

Running Head: CAPITALISM AND ELDER VICTIMIZATION

**Elder Abuse and Victimization: Yet Another Vulnerable Population**

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## **Introduction**

The world we live in is plagued with sensitive familial issues such as child abuse and domestic violence. Elder abuse is an example of this family abuse. Elder abuse is no different from child abuse and domestic violence, and warrants the same amount of attention and resources. Canada is an ageing country, where the baby-boomer population is becoming part of the elder community (Powell, 2012). Therefore, it is of utmost importance to study the trends, statistics and outcomes of elder abuse and maltreatment as the elderly population is said to be the fastest growing population in North American society (Powell, 2012).

### ***Review of Literature***

There are 32.6 million people living in Canada, where over 4.2 million people make up the elderly population of those aged 65 years and older (Poednieks, 2008). To emphasize the growing number of older people, Ward and Belanger (2011) assert that in 2006, Canadian seniors composed approximately 13.7% of the population, and they project that the senior population will increase to approximately 23-25% of the Canadian population by the year 2031. The growth of the elderly population is not simply the baby-boomers reaching 65 years or older, this growth is also due to modern day medicine and the increased knowledge about personal health and wellbeing. Life expectancy for those 65 years or older has increased on average by approximately 25 years (Morgan, Johnson & Sigler, 2006; Powell, 2012). The definition of what constitutes old age has been heavily debated and remains inconsistent throughout the world. However, the majority of scholars and health care professionals have recognized that at the age of 65 years an individual moves into the elderly category (Wood, Bellis, Penhale & Passman, 2010). Similarly in Canada, the majority of the literature reveals that an individual officially

becomes a senior citizen once they reach the age of 65 years (Government of Canada, 2013; Harbison, 2011).

There are many forms in which elder abuse and maltreatment can occur such as physical, mental, and financial forms of abuse. However, within these different forms of elder abuse and maltreatment, definitions vary. The public, nursing home staff and organizations, as well as law enforcement agencies have different definitions as to what constitutes elder abuse and how they identify it. Elder abuse, in general, has been described by the World Health Organization (2002) as “a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust that causes harm or distress to an older person” (Government of Canada, 2013, p. 1). This is said to be the most widely used definition worldwide (Mysyuk, Westendorp & Lindenberg, 2012). Other definitions include the expectation of trust, which alters the prevalence rates of elder abuse (Daly & Jogerst, 2001). However, in Canada, the definition of elder abuse is not limited to those who are in a trusted relationship such as a spouse or direct health care professional. Rather, Canada’s view and definition of elder abuse extends to strangers targeting seniors, and “directed exploitative marketing and grooming of an elder victim” (McDonald, 2011, p. 453).

Elderly individuals, similar to all other age groups, have the rights to live abuse-free lives. However, those who are abused are said to experience increased morbidity, functional disabilities, worsening cognitive impairments and depression. This leads to premature institutionalization and worst, death (Choi & Mayer, 2000). Yet elder abuse frequently goes unreported and undetected, even though multiple research studies suggest that elders are mistreated at an alarming rate (Selwood & Cooper, 2009; Sibbald & Holroyd-Leduc, 2012; Murphy, Waa, Jaffer, Sauter & Chan, 2013). In 2009, 35% of the elder population in Canada

experienced some form of abuse, and it is estimated that of the five million elderly Canadians, 200,000 to 500,000 are victimized each year (Government of Canada, 2013).

Elder abuse and maltreatment has become a popular topic of public interest and has triggered many policy and advocacy initiatives in Canada. The Canadian Federal Elder Abuse Initiative, the New Horizons for Seniors funding initiative, the Family Violence initiative, and the International Network for Prevention of Elder Abuse initiative are just a few that have been implemented to help combat elder abuse and maltreatment. These initiatives were created to increase awareness of elder abuse across multiple borders, including in Canada, the United States and in European countries. However, it is extremely important to focus on this social problem across multiple sectors, including medical professions, law enforcement, government institutions, academic research and the general public. As such, medical professionals will be better able to recognize the signs and report abuse, government institutions will be able to develop and implement policies and programs to protect the elderly, academic research will enable the understanding and the development of programs and policies based on data and empirical evidence, law enforcement can develop prevention, and intervention strategies dealing with elderly abuse, and other sectors in society can work toward preventing and rectifying this social problem.

### ***Problem Statement and Paper Organization***

Elder abuse was first identified on an institutional level, in nursing homes and full-time care facilities, over twenty years ago (McDonald, 2011), through policing, health care professionals, and politicians. Even though it was identified over two decades ago, Canada still does not know the extent of the problem of elder abuse in the community, as well as in

institutions; the scope of the problem remains unclear. Many instances of elder abuse remain hidden from authorities and the general public, as a great proportion of elders are victims within their own homes (Schellenberg & Turcotte, 2007). As elder abuse remains unnoticed, it contributes to the lack of knowledge regarding the magnitude of human suffering this vulnerable population endures (Teitelman & Copolillo, 2002).

As people age, there is an increasing chance of elder abuse and maltreatment to occur. Not only is this vulnerable population ageing, they are also at an increased chance of developing cognitive and physical diseases, leading to impaired judgements, reduced autonomy, and increased dependency (Connodis, 2010; Tepperman & Curtis, 2009). As a result, it is important for society, as a whole, to recognize the early signs of abuse in order to protect our growing elderly population.

As such, this paper outlines the conditions/factors that make elderly individuals vulnerable to abuse and victimization. These conditions/factors will include their state of mental health, caregiver burden in a capitalist society, and the ageist attitudes directed toward these individuals. This paper will answer the following questions: 1) How does having a mental illness predispose elders to being vulnerable?; 2) Do society's ageist attitudes shape one's tolerance and possible acceptance toward elder abuse and maltreatment?; and 3) Due to society's current capitalist mentality, does the burden that is being placed on caregivers play a pivotal role in the acts of abuse and neglect elders endure? These questions were selected in order to provide a comprehensive understanding of elder abuse and maltreatment in Canada, and to discover what is known about mental illness, caregiver burden and capitalism in Canadian society when it comes to the treatment of our elderly.

The paper uses three different but interrelated theories, which helps to explain ‘why’ elder abuse and maltreatment occurs in a residential setting and in an institutional setting. These theories are capitalism, ageism and disengagement theory. These three theories are then discussed in conjunction with one another. Society, as whole, and more specifically, the ideas of capitalism have created a vulnerable population group, where there is little devotion of community and social supports. Disengagement theory is seen as presenting itself in forms of forced retirement and disrespect directed toward those who can no longer perform tasks in the same fashion as their younger counterparts. Ageism, created by capitalism, is responsible for the disrespectful behaviour toward the elderly population. Ageism also acts as a condoning mechanism, where people are deceived into believing they are doing nothing wrong, or they are deceived in believing that the maltreatment of elders is seen as an acceptable behaviour.

The paper outlines the steps in the methodology used to complete this study. A content analysis was conducted through the using of available Canadian studies published in journals. The results of this study are then presented. There are very few Canadian studies that were used throughout the analysis. The results from the study address the predominant risk factors associated with elderly abuse and maltreatment, including both macro- and micro-level factors. The results also address the role mental illness, individual and societal ageism and capitalism play vital roles in the abuse and maltreatment of elderly Canadians. The paper draws connections between the results found and the theoretical approach used. Finally, the paper addressed key areas of future research when it comes to elder abuse and maltreatment in the Canadian context.

## *Theoretical Framing*

Currently, the elderly population is being overlooked because they are no longer considered prosperous, according to the capitalist world we live in. Conversely, elders contribute greatly to society through volunteerism, helping families with housing and childcare, donating to charities, and some are still valuable within the workforce (Government of Canada, 2013). Rather, elders are disregarded and seen as a burden to society, thus they become vulnerable to abuse and maltreatment. Perhaps, this problem would better be tackled if people started to view this issue from a different perspective. If society began viewing this issue on a personal level, perhaps they may be more prone to reducing the rate of elder abuse and maltreatment. It is important to combat, or at the very least, decrease the prevalence rates of elder abuse across the Canada, and ultimately begin the process across the entire world.

In order to provide a dynamic and comprehensive explanation to elder abuse, an integrative theoretical approach to examining this social problem will be used. Using an integrative approach, Barak (2003) recognizes that the use of multiple theories combined allows for a clearer picture of the magnitude of this problem to be painted. Multiple researchers and analysts have indicated that no single theory of elder abuse and maltreatment can represent, nor explain all situations (Gordon & Brill, 2000). In other words, elder abuse is typically not committed because of a sole factor; it usually involves a variety of aspects including individual, family and societal forces (Government of Canada, 2013). Gordon and Brill (2000) have also recognized that a sound theory is an integrated one that incorporates macro- and micro-levels of analysis, including social, cultural, psychological and societal issues. In fact, some theorists have even suggested that many available theories support the abuser while placing the blame on the elderly individual, rather than to challenge the abuser and his/her actions (Anetzberger, 2000).



According to McDonald (2011), there is very little theory that describes the incidences of abuse in residential settings, and non-residential settings and institutions. Many of the theories used are repetitive, and provide no new insight on the issue. Rather, most research results suggest singular factors as contributing to elder abuse rather than provide multi-factor theoretical framing that explains its prevalence. The current literature also neglects to demonstrate the relationship between various societal factors that discriminate against the elders and their abuse. This paper uses a conceptual integrative theory, combining three theories that are related to this topic and that outline different approaches to explaining elder abuse. This paper will argue that capitalism and ageism are intertwined when examining this particular population and that disengagement theory plays a pivotal role in the lives of the 65 year plus population.

These theoretical perspectives have never been collectively used to explain elder abuse and their integration will allow a more comprehensive and interlocking understanding of the issue of elderly abuse. The following section describes the theoretical perspective used to analyze the results of elder abuse and maltreatment in the Canadian context.

### **Integrative Approach to Elder Abuse and Maltreatment: Capitalism, Ageism and Disengagement Theory**

Little literature was found that specifically investigates elder abuse and maltreatment by using an integrative theoretical framework to explain one phenomenon from both a macro- and micro-level perspectives. Most studies that have been conducted on the subject of elder abuse and maltreatment tend to focus their attention solely on individual factors and/or theoretical models to explain this phenomenon rather than to approach this topic from a societal standpoint. For the purpose of this paper, it will be argued that ageism and capitalism can be seen in a

similar light of each other as both affect the lives of the elderly in a comparable fashion. When discussing the idea of capitalism and the elderly population, ageism is significantly related, especially when discussing the discriminatory behaviour directed toward this population group. These two ideas seem fitting with elder victimization as both exploit the weaknesses of seniors in Canada and around the world (Doe, Han & McCaslin, 2009).

The economic system that has been described to be the unequal exchange between the capitalists and the working class is better known as capitalism (Tepperman & Curtis, 2009). For many decades, capitalist ideals have been entrenched within society's structure, along with institutions as a whole, whilst these same ideals are ingrained within the individual mindsets found throughout society. For example, Marx and Engels (1983) describe societies as always being about class struggles, from the freeman and the slave to the lord and the serf, and now to the bourgeoisie and the proletariats. In other words, there has always been a division between two distinctive and opposing classes. Furthermore, on an institutional level, Cullen and Wilcox (2010) identify the state and our legal system as a set of institutions which enables the capitalists to maintain and secure their interests by keeping the proletariats at an inferior position, using their labour power to earn wages in order to survive (Wright, 1999).

In an industrialized capitalist society, Marxism suggests that society is divided into two classes, the haves (the bourgeoisie) and the have-nots (the proletariats) (Marx & Engels, 1983). The proletariats, or the working class, are responsible for the production of goods and must sell this labour power to ensure their owners continuous gain of profit, while these workers establish the monetary means for survival. Moreover, the proletariats are the lower working class who can only survive if they can find work and if they are able to increase the capital of the bourgeoisie (Marx, 1934). This class is controlled by the bourgeoisie, or the capitalists, who in essence own

the power of production as a means of maintaining their power over the working class (Mantsios, 2010; Marx & Engels, 1983; McIntyre, 2006; Moyer, 2001). Essentially, the working class can be seen as modern day slaves (Marx, 1934). The proletariats are oppressed by the oppressors, namely, the capitalists and elite class within society (Marx, 1934; Wallace & Wolf, 2006).

The issue of capitalism is that it is a system that thrives on extracting profit from the work of the proletariats or workers at every level of the economy. Unproductive individuals that do not contribute to this system of profit directly are not valued. The elderly fall within this category. In other words, because of Canadian society's capitalist mentality, there is little room for anyone or group who fall outside of this strict division. As with children, the mentally ill, the disabled, and the unemployed, there is no room for the elderly population within this system (Townsend, 1979). All these population groups have very few resources and can rarely produce the monetary means of survival. In turn, the elderly are now placed in a group known as the 'other'. The elder population which is no longer working serves no purpose to the elite as they are no longer considered productive members of society because they either work at a slower rate or do not work at all or have little desire to learn new ways of completing work that increases profit (Gee & Gutman, 2000). If they are still able hold a working position within society, they are seen as less effective and most are forced into retirement because they can no longer work as fast and/or as long as the younger generations (Garber, Allsworth & Bess, 2008; Lynott & Lynott, 1996). Thus, this disenfranchised group can be seen at the forefront of discriminatory behaviours and marginalization because they do not serve this type of societal production system (Moyer, 2001). They are perceived as a burden from an economic and social standpoint due to their decreased workload and because as they exit the workforce they consume a great deal of tax dollars in order to sustain themselves (Johnson, Hogg & Daniel, 2010). This

consumption is perceived leakage from the profit that the capitalist system uses to reinvest in its production system and make the rich richer and the poor poorer.

According to Powell (2001), social gerontology views the process of aging is seen as burdensome and as a social problem. Older people found throughout society who do not fit well within the capitalist market are seen as unproductive and burdensome to our economy, and are seen as utilizing large amounts of economic and government resources (Gee & Gutman, 2000; Phillipson, 1998), which could be allocated to different sectors in communities such as for public transportation and education. Using these resources for pensions and to satisfy the demands of the elder population have been said will one day drive our economy into bankruptcy (Gee & Gutman, 2000). Due to the stereotypes directed toward this population, new perceptions and attitudes have been developed to describe the elder population. Thus, now society is plagued with ageism, which contributes to the harmful and discriminatory attitudes toward older individuals.

Stott (1981) draws a parallel between old age and disgust by stating “old age is shamefully seen like head lice in children and venereal disease in their older siblings” (p. 3). Head lice in children are seen as dirty and disgusting, while at the same time, venereal diseases are frowned up and seen as warranted because of certain behaviours. Both are described as revolting, thus attitudes of the elderly population is repulsive. This comparison is still present in society today, as elders are treated with disrespect and disregarded from everyday life. This is demonstrated through ageism and ageist attitudes. Ageism is described as the discrimination toward individuals strictly due to their age (Dobbs, Eckert, Rubinstein, Keimig & Zimmerman, 2008), which can occur in diverse forms in different social structures (Palmore, Branch & Harris, 2005). Butler (1969) refers to ageism as the negative and disrespectful attitudes directed toward

elderly individuals within society that can lead to stereotyping, prejudice, discrimination and oppression. Barnett, Miller-Perrin and Perrin (2011) assert that elderly individuals face continuous ageist stereotypes directly from society. Not only can ageism be seen at an individual level such as avoiding contact with older people, ageist humour or stereotyping elders as being frail (Palmore et al., 2005), ageism can also be seen at an institutional level. The International Longevity Center (2006) explains that institutional level ageism can occur through housing discrimination, employment discrimination, mandatory retirement and public policy. Ageism can affect elders both in a material fashion and have psychological impacts (Clarke & Griffin, 2008). Again, in the capitalist society we live, everyone requires money in order to survive. Through employment discrimination or forced retirement, elderly individuals either cannot obtain a job or cannot obtain the necessary monetary funds in order to survive due to their age. Psychologically, this takes a toll on the elder's self-esteem. They begin to feel rejected, excluded and degraded, among other things such as feeling as if they are lesser human beings (Clarke & Griffin, 2008).

Aside from the material and psychological effects of ageism, ageist stereotypes cast elders in the role of second class citizens, allowing them to become even more vulnerable to abusive and neglectful behaviours (Barnett et al., 2011). Examples of ageist attitudes suggest that all elders are sick, frail (Moody & Sasser, 2012), senile, unhappy (Palmore, 1999), and both cognitively and physically impaired (Kite & Smith-Wagner, 2002). As such, within this capitalist society, negative attitudes toward older individuals can be explained by the loss of their social worth because they are no longer productive members in a capitalist society (Estes, Swan & Gerard, 1982).

Apart from psychological and material effects of ageism, there also lies abuse and maltreatment because of these ageist attitudes. Hrast, Mrak and Rakar (2013) suggest that studies

have indicated that elders, themselves, identify as being vulnerable because of their diminished health and their lack of mobility. Furthermore, in a society where elderly individuals lack self-esteem and who are seen by the public as holding less productive and less meaningful positions, their treatment is usually disrespectful, making them more prone to victimization (Harbison, 2011), at the hands of the younger and more prosperous generations (Gans & Silverstein, 2006; Merz, Schuengel & Schulze, 2007). It has been argued that disrespectful behaviour directed toward the elderly community has a significant impact on the rates of increasing elder abuse (Se' ver, 2009). In other words, abusive and neglectful behaviour become tolerated, and perhaps seen as acceptable and condoned, from an individual and social perspective as little is done to hinder abusive behaviour directed toward the elderly community.

In conjunction with capitalism and ageism, further distancing the elderly population from mainstream society is the natural process of disengagement. Naturally, disengagement theory suggests that as individuals grow in age, they begin to remove themselves from activities and separate themselves from social contacts as they prepare for a less active lifestyle (Cummings & Henry, 1961). Additionally, as people age, they become more and more disconnected from social networks, such as work environments, schools, and recreational centers (DeKeseredy, 2005), further isolating themselves. Ultimately, disengagement theory suggests that elderly individuals should begin distancing and withdrawing themselves from all social ties to prepare for their final disengagement, their eventual and inevitable death (Garber et al., 2008; Powell, 2001). These are just simply the natural processes of disengagement due to old age; however there are also other ways to be caught in isolated situations, including being marginalized by society – again, by these ageist attitudes that create negative impacts on the elderly population. Additionally, disengagement theory, and thus ageism, promotes the idea that the elderly population are a root

cause to societal problems as they rely heavily on social supports, and ultimately they need to be ignored in order for the younger generations (i.e. the young and beautiful) to prosper (Powell, 2001).

Ageism, thus capitalism, is highly related to the process as disengagement, for example, as here in Canada we have an age of retirement. Retirement is an inevitable part in one's life; it has to come at a certain point. This is one of the first steps involved in the disengagement process; that is the process individuals go through as they retire from their careers. In a life with a job and a purpose, with a regular daily routine, elderly individuals who are suddenly out of work because of voluntary or forced retirement are struck with a sudden change in their lifestyles. The process of disengagement here can be seen as relationships between co-workers and friends severed and other relationships as altered (Cummings & Henry, 1961).

Because they can no longer work as many hours of the day, work as efficiently or perform the same tasks as when they were younger, this population group is involved in a natural individual decline which places them at or near the bottom of the working class. By being at the bottom, they are closer to not being considered part of this class, therefore ultimately becoming classless and ever more vulnerable to abusive situations. Engels (1844) suggests that crime is considered to be a symptom of capitalist exploitation and of the demoralization of the labouring population. In other words, as elders are removed from their careers through retirement and the natural process of disengagement, they become targets for crime and victimization as they come to be exploited by members of the bourgeoisie and upper classes.

Disengagement theory can be seen as an individual process which happens in one's life, however, this process does not happen to individuals on its own – we, as a society, see this

process happening constantly because this is what our capitalistic institutional systems want us to know and believe. It has been argued that a society is only as strong as its weakest members; from this standpoint society cannot benefit from this population. As such, through institutional measures, society begins displacing these elderly people and removing them from central positions of power and influence – tying back to ageist attitudes directed toward elderly people and capitalism.

The process of ageism and the discriminatory behaviour directed toward the elderly population serves the interests of the elite groups and capitalistic society (Bytheway, 1995). As a result, capitalism and ageism are connected now more than ever before as it is the societal attitude, which pushes elders into a position of unemployment (Cullen & Wilcox, 2010). Capitalism leads to elder abuse and victimization as these elderly individuals are pushed the outskirts of society and are left to their ultimate disengagement; death.

The discussion section of this paper will further explain and emphasize the importance and impact of these three theories. It will also demonstrate how these theories continue to be interrelated, and when used together can explain elder abuse and maltreatment. The next section of this paper will address the theories used to explain elder abuse and maltreatment on an institutional level and on an individual level. These theories are capitalism, ageism and disengagement theory.

### **Research Questions**

By using existing literature on elder abuse within the community and institutional settings, this paper will base its analysis on several research questions to identify and critically engage what have been the predominant risk factors of abuse for this population group from an



evidence based perspective. These questions are: What are the conditions/factors which make elderly individuals vulnerable to abuse and victimization? More specifically, how does having a mental illness predispose elders to being vulnerable to abuse and maltreatment? Do society's ageist attitudes shape one's tolerance and possible acceptance toward elder abuse and maltreatment? And lastly, due to the Canadian society's current capitalist structures and attitudes, does the burden that is placed on caregivers play a pivotal role in contributing to the abuse and neglect that elders experience?

### **Methodology**

This paper uses content analysis to answer its research questions with available information on the topic of elder abuse and victimization. The paper is organized into four major sections, which involved data and information gathering: the literature review, the theory, the results and discussion section. In this section of the paper, I will explore the selection process of the sources of data used throughout the literature review, the results and discussion sections, and provide a detailed explanation as to why some sources were included.

The methodology of a content analysis enables the research to be reliable and valid, especially when it comes to drawing generalizations. Also, the analytic tool of a content analysis allows for connections to be drawn between sources, then formulating them into categories or themes to emphasize the research topic at hand (Mayring, 2000). This paper's content analysis uses data from, both, existing quantitative and qualitative research studies on elder abuse and maltreatment. Multiple research outlets were to retrieve those studies, including but not limited to library resources, online journal databases and government resources. Themes, including

similar concepts, were then developed from the existing literature and are then compared to the research questions (see Appendix Table I).

This project began by completing a general search on Google search engine on the topic of elder abuse, maltreatment and the vulnerabilities attached to this population group. The initial search terms included 'elder abuse and Canada', 'elder population in Canada', and 'elder maltreatment'. These were intended to produce elder demographics and general information about this population group and their treatment within society. This initial search yielded a large collection of written materials including newspaper articles, government documents, course materials, textbooks and journal articles. Therefore, this initial information was narrowed down to sources that were considered scholarly and valid.

The electronic journal and book databases ProQuest and ScholarsPortal available through the University of Ontario Institute of Technology [from here on, will be referred to as U.O.I.T.] library were explored. These databases were selected as they encapsulate a plethora of academic and non-academic materials and resources including peer-reviewed journal articles, reports from government and non-governmental organizations, newspaper articles and textbooks. Sources were selected by using search terms such as 'elder abuse and vulnerability', 'elderly and abuse', 'mental illness and elders', 'elder abuse and mental capacity'. A number of journals were used for this major paper: Canadian Journal on Aging, Journal of Elder Abuse and Neglect, International Psychogeriatrics, British Journal of Social Work, and Canadian Review of Social Policy. The journals relating directly to elder abuse and the field of gerontology in Canada were included because of the direct implications and studies that have been done on this population group in particular.

A series of steps were taken to develop a relevant list of sources for the content analysis. First, only full rather than partial, English language publications that were published between the year 2000 and 2014 were selected for this project. This timeframe was selected because older materials are not as relevant given the changing demographics of Canadian society. This timeframe was selected in order to obtain a comprehensive understanding of the research that has been conducted on the elderly population, especially as it pertains to the maltreatment. Second, only peer-reviewed journal articles were used from the journal databases. It was important to choose peer-reviewed articles in order to maintain the scholarly level and validity of the sources. Third, Canadian sources were used. Finally, articles and book chapters were excluded if they used quantitative data analysis since this study focuses on narrative and actual reports from the elderly.

The final step in developing the research study's list of sources was to assign information into different themes and categories. Themes were developed in order to synthesize and organize the information so as to illustrate responses to each research question. Additionally, by synthesizing and organizing the information in this manner, the results can be generalizable to the available literature. The available information was organized in a deductive fashion, dividing themes starting from the general to narrowing down to the specifics. Examples of this include: elder demographics, definitions of elder abuse, and moving towards caregiver burden and society's ageist attitudes.

### ***Integrative Approach***

Throughout the researching phase of this major paper, several theories were identified to frame the analysis of elder abuse within both the community and institutional levels. It was

difficult to force one theoretical perspective on an issue as complex as elderly abuse. As a result the work of Colvin (2000) informed this paper's theoretical approach, namely the integrative perspective. Colvin (2000) was unable to address the production and reduction of crime and the punishment attached by using a single theory. He turned to five individual theories to help explain his research on coercion. Similar to his work, a parallel was drawn with the use of three interrelated theories: Marxist capitalism, the theory of ageism, and disengagement theory.

First, capitalism is an integral part of society. Everyday functioning is based upon the economical exchange between the working class and the elites. As such, society is caught in a division between those who produce the goods and sell their labour, and those who provide oversight and collect the profits (Tepperman & Curtis, 2009). Within this capitalist system, many are destined to fail and to remain at the bottom of the socioeconomic ladder. Those who cannot perform as well or as fast, and who cannot maintain the consistent production of goods are seen as unproductive members of society and are not valued (Gee & Gutman, 2000). Elderly individuals are part of this group (Townsend, 1979). These individuals are undervalued and therefore found in a vulnerable position, with no supports and services.

Second, the idea of collective societal prejudice and discrimination against those who are considered elderly is ageism (Butler, 1969). Stereotypes such as frail, fragile, senile and useless are common adjectives used to describe the ageing population. Moreover, ageist attitudes are evident at both the individual and societal level. Individuals who shout at elderly rather than speak, use ageist humour, and who fail to make eye contact with the elderly are seen as displaying ageist attitudes (Palmore et al., 2005). On the other hand, society also discriminates against individuals due to age when there is employment discrimination, forced retirement, and even through the sale of anti-ageing creams/medicines (Clarke & Griffin, 2008). Ageist attitudes

are embedded throughout Western culture, and places elderly individuals in a vulnerable position to abuse and maltreatment.

Finally, disengagement theory is the natural process in which elders distance themselves from mainstream society (Cummings & Henry, 1961). This is done through the loss of social contacts and the disconnection from social networks, which usually commences with retirement (DeKeseredy, 2005). The voluntary or forced retirement is seen as a sudden change in one's lifestyles, usually leading to elders being isolated and holding few relationships. This natural process is completed so the elderly can prepare for death (Powell, 2001). As such, the process of disengagement allows the elderly to be ignored by individuals and by society, ultimately hiding any incidences of elder abuse and maltreatment that take place behind closed doors.

These are all individual theories and can stand on their own; however, by integrating them, a more comprehensive theoretical framework can be created to address elder abuse and maltreatment in society. This creates an integrative perspective tailored directly to the issues surrounding elder abuse and maltreatment. To accomplish this task, it was important to examine each theory at length and carefully draw overlaying connections between them.

## **Results**

There are very few studies which focus their attention solely on elder abuse and maltreatment within the Canadian context. In total, there were fourteen studies, found in journals that focused on elder abuse in Canada. Of those, eight acknowledged and discussed issues surrounding the rise in the ageing population (Brozowski & Hall, 2004; Brozowski & Hall, 2010; Charpentier & Soulieres, 2013; Hayman, 2011; Ploeg, Lohfeld & Walsh, 2013, Poednieks 2008; Poednieks & Wilson, 2003; Walsh, Ploeg, Lohfeld, Horne, MacMillan & Lai, 2007). These

scholars recognize that in the near future, the elder population will be increasing drastically, creating more pressure and responsibility on individual families and governments. Within the Canadian literature, eleven studies (Brozowski & Hall, 2004; Brozowski & Hall, 2010; Charpentier & Soulieres, 2013; Lai, 2011; McDonald & Thomas, 2013; Matsuoka, Guruge, Koehn, Beaulieu, Ploeg, Lothwick, Manuel, Mullings, Roger, Spencer, Tyyska, Wlash, & Gomes, 2012; Ploeg et al., 2013; Poednieks & Wilson, 2003; Tam & Neysmith, 2006; Walsh et al., 2007; Walsh, Olson, Ploeg, Lohfeld & MacMillan, 2011) collected their own data through interviews, focus groups, and General Social Survey (GSS) statistics, while the other three (Hayman, 2011; McDonald, 2011; Poednieks, 2008) formed the social problem of elder abuse by assembling information and data from previous literature. Six of the fourteen studies (Lai, 2011; Matsuoka et al., 2012; Ploeg et al., 2013; Tam & Neysmith, 2006; Walsh et al., 2007; Walsh et al., 2011) focus their attention on the elder immigrant population and the barriers they face, without discussing the difficulties all Canadian elders are faced with. Moreover, eight of the fourteen studies (Brozowski & Hall, 2004; Brozowski & Hall, 2010; Charpentier & Soulieres, 2013; Hayman, 2011; McDonald, 2011; McDonald & Thomas, 2013; Poednieks, 2008; Poednieks & Wilson, 2003) discuss elders in a general term, rarely differentiating between races, age categories, and gender.

In the Canadian literature, all studies, indicated risk factors associated with elder abuse and maltreatment (Brozowski & Hall, 2004; Brozowski & Hall, 2010; Charpentier & Soulieres, 2013; Hayman, 2011; Lai, 2011; Matsuoka et al., 2012; McDonald, 2011; McDonald & Thomas, 2013; Ploeg et al., 2013; Poednieks, 2008; Poednieks & Wilson, 2003; Tam & Neysmith, 2006; Walsh et al., 2007; Walsh et al., 2011). These studies outline a plethora of risk factors and conditions connected to the abuse and maltreatment of the elderly. The literature predominantly

states social isolation, financial and physical dependency of the victim on the abuser, physical health limitations, and language barriers as contributing risk factors to abuse. Social isolation is created through those three major avenues (dependency, health limitations and language barriers). As such, elders are found in a social isolating position when they dependent on their spouses, children, or caregivers for physical and financial aid. Also contributing to the isolation of elders is the language barrier many elderly immigrants face on a daily basis.

Many of these Canadian studies identify the concept of abuse by categorizing the risk factors into micro- and macro-level stages. The micro-level factors/conditions are almost always displayed by individuals or on an individual scale. For example, having a mental or physical disability, facing a language barrier, and having a shared living space can be included under micro-level and individualistic factors that predispose elders to abuse.

However, there are some factors that are included in the micro-level category when the underlying issues can be presented as a macro-level issue. Several studies have identified social isolation and financial dependency as small scale issues, while in reality there should be fluidity among these categories. In general, as outlined by these studies, both social isolation and financial dependency can be said to stem from the lack of societal resources and minimal financial supports from the government to help the elderly. As such, the macro-level factors/conditions have been outlined to be societal and systemic problems that place the elderly population at risk and even more vulnerable to abuse.

In the Canadian literature, seven out of fourteen studies inform the reader that mental illness, including dementia and Alzheimer's disease, creates a vulnerable position for elderly individuals (Charpentier & Soulieres, 2013; Lai, 2011; McDonald, 2011; Ploeg et al., 2013;

Poednieks, 2008; Poednieks & Wilson, 2003; Walsh et al., 2011). The presence of a mental illness such as dementia predisposes Canadian seniors to a variety of different abuse types including physical, sexual and financial. However, only two studies (Ploeg et al., 2013; Walsh et al., 2011) discuss how dementia can increase the risk of abuse and maltreatment, while the other five (Charpentier & Soulieres, 2013; Lai, 2011; McDonald, 2011; Poednieks, 2008; Poednieks & Wilson, 2003) simply mention that having a mental illness increases the risk without any further discussion. These suggest that incidences of elderly abuse due to dementia can take place for one of three reasons. First, the caregiver may not know how to care for someone with dementia or there is a lack of support for those caregivers (Ploeg et al., 2013). Second, the elders themselves create the risk because of the aggressive symptoms of dementia. Some elderly may wander, shout, hit, or act in a sexualized manner, threatening the safety and well-being of others where they see no other option but to respond abusively to control the situation (Charpentier & Soulieres, 2013). Third, elderly individuals with a mental impairment are not able to defend themselves, and they may not know that abuse has taking place (Walsh et al., 2011).

In the Canadian literature, ten out of fourteen studies suggest that the ageist attitudes society holds against the elderly population play a role in their abuse and maltreatment (Brozowski & Hall, 2004; Brozowski & Hall, 2010; Charpentier & Soulieres, 2013; Lai, 2011; Matsuoka et al., 2012; McDonald, 2011; Ploeg et al., 2013; Tam & Neysmith, 2006; Walsh et al., 2007; Walsh et al., 2011). Ageism contributes to the perception that elders are a burden to the state, which is an attitude condoned by North American society. Within this literature, it is suggested that because society is focused on maintaining a young, vibrant youth culture, seniors do not fit well within mainstream society. They are viewed as frail and as a burden because they do not provide anything in a money driven world.



The majority of the literature, albeit in a weak state, acknowledges that elderly victims are found in vulnerable situations because of macro-level and systemic factors. As such, none of the literature asserts that elder abuse is a direct cause of capitalism. However, the literature does address the vulnerability of elderly within broader society such as through the systemic barriers to accessing services and issues of service delivery formed on ageist stereotypes, the lack of multi-lingual services, and the burden elders place on the state (Brozowski & Hall, 2010; Charpentier & Soulieres, 2013; Lai, 2011; Matsuoka et al., 2013; McDonald, 2011; Ploeg et al., 2013; Tam & Neysmith, 2006; Walsh et al., 2007; Walsh et al., 2011). Other examples of how elders are perceived as a burden to society and how capitalism is at the root of the problem are cited within the Canadian literature. The topic of capitalism is not directly addressed. However, some studies suggest that because caregivers are overworked and nursing homes are severely under staffed is connected with the abuse and maltreatment of the elderly population. Furthermore, other studies assert that elder abuse stems from systemic problems such as poor enforcement and investigation into elder abuse, the poor quality of care in nursing homes produced from the lack of financial resources, minimal pensions, the lack of services and supports for the elderly, and the lack of policies in place to protect this population group.

### **Summary of Results**

The Canadian literature on elder abuse and maltreatment in both institutional settings and within the community is extremely scarce. There are very few studies which focus on the Canadian context. The majority of this literature touches on aspects related to the maltreatment of elders, such as the risk factors associated to their vulnerability. The Canadian literature predominantly finds that social isolation, financial and physical dependency of the victim on the abuser, and language barriers faced by the victims as common risk factors among abuse related

incidents. Additionally, the literature places the blame on either macro- or micro-level factors for the abuse and maltreatment of the elderly. Macro-level factors commonly cited were the lack of societal resources and the lack of financial governmental support, while the micro-level factors were mental and physical disability, language barriers and shared living spaces. Half of the literature makes reference to mental illness and the role it plays in the maltreatment of senior citizens. Whereas, the majority of the literature outlines individual and societal ageism as contributing factors to elder abuse and maltreatment. Finally, in addition to mental illness and ageist attitudes contributing to the negative treatment exhibited toward the elderly community, the idea of capitalism is cited weakly throughout the literature, associating elders as a burden to the state and as facing systemic abuse.

### **Theoretical Framing of Results**

There is no evidence found in any of the Canadian literature to suggest that elder abuse and maltreatment have been examined by exploring three complex, yet interrelated theories: capitalism, ageism and disengagement theory. Rather, some studies (Brozowski & Hall, 2010; Walsh et al., 2007) have used each theory individually, such as ageism to suggest the diminishment of dignity and status of older adults because of ageist attitudes, ultimately leading to abuse and maltreatment. Some studies have explained elder abuse by suggesting that at a certain period in one's life, the process of disengagement occurs, typically at retirement, leading elders to be isolated and to believe they are not worthy of the same treatment as to younger generations (Brozowski & Hall, 2010). While other studies (Charpentier & Soulieres, 2013; Lai, 2007; Walsh et al., 2007; Walsh et al., 2011) have included caregiver stress and capitalist mentality as an explanation to elder abuse. Here, they suggest that elders are a burden to society because they provide no tangible productivity, and public resources are wasted on them.

However, according to Gordon and Brill (2000), no single theory can account for all aspects of a social problem. Therefore, it is important to combine and use multiple theories in order to provide a more accurate and comprehensive understanding of elder abuse and maltreatment (Barak, 2003).

## **Vulnerabilities**

As seen in the Canadian literature, there is an abundance of risk factors associated with elder abuse and maltreatment including old age, the lack of access to resources, low income, social isolation, minority status, functional impairment, caregiver stress, cognitive impairment, language barriers, and retirement (Brozowski & Hall, 2004; Brozowski & Hall, 2010; Hayman, 2011; Lai, 2011; McDonald, 2011; McDonald & Thomas, 2013; Matsuoka et al., 2013; Ploeg et al., 2013; Poednieks, 2003; Poednieks, 2008; Tam & Neysmith, 2006; Walsh et al., 2007; Walsh et al., 2011). In the following discussion, this paper will elaborate and connect the risk factors associated with elder abuse and the theoretical framework, which combines ageism, capitalism and disengagement theory.

### ***Mental illness***

Having a mental illness heightens the chances of abuse and maltreatment, especially among the elderly. Depending on someone else for all basic living activities and needs places elderly individuals in a vulnerable position for abuse and maltreatment. Those who have a cognitive impairment do exactly this. In the midst of losing personal autonomy and increasing dependence on others, options for self-defence and reporting abuse decreases. As such, most individuals who are placed under institutional care have a cognitive disorder, classifying them as one of the most vulnerable populations to abuse (McDonald, 2011).

None of the Canadian studies regarding elder abuse and maltreatment include the use of cognitively impaired patients as it is extremely difficult to elicit interview or survey responses from them (McDonald, 2011). Additionally, not only for those with mental illnesses, most studies do not gather data straight from the source, that is from victims themselves (i.e., the elderly individuals). Rather, data is gathered through health care professionals and family caregivers because these individuals are seen as competent and having the resources available to make them the best candidates for research studies. Ideally, the best way to determine if abuse and maltreatment is occurring would be to go directly to the victim.

As previously mentioned, most individuals who are placed under institutional care have a cognitive or physical incapacitation, where they need assistance with daily living activities. Placing a loved one under institutional care is very expensive and emotional. Therefore, there are a great number of elderly individuals with a cognitive or physical impairment who live with family members. These individuals require copious amounts of attention and care. Therefore, these family members dedicate many hours of the day toward the care of their elderly loved ones; yet they receive very little support and have difficulty coping with daily stressful situations (Matsuoka et al., 2013; Ploeg et al., 2013; Walsh et al., 2007). Typically, being cared for by family members increases isolation, which is one of the most common risk factors among those who are abused and who live in a residential setting (Brozowski & Hall, 2004; Hayman, 2011; McDonald, 2011; Matsuoka et al., 2012; Ploeg et al., 2013; Poednieks, 2003; Poednieks, 2008; Tam & Neysmith, 2006; Walsh et al., 2007). Thus, some elderly individuals are placed in a vulnerable position, where abuse is a common action taken to incite cooperation.

Those with a mental illness such as Alzheimer's disease or another form of dementia are not able to make informed decisions or are unable to safely judge a situation they may be in. As

such, those with impaired cognitive functions are incapable of making the decisions revolving around sexual activity and relationships (McDonald, 2011). Elderly who have dementia and are unable to bath themselves or use the toilet are at an increased risk of abuse. Not only are these individuals placed in a vulnerable position because they no longer have the ability to perform activities necessary for daily living, they can be extremely difficult patients, in terms of behavioural problems. Those who need more and more assistance need to be placed under proper care, but because of financial issues from increased costs of nursing home care, it is very difficult for some families to place loved ones under institutional care, where they will receive the proper and appropriate care. Arguably, this is due to the capitalistic implementation of high fees to suffice the needs and interests of the elite and powerful. The following will discuss the vulnerabilities elderly are placed under when caregiver stress becomes part of everyday life.

### ***Caregiver Burden***

In a time where the accumulation of capital is a desired outcome, elders are placed in a vulnerable position where caregivers have little time to care for, and little knowledge about the process of ageing. Many researchers have outlined caregiver stress and burden as a theoretical front for explaining elder abuse. Here, this paper will explain how, yes, caregiver burden is a factor contributing to elder abuse, but how it cannot stand alone as a theoretical perspective. Further than simply stating caregiver burden as the root cause of elder abuse, this paper will explain how caregiver burden is created by capitalism, where ultimately, capitalist society is responsible for the abuse and maltreatment of the elderly community.

Much research has demonstrated that high rates of caregiver stress increases the risk of elder abuse and maltreatment (Matsuoka et al., 2013; Ploeg et al., 2013; Walsh et al., 2007). Not

everyone is destined and capable of being a caregiver, it is an extremely difficult responsibility. However, when low and stagnant wages are met with an increased cost of living, family members are faced with the challenge of providing care for loved ones. Caregiving is a hard, long and stressful endeavor. Nevertheless, some families are fortunate enough to be able to afford support such as placing an elderly individual in a care facility. Those who are professional caregivers are still faced with challenges created by capitalism.

Elderly individuals who require a caregiver, either at home or in a care facility, have needs which may surpass the capabilities and expectations of the caregiver (Lai, 2011). Research has demonstrated that those placed under the care of another individual are in a vulnerable position (Tam & Neysmith, 2006). Family caregivers who are overwhelmed because of a lack of sleep, food, and personal relaxation risk becoming abusive out of frustration and irritation. They may also be faced with a lack of supplies, equipment, financial resources and assistance (Tam & Neysmith, 2006). On the other hand, it has been shown that elderly individuals who are placed in a care setting have lost their anatomy and are dependent on professionals for all of their needs. These individuals are described as one of the most vulnerable population found throughout society because they can no longer complete tasks on their own (McDonald, 2011).

There are several sources of stress found by both family and professional caregivers. Primarily, professional caregivers are usually tasked with providing care to patients with cognitive impairments, leading to stressful situations. Reasons for this stress, strictly on a professional level, arise from systemic issues such as a lack of government funding (Lai, 2011; Tam & Neysmith, 2006). These caregivers are faced with inadequate training, low wages, and heavy workloads because of staff shortages (McDonald, 2011; Ploeg et al., 2013; Walsh et al., 2011). Again, when all these factors are combined, frustration and irritation develop, leading to

abuse and maltreatment of the elderly. Working long hours, for a low wage, and working with difficult patients amounts to stress, ultimately leading to the risk of abuse and maltreatment directed toward the helpless.

Secondarily, those who are family caregivers are placed under considerable amounts of stress because of societal structures which make them unable to acquire assistance. With family caregiving, arise several sources of stress. There are the physical, financial and emotional problems which are attached to caregiving (Matsuoka et al., 2013; Ploeg et al., 2013; Tam & Neysmith, 2006; Walsh et al., 2007). For example, usually, family caregivers have children and families to care for, along with caring for an elderly loved one. In addition to this, because of financial constraints, family caregivers also typically maintain employment, where they work eight hour days and come home to provide care for their loved ones. These factors combined account for physical, financial and emotional stress. Additionally, social isolation on the part of the caregivers also plays a pivotal role in increasing stress levels (Lai, 2011). Due to the lack of social and financial supports (Brozowski & Hall, 2004; Lai, 2011; Tam & Neysmith, 2006), some caregivers turn to negative coping methods such as substance abuse or begin to resent their caregiving role. In this case, for example, the caregiver consumes amounts of alcohol or drugs, which inhibit their cognitive functioning, and they begin acting abusively toward their elderly loved one because they know of no other way to cope with their stress (Brozowski & Hall, 2004; McDonald, 2011; Poednieks, 2008).

Much research has been conducted, revealing that caregiver stress is a risk factor to abuse (Matsuoka et al., 2013; Ploeg et al., 2013; Walsh et al., 2007). So, why are there very few programs and services available to help these individual caregivers, both family and professional, cope financially, emotionally and physically? Not only are caregivers tasked with the

responsibility of caring for an elderly who may be physically incapacitated, but some also care for those who are mentality impaired. Alzheimer's disease, or any form of cognitive impairment, is extremely difficult to understand, let alone cope with. There needs to be more support systems implemented to help these individuals begin to understand the illness and to be able to provide the appropriate treatment. To take this matter even further, another vulnerable population, children with society, have an infinite amount of supports, programs and policies in place to protect them from abusive situations. If the paper draws a parallel suggesting that elderly are as vulnerable as children, why does Canadian society not have the same amount of supports, programs and policies to protect this vulnerable population?

### *Ageist Attitudes*

One of the reasons why children, who are considered a vulnerable population, have so many support systems, programs and policies in place to protect them and the elderly do not, is simply because society holds ageist attitudes toward the elderly population (Brozowski & Hall, 2004; Charpentier & Soulieres, 2013; Matsuoka et al., 2013; Walsh et al., 2007). In the capitalist society we live in, the aging population is seen and described as an expensive burden (Brozowski & Hall, 2010). Society tends to under-value and disregard the elderly population because most people are fearful of becoming older and becoming dependent on someone else (Brozowski & Hall, 2010; Ploeg et al., 2013; Walsh et al., 2011). Older people are seen and stereotyped as being frail, useless, non-productive, and subordinate (Charpentier & Soulieres, 2013). Because older people are seen in this light, it becomes justified, and more acceptable, for them to become victims of abuse. Ageist and capitalist attitudes are contributing factors of elder abuse and maltreatment.



Individuals and society, as a whole, regard racism and sexism as holding negative beliefs and are frowned upon, while ageism is ignored. Ageism should be looked upon in the same light as racism. Ageism is a form of discrimination that is rooted deeply on an individual level but also on a societal level, where disrespect and abuse are directed toward the elderly people found throughout society (Brozowski & Hall, 2010). For example, what if birthday cards which read “sorry to hear you’re getting older” were changed to read “sorry to hear you’re Black”? This would be heavily frowned upon throughout society. We, as a society, do not openly make jokes about those who are of another race. How is it acceptable to openly ridicule those who are getting older? Society condones the negative views of ageing, when it is no different than the negative views people hold against other races.

Elderly people are depicted as invisible victims, who are left in vulnerable positions because society does not know how and does not want to take care of them; they are left to their inevitable deaths. Ageism resides in, and is unchallenged/condoned by, society. For example, in an industrial society, where people sell their labour to survive, social disengagement is forced upon the elderly population as society has attached an age to when someone has to voluntarily or forcefully exit the workforce. Age discrimination is present in the workforce, where older employees are viewed as less productive and are slowly pushed to their limits in order for them to leave their employment. Thus, society has created an unemployed and vulnerable population, which does not fit well with the rest of the productive and prosperous population.

As one steps back to observe society, one will notice how deeply ingrained ageism is on an individual and institutional level. There are many examples of the presence of ageist beliefs scattered throughout everyday life. One example can be found in the media and at local shopping centers. The presence of anti-aging medicine is constantly driven into the minds of individuals

throughout society, as the message being sent clearly suggests the process of ageing as a negative (Brozowski & Hall, 2010). As seen from an institutional perspective, anti-aging creams, lotions, pills are described as ‘medicines’, which evidently implies aging is a disease in need of a cure. Through the use of anti-ageing propaganda, society is under the impression that everything to do with aging such as wrinkles, gray hair, baldness, hearing and vision changes are things to be ashamed of and that are unacceptable by society’s standards. As such, ageism as a societal belief serves the interests and needs of, and benefits, the elite and powerful throughout society.

Ageism, as capitalism, sees the young as powerful, prosperous and beautiful, while old is seen as weak, non-productive and ugly (Brozowski & Hall, 2010; Ploeg et al., 2013; Walsh et al., 2011). Images and representations of these two population groups are exaggerated in the media. These cultural exaggerations are in favour of the youthful population. Young people are always represented in a positive light, where they are successful and live happy lives. Whereas, elderly individuals are represented in a negative light, where they are ailing and bed-ridden, and are perceived as unhappy.

How come society cannot hold ‘elderly’ as a status to be respected? Old age should be viewed in a positive light, because if one can out-live another, they must be superior. Is this not what Darwin has taught us about the process of natural selection? The elderly population are strong enough to survive and be treated with the utmost of respect and should be valued. The prevalence of elder abuse and maltreatment needs to decrease. The elderly are just as important as the young. They deserve to be respected.

## **Future Research**

Canada's research on the topic of elder abuse and maltreatment is extremely minimal, and warrants more attention. First and foremost, more studies focusing on the elderly population are needed in order to combat the social problem of elder abuse and maltreatment. There are copious amounts of elderly studies around the world, but the Canadian picture of elder abuse and maltreatment is truly missing.

Secondly, as the population continues to age, researchers have stressed the necessity for the continuous research dedicated to elderly individuals. However, not only should there be studies about the demographics of this population, but they should also include and focus on the abuse and maltreatment of the elderly. With a vast majority of elderly individuals inclined to eventually develop some form of physical or mental impairment, it is crucial to study elder abuse toward those placed in vulnerable positions because of their health. Although, the research which studies those with dementia is extremely difficult and a daunting task, more energy needs to be spent accessing this particular elderly population, as they are at an extreme level of risk for abuse and maltreatment. As such, researchers should focus their attention on developing other methods of gathering data on those with a mental incapacitation. The best way to gather data is from the source. In other words, if one wants to know if an elderly was abused or mistreated, they need a way of getting the information from that particular elderly individual with a mental illness. Again, information can also be gathered in forms of physical evidence. Those with a mental incapacitation should be given a voice.

Finally, the data that was analyzed did not focus specifically on one gender, and most studies that were used did not focus on male victims. As males are just as likely to be victimized,

it is important for studies to focus attention on this population group. Another are that remains a blur when discussing elder abuse and maltreatment, is the age when one becomes parts of the elderly community. The results of this study did not particularly define the age when one is considered an elderly. More attention needs to be placed on the definition of an elderly in order to analyze and compare data within Canada and eventually globally.

**Appendix Table I**

<b>Country</b>	<b>Author/Year/Title/Journal</b>	<b>Content</b>	<b>Research Questions Answered</b>
Canada	McDonald, L.(2011). Elder abuse and neglect in Canada: The glass is still half full. <i>Canadian Journal on Aging</i> , 30(3), 437-465.	No study conducted to advance theoretical explanation of elder abuse, factors indicating risk of abuse, demographics, extent of elder abuse in Canada, definitional problems, intervention strategies	1. Factors/Conditions = <b>Yes</b> (shared living situation, poor social networks, dementia, mental illness, depression, hostility toward perpetrator, no advocate for protection, alcohol/drug use by the perpetrator, dependency on victim, being female, personality of victim, race, relationship between victim and perpetrator, lack/absence of appropriate policies, poor quality of care, poor enforcement, lack of highly qualified/well trained staff, age)
			2. Mental Illness = <b>Yes</b> (discussion on dementia and depression by both the victim and perpetrator)
			3. Ageism = <b>Yes</b> (mention of age as a factor leading to abuse and maltreatment)
			4. Capitalism = <b>Yes</b> (systemic abuse, lack of appropriate policies, lack of enforcement, lack of well trained staff, burden)

Country	Author/Year/Title/Journal	Content	Research Questions Answered
Canada	Poednieks, E. (2008). Elder abuse: The Canadian experience. <i>Journal of Elder Abuse and Neglect</i> , 20(2), 126-150.	Risk factors leading to abusive situations, elder demographics in Canada, history of legislation protecting elders, legal approaches to reduce elder abuse, intervention methods, current research being conducted in Canada	<p>1. Factors/Conditions = <b>Yes</b> (shared living situation, social isolation, dementia, mental illness, perpetrator depression, perpetrator alcohol/drug use)</p> <p>2. Mental Illness = <b>Yes</b> (brief discussion of mental illness and dementia)</p> <p>3. Ageism = <b>No</b></p> <p>4. Capitalism = <b>No</b></p>
Canada	Brozowski, K., & Hall, D. (2010). Aging and risk: Physical and sexual abuse of elders in Canada. <i>Journal of Interpersonal Violence</i> , 25(7), 1183-1199.	Ageist attitudes displayed and condoned by North American society, risk factors for abuse, physical and sexual abuse/assault, ageism	<p>1. Factors/Conditions = <b>Yes</b> (poor social networks, gender [being female], age, retirement [loss of job], victim of assault prior to age 60, previous spousal abuse, aboriginal background, minorities, sleep disorder, physical health limitations, location)</p> <p>2. Mental Illness = <b>No</b></p> <p>3. Ageism = <b>Yes</b> (mention how age increased vulnerability, ageist attitudes, youth/young prosper)</p> <p>4. Capitalism = <b>Yes</b> (elders are a burden to state and to individuals, capitalist society, male dominated society)</p>

Country	Author/Year/Title/Journal	Content	Research Questions Answered
Canada	Tam, S., & Neysmith, S. (2006). Disrespect and isolation: Elder abuse in Chinese communities. <i>Canadian Journal on Aging</i> , 25(2), 141-151.	Risk factors associated with elder abuse in Chinese communities, disrespect, invisible forms of elder abuse, Chinese traditions and values, social isolation because of language and systemic barriers, ageist attitudes	1. Factors/Conditions = <b>Yes</b> (social isolation, poor social networks, dependency on perpetrator [financial and physical], lack of social services/supports, inadequate public housing/affordable housing, lack of access to health care, language barriers, cultural identification, physical health limitations, location)
			2. Mental Illness = <b>No</b>
			3. Ageism = <b>Yes</b> (ageist attitudes [disrespect directed toward elderly])
			4. Capitalism = <b>Yes</b> (systemic abuse, lack of services for the elderly, caregiver burden)
Canada	Hayman, S. (2011). Older people in Canada: Their victimization and fear of crime. <i>Canadian Journal on Aging</i> , 30(3), 423-436.	Under-reporting, risk factors, fear of crime, hate crime, Aboriginal elder abuse, visible minorities	1. Factors/Conditions = <b>Yes</b> (social isolation, poor social networks)
			2. Mental Illness = <b>No</b>
			3. Ageism = <b>No</b>
			4. Capitalism = <b>No</b>

Country	Author/Year/Title/Journal	Content	Research Questions Answered
Canada	Poednieks, E., & Wilson, S. (2003). Elder abuse awareness in faith communities: Findings from a Canadian pilot study. <i>Journal of Elder Abuse and Neglect</i> , 121-135.	Discussion with faith leaders on cases of elder abuse they have encountered and their perceptions, training/education for dealing with elder abuse, barriers for supporting those involved in an abusive situation, faith communities as a prevention method	<ol style="list-style-type: none"> <li data-bbox="1105 270 1429 485">1. Factors/Conditions = <b>Yes</b> (mental illness, depression, dependency on perpetrator [financial and physical])</li> <li data-bbox="1105 491 1429 594">2. Mental Illness = <b>Yes</b> (discussion of mental illness and depression)</li> <li data-bbox="1105 600 1429 659">3. Ageism = <b>No</b></li> <li data-bbox="1105 665 1429 835">4. Capitalism = <b>No</b></li> </ol>
Canada	Lai, D. (2011). Abuse and neglect experienced by aging Chinese in Canada. <i>Journal of Elder Abuse and Neglect</i> , 26, 326-247.	Values of Chinese culture, discussion of elder abuse in this culture, different types of elder abuse these elders face, who is most likely to abuse, risk factors associated with elder abuse, ageism	<ol style="list-style-type: none"> <li data-bbox="1105 854 1429 1178">1. Factors/Conditions = <b>Yes</b> (mental illness by perpetrator, physical health limitations, lack of social services/supports, lack of access to health care, language barriers)</li> <li data-bbox="1105 1184 1429 1329">2. Mental Illness = <b>Yes</b> (mental health places elder more at risk than those without)</li> <li data-bbox="1105 1335 1429 1438">3. Ageism = <b>Yes</b> (less positive attitude toward ageing)</li> <li data-bbox="1105 1444 1429 1547">4. Capitalism = <b>Yes</b> (caregiver burden [family])</li> </ol>



Country	Author/Year/Title/Journal	Content	Research Questions Answered
Canada	Ploeg, J., Lohfeld, L., & Walsh, C. (2013). What is “elder abuse”? Voices from the margins: The views of underrepresented Canadian older adults. <i>Journal of Elder Abuse and Neglect</i> , 25, 396-424.	Focus group discussions with older members of society (cultural minorities, refugees, immigrants, elder abuse survivors and other older adults, definitions of elder abuse as described by marginalized groups in Canada	1. Factors/Conditions = <b>Yes</b> (poor social networks, mental illness by perpetrator, poor quality of care, lack of highly qualified/well trained staff, age, lack of social services/supports, language barriers, cultural identification)
			2. Mental Illness = <b>Yes</b> (lack of support for those with mental illness, dementia/Alzheimer’s disease)
			3. Ageism = <b>Yes</b> (societal age prejudice and discrimination, elderly are not part of the young, vibrant youth culture)
			4. Capitalism = <b>Yes</b> (excluded from mainstream society, systemic abuse, caregiver stress)
Canada	McDonald, L., & Thomas, C. (2013). Elder abuse through a life course lens. <i>International Psychogeriatrics</i> , 25(8), 1235-1243.	Theoretical problems – most only address some causes rather than addressing the problem as a whole, some risk factors, histories of abuse	1. Factors/Conditions = <b>Yes</b> (victim assault prior to age 60/previous spousal abuse, physical health limitations, cultural identification, depression) 2. Mental Illness = <b>No</b> 3. Ageism = <b>No</b> 4. Capitalism = <b>No</b>

Country	Author/Year/Title/Journal	Content	Research Questions Answered
Canada	Charpentier, M., & Soulieres, M. (2013). Elder abuse and neglect in institutional settings: The resident's perspective. <i>Journal of Elder Abuse and Neglect</i> , 25, 339-354.	Rights and empowerment of elders living in long-term and residential facilities, media coverage and perceptions of elder abuse, ageism, minimization of the daily prevalence and impact of elder abuse, strategies adopted by residents to overcome or to reduce elder abuse	1. Factors/Conditions = <b>Yes</b> (cognitive impairment, depression)
			2. Mental Illness = <b>Yes</b> (cognitive impairments, depression)
			3. Ageism = <b>Yes</b> (ageist attitudes)
			4. Capitalism = <b>Yes</b> (caregiver burden/overworked, systemic violence)
Canada	Brozowski, K., & Hall, D. (2004). Growing old in a risk society: Elder abuse in Canada. <i>Journal of Elder Abuse and Neglect</i> , 16(3), 65-81.	Real and perceived risk in society – rise of globalization, mass media and individualism, and the erosion of tradition and religion; interpersonal risk and the family; overview of research on elder abuse – Canadian studies are sparse; risk factors associated with incidences of elder abuse	1. Factors/Conditions = <b>Yes</b> (social isolation, perpetrator alcohol/drug use, age, sleep disorder, physical health limitations, location, isolated from external supports, separated or divorced)
			2. Mental Illness = <b>No</b>
			3. Ageism = <b>Yes</b> (age as a risk factor)
			4. Capitalism = <b>No</b>

Country	Author/Year/Title/Journal	Content	Research Questions Answered
Canada	Walsh, C., Ploeg, J., Lohfeld, L., Horne, J., MacMillan, H., & Lai, D. (2007). Violence across the lifespan: Interconnections among forms of abuse as described by marginalized Canadian elders and their caregivers. <i>British Journal of Social Work</i> , 37, 491-514.	Elder abuse as a major societal problem, violence across a lifespan, interconnections among forms of abuse (child, spouse), cycles of abuse, patterns of elder abuse, suffering in silence (for every reported case, fives cases remain unreported)	<p>1. Factors/Conditions = <b>Yes</b> (social isolation, poor social networks, dependency on perpetrator [financial and physical], victim of assault prior to age 60/previous spousal abuse, physical health limitations, language barrier, caregiver stress, lack of resources/information)</p> <p>2. Mental Illness = <b>No</b></p> <p>3. Ageism = <b>Yes</b> (societal ageism – no longer important members of society)</p> <p>4. Capitalism = <b>Yes</b> (increased demand on family and institutional caregivers, structural/societal abuse, burden)</p>

Country	Author/Year/Title/Journal	Content	Research Questions Answered
Canada	Walsh, C., Olson, J., Ploeg, J., Lohfeld, L., & MacMillan, H. (2011). Elder abuse and oppression: Voices of marginalized elders. <i>Journal of Elder Abuse and Neglect</i> , 23, 17-42.	Giving a voice to marginalized Canadian on the topic of elder abuse, risk factors, societal forms of oppression - ageism, sexism, racism, heterosexism, classism and disability	1. Factors/Conditions = <b>Yes</b> (dementia, depression, dependency on the perpetrator [financial and physical], gender, poor quality of care, lack of highly qualified, well-trained staff, physical health limitations, inadequate public housing/affordable housing, lack of access to health care, oppression, lack of income support/pensions, poverty)
			2. Mental Illness = <b>Yes</b> (mention of dementia as a risk factor)
			3. Ageism = <b>Yes</b> (socially excluded because of age, societal rejection of ageing)
			4. Capitalism = <b>Yes</b> (burden to society, systemic issues)

Country	Author/Year/Title/Journal	Content	Research Questions Answered
Canada	<p>Matsuoka, A., Guruge, S., Koegn, S., Beaulieu, M., Ploeg, J., Lithwick, M., Manuel, L., Mullings, D., Roger, K., Spencer, C., Tyyska, V., Walsh, C., &amp; Gomes, F. (2012). Prevention of abuse of older women in the post-migration context in Canada. <i>Canadian Review of Social Policy</i>, 68/69, 107-120.</p>	<p>Factors contributing to abuse and/or increased vulnerability of older immigrant women, types of abuse and neglect, employment and income security among immigrant older adults, key policy areas for prevention of abuse of older adults (education, housing, health and social services)</p>	<p>1. Factors/Conditions = <b>Yes</b> (social isolation, dependency on perpetrator [financial/physical], lack/absence of policies, poor quality of care, inadequate public housing/affordable housing, language barrier, caregiver stress, lack of resources/information, lack of income support/pensions)</p> <p>2. Mental Illness = <b>No</b></p> <p>3. Ageism = <b>Yes</b> (systemic issue of ageism)</p> <p>4. Capitalism = <b>Yes</b> (caregiver burden, burden to society)</p>

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