Sexual or Financial)
- 7749 Score on CES-D *Abuse4 (yes to one or more of the four abuse types)
- 7799 Suffered Abuse as a Child * Abuse4 (yes to one or more of the four abuse types)
- 7833 Suffered Abuse as a Youth * Abuse4 (yes to one or more of the four abuse types)
- 7867 Suffered Abuse as an Adult * Abuse4 (yes to one or more of the four abuse types)
- 7901 Suffered Abuse as an Older Adult (55+) * Abuse4 (yes to one or more of the four abuse types)
- 7935 Logit Regression for Abuse4 (yes to one or more of the four abuse types)
- Perpetrator Tables
- 8020 Physical Abuse
- 8081 Sexual Abuse
- 8138 Financial Abuse