

Elderly Abuse: An Exploratory Study of Elderly Members of the South Asian Community in the Greater Toronto Area

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Abstract

This paper through collaborative research with a community-based organization explores the trends and characteristics of elderly abuse (physical, psychological and financial) in the South Asian community of the Greater Toronto Area (GTA). The data are based on a survey containing both open and close-ended questions where fifty-seven South Asian men and women over the age of 65 participated. While the findings are not generalizable due to the small sample, nevertheless a number of interesting trends emerged regarding how and what variables influence the presence or absence of abuse among elderly immigrant South Asians.

Keywords: South Asian community; Immigrants; Community base research; Health beliefs; Elderly abuse

Introduction

In Canada, the first conversations about elderly abuse took place in the 1960s at Western University [1]. Schlesinger and Schlesinger [2] noted that the first book on elderly abuse research appeared in Canada about three decades later. This kind of research was generally descriptive and attempted to examine the extent and nature of the abuse as well as the socio-demographic characteristics of victims and perpetrators [3-12]. Discussions and research about elderly abuse within Canada have increased awareness about the prevalence of this problem, but research about elderly abuse in Canada's multicultural communities, especially immigrant communities, remains sparse. Elder abuse or maltreatment is defined 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. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, emotional; financial and material abuse; abandonment; neglect and serious loss of dignity and respect [13].

This paper reports on findings from exploratory research that we conducted about elderly abuse within the South Asian community in the Greater Toronto Area (GTA). Specifically, we explored the general stressors leading to elderly abuse and the conditions that contribute to it within the immigrant South Asian community. Our research sought to understand the general trend of abuse within this sample of elderly immigrant South Asians. We asked questions about who is experiencing the abuse (in terms of gender, immigration status, English proficiency, and length of stay in Canada). We also asked questions about what kind of abuse is this sample of elderly immigrant South Asians experiencing (i.e., physical, psychological, financial or other). Additionally we wanted to understand if there was a connection between using available social services and the experience of abuse. We report here our findings based on our analysis of quantitative and qualitative data collected during the research.

First, we present some key issues affecting the South Asian community in Canada, including aging in the Canadian context. We then describe our research methodology before presenting our results. Finally, we offer recommendations to inform strategies for intervention and prevention of elder abuse within this population.

The South Asian community in Canada

In 2011, 1,567,400 individuals from Canada identified themselves or their heritage as South Asian, accounting for 25.0% of the total visible minority population and 4.8% of Canada's total population [14]. Two-thirds of South Asians reported East Indian ethnic ancestry; almost 9 percent reported Pakistani, Sri Lankan, and almost 5% reported Punjabi descent. South Asians composed 7.9% of the population of Ontario and 15.1% of the population of Toronto [14].

The South Asian community includes diverse cultural, linguistic, and religious backgrounds [15]. Most South Asians living in Canada are immigrants or descendants of immigrants from Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka [16,17]. Others are descended from South Asian communities that were established during the colonial period in Eastern and Southern Africa, Fiji and Mauritius, Guyana, Kenya, and Trinidad and Tobago, or from communities in Britain, the U.S., and Europe [16].

Members of the South Asian community tend to place a high value on the extended 'collectivistic' family structure and migration ensuing adjustments to life in Canada or the United States argue scholars do not usually affect the interdependent nature of South Asian families [18-21]. Custom and tradition, as well as economic practicality, usually dictate that elderly parents immigrate to Canada under the sponsorship of their children, or are themselves immigrants [22]. One traditional norm is that elderly parents reside with their adult children [22]. Another is that the elderly are respected and valued for their wisdom and their experience; they are consulted for advice and guidance [21]. However, this kind of worldview is being affected by the immigrant context that contributes to changes in living arrangements, economic and employment conditions, and the larger society's individualistic value systems. Elderly parents face many challenges and

questions while living with their children, and may come to realize that their children do not share their traditional values to the same degree.

Elder abuse and South Asian communities

Life expectancy in Canada is increasing. The 2011 Census revealed that since 2006, the population aged 65 years and older had increased by 14.1% [23]. Recent research has also revealed that 4-10% of the elderly population in Canada has experienced some kind of abuse [24]. This rate of elder abuse is higher than the World Health Organization's global estimate of 4-6%.

Knowledge about the nature and extent of elderly abuse within the South Asian community in Canada is limited. Although immigrants to Canada are generally relatively young [14], Ng, Lai, Rudner, and Orpana [25] found that among immigrant populations in Canada, the proportion of seniors was 10% higher than among the overall population. As a result, immigration brings with it a larger number of seniors than is prevalent in the general population.

They also found that the largest proportion of immigrant seniors in Canada lived in Toronto (32%) and that almost two-thirds of the seniors living in Toronto (67%) were immigrants [25]. Because South Asians comprise a growing population of both recent and more established immigrants, a large number of the immigrant seniors in Toronto are likely part of the South Asian community. We know very little about these elder's experiences with abuse.

Methodology

The study was a collaborative research between researchers at a Canadian university and the Reh'ma Community Services (RCS). The RCS website states:

Since its inception in 1999, RCS has been assisting seniors, women and newcomers by encouraging them to fully participate in the social, economic and democratic life of Canada and to contribute their skills, experiences and wisdom in support of well-being and civic participation in their communities.

The researchers had already worked with RCS for a number of years, and this study strengthened their collaborative partnership. RCS recruited participants from the community to which they provide services. Inclusion criteria were a) belonging to the South Asian community and b) being at least 65 years of age. Participants were interviewed from February - May 2014; each interview lasted approximately an hour.

This exploratory research investigated the general stressors leading to elderly abuse and the conditions that contribute to it within the South Asian community in the GTA. As part of this research, qualitative data was collected from elderly South Asian immigrants, to help us understand the demographic trends of abuse within this group, types of abuse, impact and patterns of contact with social service agencies, and visions of aging in both the heritage country and the adopted homeland.

The paper used a mixed-methods design and a survey instrument with both closed- and open-ended questions. The survey was written in English; if a participant did not understand the questions, the interviewer interpreted. The university's ethical review board approved the study protocol.

Sample

The sample consisted of 57 individuals over the age of 65. The participants were recruited from the community that the Reh'ma Community Services is located and provides services. The inclusion criteria were a) belonging to the South Asian community and b) being at last 65 years of age or older.

Interview protocol

Interviews focused on seven broad areas: demographics, housing accommodations and living conditions, psychological and social status, functional ability, activity and health, income, social service delivery and cultural aspects of service delivery.

The survey used a modified version of the Culturagram to help measure and assess family functioning [26]. The Culturagram is "an assessment tool that was developed to improve practitioners' understanding and ability to empower culturally diverse families" [27]. Table 1 lists the specific components of the Culturagram that were used to assess respondents and their families.

Culturagram components	
Reasons for immigration	Contact with cultural institutions
Length of time in the community	Health beliefs
Legal or non-documented status	Effects of crisis events
Language spoken	Values concerning family, education, and work
(Congress, 1994)	

Table 1: Modified culturagram components.

We also developed a scale to measure the presence/absence of elderly abuse, exploring the issues listed in Table 2.

Elderly abuse scale
Dependency on family members in Canada
Living conditions
Level of physical dependency
Feeling of fear or threat
Reluctance to ask for help
Incidences of unfair treatment by someone close
Use of finances

Table 2: Presence/Absence of elderly abuse scale.

The absence/presence scale was constructed to reflect the common behaviors of abuse reported in the literature. The scale included 7 abusive behaviors. Based on such points the scale measured the level of abuse the respondent experienced and that could range from 0 - 7 where 0 is no abuse and 7 is high level of abuse.

Trained interviewers who were bilingual in English and the language of the interviewee conducted the interviews. At times when the interviewer had problems with some concepts or an English word, the interviewer interpreted it verbally. This was the most effective way

to conduct those interviews given the multiple languages spoken by the south Asian Communities.

Analysis

Data analysis involved two processes. The first was the quantitative analysis, which involved coding closed-ended responses and entering them into the Statistical Package for the Social Sciences (SPSS). A number of statistical analyses were performed including frequencies, cross-tabs, and significance tests. The sample of participants was too small to produce significant or generalizable data, but the frequencies provide a systematic portrait of attitudes and behaviors, which is insightful for this exploratory research.

The second form of analysis included two levels of qualitative data analysis. First, we analyzed the open-ended responses of the participants (what they said, and in what context). Second, we identified patterns emerging from the narratives.

Findings

Sample

Fifty-seven (57) respondents participated in the study: 23 (40%) males and 33 (58%) females. Their ages ranged from 63–85, with the largest proportions being 65 (n = 13, 23%), 67 (n = 7, 12%), 68 (n = 7, 12%), and 72 (n = 5, 9%). The vast majority of participants were married (n=37, 65%). Some participants were widowed (n = 17, 30%), separated (n = 2, 3.5%), or never married (n = 1, 1.8%). The participants identified as being originally from three countries: Pakistan (n = 23, 40%), India (n = 21, 37%), and Afghanistan (n = 11, 19%). Most participants were Muslims (n = 42, 74%), some identified as Hindu (n = 6, 11%), agnostic/not religious (n = 2, 3.5%), or 'other' (n = 5, 9%). Almost one third of all participants relied on more than one source of income (33% pension, 26.7% old age security, employment, or assistance from children). Sixty six percent (66%) of the participants did not speak English fluently.

Demographic Trends of Abuse

Our absence/presence of elderly abuse scale revealed that 42% (n = 24) of participants could be classified as having experienced more than 2 forms of abuse (namely physical and psychological). Of these, most (67%) were female (although note that the differential in the gender ratio of participants was 1.45: 1 females to males). Due to the sensitivity of the topic, we did not ask any direct questions about the identity of the abuser. However, some open-ended responses shed light on this issue. For example Participant (30) said, "[My] daughter-in-law blamed me for things;" Participant (01) said, "[They] put me down all the time for being homeless;" and Participant (49) said that his "Children treated him unfairly by abandoning him."

The same scale revealed that 72% (n = 12) of widowed participants could be classified as having experienced more than one form of abuse. It is worth noting that of the 17 widowed participants, 14 (82%) were women and 3 (18%) were men.

It is difficult to make any generalizations based on our small sample, but the data from our sample suggest that national origin affected the reported presence of abuse. Sixty percent (60%) of participants from both Afghanistan and Pakistan reported the presence of abuse, compared with 40% of participants from India.

The employment status of participants was strongly linked with the reported presence of abuse. All participants who were self-employed (n = 5, 9%) and/or whose children provided for them (n = 4, 7%) reported being abused.

The length of stay in Canada was also connected to the presence of abuse. Of the nine participants who had resided in Canada less than 10 years, 75% (n = 7) reported being abused. Permanent residents reported the presence of abuse 29% more than naturalized citizens did.

Types of Abuse/Neglect

Physical abuse

To determine the presence or absence of physical abuse among the participants we asked closed ended questions about being "deprived of things they need", "time when you have felt scared or physically threatened by any one close to you?" The responses to these questions were Yes, No, N/A/, or Other. If the participant responded with Yes or Other there was a probing question to either explain or describe.

Twenty-three percent (n = 13) of the participants reported presence of physical abuse. The following responses were given as explanations:

Participant (03) said, "Sometimes I'm not given my medication, and I'm not given enough showers a week."

Participant (04) said that she "I eat one meal a day due to a lack of accessibility."

Participant (41) said, "I have been subjected to 'Physical assault, yelling/screaming."

Few responses (n = 4, 7%) about physical abuse revealed some participants were touched in an inappropriate way (including pushing and shoving), prevented from access to food or other necessities, or did not receive enough meals every day.

Again, very few participants (n = 4, 7%) reported feeling deprived of needed essentials or that their physical safety or security was being threatened. The following excerpt illustrates how some participants were deprived:

Participant (55) said that [she needs] "eyeglasses & medication, but her daughter said they didn't have money."

Participants who reported experiencing abuse were seven times more dissatisfied with the quality of care they were receiving. A slight difference was observed between participants who reported presence of abuse and those who did not in relation to general fatigue and difficulty sleeping. Those reporting abuse were 5% and 6% more likely to report fatigue and difficulty sleeping, respectively.

All participants who reported physical abuse (n = 13) were also very dependent on another person for many of their daily living activities (e.g., bathing, dressing, toileting, administering medication, housekeeping, meal preparation, eating, shopping, transportation, and mobility). No significant differences were observed between those who were permanently or temporarily dependent in terms of presence of abuse.

The findings also revealed that more than half of those who reported abuse also had diabetes, arthritis, or high blood pressure; a much smaller fraction of participants with other diseases reported the presence of abuse.

Almost all participants (55 of 57, 96%) had children. The elderly respondents who had been sponsored by their families to immigrate to Canada were 1.5 times more likely to report abuse.

Psychological abuse

Psychological abuse was measured by questions such as “Do you believe that any one you know mistreats you in any way: whether it was intentional or not? “Are you reluctant or afraid to ask for things?”, “How frequently do you have Difficulty Sleeping, Loneliness, Depression/Sadness, Suicidal Thoughts and Loss of Appetite?”

Of those who reported the presence of psychological abuse (27%, n = 13) also reported anxiety issues/stress, at least sometimes. This reporting was 16% more than among participants who did not report the presence of psychological abuse. Participants who reported the presence of psychological abuse were also 10% more likely to report feelings of loneliness, depression, and sadness. For example:

Participant (08) said, “[I am] very isolated, need some help.”

Participant (03) said, “I can’t walk, and I never get out of the house it’s really depressing”.

Participants who reported the presence of psychological abuse were much more likely to report feeling indebted to the person providing care as indicated in the following narratives:

Participant (07) said, “[I] feel guilty that I can’t do anything myself.”

Participant (03) said, “My son makes me feel guilty for living with him-so I feel indebted.”

A few interesting findings in this study about psychological factors are worth highlighting and require further investigation. First, regardless of the presence of abuse, 67% (n = 35) of participants did not feel secure that help would always be available when they needed it as shown in the following statements:

Participant (08) said, “I believe the quality of care I receive is good but I have anxiety that someone will not always be there to help especially, if my husband passes away.”

Participant (11) said, “If something ever happened to my husband, I would be all alone with no one and nothing to support me.”

Participant (41) said, “I get scared no one will be able to help me when I need it, I’m isolated and alone, I don’t have friends either, but the times my kids have helped me they’ve taken good care.”

Second, regardless of the absence or presence of psychological abuse, 100% (n = 52) of those who answered the question about suicidal thoughts indicated that they never had them.

Financial abuse

To determine the presence or absence of financial abuse we asked questions such as “who manages your finances?”, “have there ever been any problems between you and the person managing the finances?” Have you ever signed any documents that you felt you were forced to sign?”

While all of the participants who reported financial dependence (n = 6, 11%) reported abuse, very few of those reported levels of abuse where their entire money or resources were taken. Five participants (9%) indicated that their money was used without their consent. One of those was Participant (03): “I don’t know, they tell me to sign papers

sometimes and don’t tell me what it is for.” Three participants (5.5%) indicated that their bills were not paid on time. Two (2.5%) participants indicated there was never a problem between them and those managing their finances; the rest either did not answer (n= 18, 32%) or reported no problems at all (n = 34, 60%).

Almost 80% (n = 45) of all participants reported that they had no concerns about how their money was being managed, and 5.5% (n = 3) found that the question was not applicable to their situation.

Social service contact/help seeking

Almost 50% (n = 23) of participants answering the questions about seeking social service agencies did actually access those services. The majority of those who used social services felt that the organizations had been sensitive to their culture and had employees who spoke their language. Although we cannot generalize due to the small sample size, the data suggest that participants who had utilized social services were less likely to report presence of abuse.

Aging in the heritage country

The last question in the survey was “Do you think if you aged in your heritage country things would be different (i.e., better)?” Responses were analyzed in two ways. The first method analyzed all participants regardless of the presence of abuse in their lives. The overwhelming majority (n = 40, 95%) of those who answered this question have been different in their heritage land. See Figure 1 for a visual depiction.

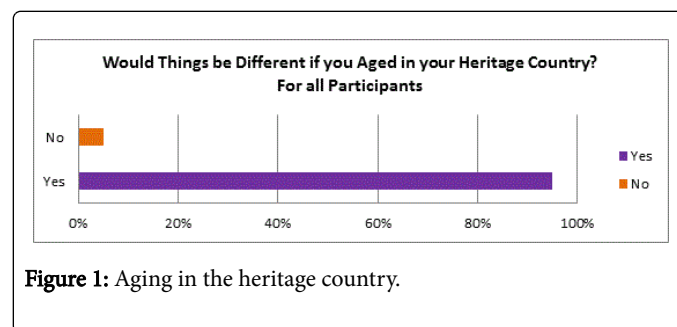


Figure 1: Aging in the heritage country.

The second method involved cross-tabulating participants who said yes to the experience being different in their heritage land with the presence or absence of abuse. The results revealed that more participants who had experienced abuse said yes about the experience being different in their heritage land than those who had not experienced abuse. See Figure 2 for a visual depiction.

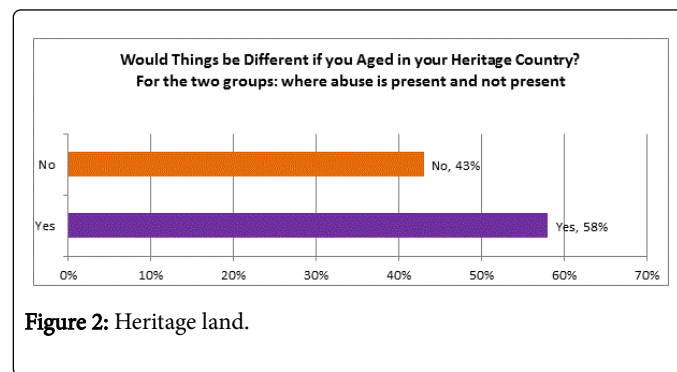


Figure 2: Heritage land.

The following excerpts illustrate how participants felt about aging in their heritage country:

Participant (35) said, "I came from well to do family so I would not have problem in India."

Participant (38) said, "No language barrier, people helping are more understanding of my needs."

Participant (19) said, "I would not receive the same type of medical care and accommodation. However, [it] would have been a better social life."

Participant (55) said, "My children would respect me more back home and take care of me but the lack of medical care makes me glad I'm here in Canada, because of the comfort."

Participant (53) said, "Lack of health care but taken care of well by the community."

Participant (56) said, "...Treated even better in India socially-community respects elderly in India".

Summary

It is difficult to generalize the results of this study because of the small study sample ($n = 57$), but the exploratory findings suggest some important patterns of elderly abuse. More research is needed, but the results even in their present form may offer some assistance to service providers in terms of detecting and preventing elderly abuse in the South Asian community of the GTA.

Profile of elder abuse victims

The exploratory findings yielded a broad profile of those who reported the presence more than one form of abuse (physical, psychological, or financial):

- Female
- Widowed
- Either self-employed or dependent on children financially
- Has children
- Heritage country suffers from political strife
- Lived in Canada for less than 10 years (more with permanent resident than a naturalized citizen)
- Not fluent speaker of English
- Dependent on others for daily activities (permanent or temporary)
- Has no contact with social services
- Is diabetic, arthritic, or has high blood pressure
- Thinks that aging in the heritage country would have been better.

Financial abuse seemed to be a minor issue relative to the physical and psychological abuse among our participants. More research is needed, keeping in mind that these factors related to elderly abuse are situated within the context of the South Asian community in Canada and aging in general.

Discussion and Conclusion

The fact that elderly abuse affects more females than males is not a surprising finding, given that women have a longer life expectancy globally [28]. In Canada, the life expectancy for the total population is approximately 82 years, 79 years for men and 84 for women [29]. Data for South Asians are not readily available, but Bélanger and Caron-

Malenfans [30] conducted mortality projections for diverse ethno-cultural groups in Canada, and estimated the life expectancy of visible minorities to be 79.7 years for men and 84.3 years for women by 2017. The trend of longer life expectancy among women is expected to continue, increasing the probability that more victims of elderly abuse will be women. This trend requires careful attention by social service providers, researchers, and policy makers. It is important that violence against elderly immigrant women is not subsumed under the general theme of intimate partner violence, domestic violence or family violence.

Elderly abuse has different characteristics from intimate partner violence. Additionally, while elderly abuse among immigrant communities shares many common elements with elderly abuse in mainstream communities. It nevertheless, has some unique characteristics, which become more pronounced when gender intersects with immigration, culture, linguistic fluency, and health, as it does in the South Asian Community. For example, Ng, Lai, Rudner and Orpana [25] found that elderly South Asian women tend to retain more of their cultural practices and identity than men do. This finding can help service providers understand the general picture of elderly abuse in the South Asian community. However, effective programs for intervention or prevention of elderly abuse will require more research to clarify how South Asian elderly women living in Canada (either as recent or more established immigrants) interpret and frame the world around them.

This study also found that elderly South Asians living in Canada for less than 10 years and who did not speak English fluently were more likely than others to report abuse. Scholars working in many fields have investigated the effects of dislocation, isolation, and the inability to communicate among immigrant communities. These fields include the labor market, healthcare and intimate partner violence [31-39]. However, little systematic evidence is available regarding how these factors affect the aging process and elderly abuse among South Asians. Clearly, these issues are complex, and social service providers must not stigmatize immigrants, view old age as a 'problem,' or view the proportion of elders in society as a 'burden' [40].

Along with issues such as gender, immigration, and language, these exploratory findings identified three other issues that should be explored when dealing with elderly abuse among South Asians. These include health, heritage country suffering from political strife, and nostalgia for the heritage culture.

Participants with diabetes, arthritis, and high blood pressure were more likely to report abuse. It is worth noting that these three health conditions are also highly prevalent within the South Asian community. Research in Canada and Britain has shown that South Asians either are affected more by these diseases, or are affected differently. Some scholars note that South Asians are four times more likely to develop diabetes than other groups [41], and hypertension is more prevalent among certain ethnic groups including South Asians [42]. The fact that these health conditions are perceived as chronic in the South Asian populations brings up questions about the social impact of abuse on health. It could be argued that the stresses of abuse compromise the abilities of elderly individuals, increasing their risk for genetically predisposed diseases. More research will be required to investigate this possibility [43-45].

The findings also suggested that elderly individuals from countries that have experienced armed conflict or civil strife were more likely to report abuse. This issue also requires further investigation [46-52].

Research has demonstrated that social disorganization, normative violence, and gender inequality are linked with high rates of violence against women, spousal homicide, mental health issues, abuse of children, and disproportionate female murders. However, we know very little about the role of armed conflict, civil strife, or civil wars on elderly abuse. We even know less about how these conditions may affect abuse in immigrant families fleeing such violence. More research, with a larger study population, needs to be conducted to explore this phenomenon.

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