Aggression and Older Adults: News Media Coverage across Care Settings and Relationships

Laura M. Funk,[1] Rachel V. Herron,[2] Dale Spencer,[3] and Starr Lee Thomas[4]

RÉSUMÉ

L'exploration systématique et approfondie de la couverture médiatique de cas impliquant des agressions et des personnes âgées est rare, et peu d'attention est accordée aux modalités et aux raisons pour lesquelles des situations particulières se manifestent dans divers contextes et relations. L'analyse de cadres a été utilisée pour examiner 141 articles de médias d'information canadiens de langue anglaise publiés entre 2008 et 2019. La couverture médiatique existante avait tendance à stigmatiser, à susciter la peur et à souligner le cadre biomédical associé à l'agression. Elle reflétait et renforçait également des ambiguïtés, notamment en ce qui concerne les principales différences entre les milieux et les relations de soins. La couverture de l'actualité est indicative des tensions retrouvées dans le public concernant la compréhension des agressions et des personnes âgées (par exemple, sur le plan médical ou criminel), tensions qui sont particulièrement intensifiées par la nature des reportages. Une couverture plus nuancée permettrait de mieux comprendre les différences entre les milieux, les relations et les types d'actions, ainsi que la nécessité d'une prévention multiforme et de réponses politiques tenant compte de ces différences.

ABSTRACT

Systematic, in-depth exploration of news media coverage of aggression and older adults remains sparse, with little attention to how and why particular frames manifest in coverage across differing settings and relationships. Frame analysis was used to analyze 141 English-language Canadian news media articles published between 2008 and 2019. Existing coverage tended towards stigmatizing, fear-inducing, and biomedical framings of aggression, yet also reflected and reinforced ambiguity, most notably around key differences between settings and relations of care. Mainstream news coverage reflects tensions in public understandings of aggression and older adults (e.g., as a medical or criminal issue), reinforced in particular ways because of the nature of news reporting. More nuanced coverage would advance understanding of differences among settings, relationships, and types of actions, and of the need for multifaceted prevention and policy responses based on these differences.

[1] Department of Sociology, University of Manitoba, Winnipeg, Manitoba.1216

[2] Department of Geography, John R. Brodie Science Centre, Brandon University, Brandon, Manitoba.

[3] Department of Law and Legal Studies, Carleton University, Ottawa, Ontario.

[4] School of Social Sciences and Psychology, Western Sydney University, Penrith, New South Wales, Australia.

* We appreciate the research assistance of Ms. Sarah Todd and Ms. Olivia Peters, and funding from Mitacs Globalink and the Social Sciences and Humanities Research Council of Canada.

Manuscript received: / manuscrit reçu : 17/11/2019

Manuscript accepted: / manuscrit accepté : 22/04/2020

Mots-clés : Vieillissement, Agression, études culturelles, soins de longue durée en institution, analyse des médias, violence en milieu de travail

Keywords: aging, aggression, cultural studies, long-term residential care, media analysis, workplace violence

La correspondance et les demandes de tirés-à-part doivent être adressées à : / Correspondence and requests for offprints should be sent to:

Laura M. Funk, Ph.D.
Department of Sociology and Criminology University of Manitoba
Winnipeg, Manitoba,
R3T 2N2 Canada
(Laura.Funk@umanitoba.ca)

doi:10.1017/S0714980820000197

A growing concern with forms of aggression among older adults has tended to focus on long-term residential care (LTRC), and particularly on aggression experienced by other residents and workers in these settings (Grigorovich & Kontos, 2019; McDonald et al., 2015). In New York State, approximately 20 per cent of residents in a sample of residential care facilities experienced various forms of violence from other residents over a 1-month period (Lachs et al., 2016); one survey of 415 Canadian LTRC workers indicated that 43 per cent experienced some form of violence from residents or family members daily (Banerjee et al., 2012). Indications that aggression is increasing over time in LTRC may reflect increased facility reporting, stricter chemical restraint use policies, and rising average ages of resident populations (with more advanced cognitive impairment and/or physical frailty). Moreover, staffing levels have not increased accordingly. Resulting resident deaths, often the indirect result of the actions of other residents, have been reported in mainstream Canadian news media in recent years. Yet, as Canadian policy and practice has shifted towards aging in place, more older adults live for longer in their own homes or privately paid supportive housing arrangements (assisted living and retirement residences). Although we know far less about aggression in these settings, there has been emerging scholarly attention to this issue (Funk, Herron, Spencer, Dansereau, & Wrathall, 2019; Herron, Funk, & Spencer, 2019; Kelly, 2017; Spencer, Funk, Herron, Gerbrandt, & Dansereau, 2019). One study estimated that 20 per cent of family carers for a person living with dementia at home in the community experience severe aggression (Wharton & Ford, 2014).

The tendency to interpret aggression as little more than a symptom of dementia has been critiqued by dementia advocates and proponents of person-centred care (wherein the preferred term for aggression is responsive or reactive behaviour: Dupuis, Wiersma, & Loiselle, 2012), in attempts to counteract assumptions contributing to stigma faced by persons living with dementia. Nonetheless, a biomedical lens still dominates public perceptions of both aging and dementia; these perceptions are informed by and further bolstered by cultural representations. In recent years, scholars in the United Kingdom have articulated the moral dimension of representations of aging and dementia in film and television (Latimer, 2018), print media (Brookes, Harvey, Chadborn, & Dening, 2018; Peel, 2014) and popular literature (Behuniak, 2011). Latimer (2018) concludes that depictions of older people with dementia in film and television "create spectacles of 'othering'" that serve as "the background against which dominant versions of what it is to age well are being performed" (p. 834). Behuniak (2011) connects the stigmatization of dementia to a sense of disgust and terror that is "buttressed by the social construction of people with [Alzheimers Disease] as zombies" (p. 70) and as an implicit threat to social order. Peel (2014) documents the fear-inducing language of catastrophe and panic, reinforced by biomedical terms such as "epidemic" and "disease"; she also highlights a newer emphasis on individual responsibility for dementia prevention. Lastly, Brookes et al. (2018), through semiotic analysis of visual representations, identify stigmatizing and dehumanizing discourses of loss, victimhood and suffering, and a reliance on metaphors of the violence of dementia (e.g., dementia itself as a "killer").

Fear-inducing, apocalyptic, dehumanising and/or reductionist representations of dementia have likewise been documented in media analyses in Australia (Kirkman, 2006), Belgium (Van Gorp & Vercruysse, 2012) and Norway (Siiner, 2019). In-depth research on mainstream Canadian news media is lacking, and there is a dearth of research focused explicitly on aggression and older adults. Recently, Canadian scholars Grigorovich, Kontos, and Kontos (2019) noted how media accounts of resident aggression attribute the phenomenon to "the actions of aberrant individuals" stemming from "a medical diagnosis of dementia" (p. 2), and MacLeod (2019) employed post-structural discourse analysis and a decolonizing lens to examine the limitations of news coverage of one high-profile incident. Systematic and in-depth explorations of aggression and older adults in Canadian media, however, remain sparse. Moreover, there has been little attention to the nuances and complexity of how and why particular frames might manifest in news media coverage of older adults and aggression, in differing settings or relations of care. Drawing on frame analysis, the purpose of the present study is to analyze media regarding older adults and aggression and to examine the competing and overlapping discourses that constitute such aggression through particular frames between and across care settings and relations.

Methodology

As an approach to analyzing media, we utilized frame analysis methodology (Gamson, 1992; Kitzinger, 2007; Tucker, 1998; Vliegenthart & van Zoonen, 2011). Frame analysis is grounded within a constructionist paradigm; people are theorized as actively cobbling together available resources (e.g., personal experiences, popular wisdom) and using interpretive frameworks to make meaning of (frame) public issues. Framing occurs in various forums, including everyday conversations and media. Resulting frames represent discrete cultural systems and ways of organizing reality (Goffman, 1974; Kitzinger, 2007).

Frames of public problems typically include a diagnostic component (identifying a condition as intolerable

https://doi.org/10.1017/S0714980820000197 Published online by Cambridge University Press

and attributing blame or causality), and a prognostic component (prescribing one or more courses of ameliorative actions), and are evoked through catchphrases, historical exemplars, public figures, and other types of condensing symbols. A key premise of frame methodology also highlights the political nature of framing in relation to specific issues; politicians, experts, and activists struggle with one another to get their preferred frames before the public and to rebut those of their rivals (Kitzinger, 2007).

In this study, we started with a Boolean search strategy conducted in four databases (Proquest Canadian News Stream, Canadian Major Dailies, EBSCOHost Newspaper Source Plus, the Historical Globe and Mail). To obtain a more comprehensive list, however, this search was supplemented with the following strategies: Google search, clicking on the "related links" within existing online sources, manual searches of Web sites of major dailies, and articles identified in our own social media feeds. We delimited searches to the English language, Canadian print and online news articles over a 10-year period (August 2008 to April 2019). We included both national mainstream news sources (Globe and Mail, National Post, CBC Online, Canadian Press) as well as provincial sources (e.g., CBC News Manitoba) and papers of major Canadian cities (e.g., Vancouver Sun, Toronto Star, Winnipeg Free Press), but did not search for or include rural or small city news media (because of capacity/funding limitations). Despite this limitation in scope, our extensive analysis highlights how incidents of aggression in various regions reach the level of provincial and national reporting and are framed in particular ways.

Search terms were designed to identify articles that addressed [dementia OR ('older adults' or senior or elderly or 'older persons') AND aggression (or violence/abuse/bullying)]. Articles covering these issues in any setting (nursing home/LTRC, assisted living or retirement residence, hospital, domestic apartment, or detached home) were included, as well as any relation (e.g., client–worker, tenant–tenant, family members) and any type of aggression (e.g., physical, sexual, verbal, relational). Throughout the search process, the fourth author conducted manual scans of identified articles in an ongoing way to exclude those that did not include a dominant focus on acts of aggression originating from older persons (consulting with the other authors if it was unclear).[1] Duplicate content was removed (even if this appeared in different articles).

Seventy-nine per cent of the final sample of articles (n = 141) had been published within the last 5 years, and 47 per cent covered at least one incident that had resulted in the death of another older adult, typically indirectly. Most commonly (33%), articles originated from sources in the Canadian province of Ontario, the only province at the time that tracked and reviewed homicides in LTRC. Approximately 30 per cent of the articles were in national news sources, followed by those in British Columbia, Manitoba, and other provinces.

Articles were saved using NCapture and then imported into qualitative data analysis software NVIVO 10.0. Multiple team members collaborated to develop the analytic plan. Articles were read multiple times, and first categorized descriptively (e.g., charting out key incidents such as homicides that were discussed across multiple articles). Framing researchers draw on strategies from content and discourse analysis to identify specific frames and their associated discursive cues. First, initial codes focusing on key ideas and descriptive content were identified and discussed during multiple analysis meetings (during which incidents covered in multiple articles were compared and contrasted against each other). Over time and iteratively in engaging with the data, more thematic codes were developed and applied, which extended to address *how* information was presented in the articles, including implicit meanings and tones of the articles and the language used, particular phrasing, and stylistic choices.

This more decontextualized process of coding was then used to inform a broader frame analysis (Gamson, 1992; Kitzinger, 2007; Tucker, 1998; Vliegenthart & van Zoonen, 2011), in which we interpreted the coded material in relation to broader circulating discourses related to aging, aging populations (apocalyptic demography[2]), care crisis, and the fear and stigma of dementia. This is because frame analysis attends not only to how a given event is categorized, but also to how it is connected to words and images with powerful cultural resonances; these connections make frames highly charged and memorable and allow frames to concomitantly define something as a problem and resonate with an audience (Carragee & Roefs, 2004). At this stage of the analysis, the goal is to connect the content and style of articles to broader cultural discourses, as it is in relation to these discourses that the articles take on particular meanings.

[1]In frame analysis it is not typical to systematically record details about numbers of articles; however, we estimate that approximately 50 per cent of the articles we initially identified were sifted out as either duplicates or irrelevant (e.g., not an article that focused on reporting stories in which aggression was portrayed as originating from older adults).

[2]A form of demographic alarmism or scapegoating (Gee, 2000) in which the negative effects of population aging, particularly on health care and pension systems, are over-stated, for example as a "tsunami" or "time bomb". Often, this narrative serves to justify policy decisions that are more political or ideological in nature.

https://doi.org/10.1017/S0714980820000197 Published online by Cambridge University Press

This analytic work was recorded within NVIVO annotations as well as in spoken interactions among team members. Through frame analysis, we catalogued culturally available frames on aggression and older adults (e.g., a horrific tragedy, an injustice, childish incivility, criminality). We then looked across media coverage at how various frames manifested in coverage of different settings and relations of care. Throughout this process, we also explored how frames suggested possible solutions to problems (and obscured or were silent about alternatives). As such, in the next section we trace the operation of inter-related media discourses and illustrate how the enactment of these frames reflects and reinforces ambiguity and tension, for example around central differences among settings and relations of care. The presentation of findings is structured to facilitate constrast and comparison of frames among care relationships and settings, while drawing out often cross-cutting discursive themes related to fear and tragedy, injustice and crisis, medicalization versus criminalization, childlike incivilities, and human stories.

Findings

Framing Aggression in Public Settings of Care

Approximately 81 per cent of the articles address aggression among older adults in institutional settings: hospitals and/or LTRC (the latter being the most commonly represented). These articles primarily focus on relations between residents receiving care in these public settings of care (resident-to-resident aggression [RRA]) and to a far lesser extent, relations of care between residents and staff ("workplace violence"[3]). Contextual details about particular LTRC settings are largely absent (e.g., for-profit or not-for profit status, numbers of residents, staffing ratios, use of chemical restraints). Journalists themselves may have been unaware of these distinctions or contextual details, viewed them as unimportant or extraneous, or lacked time to uncover details. The results, however, contribute to the overall decontextualization of public understanding of aggressive actions in institutionalized settings.

A horrific tragedy: Resident relations in institutional settings

The profile of RRA in mainstream Canadian news media is bolstered by spinoff print coverage related to the release of two investigative documentaries: CTV's "W5: Crisis in Care" in 2013, and a CBC Marketplace investigation in Ontario in 2018. Several highly publicized deaths of residents and associated inquests also receive considerable attention, including the deaths of Frank Alexander (in Winnipeg), Frank Moir, Jocelyn Dickson, Ezz-El-Dine El Roubi, and Pedro Lopez (in Ontario), and Bill May, Jack Shippobotham, and Emily Houston (in British Columbia). Media coverage of RRA draws heavily on coroner and/or government reports and the occasional research study, as well as interviews with legal, justice system, and gerontological or medical experts, or with family or friends. These articles tend to reproduce fear-inducing framings of aggression that contribute to stigmas associated with aging and dementia. They employ language or metaphors of horror or fear, at times with sensationalistic embellishment, interspersed with statistics about the aging population and the increasing risk and prevalence of dementia. Duffy, Singer, and Cockburn for the *Ottawa Citizen* (2009), for example, suggest that violence in residents "rose precipitously" over time and "has grown increasingly acute," and that "agitation generally worsens as the disease progresses. More than half of dementia patients will exhibit signs of physical or verbal aggression somewhere in the arc of their disease." There is also a tendency to characterize the problem as, for example, the "tip of the iceberg" (Pemberton, 2016a), the full extent of which is likely hidden. Aggression among persons living with dementia was also often described in ways that highlighted its unpredictability and/or inevitability, and these persons were often described as needing management and surveillance. The growing risk of aggression is less often framed from an environmental perspective (e.g., describing the conditions surrounding violent situations) than as a demographic and disease-based problem, which generates more fear about aging and dementia.

At the same time, RRA coverage is also more infused generally with a sense of "tragedy" given that the assailants are portrayed simultaneously as victims of disease. The daughter of one man who died as a result of RRA in Winnipeg refers to these incidents as "heartbreaking", adding, "that's not how you expect an elderly person to die" (Nicholson & Kubinec, 2018). Likewise, the friend of one Nova Scotia LTRC resident who had died after being shoved by another resident (Tutton, 2016) expressed "he was a nice man, a sweet, sweet man…we're just sick that he died in that way."

In some ways operating to counter this frame, however, is an underlying sense of relief from suffering that was rooted in stigmatizing ideas of living with dementia. This sense of relief surfaces explicitly in one article (Pemberton, 2016a), wherein a daughter describes her own father's death (caused by an altercation) as unfortunate, but "more than anything though, I felt that dad being released from the prison of dementia was a true blessing." The specific emphasis on dementia as tragedy, as almost exceeding the tragedy of death itself, further perpetuates the fear associated with dementia in biomedical framings of the problem.

[3]Our analysis did not extend to situations of elder abuse in which care workers acted aggressively or violently towards older adults.

https://doi.org/10.1017/S0714980820000197 Published online by Cambridge University Press

An unjust crisis: Relations of care in institutional settings

Articles addressing aggression experienced by staff in institutional settings normally draw on media releases from unions, as well as research studies. Although these articles invoke some of the same fear-inducing and tragic language, coverage of workplace violence is marked by a greater predominance of language, metaphors, and by quotes directly and indirectly tying resident aggression to a sense of "crisis" and "injustice." For example, titles characterize the problem as at a "breaking point" (Canadian Broadcasting Corporation, 2019) and "out of control," (Mojtehedzadeh, 2017), and declare "workplace injuries cost millions yearly" (Vancouver Sun, 2017). Subtle disease metaphors even surface here, as in statements about violence that "plagues personal support workers" (Isai, 2017) or that is a "tragic symptom of a care system in a state of crisis" (Helmer, 2017, citing Canadian Union of Public Employees).

More stigmatizing language is also evident; for example, the word "violence" is front and centre, as union reports, and the media coverage of these, seek to highlight the risks as well as the impacts (e.g., injury, burnout) of aggression for workers, probably to counter the pervasive normalization and under-reporting among workers (e.g., as one union member states, "it [violence] is not part of the job": Roussy, 2016). Crisis language also suggests attempts to generate a sense of moral imperative among the public and key decision makers, to respond to injustice. Resident-assailants themselves are rarely if ever identified, likely because of privacy legislation, but just as with RRA coverage, workplace violence coverage provides the readers with very little context or explanation for aggressive incidents in these settings. As an example, although research has documented how workers can experience violence not only from residents, but also from family members or their own co-workers (Banerjee et al., 2012), these distinctions are overshadowed in existing reporting (Power, 2017 is one exception).

Further, some articles address workplace violence in *both* LTRC and hospital settings, obscuring nuance or distinctions between those settings. Coverage of aggression in hospital settings generally avoids distinguishing either between the type of aggressive act or the person who acted aggressively. As such, aggression in older patients living with dementia is considered in similar ways as aggression from patients living with mental illness or using illicit drugs. This lack of nuance may serve to support framing of the issue as unjust, and paid workers as victims of violent crimes (see subsequent description), and may originate in the union reports or research studies that form the basis for many of these articles (though reporting techniques may be a contributing factor).

A medical issue in institutional settings of care

In coverage of both types of institutionalized relations (RRA and workplace violence), reductionist characterizations draw on medicalized interpretations of aggression as a symptom or outcome of dementia (a condition itself commonly medicalized as a potentially curable pathology within individuals, and as needing to be controlled: Bond, 1992). These interpretations are couched among frequent interpretations of residents as "patients" and of LTRC facilities as "mental health institutions". In British Columbia, one regional health authority representative is paraphrased as suggesting that "behaviour of individuals who have been passive all their lives can change without notice based on neurological conditions related to aging, such as Alzheimer's" (Thom, 2019). A 2019 article (Grant) suggests that residents of Ontario LTRC facilities are now "more prone to dementia-driven aggression". Drawing out rather more complexity, one chemistry professor penned a piece for Conversation Canada, reprinted in the Canadian Press, which states that "the onset of dementia is known to coincide with the development of aggressive and very angry tendencies" and explains that this aggression may be related to people's difficulties coping with a loss of independence. Ultimately, however, the author writes "as yet, it's a mystery as to why these outbursts occur. But it is possible that changes in the brain's biochemistry may destabilize moods and cause more violent emotions" (Weaver, 2018).

For the most part, articles rarely present medications (chemical restraints) as viable solutions to RRA or workplace violence, suggesting that medical framing did not extend to entirely medical (e.g., pharmaceutical) solutions. However, this solution is raised by experts in two articles. A public employees union representative in New Brunswick expressed that although overmedication of residents used to be a problem in the past, the "pendulum has swung too far the other way where we now have no restraint policies" and that "there has to be a happy medium where the aggression in some patients can be controlled" (Williams, 2019). In another article (MacQueen, 2014), a gerontologist is quoted as saying "perhaps under some circumstances maybe chemical restraints may be the appropriate thing" and in this regard a psychiatrist in the same article describes the need for a trade-off between risks of potential assault and the individual right to autonomy and freedom of movement. Although in this coverage an emphasis on medication remains an exception rather than the norm, the focus throughout many articles on the need for increased management and control of persons living with dementia who exhibit any aggression (as described subsequently) can be interpreted as a more subtle form of biomedical response.

https://doi.org/10.1017/S0714980820000197 Published online by Cambridge University Press

To a lesser extent, poor coping with aging, or past life histories of trauma are also flagged as causal determinants. As an example, a 2014 MacLeans article (MacQueen, 2014) claims "the usual triggers [for RRA] are a menu of the challenges of age: physical pain, boredom, frustration over lost capabilities, memory or loss of privacy, loneliness, anxiety over noisy environments or unresolved emotional trauma." Aligned with this reductionist framing (whether biomedical or more psychocentric: Rimke & Brock, 2012) is that there are far fewer references to the quality of care itself as a causal factor, in comments such as the need for a "humane environment" (MacQueen, 2014) or in statements such as "leaving residents alone and without activity can increase their aggression" (a gerontologist quoted in Tutton, 2017). Increased staffing is usually presented as supporting risk management and resident surveillance, rather than improving overall care quality as a way of mitigating aggression. Although media coverage of workplace violence often emphasizes the need for structural responses (staffing, employer responsibility, increased security), such emphasis is usually either inconsistent or poorly articulated. Coverage still remains focused on locating the cause of aggression in the person living with dementia, and the need to support staff coping with the effects of violence or train them in behavioural management, rather than on preventing aggression through more fundamental change to long-term care. In a notable exception (Pemberton, 2016b), an article describes family members, seniors' advocates, and unions calling for greater nursing home staffing, but moves beyond a focus on monitoring/surveillance, in this quote from a union representative:

> The consequences of understaffing are numerous… [care aides] don't have time to ensure timely support in toileting, ensuring residents are well-hydrated, and they don't have time for the social element — talking and comforting the residents…seniors who have dementia sometimes have aggressive tendencies, and strike out violently when they don't have the support they need…if employers think we can address violence rates without addressing staffing, it's not realistic. There's a correlation between the two.

A criminal issue in institutional settings of care

Language and narratives that are more criminalizing in tone emerge in the frequent emphasis on surveillance and segregation that is a particular thread in coverage of institutional settings of care. In one example, a *Montreal Gazette* article (Quan, 2014) paraphrases a recommendation from an inquest in Ontario: that residents deemed a risk to others "should not be admitted into any facility until they have been assessed and a care plan developed." Although in most situations of RRA, overt intent in the assailant appears to be lacking, and deaths are normally indirectly related to the incident (e.g., complications from a fall after being pushed), there is a tendency towards using terminology such as "homicide[4]", "killing", and "murder" (Canadian Broadcasting Company [CBC] coverage tends to include more neutral terms, such as "deaths due to pushing"). Another article (Osman, 2017) draws on the language used in a provincial directive to several Ottawa LTRC facilities, in which increased staff training is ordered in light of several recent incidents; incidents of RRA are characterized (alongside worker-to-resident aggression) as elder abuse.

Workplace violence coverage is more likely to use language denoting more criminal intent (e.g., "violence", "attacked", or "assaulted", as opposed to "aggression" or "responsive behaviour"). One article (Power, 2017) emphasizes the pressing nature of "the escalating incidents of violence" from "unruly" patients and families in hospitals, and cites a union representative who argued that although workers were generally discouraged by police and prosecutors from laying charges against patients with conditions such as dementia, that "from our perspective it should be the courts that make that determination whether a person at the time of the attack [understood] the nature of what they were doing or not." A criminal framing in this coverage is reinforced by the tendency to conflate LTRC and hospital settings and blur the issue of perpetrator intent and the circumstances surrounding incidents.

In Ontario, a jury found an older man living with some form of dementia guilty of second-degree murder for using his walking cane to assault a 72-year-old woman, who later died (Mehta, 2016). He was acquitted of attempted murder of another resident. The prosecution argued that the dementia was mild at the time of the incident, which they characterized as deliberate, although two psychiatrists disagreed on whether the dementia had been mild or moderate (and the extent to which it affected the actions). This case is notable for both its outcome and for how this racialized resident was characterized (primarily by those interviewed for the piece) as a predatory individual prone to violent outbursts and a risk to the public. It is noted that the resident "had confrontations with everybody" and should have been more carefully monitored (White, Thanh Ha, Mahoney, & Appleby, 2013), countering the dominant tendency to present aggression in these settings as unpredictable or unpreventable. And yet, people's experiences of their interactions with the resident were contrasted to his "clean" record, presumably

[4]Grant (2019) notes that in Ontario, the chief coroner's office defines homicides as occurring whenever one resident has been determined to have caused the death of another, but "does not imply criminal culpability" in their use of the term.

https://doi.org/10.1017/S0714980820000197 Published online by Cambridge University Press

to heighten the sensationalism of the piece: "On paper, 72-year-old Peter Brooks presents little suggestion of the violence he's alleged to have committed…but within the walls of the Wexford Residence…a far different portrait of the man had taken shape." Notably, coverage of another RRA incident involving a "perpetrator" of Indigenous background is noted as being accompanied by criminalizing framing (MacLeod, 2019).

What emerges as some tension between medical and criminalized framings reflects underlying tensions in attributions of legal responsibility for aggression, as well as broader forms of boundary work reflected in expert commentary. At times aggression is framed as a medical issue involving "patients", and at times it is framed as a criminal issue involving "perpetrators" and "victims". This reflects a broader struggle to define whether health professionals, or the police/justice system, is primarily responsible for addressing the problem. Yet as this tension manifests within media coverage, the binary distinction between "criminal culpability" and "medical passivity" overlooks other, more complex ways of understanding these incidents, grounded in contextual information about the person, the person's relationships, and broader circumstances.

Framing Aggression in Private Settings of Care

Coverage of institutionalized aggression tends to be unclear about, and therefore may obscure, important distinctions between LTRC and other less institutionalized (and more privately paid) forms of supportive housing such as assisted living (AL) or retirement residences. Indeed, it is possible that when articles present a summative listing of recent aggression-related deaths, they cite incidents within AL or retirement residences (whereas gerontologists would tend to classify the latter as "aging in place" in a community setting). Although distinctions between residential care and AL might seem trivial to the lay person, institutional causes of and/or responses to aggression in AL may differ qualitatively from those in residential care (which is resourced differently); this nuance is also obscured in media coverage. One effect is to perpetuate the public assumption that physical violence is only a problem in LTRC.

Childlike incivility: Tenant relations in congregate living settings

Aggression does not emerge clearly in the media as a phenomenon among populations of older tenants in AL. Indeed, these settings are not characterized as places of care for persons living with dementia. In addition, we located no coverage of violence experienced by home care aides or home health providers in these settings, which may in part reflect the tendency for this workforce to be increasingly privatized and non-unionized (therefore less able to advocate with a collective voice within the public sphere). The few articles on aggression and AL stem from media releases affiliated with research studies, and address relational, indirect forms of aggression, normally framed as "bullying". In contrast to media coverage of RRA and workplace violence, aggression in AL (where the cognitive status of tenants may be unknown or unclear) is not attributed to dementia, but rather to vaguer causes such as living in close proximity with others, poor coping, or some immaturity. These more psychocentric frames are nonetheless reductionist. One online *Global News* article (Lesko, 2017) reporting on a research study of residents at two assisted living facilities, presents aggression as a growing problem associated with the aging population, comparing it with youth bullying and suggesting that fear of disability is a causal determinant: "[tenants] turn on each other when they see disability happening because they're so frightened." One online CTV news article (Sedensky, 2018) reports on research in the United States which highlights the prevalence of bullying in seniors' centres and housing complexes, invoking sensationalistic language: "The unwanted were turned away from cafeteria tables. Fistfights broke out at karaoke. Dances became breeding grounds for gossip and cruelty." This article points to both communal living and an attempt to regain lost power as causes of aggression (bullying) in this setting. The reliance on "bullying" language, however, risks inadvertently trivializing aggression in AL as well as minimizing its effects.

Stories of human tragedy: Familial relations of care in domestic settings

There is sparse media coverage of aggression towards family caregivers, friends, or acquaintances, or even paid care workers, in community settings. This gap reflects and reinforces the hidden nature of this phenomenon in these settings believed to be "private" (family members may be reluctant to report aggression: Herron & Wrathall, 2018). One *Winnipeg Free Press* human interest story (Sanders, 2018) describes the experience of a local couple, one of whom (the husband) was living with dementia. Aggression is not the focal point of this extensive piece, which focuses on the lived experience of Doug and Sandy, and the strength of their relationship. The reader learns, about two thirds of the way through the article, that one of the symptoms of Doug's form of dementia is a sleep disorder in which people act out their dreams: "[One] time, Sandy was awakened by Doug with his hands around her throat. 'He physically attacked me a couple of times during the night,' she says. 'You could see that he had to be sleeping.'" In general, the article emphasizes Sandy's loyalty and struggle alongside her husband, reporting

https://doi.org/10.1017/S0714980820000197 Published online by Cambridge University Press

Doug's actions as those of frustration and anger and ultimately a consequence of his condition (Lewy body dementia).

One high profile incident is covered in several articles (e.g., Dirom, 2016; Martin, 2017; National Post, 2017). The death of a Calgary woman, Audrey van Zuiden, is described as an overall story of tragedy for two soulmates. Audrey had been killed by her husband Fred, who had been living with dementia. In contrast to the RRA coverage, which focuses more on victims of aggression, the focus of the coverage is on Fred. This focus is likely because at the time, Fred was awaiting potential trial for murder. Prominent in this coverage are the voices of lawyers and friends of the family, who were concerned about Fred's legal situation and future well-being, and who wanted to communicate the narrative of him as a good and honourable man (e.g., an "incredible human being"; a "very pleasant, courteous gentleman") who continued to be well-liked by staff at the forensic psychiatric centre where he had been placed to await trial. These friends and lawyers sought to counter the "abuser" narrative and lobby for a good outcome. Fred's best-selling memoir based on his experience in occupied Holland in World War II is frequently mentioned in these articles, and connected to his present-day dementia (he often believed he was still on run from German soldiers). The judge eventually deemed him unfit for trial.

In the photographs used, in quotes from friends and lawyers, and in subheaders such as "decades-long love story", the articles humanize Fred and rebut the criminal frame, yet reinforce dementia as a "tragic" and "horrid" mental health issue. Moreover, the efforts to humanize Fred inadvertently appear to have an effect of blaming Audrey for what happened, or at the very least promoting an image of her as the wifely martyr. Although described as Fred's soulmate, very little information is provided about Audrey, except for the oft-cited claim that she had refused outside help to care for Fred at home and did not want to place him in an institution. Excerpts such as the following are illustrative: "family friends…believe his wife wanted to care for him herself" (Grant, 2017), she "sheltered Fred from the world" and "would never had done anything differently. She would never have left him in an institution" (Grant, 2016).

In contrast to articles about aggression towards paid care workers, articles about these familial relations of care emphasize the loyalty of family caregivers and more often humanize the person living with dementia by acknowledging that person's experiences and feelings.[5] There is less stigmatizing language in these articles than in coverage of RRA and workplace violence. Nonetheless, dementia remains the dominant explanation for aggressive actions, coupling a biomedical frame with that of tragedy. The relatively few articles about aggression in the context of familial relations say much less about injustice or systemic challenges to the safety of both people living with dementia and their carers at home. In doing so, these articles contribute to the hidden nature of violence in the home as well as assumptions that aging in place is ultimately best for everyone.

Discussion

These findings contribute to the broader body of cultural studies scholarship on dementia and aging, with reference to Canada and by adding to knowledge about how and why particular framings manifest in media coverage across differing settings and relations of care. Interpretation of these findings needs to be bounded, however, by recognizing that the data were limited to a roughly 10-year duration, and did not include French-language and alternative news sources, or publications from smaller cities or urban areas. In particular, coverage originating within the province of Québec was not well represented. In addition, we did not include analyses of video (newscasts), documentaries, or visual materials. Future research with an expanded Canadian database and multiple forms of data could more comprehensively track subtle changes in media coverage that might occur over time, as well as differences among types of media.

Mainstream news media accounts provide a window into how the public frames the actions of older adults in particular contexts. From this perspective, problematic media coverage reflects discursive tensions in how the public understands the issue of violence and older adults. However, these tensions manifest and are reinforced in particular ways because of the nature of news media. The prevalence of fear-based framing, for example, may reflect not only existing cultural fears about aging and dementia, but also the broader creep of generalized fear and victim frames for the purpose of entertainment and reader engagement, tracked in this article to current coverage of older adults and aggression in Canadian news (Altheide, 2000). Contributing factors include a proclivity towards sensationalistic accounts to help market content, a lack of long-term critical evaluation of responses implemented after resident deaths become news (Lloyd, 2014), and a tendency to obscure important distinctions and nuances

[5]Another incident received limited media coverage: a 79-year-old man from the Windsor area was ruled not criminally responsible for shooting his wife, because he had vascular dementia. No humanizing frame is evident in the two identified articles covering this incident (*Windsor Star, Toronto Sun*), although the man is characterized in the writing as "looking frail" and using a walker to enter the courtroom. His wife is not described, although one article presents a photograph.

https://doi.org/10.1017/S0714980820000197 Published online by Cambridge University Press

(to simplify content for readers, and because reporters lack time to clarify details or learn more about the issue). The media is not only to blame, however, as the quotes used throughout the articles clearly indicate the pervasiveness of ageism and dementiaism (McParland, Kelly, & Innes, 2017) in the broader public, even among professionals. In turn, the language and metaphors used in media coverage to frame events not only draw on but *further reinforce* ageism, dementiaism, apocalyptic demography (Robertson, 1990), and an atmosphere of nursing home "scandal" (Lloyd, 2014). LTRC can become, culturally speaking, a kind of a threatening or "hostile setting" (Waddington, Badger, & Bull, 2005), wherein previous events in the vicinity (even the media) come to imbue an entire setting with "a threat of unpredictable and unpreventable violence" (p. 154).

A nuanced interpretation of the broader implications of particular frames is warranted. As an example, although crisis narratives may reproduce stigmatizing assumptions, these narratives may also counter tendencies to normalize aggression, generate a sense of moral imperative to act (Waddington et al., 2005), and acknowledge the subjective experience of victims. In addition, some family caregivers might be cued to leave potentially dangerous situations. In one research study, a wife described having feared for her safety; reading media accounts of RRA, specifically the van Zuiden case mentioned, helped her make the decision to leave (Spencer et al., 2019).

Medicalized frames can serve as a helpful rebuttal to narratives that would label persons living with dementia who act with aggression as criminals, and can buttress the emotion work of staff or family members who need to adopt patient and calm approaches. However, although biomedical frames emphasize the lack of culpability, they promote a sense of inevitability, and reinforce a view of persons living with dementia as pathological "others" (Doyle & Rubinstein, 2014) lacking agency and control. More broadly, a biomedical frame obscures understanding of how contexts and approaches to care delivery can contribute to aggression (through lack of dignity, control/choice, forced care, lack of privacy, lack of attention to social or emotional needs). The result, both in broader public discourse and as reflected in media accounts, is an acceptance of a solution focused on requiring identification, monitoring, management, and segregation of persons living with dementia who are at risk for aggression. This is because, in a broader context in which dementia itself has no "cure" (Seaman, 2018), locating aggression within dementia itself renders it nearly impossible to engage with alternative solutions.

A humanistic frame, too, has promise for countering reductionistic and criminalizing narratives of aggression among older adults. As currently enacted in news media accounts, however, a humanistic frame has limitations. Although the number of articles addressing aggression in familial relations of care call for caution in drawing generalizations, we are concerned that this coverage appears to derive meaning from and reinforces discourses that family care is best; rather than considering the safety of unpaid caregivers, there is an underlying assumption of carers' responsibility and loyalty to care. Moreoever, media coverage that humanizes those involved in aggressive incidents can, for audiences, become attempts to "read into" the past of the person living with dementia to understand the trigger for the incident (e.g., in the case of Fred van Zuiden, war-related post-traumatic stress disorder). In this way, even humanizing frames of aggression and older adults (in addition to biomedical frames) within media accounts can obscure the role of broader structural conditions, such as care models (Grigorovich et al., 2019), the emotions of persons living with dementia, or family caregivers' fears about accessing formal support. In doing so, these frames can hinder the development and enactment of changes in the overall environment and the structure or model of care itself.

Articles addressing aggression in institutional settings of care, by virtue of their sheer publication dominance, may have greater influence in shaping perceptions of aggression and older adults. The public learns less about aggression among older adults aging in place, reinforcing the invisibility of the phenomenon in these settings as well as perceptual distinctions between the "third" and "fourth" age (Higgs & Gilleard, 2015). The tendency of institutional coverage towards fear-inducing, catastrophizing, reductionist, biomedical framings of aggression among older adults draws on and reinforces public perceptions of LTRC spaces as distinctly medicalized settings, and of aging as something to be feared. It contributes to the compartmentalization of public understandings of aggressive situations as events that only happen within institutional contexts where the most extreme cases of dementia and mental health problems are situated.

Public understandings about causes and solutions of aggression in older adults are informed by limited cultural frames that tend towards reductionism and decontextualization (e.g., the binary distinction between attributions of criminal culpability and medicalized passivity). To some extent, such frames counter and rebut each other within media stories. From a cultural perspective, these findings raise issues for consideration by journalists, who can strive towards more nuanced and complex portrayals of aggression and older adults that not only disengage from fear-based narratives about aging and dementia, but also acknowledge differences

https://doi.org/10.1017/S0714980820000197 Published online by Cambridge University Press

among settings, relationships, and types of actions. Framing stories differently can have ripple effects among professionals, policy makers and the broader public, paving the way for the development of more multifaceted and complex prevention and policy responses based on these important differences.

References

Altheide, D. L. (2000). Tracking document and discourse analysis. *Poetics*, *27*(4), 287–299. https://doi.org/10.1016/S0304-422X(00)00005-X.

Banerjee, A., Daly, T., Armstrong, P., Szebehely, M., Armstrong, H., & Lafrance, S. (2012). Structural violence in long-term, residential care for older people: Comparing Canada and Scandinavia. *Social Science and Medicine*, *74*(3), 390–398. https://doi.org/10.1016/j.socscimed.2011.10.037.

Behuniak, S. M. (2011). The living dead? The construction of people with Alzheimer's disease as zombies. *Ageing and Society*, *31*(1), 70–92. https://doi.org/10.1017/S0144686X10000693.

Bond, J. (1992). The medicalization of dementia. *Journal of Aging Studies*, *6*(4), 397–403. https://doi.org/10.1016/0890-4065(92)90020-7.

Brookes, G., Harvey, K., Chadborn, N., & Dening, T. (2018). 'Our biggest killer': Multimodal discourse representations of dementia in the British press. *Social Semiotics*, *28*(3), 371–395. https://doi.org/10.1080/10350330.2017.1345111.

Canadian Broadcasting Corporation. (2019, March 26). Breaking point: Assaulted, threatened and abused in Ontario's long-term care homes. *CBC News Windsor*. Retrieved 16 April 2019 from https://www.cbc.ca/news/canada/windsor/long-term-care-violence-1.5070154

Carragee, K. M., & Roefs, W. (2004). The neglect of power in recent framing research. *Journal of Communication*, *54*(2), 214–233. https://doi.org/10.1111/j.1460-2466.2004.tb02625.x.

Dirom, J. (2016, November 5). Man, 85, charged with death of wife has dementia, says lawyer and family. *Calgary Herald*. Retrieved 28 August 2018 from https://www.pressreader.com/canada/calgary-herald/20161105/281698319310557

Doyle, P. J., & Rubinstein, R. L. (2014). Person-centred dementia care and the cultural matrix of othering. *The Gerontologist*, *54*(6), 952–963. https://doi.org/10.1093/geront/gnt081.

Duffy, A., Singer, Z., & Cockburn, N. (2009, October 22). Police probe death at old-age home: Cause of death in dementia ward 'suspicious': 88-year-old a 'lovely man' – Robert Sibley. *The Ottawa Citizen*. Retrieved 28 August 2018 from https://uml.idm.oclc.org/login?url=https://search-proquest-com.uml.idm.oclc.org/docview/241319968?accountid=14569

Dupuis, S. L., Wiersma, E., & Loiselle, L. (2012). Pathologizing behaviour: Meanings of behaviours in dementia care. *Journal of Aging Studies*, *26*(2), 162–173. https://doi.org/10.1016/j.jaging.2011.12.001.

Funk, L. M., Herron, R. V., Spencer, D., Dansereau, L., & Wrathall, M. (2019). More than 'petty squabbles' – Developing a contextual understanding of conflict and aggression among older women in low-income assisted living. *Journal of Aging Studies*, *48*, 1–8. https://doi.org/10.1016/j.jaging.2018.11.001.

Gamson, W. A. (1992). *Talking politics*. Cambridge, UK: Cambridge University Press.

Gee, E. M. (2000). Population and politics: Voodoo demography, population aging, and social policy. In E. M. Gee, & G. Gutman (Eds.), *The overselling of population aging: Apocalyptic demography, intergenerational challenges, and social policy* (pp. 5–25). Oxford, UK: Oxford University Press.

Goffman, E. (1974). *Frame analysis: An essay on the organization of experience*. New York: Harper and Row.

Grant, K. (2019, January 22). Report highlights spate of homicides in Ontario nursing homes. *The Globe and Mail*. Retrieved 16 April 2019 from https://uml.idm.oclc.org/login?url=https://search-proquest-com.uml.idm.oclc.org/docview/2169142006?accountid=14569

Grant, M. (2016, October 5). Elderly man charged with killing 'soulmate' wife may have dementia, court hears. *CBC News Calgary*. Retrieved 28 August 2018 from https://www.cbc.ca/news/canada/calgary/fred-van-zuiden-audrey-murder-court-1.3792571

Grant, M. (2017, October 4). Murder charges may be dropped against senior with dementia accused of killing 'soulmate' wife. *CBC News Calgary*. Retrieved August 28, 2018 from https://www.cbc.ca/news/canada/calgary/fred-van-zuiden-murder-wife-charge-dementia-unfit-review-1.4330320

Grigorovich, A., & Kontos, P. (2019). A critical realist exploration of the vulnerability of staff to sexual harassment in residential long-term care. *Social Science and Medicine*, *238*, 112356. https://doi.org/10.1016/j.socscimed.2019.112356

Grigorovich, A., Kontos, P., & Kontos, A. P. (2019). The 'violent resident': A critical exploration of the ethics of resident-to-resident aggression. *Journal of Bioethical Inquiry*, *16*(2), 173–183. https://doi.org/10.1007/s11673-019-09898-1.

Helmer, A. (2017, July 27). Union calls long-term care violence 'tragic symptom of a care system in crisis.' *Ottawa Sun*. Retrieved 28 August 2018 from https://ottawasun.com/2017/07/27/union-calls-long-term-care-violence-tragic-symptom-of-a-care-system-in-crisis/wcm/b8d1eb5c-f9ff-49bf-8366-317832450b19

Herron, R. V., Funk, L. M., & Spencer, D. (2019). Responding the "wrong way": The emotion work of caring for a family member with dementia. *The Gerontologist*, *59*(5), e470–e478. https://doi.org/10.1093/geront/gnz047.

Herron, R. V., & Wrathall, M. A. (2018). Putting responsive behaviours in place: Examining how formal and informal

carers understand the actions of people with dementia. *Social Science and Medicine*, *204*, 9–15. https://doi.org/10.1016/j.socscimed.2018.03.017.

Higgs, P., & Gilleard, C. (2015). *Rethinking old age: Theorising the fourth age*. London, UK: Palgrave MacMillan.

Isai, V. (2017, November 26). Workplace violence plagues personal support workers. *Toronto Sun.* Retrieved 28 August 2018 from https://www.thestar.com/news/gta/2017/09/22/workplace-violence-plagues-personal-support-workers.html

Kelly, C. (2017). Care and violence through the lens of personal support workers. *International Journal of Care and Caring*, *1*(1), 97–113. https://doi.org/10.1332/239788217X14866305589260.

Kirkman, A. M. (2006). Dementia in the news: The media coverage of Alzheimer's disease. *Australasian Journal on Ageing*, *25*(2), 74–79. https://doi.org/10.1111/j.1741-6612.2006.00153.x.

Kitzinger, J. (2007). Framing and frame analysis. In E. Devereux (Ed.), *Media studies: Key issues and debates* (pp. 134–161). Thousand Oaks, CA: Sage.

Lachs, M. S., Teresi, J. A., Ramirez, M, van Haitsma, K., Silver, S., Eimicke, J., *et al.* (2016). The prevalence of resident-to-resident elder mistreatment (R-REM) in nursing homes. *Annals of Internal Medicine*, *165*(4), 229–236. https://doi.org/10.7326/M15-1209

Latimer, J. (2018). Repelling neoliberal world-making? How the ageing-dementia relation is reassembling the social. *The Sociological Review Monographs*, *66*(4), 832–856. https://doi.org/10.1177/0038026118777422.

Lesko, R. (2017, June 16). Elderly bullying happens in Saskatoon: Study. *Global News.* Retrieved 28 August 2018 from https://globalnews.ca/news/3535513/elderly-bullying-happens-in-saskatoon-study/

Lloyd, L. (2014). It is a scandal! Comparing the causes and consequences of nursing home media scandals in five countries. *International Journal of Sociology and Social Policy*, *34*(1/2), 2–18. https://doi.org/10.1108/IJSSP-03-2013-0034.

MacLeod, S. (2019). A story about Joe in the news media: Decolonizing dementia discourse. In W. Hulko, D. Wilson, & J. E. Balestrery (Eds.), *Indigenous peoples and dementia: New understandings of memory loss and memory care* (pp. 61–79). Vancouver, BC: UBC Press.

MacQueen, K. (2014, January 17). Old and dangerous: Senior violence is getting worse. *MacLeans.* Retrieved 28 August 2018 from https://www.macleans.ca/society/life/old-and-dangerous/

Martin, K. (2017). Mentally-ill Calgary man who killed his wife will be moved to secure residential facility. *Calgary Herald.* Retrieved 28 August 2018 from https://calgaryherald.com/news/crime/mentally-ill-calgary-man-who-killed-his-wife-will-be-moved-to-secure-residential-facility

McDonald, L., Sheppard, C., Hitzig, S., Spalter, T., Mathur, A., & Mukhi, J. S. (2015). Resident-to-resident abuse: A scoping review. *Canadian Journal on Aging*, *34*(2), 215–236. https://doi.org/10.1017/S0714980815000094.

McParland, P., Kelly, F., & Innes, A. (2017). Dichotomising dementia: Is there another way. *Sociology of Health and Illness*, *39*(2), 258–269. https://doi.org/10.1111/1467-9566.12438.

Mehta, D. (2016, December 1). Toronto senior found guilty of second-degree murder in nursing home death. *Associated Press for CTV News.* Retrieved 28 August 2018 from https://www.ctvnews.ca/canada/toronto-senior-found-guilty-of-second-degree-murder-in-nursing-home-death-1.3186238

Mojtehedzadeh, S. (2017, November 5). Violence against health-care workers 'out of control,' survey finds. *Toronto Star.* Retrieved 28 August 2018 from https://www.thestar.com/news/gta/2017/11/05/violence-against-health-care-workers-out-of-control-survey-finds.html

National Post. (2017, January 9). Calgary man accused of killing his wife of 56 years found unfit for trial as his dementia rapidly worsens. Retrieved 28 August 2018 from https://nationalpost.com/news/canada/calgary-man-accused-of-killing-his-wife-of-56-years-found-unfit-for-trail-as-his-dementia-rapidly-worsens

Nicholson, K., & Kubinec, V. L. (2018, January 26). 'It is heartbreaking': Violence in Winnipeg nursing homes causes 500 injuries to residents in 2 years. Retrieved 28 August 2018 from https://www.cbc.ca/news/canada/manitoba/i-team-personal-care-home-assaults-injuries-1.4504382

Osman, L. (2017, September 21). New training to prevent elder abuse at city-run care homes. *CBC News Ottawa.* Retrieved 28 August 2018 from https://www.cbc.ca/news/canada/ottawa/city-run-daycare-homes-training-long-term-care-1.4300486

Peel, E. (2014). 'The living death of Alzheimer's' versus 'Take a walk to keep dementia at bay': Representations of dementia in print media and carer discourse. *Sociology of Health and Illness*, *36*(6), 885–901. https://doi.org/10.1111/1467-9566.12122.

Pemberton, K. (2016a, January 17). Danger in the dementia care home. *Vancouver Sun.* Retrieved 28 August 2018 from https://www.vancouversun.com/health/danger+dementia+care+home/11655805/story.html

Pemberton, K. (2016b, February 5). Legislate care home staffing, advocates demand; B.C.'s guideline-only approach is inadequate, families, union say. *Vancouver Sun.* Retrieved 28 August 2018 from https://www.vancouversun.com/health/legislate+care+home+staffing+advocates+demand/11698546/story.html

Power, P. (2017, November 5). Violence against front-line hospital staff on rise, more protection needed: Union. *The Globe and Mail.* Retrieved 28 August 2018 from https://www.theglobeandmail.com/news/national/

violence-against-front-line-hospital-staff-on-rise-more-protection-needed-union/article36837762/

Quan, D. (2014, January 22). Experts urge better tracking of seniors' deaths in care facilities; residents attacked by those suffering from dementia. *Montreal Gazette.* Retrieved 28 August 2018 from https://www.pressreader.com/canada/montreal-gazette/20140122/281681137742920

Rimke, H., & Brock, D. (2012). The culture of therapy: Psychocentrism in everyday life. In M. Thomas, R. Raby, & D. Brock (Eds.), *Power and everyday practices* (pp. 182–202). Toronto: Nelson.

Robertson, A. (1990). The politics of Alzheimer's disease: A case study in apocalyptic demography. *International Journal of Health Services*, *20*(3), 429–442. https://doi.org/10.2190/C8AE-NYC1-2R98-MHP1.

Roussy, K. (2016, April 27). Workplace violence against health-care workers under-reported, largely ignored. *CBC News Health.* Retrieved 28 August 2018 from http://www.cbc.ca/news/health/violence-against-health-care-workers-1.3555241

Sanders, C. (2018, March 17). Until dementia do them part: Bright retirement plans slowly, inexorably, frighteningly fade to black for once-active middle-age couple. *Winnipeg Free Press.* Retrieved 28 August 2018 from https://www.winnipegfreepress.com/local/until-dementia-do-them-part-477010733.html

Seaman, A. T. (2018). The consequence of 'doing nothing': Family caregiving for Alzheimer's disease as non-action in the U.S. *Social Science and Medicine*, *197*, 63–70. https://doi.org/10.1016/j.socscimed.2017.12.001.

Sedensky, M. (2018, May 12). Bullying has no age limit, nursing homes find. *The Associated Press for CTV News.* Retrieved 28 August 2018 from https://www.ctvnews.ca/health/bullying-has-no-age-limit-nursing-homes-find-1.3926864

Siiner, M. (2019). Let me grow old and senile in peace: Norwegian newspaper accounts of voice and agency with dementia. *Ageing and Society*, *39*(5), 977–997. https://doi.org/10.1017/S0144686X17001374.

Spencer, D., Funk, L. M., Herron, R. V., Gerbrandt, E., & Dansereau, L. (2019). Fear, defensive strategies and caring for cognitively impaired family members. *Journal of Gerontological Social Work*, *62*(1), 67–85.

Thom, S. (2019, January 9). 'It came as a shock: Family grieves loss of senior after injuries sustained at Keremeos care home. *Global News.* Retrieved 16 April 2019 from https://globalnews.ca/news/4832619/it-came-as-a-shock-family-grieves-loss-of-senior-after-injuries-sustained-at-keremeos-care-home/

Tucker, L. R. (1998). The framing of Calvin Klein: A frame analysis of media discourse about the August 1995 Calvin Klein Jeans advertising campaign. *Critical Studies in Mass Communication*, *15*(2), 141–157. https://doi.org/10.1080/15295039809367039.

Tutton, M. (2016, December 1). RCMP probe senior's death at nursing home following push. *CBC Nova Scotia.* Retrieved 28 August 2018 from https://www.cbc.ca/news/canada/nova-scotia/gordon-birchell-death-ivy-meadows-dementia-joan-birchell-1.3877532

Tutton, M. (2017, August 4). Documents reveal another 2 nursing home deaths due to pushing. *The Canadian Press for CBC Nova Scotia.* Retrieved 28 August 2018 from https://www.cbc.ca/news/canada/nova-scotia/nursing-home-pushing-deaths-1.4235019

Van Gorp, B., & Vercruysse, T. (2012). Frames and counter-frames giving meaning to dementia: A framing analysis of media content. *Social Science and Medicine*, *74*(8), 1274–1281. https://doi.org/10.1016/j.socscimed.2011.12.045.

Vancouver Sun. (2017, March 24). Workplace injuries cost millions yearly; long-term care workers demand safer work environment, says Jennifer Lyle. Retrieved 28 August 2018 from https://www.pressreader.com/canada/vancouver-sun/20170324/281681139705021

Vliegenthart, R., & van Zoonen, L. (2011). Power to the frame: Bringing sociology back to frame analysis. *European Journal of Communication*, *26*(2), 101–115. https://doi.org/10.1177/0267323111404838

Waddington, P. A. J., Badger, D., & Bull, R. (2005). Appraising the inclusive definition of workplace 'violence. *British Journal of Criminology*, *45*(2), 141–164. https://doi.org/10.1093/bjc/azh052.

Weaver, D. (2018, November 13). Dementia's hidden darkness: Violence and domestic abuse. *The Canadian Press for the National Post.* Retrieved 16 April 2019 from https://nationalpost.com/pmn/news-pmn/dementias-hidden-darkness-violence-and-domestic-abuse

Wharton, T. C., & Ford, B. K. (2014). What is known about dementia care recipient violence and aggression against caregivers. *Journal of Gerontological Social Work*, *57*(5), 460–477. https://doi.org/10.1080/01634372.2014.882466.

White, P., Thanh Ha, T., Mahoney, J., & Appleby, T. (2013, March 16). Residents gave senior, now charged with murder, wide berth. *The Globe and Mail Toronto.* Retrieved 28 August 2018 from https://www.theglobeandmail.com/news/toronto/residents-gave-senior-now-charged-with-murder-wide-berth/article9849611/

Williams, R. (2019, March 28). Care workers beset by violence: Study. *Telegraph-Journal.* Retrieved 16 April 2019 from https://uml.idm.oclc.org/login?url=https://search-proquest-com.uml.idm.oclc.org/docview/2198322979?accountid=14569