

Older Women Speak About Abuse & Neglect in the Post-migration Context

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KEY WORDS: OLDER IMMIGRANT WOMEN; ABUSE AND NEGLECT; SRI LANKAN TAMIL; POST MIGRATION CONTEXT; URBAN/SUBURBAN CONTEXT; CANADA

Elder abuse and neglect occur in every community and society. While considerable research is emerging on elder abuse, limited health science research exists to-date on older women experiencing abuse and neglect in the post-migration context in Canada. Building on our community partners' interest in further understanding the topic of elder abuse and our previous work on violence against women throughout the migration process, this qualitative study explored older immigrant women's experiences of and responses to abuse and neglect in one community. Data generation involved individual interviews and three focus groups with a group of older women (N=43) from the Sri Lankan Tamil community in Toronto. Findings show that older women experienced various forms of neglect and abuse and that the primary abusers were their husbands, children and children-in-law. Their community and Canadian society at large were also implicated. Women's responses to abuse were shaped by many factors at micro, meso, and macro-societal levels. In responding to abuse, older immigrant women showed remarkable resilience. Strategies are offered to better support older women's attempts to cope with abuse and to promote their resiliencies.

¹ We thank the participants who found time in their busy and often difficult lives to participate in this study. We are also grateful for the support we received from our community partners. Funding from the Wellesley Institute and the Centre for Urban Health Institute supported the project. The first author gratefully acknowledges financial support she received from the Canadian Institutes of Health Research in the form of a CIHR New Investigator Award. For questions, please contact Sepali Guruge, Canadian Institutes of Health Research (CIHR), Daphne Cockwell School of Nursing, Ryerson University, 350 Victoria Street, Toronto, Ontario, Canada, M5B 2K3. e-mail: sguruge@ryerson.ca

Elder abuse is a global health problem (Sherman, Rosenblatt & Antonucci, 2008). Despite the United Nations (UN) call in 1991 for dignity for all aging populations, elder abuse, “one of the most perplexing crimes of our times” continues (Sev'er, 2009, p. 279). Given that older people are the fastest growing subgroup of people worldwide, and the number of people over 60 years of age is expected to almost triple within the next few decades from 672 million in 2005 to nearly 1.9 billion by 2050 (UN, 2004), the rates of elder abuse are likely to increase. A report prepared for the World Assembly on Aging casts the mistreatment of older persons within the broader landscape of “poverty, structural inequalities and human rights violations,” which disproportionately affect women Worldwide (Nerenberg 2002). UN Secretary General acknowledged power, patriarchy and ageism as key contributing factors in elder abuse (UN, 2004). Although interest in understanding older people’s experiences of abuse, who perpetrates it, and what can be done to prevent it has increased, especially over the past two decades (Summers & Hoffman, 2006), we know little about older immigrants’ experiences of and responses to abuse and neglect (McDonald & Erez, 2007; Shim & Nelson-Becker, 2009; Tam & Neysmith, 2006). In Canada, one of the favored destinations for immigrants, limited health research exists on older immigrant women’s experiences and responses to abuse and neglect. Reported here is a summary of findings from a study we conducted on this topic amongst a group of older immigrant women from one community—the Sri Lankan Tamil community of Toronto.

BACKGROUND

Elder Abuse: Types & Definitions

Elder abuse is a “single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person” (WHO, 2008a). The World Health Organization (WHO, 2008a) defined five types of elder abuse: physical, psychological/emotional, financial/ material, sexual, and neglect. The commonly identified types of abuse in the Missing Voices study (WHO/INPEA, 2002) in Argentina, Brazil, India, Kenya, Lebanon, Sweden, and Canada included structural and societal abuse (e.g., inadequate pensions, health care cuts, inadequate government policies), disrespect and ageist attitudes, legal and financial abuse (e.g., violation of human, legal and medical rights), psychological, emotional, and verbal abuse, and physical abuse. Findings of another recent study (Patterson & Malley-Morrison, 2006) in five countries (U.S., Israel, Germany, Brazil, Japan) showed that the specific examples of and

the attitudes towards and severity of these forms of abuse varied across countries.

Elder Abuse: Global Context

Limited information is available on the prevalence and incidence of elder mistreatment. According to WHO (2008a), the prevalence rates of elder abuse vary between 1% and 35%. These differences may be due to reporting biases, variations in definitions, measurements, inclusion criteria, and sampling methods. WHO (2008a) further noted that, elder abuse may be underreported by as much as 80%. For example, according to a study conducted in the U.S., only 16% of the 450,000 cases identified in the study has come to the attention of Adult Protection Services (Administration on Aging, 1998). A more recent estimate by Lachs and Pillemer (2004) indicated that 13 out of 14 of elder abuse cases go unreported. Around the world, women experience violence and abuse at disproportionately higher rates. This is the case among older women as well (WHO, 2008a; Straka & Montminy, 2008; Straka & Montminy, 2006; Montminy, 2005).

Elder Abuse in Canada

In Canada, life expectancy has been on the rise over the last few decades (Sev'er, 2009, p. 285). For example, in 1926 life expectancy for men and women were 57 and 63 years, which is around 77 and 84 years, respectively, in the recent years (CIA Facts, Canada, 2008). In Canada, the percentage of older adults is expected to reach approximately 25% by 2030². According to reports from Statistics Canada (2005) on victims of violence, although both older and younger victims experience abuse/violence at the hands of someone known to them, nearly half of older victims were abused by a family member, compared to about 35% among younger victims. A recent study in Canada found that about 4–10% of the elderly experience some kind of abuse (INPEA, 2009). In Canada, approximately 55% of homicides against older women are committed by their spouses or ex-partners/partners (Statistics Canada, 1999).

While considerable health research is emerging on the topic of violence against women and on elder abuse (e.g., Anetzberger, 2005; Brandl, 2007; Brandl et al., 2003; Gorbien, 2005; Shim & Nelson-Becker, 2009), a search of the published Canadian health sciences literature using CINAHL and MEDLINE yielded limited research on elder abuse among immigrant women in Canada.

Elder Abuse in the Post-migration Context

Immigrants represent a considerably large group among older

adults in Canada. In 2001, approximately 30% of those who are 65 to 84 years were immigrants (Turcotte & Schellenberg, 2006, p.271). The proportion of older immigrants is even higher in major cities across Canada. For example, in 2001, 63% of all seniors who resided in Toronto, 51% of all seniors in Vancouver, and 28% of all seniors in Montreal were immigrants (Turcotte & Schellenberg). In addition, 82% of older immigrants are sponsored by family members compared to 30% of total immigrants of all ages (Turcotte & Schellenberg). Among older immigrants who arrived in Canada after 1990, 75.6% belong to a racialized community. And, women represent a greater proportion of the older immigrants (Citizenship and Immigration Canada, 2008). For example, in 2001 approximately 60% of immigrants who were 75 years old and older were women.

While research on domestic violence or violence in the family has increased (Patterson & Malley-Morrison, 2006), elder abuse, as a subtype of domestic violence, remains poorly understood across cultures. While no prevalence rates exist for older immigrant women, some of the Canadian research (such as Walsh et al., 2008; Tam & Neysmith, 2006) shows that older immigrant women experience emotional, physical, sexual, and financial abuse, and threat and control from their husbands, children and/or children-in-law. This work also indicates that the care, respect and status older women experience within the family diminishes after immigrating to Canada largely due to the changes in their level of dependency on their husbands, adult children and/or children-in-law who may have been in the country longer and have greater proficiency in English and knowledge of Canadian society. Those whose immigrant status is temporary or dependent on a third party (ie., a family member) are also more likely to experience barriers to accessing health services when problems arise (Oxman-Martinez et al., 2005).

The Community Context

Since the 1983 riots and ensuing civil war in Sri Lanka, approximately 500,000 Tamils have been internally displaced and more than one million have fled Sri Lanka to seek refuge elsewhere. Canada has the largest Sri Lankan Tamil community outside of Sri Lanka. The majority of Tamils in Canada have settled in major urban centers such as Vancouver, Edmonton, Toronto, Ottawa and Montreal. Over 250,000 Tamils live in the Greater Toronto Area (Cheran, 2000).

Several research projects (e.g., Beiser et al., 2006; Guruge, 2007; Hyman et al., 2006) have been conducted with the Tamil community in Canada. Beiser et al.'s (2006) survey on mental health pointed to the important impact of social isolation, limited income and financial dependence, and language barriers as increasing older Tamil

immigrants' reliance on their adult children. The findings also indicated that the elderly took on more work than they could or preferred to do because of the obligation they felt about helping out their children, who were often their sponsors.

As is the case in most communities and societies, violence against women exists in the Sri Lankan Tamil community. In Hyman et al.'s study (2006) on intimate partner violence (IPV), a group of older Tamil women participating in a focus group discussion spoke about different forms of abuse: physical abuse, suspicion, beating every day, insulting and criticizing wife's parents or family, "hurting the mind, and strong words or calling animal names." An older Tamil woman participating in Guruge's (2007) study on IPV spoke about additional harassment that she experienced from her adult children, who wanted the woman to return to her husband (the children's father). Our previous work (Guruge, 2007; Hyman et al., 2006) also showed that older women are more vulnerable to such control when they become widows or leave their abusive husbands since their social status is often tied to that of their husbands. However, none of the previous studies in the Sri Lankan Tamil community went beyond partner violence and none *focused* on the older women's experiences of abuse and neglect.

Thus, the purpose of the study was to extend the findings of our previous studies on IPV and to understand, from older women's point of view, their experiences of abuse and neglect from multiple family members and their responses to it in the post-migration context. The primary impetus for the study came from our community partners who approached us to conduct a study on this topic to further understand the topic.

THEORETICAL PERSPECTIVES

Family violence, despite its different forms, is often associated with circumstances of power imbalance (Brandl & Cook-Daniel's 2002; Guruge, Tiwari & Baty, 2010; Penhale, 2003). Theoretical models specific to abuse/violence and neglect of the elderly are few. As Sev'er (2009) contend various theories and frameworks (such as Situational models/Stress models and Exchange theories) have been borrowed to explain violence against the elderly. Stress model "ignores the structural constraints, infantilizes the victim and places the blame on the older person as the source of stress [and] Exchange model used to explain elder abuse ignores macro level determinants and reduces all the aged into powerless and dependent positions" (Sev'er, 2009, p. 286). Whittaker (2007) argues that "there has been no systematic attempt to develop a feminist analysis of elder abuse, which appears to have been screened out of the debate on the grounds that women have been found to abuse

their elders" (p. 276).

Overall, the existing literature from around the world shows a range of factors that contribute to elder abuse. Some of the micro level factors that contribute to elder abuse include: level of dependence of the older person, history of violence in the family, financial difficulties in the family, social isolation and lack of support, strained relations with sons/daughters-in-law, and other issues related to multigenerational co-residence (WHO, 2008a; Daichman, 2005; Malley-Morrison, Nolido & Chawla, 2006; INPEA, 2009; Dong et al., 2007). Many of these factors are exacerbated by immigration laws and other regulations and policies that increase the Family Class immigrant seniors' dependence on their sponsors (Spencer, Koehn & Hwang, 2007; Koehn, Spencer & Hwang, 2009). Macro level factors such as urbanization, modernization, industrialization, and the ageing population may explain increased reports of elder abuse (WHO, 2008a; Daichman, 2005). Other factors include changes in traditional elder care by daughters/daughters-in-law and increased women's labor participation (Arai, 2006), sons' economic responsibility for aging parents (Levesque, 2002), expectations regarding care of grandchildren (Koehn, 1993), and shame and social taboos in addressing abuse by family members (Tam, & Neysmith, 2006; Charland, 2006; Ogrodnik, 2005; Cooper et al., 2008; Tomita, 1998; Moon, & Williams, 1993). Malley-Morrison, Nolido and Chawla (2006) noted other factors such as differing systems of inheritance in some societies, normative behaviors related to caretaking of grandchildren, susceptibility of the elderly to illness and/or chronic conditions, subsequent reliance on children to care for and support them, strained relations with sons/daughters-in-law and other issues related to multigenerational co-residence.

We argue that more than one theoretical model and/or framework is necessary to understand the multi-layered complexity of violence against older immigrant women. As such, this paper is guided by an ecosystemic framework. Often used interchangeably with the ecological framework, ecosystemic framework considers individual situations as arising from the transaction between the *individual*, family (*micro-system/level*), community (*meso-system/level*), and the larger social and cultural environment (*macro-system/level*); the transactions between the four systems are seen as continuous and reciprocal (Germain & Bloom, 1999; Waller, 2001). "More important than the location of any single factor is the dynamic interplay between factors operating at multiple levels. The ecosystemic framework provides a basis for analysis of the complex issues at the intersection of race, gender, and class identities (both imposed and assumed) and the interaction of these and other identities with micro, meso, and macro-level factors and issues" (Guruge & Khanlou, 2004, p.37).

As Sev'er (2009) notes violence against the elderly is “gendered where the perpetrators are disproportionately men (80%), and the victims are mostly women. Circumstances are also gendered” (p.287). Given this we have also used a feminist perspective to explain why older women disproportionately experiences violence/abuse and neglect. Using an ecosystemic framework, situated in a feminist perspective, avoids the creation of simplistic views of abuse/violence as relating to particular groups or to people with particular characteristics. The relevance of the ecosystemic perspective and feminist perspectives (in particular, postcolonial feminist perspective) together in addressing abuse/violence in the post-migration context has been discussed elsewhere (see Guruge & Khanlou, 2004).

METHODS

A qualitative methodology consisting of a combination of individual interviews and focus groups was used in this study to gain an in-depth understanding of the topic. Following ethics approval from the appropriate agencies, we recruited participants through word of mouth. We interviewed 18 women from different parts of the Greater Toronto Area (downtown Toronto, Scarborough, North York, Markham and Etobicoke). The individual interviews provided a greater insight into the unique experiences and responses of the individuals. Next, focus group discussions were conducted in downtown Toronto, Scarborough and North York with three groups of women (8-9 per group; $n = 25$) who did not participate in the individual interviews. Focus group discussions helped to generate extensive information from a diverse group of participants in a relatively short period of time to gain insights that would not be possible without the reactions and interactions that take place amongst the group's members (Kitzinger, 1994; Schensul et al., 1999).

We used a combination of unstructured to structured, and open-ended to close-ended, questions to allow maximum flexibility in exploring the topic in-depth. Some of the questions posed included: What do you think about elder abuse in the Tamil community? What kinds of abuse do older Tamil women in Canada experience? Tell us about your own experience of abuse, violence, and neglect after coming to Canada? What did you do when you experienced abuse? What influenced your response to abuse? Do you know of other older Tamil women who experienced abuse and neglect after coming to Canada? What happened in their situations? What did they do?

Almost all interviews and all focus groups were conducted in Tamil to allow those who did not speak English an opportunity to voice their opinions and concerns. The interviews and focus groups were on

average approximately 1 ½ to 2 hours long, and were conducted by two research assistants and Co-PI (principal investigator), all of whom are Sri Lankan Tamil. An honorarium was provided to participants to defray the costs of participating (e.g., time, transportation, childcare for their grandchildren) in the study.

The audio-taped interviews and focus groups were translated into English and transcribed, and imported into NVivo8 software. Data were analyzed using inductive thematic analysis (Bryman, 2001) by reading and coding transcripts sentence by sentence and by searching for recurring ideas in the data, examining the codes for the ways in which they converged or departed within and across interviews (Lofland & Lofland 1995) to determine commonalities and variations and to develop subthemes and themes. To ensure trustworthiness, we used method and investigator triangulation, member checks, and peer debriefing and review.

Table I. Demographic Information of Participants

| Variables | Individual interviews (<i>n</i> = 18) | Focus group # 1 (<i>n</i> = 9) | Focus group # 2 (<i>n</i> = 8) | Focus group # 3 (<i>n</i> = 8) |
|--------------------|---|------------------------------------|------------------------------------|------------------------------------|
| Age | 48-85 | 48-72 | 54-77 | 62-79 |
| Years in Canada | 3-30 | 3-25 | 3-18 | 7-18+ |
| Level of education | 2-university | 6-13 | 10-university | 2-13 |
| Years of marriage | 20-57 | 22-53 | 20-57 | 34-56 |
| Marital status | | | | |
| Married | <i>n</i> = 9 | <i>n</i> = 6 | <i>n</i> = 3 | <i>n</i> = 4 |
| Divorced | <i>n</i> = 3 | <i>n</i> = 1 | <i>n</i> = 1 | <i>n</i> = 1 |
| Widowed | <i>n</i> = 6 | <i>n</i> = 2 | <i>n</i> = 4 | <i>n</i> = 3 |
| Number of children | 0-10 | 1-5 | 1-8 | 2-8 |

PARTICIPANTS

As can be seen in Table I on the demographic characteristics of participants, a diverse group of women participated in the study. Their age varied from 48 to 85; length of stay in Canada varied from three to 30 years; and level of education ranged from two years to completion of university education. Their length of marriage varied from 20 to 57 years. Twenty-two women were married, six were divorced and 15 were widowed. They had from zero to 10 children. With regard to age, even though we invited women who were at or older than 55 years of age (as per the definition of retirement age in Sri Lanka until recently), two women who were 48 years old wanted to take part in the study, as they felt that due to physical disabilities they belonged in the category of 'older' women. They were not turned away.

FINDINGS

The three key themes derived from the data were pertaining to older immigrant women's (1) experiences of abuse/violence and neglect, (2) responses to abuse and 3) resilience in the post-migration context. These are described next along with their subthemes.

Experiences of Abuse/violence & Neglect

Participants' experiences of abuse/violence and neglect were connected to two subthemes: exposure to diverse forms of abuse, and experience of abuse by different family members (including husbands, sons, daughters, sons-in-law, daughters-in-law and grandchildren). The community and the society were also implicated in the older immigrant women's experiences of abuse/violence and neglect. Following is a presentation of these subthemes along with excerpts that best exemplified the subthemes. Given the interwoven nature of the forms of abuse and who committed such acts, we have presented the findings related to the two subthemes together.

The participants recounted vivid descriptions of their experiences of various forms of violence including emotional, physical, sexual and financial abuse. They also spoke about various other forms of threat and control that they or other older Tamil women experienced.

In most cases, the primary abusers were the women's husbands. As is the case in almost all communities and societies across the world, IPV also appears to be a serious concern for older Tamil women. In addition to their own experiences of IPV, the participants in individual interviews and focus groups discussed familiarity with other older Tamil women's experiencing IPV. The following quotes demonstrate some of

the different forms of abuse, violence and control that the women experienced at the hands of their husbands:

-If my husband saw me talking to any woman, he would ask me what I told them. If he saw me talking to a man, he would ask what is there to talk with a man and would beat me... it doesn't matter if the man was my uncle, cousin, or an elderly relative... (I #10)

-He invites his friends to have dinner at our home. They will ask the children whether they want to eat with them. He will say nothing in front of them but if the food wasn't enough for his friends he would fight with me. (FG #2)

-My husband scolded me, "Why should you study? You have children to take care." He then asked me to go for work. I asked him, how I could go to work if I didn't learn English. (FG #1)

Although most women spoke about the abuse they experienced from their husbands, several participants also spoke about various forms of abuse, control and neglect they themselves or other older women experienced at the hands of their children. The participants reported feeling overburdened and forced to undertake more household work and (grand)childcare than they could comfortably handle. In some cases, the elderly couples could no longer live together because each one was expected to look after the children of each of their own two adult children. Participants spoke about both sons and daughters as committing various abusive acts or acts of neglect towards older women:

The mother lives in the basement. The daughter does not give a key to the rest of the house to the mother because she thinks that her mother will sleep on the sofa and won't keep the house clean. They give her less food as giving to a dog. (FG #2)

When I told them I went out to get milk in the snow they started scolding. Sometime it's hard for women to ask for directions and get somewhere if they can't speak the language so you cannot always blame them [the adult children]. The children might even turn back and ask why do you want to go or wait until I take you. When we get older we are like small kids. (I #3)

The degree of control that the adult children exerted over their parents was high in several cases. Some older women were not allowed out and others were not allowed in, and their comings and goings were controlled and monitored carefully. While some of the adult children were perceived as generally worried about their parents' safety, others were perceived as not wanting to face 'unnecessary' problems in case

their mother/parents went out and talked about 'family problems' or simply got lost due to unfamiliarity with the city and/or the language. In other cases, the adult children were pressed for time, often worked long hours and had no time for their parents' daily needs, or they expected their mother to help out with household chores or childcare for grandchildren. Regardless of the reasoning, the older women felt abused, neglected, or controlled.

In addition to the abuse the older women suffered at the hands of their own children, the women also experienced various forms of abuse and control from their children-in-law. Both sons-in-law and daughters-in-law were implicated in these acts:

-He [the son-in-law] thinks that I am a widow and why should I have anything on my own name and why can't I give everything to them and just be a slave to them. (I #14)
-Some women take their husbands away so their mothers-in-laws can't live with them. They [the daughters-in-law] won't give them a chance even to look at their grandchildren. (FG #2)

While the sons-in-law and daughters-in-law could have been abusive to their older parents pre-migration, it is possible that the degree of dependency the older immigrants have on their adult children, along with the culture of the new country and its emphasis on the nuclear family, put these older women at a disadvantage.

Only a few participants spoke about the kind of neglect or maltreatment they experienced from their grandchildren:

When they were kids they will be very close with their grandparents but as soon as they grow up, they will start to tease us. (FG #2)

The lack of respect they perceived was especially the case when the grandchildren began to speak in English or felt peer pressure at a very young age to lose their accent or to speak English properly and dress according to Canadian ways. Overall, only a few hinted at the physical or verbal abuse grandchildren inflicted on them.

In addition to family members, the participants spoke about the various kinds of power, threat and control that the Tamil community in Toronto exerted over them, and about the community's perception of older women's actions and choices:

-It's not that I hate my language but because my environment now is different so I need to talk in English. But they complain if I talk in English (I #14).

-I am living alone but some seniors tell me that I shouldn't leave my children. (FG #2)
-I was already old when I joined the work[force]. But I didn't care. Others always ask me why my children let me go to work. They laugh at me sometimes (FG #2)

The Tamil community tried to control older women's decisions about leaving their abusive husband, living alone, speaking English and about how they should dress and whether or not they should engage in paid work. Older women who did not abide by these rules were often ridiculed or perceived as shaming themselves, and 'worse,' shaming their children and grandchildren.

The participants (P, P1, P2...) from one focus group also spoke about neighborhood violence that they experienced in their urban/suburban contexts:

P: We face so many problems in our apartment building.
P1: Some play songs at night in a high volume. We cannot sleep.
P2: Once, when I was walking back home from the store, a lady came beside, pulled my bag and ran away. It happened just in front of our building entrance.
P: We try to get back home as early as possible. We're afraid of going in the elevator after 8pm.
P: Certain people know who lives where and when they will go out. So, they come at that certain time and grab a wallet and run away. Yet, the building itself has security services. (FG #2)

Such situations, which left both the older women and their adult children/children-in-law concerned about the older women's safety, then became the reasons given for the adult children/children-in-laws' control over their older parents' (especially mothers') comings and goings, when they were busy or not available to accompany them. This post-migration situation differed from the pre-migration context where older women were familiar with the neighborhood, fluent in the language and more respected.

In addition to such experiences, participants also spoke about various forms of ageism, racism and ethnic discrimination that they experienced in Canadian society. The larger society was also implicated in the abuse and neglect that older immigrants faced because of various forms of control that society placed not only on older immigrants but also on their adult children that increased older women's dependency on others:

-We came here through sponsorship. Our daughter sponsored us. My husband was looking for work but he couldn't find one since he was a senior. (FG #2)

The government is unfair. They say for the first three months we can't receive anything and then for 10 years we can't break the sponsorship no matter what happens. If the husband has sponsored the wife, she has to go to work and give her whole income to him. That's the law. (FG #1)

As can be seen in the above excerpt, elders are also negatively affected by the lack of clear information available to them about their rights. Additionally, as the next excerpt indicates older immigrants were not informed about the ways in which they can protect themselves from fraudulent claims made, for example, by various businesses or service providers:

-Recently I heard a travel agency has cheated so many people who have tried to book tickets to Sri Lanka... All the xxxxxxx temple devotees lost their money in it. I will ask my son but he seldom has time to do such things. He has to go online to check whether there's any cheaper deal going on, so we'll wait until he has time. Since we're not familiar with using the computer we can't do so many things. (FG #2)

As noted earlier, such situations left both older women and their family members worrying about what older women can do independently.

Older Women's Responses to Abuse

When the older women experienced abuse and/or neglect, they felt they had only two choices: move out of their current home or remain in it with the abuser. Neither choice provided an appropriate solution to the problem. Thus, the participants spoke about often struggling to make a decision. Their decisions were influenced by many factors at micro, meso, and macro-societal levels. Following is a presentation of these two subthemes (i.e., women's responses discussed first, followed by a discussion of the determinants of their responses).

Participants considered moving out only when they felt they could no longer tolerate the abuse or the neglect. Moving out often meant going to live with another family member or finding their own place or, when both these options were not possible, moving out to a shelter. Some of the complexities involved in moving out are evident in the following:

-I knew a woman; her daughter owns a house but had rented the basement to someone else. So the mother is living in another basement. She says she will have problems if she lived with her daughter. The mother is suffering a lot (FG # 3)
-I didn't like the way my daughter-in-law treated me. So I asked my son to find me another place to stay. Another son of mine was here, so he found a place for both of us to stay. (FG #1)

The following excerpts speak to the situations in which women decided to find their own place as well as demonstrate their attempt to build a new life with dignity and self-respect:

-I don't mind living with children but I thought it would be better if I lived alone. I want to live with self-respect. (FG #2)
-I have seven children. I understand that everyone is different, so I applied for a senior's home and I am living happily. All my children visit me. (FG #2)

Moving out, however, was not an option for most older women. Participants identified many reasons for this difficulty, which will be discussed in the next section.

Participants' accounts also show that those who could not move out of the abusive home often attempted to make the best out of the situation as well as fight for their rights, regardless of the consequences of such acts and behaviors:

-Even my husband's relatives tried to rule me. They asked me to stay at home and not to go outside but I chased them away. (FG #1)
-After sponsoring me my son got accepted to a university. So he didn't allow me to go to welfare. Then, I moved to Toronto without informing him and applied for welfare. (FG #3)

When another woman's husband told her not to go to school, she went anyway without telling him. Some others felt that given how busy their children were and how difficult it was to find a suitable job at their age, especially when they were new to Canada, it was necessary to seek formal social and settlement support and services to cope with the abuse and neglect:

-It was hard to survive with my child and his carelessness. Then with a friend's assistance I came to... Centre and got a house to live. They were so supportive. (FG #2)

-We didn't want to give our daughter trouble, so we applied for social and started living separately. (FG #2)

Seeking and obtaining formal social and settlement support was often difficult, however, especially for those who did not speak English. They had to approach Tamil service providers to obtain such support. This meant having to face the stigma and fear that other community members might get to know about the abuse and/or the women's actions.

Determinants of Women's Responses to Abuse

Many factors prevented most women from leaving the abuser or the abusive home or seeking support to better respond to the situation. These factors, by and large, were related to their children's and grandchildren's welfare (micro-level); family expectations (micro-level); community expectations (meso-level); unfamiliarity with Canadian ways (transportation, language: macro-level); limitations in the availability and accessibility of formal social and settlement services (macro-level); and financial and immigration obligations (macro-level).

Children's & Grandchildren's Welfare: One of the key factors that shaped women's responses to abusive situations was their gender role socialization regarding ideas about the good wife/mother/grandmother. Women are expected to take on the roles of the nurturer and carer for the family, which places an enormous burden on them to remain in and preserve their marriage and/or maintain family harmony at all costs:

-Here I was put down [by son-in-law] and that made me very unhappy. But my daughter is the only daughter and I can't leave her and go, because it will be bad for her children so I thought I should sacrifice my life for those two children [grandchildren]. (I #14)

Family Expectations: The pressure on women to remain married also came from their own family members living in the GTA:

-My children keep forcing me to live with him [husband]. I am living alone, there's no one to look after me. My children rented us rooms in the same buildings. He lives on the 10th floor and I live on the 3rd floor. (FG #3)

Women were also prevented by their own family members from seeking help from anyone outside the family for a variety of reasons including circumstances related to getting unmarried adult children

married off and maintaining the family's status in the community.

Community Expectations: Participants felt considerable pressure from the community to take a particular course of action in response to an abusive relationship:

-My husband is a very troublesome person. Others advise me to adjust with him. But if I kept living like that I will end up as a mentally challenged person. (FG #2)

-In our Tamil community, people say we shouldn't tell about the abuse to anyone, because it's disgrace. I never told to anyone... and I won't even cry louder when he beats me. (I#10)

The community perception of self and being part of the community are important considerations for Tamil women because of the various forms of subtle and overt racism and 'othering' that they experienced in the larger Canadian society. Therefore, going against the community or its expectations was not an easy decision for the older women in the study.

Unfamiliarity with the New Setting: The new setting in Canada was an unfamiliar space/place to many older women, especially those who arrived more recently. Those who had family members and friends who were well established in the GTA found the process of getting to know the place much easier. However, in general, a number of factors such as language and transportation posed significant barriers for older women coping with abuse and/or neglect. These barriers also negatively influenced their seeking support to better deal with the abuse:

-I had financial problems and language barriers. It was hard to survive with this weather since I have asthma. At the beginning it was also hard to find Tamil friends. I didn't have much support at first. (FG #3)

-Here we have no one to ask. If it was Sri Lanka, neighbors would speak for the woman. But here, there's no one to speak for us. So we have to try and get outside support. But it is difficult if you don't speak English. (I # 8)

In addition to the language concerns, transportation barriers isolated the older women and left them even more dependent on their abusers. For example, one participant spoke about her experience of increasing difficulty in walking and accessing transportation, and being housebound in the winter. Other participants stated that in order for them to be taken to their physicians's appointments, for example, the

women had to make appointments also with their own children. However, the participants often felt reluctant to ask for their children's help because of all the other responsibilities that they perceived the children as having.

Limitations in the Availability, Accessibility & the Appropriateness of Formal Social Support: Participants in both individual and focus group meetings noted that limitations in the availability, accessibility, and the appropriateness of formal social support were a significant concern. A related concern had to do with the lack of familiarity with available services:

P1: They don't know anything about the law.

P: They're not aware that the government can give them some money to survive. (FG #2)

Some participants spoke about other older women in the community who remained in abusive situations because they did not know what help was available, where to go for help, and/or how to get there. They were perceived as being worried about asking for information about the services from other community members because of stigma of abuse or fear that information would get back to their abuser. The lack of culturally and linguistically appropriate services was a related concern that prevented participants from accessing and using the available services. Other limitations in the services available were also noted:

-Nursing homes mostly have people with severe illnesses. Once, no one answered the door of a room. After a couple of days, they broke down the door and went inside and found the person dead. (FG #1)

-That's a problem with aging, isn't it? We need more time to get ready. The elevator won't come on time in our apartment buildings. So, in these cases seniors miss their Wheel-Trans. It happens very often. (FG #2)

The above excerpts highlight that even when the older women knew about the available services, they did not have accurate information about them or were unable to successfully navigate various Canadian systems to access the service due to restrictions and limitations associated with them.

Financial & Immigration Concerns: The biggest hurdles identified to moving out of the abuser's home were related to older immigrant

women's financial situation and their fear of immigration sponsorship criteria. These were also often the same reasons that abusers used to keep the women 'in place' and/or 'under control.'

Participants spoke about their concern that because of the way the Canadian immigration system is set up, the women's actions, such as going on welfare or being unemployed or filing charges against the husband or the children or the children-in-law, could negatively affect their chances of sponsoring any other relatives. If the situation in Sri Lanka were to get better, most participants felt that they would advise their counterparts in Sri Lanka not to come to Canada because of what they could face in Canada:

-I will advise them based on the conflict situation of the country. If it was better, they should stay there because they might find it hard to survive this weather. They will have no one to take them out and have to be at home for their whole remaining life. (FG #1)
-We should let them know what we learnt here. We don't need to describe everything but at least we must give them an image of this life. (FG #2)

Participants felt that prior to immigration, many of the older immigrants did not know about the situation that they might face in Canada and that accurate information should be available to the older people prior to their migration.

Older Women's Resilience

Despite the many barriers and constraints the participants faced, their stories showed remarkable resilience. The participants also spoke about other older Tamil women who demonstrated similar resilience. The older women took advantage of being in a new space and place, and looked for opportunities to improve their lives by taking on new jobs, engaging in new hobbies, learning a new language, and/or volunteering with various informal community groups. Being in Canada, they also felt more encouraged to separate from their abusive family member, be it their husband, children, or anyone else in the family. The following excerpts capture some of these ideas:

-I came to Canada five years ago. I got separated from my husband 3 months after my arrival. He was abusive to me for many years before coming to Canada (I #6)
At the beginning we felt bad with this weather and snow. But then, I started going to (name of centre), and other yoga classes. We decided to move to a seniors' building. Three of our children

visit us often with our grandchildren. We have no problems. (FG #2)

-Children won't have time. They will do if they had time. I am living here and my son is in Pickering. After I moved to Canada my [blood] pressure and diabetes are under control and I feel better. (FG #3)

Those who could access formal social supports and services felt that they were able to begin an independent life. It is also noteworthy that while many felt that they could not approach their community members for support because of various previously discussed reasons, by and large, most had received support from other community members or community leaders or they themselves had helped others in similar situations.

DISCUSSION

This study is one of the few health sciences studies in Canada to examine the topic of abuse and neglect among older immigrant women in Canada. Our findings show that older women experienced emotional, physical, sexual and financial abuse from their husbands. This finding is similar to other study results on IPV throughout the lifespan among both immigrant and non-immigrant communities (Fisher, Zink & Regan, 2006). Our study went beyond the focus on IPV to include an exploration of abuse and neglect that the older women suffered at the hands of others, including their children and children-in-law. The kinds of abuse they experienced from their children and children-in-law included emotional, physical and financial abuse, as well as various forms of threat and control. Both sons and sons-in-law, as well as daughters and daughters-in-law were implicated. Summarizing the general literature on elder abuse, Fryling, Summers and Hoffman (2006) noted that while both men and women can commit abusive acts against the elderly, men represent a higher percentage of abusers (except in the area of neglect where there appears to be a relatively equal representation), and that most offenders are the adult children. Several studies have shown that considerable elder abuse is committed by daughters or daughters-in-law (Arai, 2006; Rabi, 2006; Tauriac & Scruggs, 2006), perhaps occurring in the context of their more direct roles as caregivers to elderly parents and parents-in-law.

In the pre-migration context, the elderly were respected and cared for, and adult children went to their older parents for advice regarding most life situations. However, in the post-migration context, the situation was reversed. Older people became dependent on their adult children for advice, information and support because often the

children had been living in the country longer than their parents or because of financial, language, and/or transportation barriers the elderly faced in the post-migration context.

Moreover, the older women experienced various forms of threat and control from their community. The findings show that the community exerted considerable control over the older women's decisions regarding leaving the abuser, living alone, engaging in paid employment, or refusal to engage in unpaid work. The underlying patriarchal belief is that the women should sacrifice their life for the benefit of their children and grandchildren. Our previous work on IPV (e.g., Guruge, 2007) showed that older women are more vulnerable to control from their community when they become widows since the women's social status is often tied to that of their husbands. As widows, they often are not allowed to take a central role in various rites of passage such as the marriage or puberty ceremonies of their children and grandchildren.

Our study findings also show how the society at large was implicated in the older immigrant women's experiences of abuse and neglect. While both immigrant and non-immigrant elders experience ageism, for older immigrant women, convergence of multiple 'isms' of oppression, including ageism, sexism, racism, and classism, have made older immigrant women from racialized communities 'invisible' to society. Owing to immigration rules, seniors are dependent on their sponsors for 10 years following their immigration to Canada. Even at age 65, many are not entitled to social security funds due to their late arrival in Canada (Guruge, Kanthasamy & Santos, 2008). They are unable to secure employment in the new setting because of language differences, lack of prior 'Canadian experience,' ageism, and racism: as a result, they are often dependent on their children. Even if they receive a pension, most often such income is given to or taken away by their children as a result of the financial difficulties they face in the new context. For older women, lack of or loss of finances and consequential financial dependency create considerable stress, fear of poverty, loss of social status at home and in the community, and loss of self-esteem. Beiser et al.'s (2006) findings also showed that financial stresses negatively affected Tamils over 50 and that even with limited finances, some women felt obligated to assist their children financially.

Barriers to knowledge about existing services and to accessing and using such services, as well as the lack of appropriate services, were noted in the current study. Although abusive acts and neglect also took place in the pre-migration context, participants perceived that the women's vulnerability to abuse and neglect increased in the post-migration context. Moreover, they perceived that various factors specific to the post-migration context reduced women's opportunities to respond

to abuse and neglect in a manner most suitable for them and their families. The findings indicate that those factors created situations in which changes in family dynamics, social isolation, older women's financial and transportation dependency, and lack of time and support for the families appeared to lead to conflict, abuse and neglect. Similar findings were noted in our previous studies (e.g., Guruge & Humphreys, 2009; Morrison, Guruge & Snarr, 1999) regarding the barriers to disclosing IPV. The barriers identified there included lack of awareness of their rights; feeling shame and embarrassment; feeling that it would be disloyal and a betrayal; feeling they deserved the abuse; not wanting to be responsible for hurting the abusive family member; fearing reprisal or other consequences such as abandonment, being moved to an institution, family break-up, or being alone; being concerned about confidentiality and the desire to protect their own and their family's standing in the community; believing that family problems should be kept within the family; and limited social support. These factors are not unique to immigrant communities. What may be unique to the post-migration context are geographical isolation, financial constraints following immigration, language difficulties and the new context. Although the previous studies were about IPV specifically, our current study showed similar barriers for the older immigrant woman dealing with abuse and neglect within other relationships.

STUDY STRENGTHS, LIMITATIONS & IMPLICATIONS

This study incorporated the voices of women who were currently experiencing abuse, violence and neglect not only at the hands of their husbands, but also other family members such as their children and their sons and daughters-in-law. By speaking with women individually about their individual situations, we were able to gain an in-depth understanding of their experiences and their responses to abuse and neglect. The focus group discussions provided an opportunity for women to talk about their unique as well as shared experiences. This approach to our study also provided a window into the resourcefulness and resiliency of these newcomer women.

Study participants were recruited with convenience and snowball sampling strategies, which might have restricted our sample representation. It is also possible that we lost some of the cultural nuances during the translation of the interviews and focus groups that were conducted in Tamil.

The study provided meaningful insights into the perceptions of and responses to abuse and neglect among older immigrant Tamil women in Canada. These insights highlight the need for collaboration

between policy makers, agency administrators, community leaders and researchers, as well as social and health professionals to address the following:

Meso (community) level:

- raise further community awareness of the negative impact of abuse
- increase the accessibility of existing services by staffing with Tamil-speaking service providers
- organize intergenerational social and cultural events
- make available more accessible health, social, and settlement services to older women/men
- identify a single point of entry of access for information and services for older immigrants
- establish language training and further education opportunities for women
- work with community leaders to address community norms that lead to abusive situations
- offer linguistically and culturally appropriate one-on-one counseling
- arrange transportation and escorts for older women experiencing difficulties with mobility

Macro (societal) level:

- advocate for the elimination of government restrictions that affect older people and the criteria of sponsorship
- translate existing documents regarding the rights of newcomer women and make them widely available at various community locations as well as at points of entry to Canada
- advocate for change of policies and laws regarding financial assistance for seniors

In addition, the study findings can be used to generate further research questions such as the following: How do the definitions of elder abuse vary across immigrant communities? What are the common post-migration factors that lead to older women abuse? What are the common pre-migration factors that lead to older women abuse in the post-migration context? What can be put in place across communities to better support older immigrant women dealing with abuse? Finally, what policies can be put in place to address ageism, sexism, racism and classism in society?

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