



LITERATURE AND STAKEHOLDER REVIEW

Elder Abuse Prevention and Intervention in Alberta



ISBN: 978-0-9812370-9-1

Alberta Council of Women's Shelters
320, 10210 Jasper Avenue
Edmonton, AB T5J 2W4
Tel: (780) 456-7000
Fax: (780) 456-7001
www.acws.ca

Table of Contents

| | |
|--|----|
| Phase One Overview | 5 |
| Introduction | 6 |
| Definition of Elder Abuse | 9 |
| Types of Elder Abuse | 9 |
| Structural and Ideological Factors | 12 |
| Barriers to Reporting | 14 |
| Challenges in Rural Communities | 17 |
| Caregiving and Caregiver Stress | 21 |
| Elder Abuse in Aboriginal Communities | 28 |
| Legislation | 30 |
| Stakeholder Review | 36 |
| Review of Existing Resources in Edmonton, Calgary, Medicine Hat, Lethbridge, and Red Deer | 36 |
| Resources Commonly Available in Alberta | 37 |
| Responses, Supports, and Resources for Each Alberta Community to Address | 37 |
| Elements of a Coordinated Community Response to Elder Abuse | 37 |
| Conclusion | 39 |
| Endnotes | 42 |
| References | 44 |

Acknowledgements

Thanks to funding from Alberta Seniors and Community Supports, a project team of key community stakeholders developed a resource guide for any community in Alberta that wishes to address or enhance their services to abused older adults accompanied by this Literature and stakeholder review. Our thanks to the members of our Project Team:

Jamie Evans, Public Education and Awareness Coordinator, Medicine Hat Women's Shelter Society

Pat Power, Community Social Worker, Elder Abuse Intervention Team, City of Edmonton

Bernice Sewell, Director of Operations, Seniors Association of Greater Edmonton (SAGE)

Luanne Whitmarsh, Chief Executive Officer, Kerby Centre, Calgary and

Sandra LeBlanc, Researcher, Project Manager and Principal Author

We would also like to recognize the following individuals and organizations who also contributed to this project:

Brenda Hill (Shelter Director, Kerby Rotary House), Eva Chan (Community Development Coordinator, Action Group on Elder Abuse, Alliance to End Violence, Calgary), Steve Andrejiw (Neighbourhood and Community Development, F.C.S.S. Division, Senior/Rural Portfolios, Fort McMurray), Barb Beecroft-Berard, Program Coordinator, SOAR – Seniors Outreach Abuse Resources (Red Deer), and many others.

Phase One Overview

The phase one literature and stakeholder review for the prevention and intervention of elder abuse in Alberta had several objectives:

1. Identifying existing academic resources regarding the prevention and intervention of elder abuse;
2. Identifying some of the already existing resources;
3. Preliminary exploration of a community development process;
4. Initial identification of elements for implementation of a collaborative community response to elder abuse in Alberta; and
5. Establishing criteria for assessing resources.

The following is the result of an extensive literature review, multiple meetings, and ongoing consultation with the Project Team (see Acknowledgment Page).

Additionally, during the literature review, research was conducted nationally, and at times internationally, regarding promising and effective models, programs, and phases of a coordinated community development process, ranging from how a rural, urban, or Aboriginal community could go about identifying and engaging stakeholders from the medical, police, shelter, social work, legal, government, addictions, and multicultural communities, to

identifying proven models and best practices that have the potential for extrapolation or adaptation to Alberta communities. Research results are supported by sociological analysis, since seniors reside within families, communities, and societies with pre-existing attitudes, beliefs, and prevailing ideologies affecting all citizens. Of particular importance to this project are ageism, colonialism, racism, patriarchy, sexism, power, paternalism, dominance, authority, autonomy, and empowerment pertaining to domestic violence and the abuse of older adults.

This document has been prepared for the Alberta Council of Women's Shelters as part of an ongoing effort to promote and disseminate knowledge and research on the prevention and intervention of elder abuse in all Alberta communities. Many primary and secondary sources are cited; however, further consultation with other relevant sources is strongly encouraged, since elder abuse is a complex issue that society is only just beginning to address. This report follows the criteria set out by the preceding research proposal that was submitted to Alberta Seniors and Community Supports in order to obtain funding for this project, and recognizes that a community's diversity is a crucial element for any program development strategy, both in the initiative itself and in the processes required to develop the initiative.

Introduction

Canadian society is aging. The current population of Canada is approximately 33.9 million and by the year 2025, it is projected that approximately 28% of Canadians will be age 60 or older (Statistics Canada).¹ There is a distinct geographic distribution of seniors across the Canadian provinces and territories, with high concentration in southern Ontario and parts of British Columbia, as well as across urban and rural areas, with urban centers tending to have more seniors' resources. Over time, Canada has evolved from a mostly rural society to a mostly urban society, with approximately 80% of the population residing in urban centers (Podnieks, 2008: 127). Canadian cities and towns are considered to be aging in varying degrees. Lethbridge, Alberta is aging faster than Fort McMurray, Alberta, for example.

Immigration, ethnicity, status, and language are all important factors to consider with respect to Canada's seniors. More than 976,000 Canadians report that they are Aboriginal, including approximately 39,600 Aboriginal seniors (age 65 or older) (Statistics Canada). As of the 2006 Census, there were 7,130 Aboriginal seniors in Alberta, comprising 2.1% of the senior population.²

Individuals born outside of Canada represent approximately one-third of Canada's senior citizens, thereby contributing to Canada's ethnocultural diversity (Podnieks, 2008: 126). The current statistics indicate that of the 7.2% of seniors belonging to a visible minority group, the largest share (39%) were Chinese. Seniors belong to families, communities, cultures, regions, nations, and societies governed by pre-existing and sometimes firmly entrenched attitudes and ideologies exerting influence on societal members. Ageism, patriarchy, sexism, colonialism, racism, power, authority, paternalism, dominance, privilege, autonomy, and empowerment are important factors to consider in connection to elder abuse and family violence. Developing a coordinated community response based on awareness, education, and increased resources and supports is urgently required. Elder abuse is a problem in society at present and, if left unaddressed, will continue to be a problem in the future, especially as the population ages.

Population aging is attributed to factors such as longer life expectancy, low fertility rates, and the effects of the baby boom generation. The number of seniors in Canada increased from 2.4 to 4.2

¹ According to the World Health Organization, the most internationally accepted definition of an "older person" is 60 years of age and over (2002: 2). The terms "elder," "senior," and "older adult," are used interchangeably in this review to refer to individuals age 60 and older. This review uses "elder" with a small "e" to refer to those age 60 and older, since Elder with a capital "E" has specific meaning in Aboriginal communities.

² A Profile of Alberta Seniors, 2010, Page 26

million between 1981 and 2005, and their share of the total population increased from 9.6% to 13.1% (Statistics Canada). Statistics Canada reports that population aging will “accelerate over the next three decades, particularly as individuals from the baby boom years of 1946 to 1965 begin turning age 65. The number of seniors in Canada is projected to increase from 4.2 million to 9.8 million between 2005 and 2036, and seniors’ share of the population is expected to almost double, increasing from 13.2% to 24.5%. Population aging will continue between 2036 and 2056, but at a slower pace. Over this period, the number of seniors is projected to increase from 9.8 million to 11.5 million and their share of the total population is projected to rise from 24.5% to 27.2%” (Statistics Canada).

Recent studies estimate that approximately 7% of seniors are abused in Canada (Statistics Canada, 2002). In conducting the 1999 General Social Survey, Statistics Canada interviewed approximately 4,000 seniors in Canada to obtain information regarding their experiences with financial, emotional, physical, and sexual abuse and violence committed against them by spouses, children, and caregivers. Results obtained from these senior participants indicated that about 7% experienced some form of financial or emotional abuse from a spouse, adult child, or caregiver within the five years prior to the interview. Emotional abuse was reported the most frequently (7%), followed by financial

abuse (1%), and physical or sexual violence (1%). Almost 2% of those interviewed reported that they had experienced more than one form of abuse (Statistics Canada, 2002). Consider that these statistics are based on abuse that is actually reported. Since a great deal of the abuse remains unreported, these figures represent only a portion of the larger problem.

Alberta has long been at the forefront of addressing domestic violence including elder abuse. On average, over 26,000 seniors are experiencing one or more types of abuse at the hands of those who should be in a position of trust. Consider that this estimate is based on the current population of seniors, and that this demographic is set to increase dramatically over the coming years as the baby boom generation continues to age. It is predicted that the greatest increase in Alberta’s senior population will occur in those who are age 80 and older.³ By 2016 Alberta’s senior population is projected to increase by another 13-14.5% of the total population. This means that Alberta will have about 500,000 seniors at that time (Alberta for All Ages, 2000: 11). To put it another way, by the time we reach the year 2016, Alberta’s senior population will have increased by 60-70%, from 1999 statistics, while the general population will increase by only 30% (Alberta for All Ages, 2000: 19). Low fertility rates, longer life expectancy, and the changing demographics initiated by the aging baby boom generation are among the most prevalent factors contributing to

³ Looking at the Canadian population, the number of seniors 80 years and older increased by 41% from 660,000 to 932,000 (Statistics Canada).

these population aging trends. While the increase in population aging will bring about the necessity of a variety of new and/or intensified programs, policies, and procedures by way of response and management, one area that must be seriously addressed is elder abuse. In this review, elder abuse is understood to be a human rights issue, and not simply a private family matter. It is also a gender issue, since women comprise the majority of the older population in virtually all nations

across the globe (WHO, 2002: 2-3). Currently, “58% of older women live in the developing world. By 2025 this will increase to 75%” (WHO, 2002: 3). Elder abuse arises from radically shifting social and economic patterns and changes occurring throughout the world – “such as urbanization, changes in family and participation of women in the paid work force, combined with persisting if not worsening poverty and inequality – provide a fertile ground for elder abuse” (WHO, 2002: 3).

Definition of Elder Abuse⁴

Elder abuse is defined as “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, 2002: 3). Definitional difficulties arise from varying situational and cultural contexts; however, this is the definition relied upon in this review.⁵

Types of Elder Abuse

The various forms and degrees of elder abuse may be categorized as follows:

Human Rights: Any violation of rights including withholding or altering of information, restricting liberty, denying privacy, visitors, or religious worship, unnecessary confining to a hospital or institution, interfering with mail, and so on, including:

Financial/Material Abuse: Stealing money or material possessions, forging signatures to cash pension/insurance/personal cheques and keeping the money, fraud, trickery, interfering in making a senior's financial decision, persistent requests for money, pressuring or forcing a senior to sign documents, misuse of Power of Attorney, Guardianship responsibilities, and all

other dishonest actions involving taking an older person's money or property;

Psychological/Emotional Abuse: Any actions or words that cause emotional pain, fear, decreased self-esteem or dignity, such as verbal threats, yelling, insults, humiliation, degradation, blackmail, withholding or withdrawing affection for manipulative purposes, refusing access to grandchildren, isolation, confining the elderly person to a chair, bed, room, or residence, disrespect for privacy, belongings, or pets;

Physical Abuse: The use of physical force such as hitting, slapping, grabbing, pushing, punching,

⁴ While there is some discrepancy on the definition of elder abuse in the literature and in practice, rather than becoming entangled and distracted by terminological subtleties, this review understands and accepts the following working definition in order to proceed.

⁵ Cultural contexts and other situational factors must be recognized and understood in the wider context of elder abuse. For example, in some cultures and subcultures, older widows are subjected to property-grabbing, or abandonment. Others are accused of witchcraft. Mourning rites of passage for some widows in African and South Asian cultures can include forced re-marriages, cruelty, sexual violence, and/or evacuation from their homes (WHO, 2002: 3). As our work progressed, you will note that our final document uses the term “abuse of older adults” given that the term elder has special significance for in Aboriginal, ethnic and church communities. See Appendix A, Definitions and Context of Abuse in the document, Abuse of Older Adults: Guidelines for Developing Coordinated Community Response Models.

strangulation, unnecessary restraining, coercion, personal attacks, exposure to severe weather, or rough treatment that may result in physical discomfort, pain, or injury, causing such things as broken bones, fractures, dislocations, bruising, abrasions, burns, or even death;

Sexual Abuse: Any form of unwanted, non-consensual sexual contact, including fondling, sexual acts, sexual comments, exploitive use of pornography, and any indecent exposure or acts by the abuser;

Medical Abuse: Withholding or withdrawing food, water, medicine, or prescriptions, over-administering prescribed medication causing bodily harm, sedation, or other negative effects, improper refilling of prescriptions, theft of medications for the purpose of resale, refusing to act upon possible side effects of medications, failure to seek medical assistance;

Legal Abuse: Any violation of human rights and/or freedoms, being forced or tricked into changing a will, denying or restricting access to public services such as nursing, therapeutic, and home care;

Spiritual Abuse: Any act of denying or ridiculing religious or spiritual beliefs or participation in religious services;

Cultural Abuse: Any act of denying the ability or opportunity to participate in cultural practices;

Systemic Abuse: Abuse suffered by the victim, often causing feelings of re-victimization,

stemming from within the health care system, legal system, and so on. Examples include over-prescribing or unnecessary prescribing of medication by a medical doctor, and discrimination of Aboriginal peoples by the criminal justice system;

Neglect: Failure to provide basic care or personal needs care such as food, water, shelter, hygiene, proper clothing, physical aids, exercise and social interaction, attention, supervision if necessary, health care, and a safe environment. Neglect includes active, passive, and self neglect;

Active Neglect: Intentional failure of the caregiver to fulfill caregiving duties;

Passive Neglect: Unintentional failure of a caregiver to fulfill caregiving responsibilities due to lack of knowledge, skill, illness, infirmity, or lack of awareness of community supports and resources;

Self-Neglect: An individual's inability to provide for his or her own needs;

Self-Abuse: An individual causing harm to his or her self, such as through the over-use of alcohol or other drugs/prescription medications;

Abandonment: Desertion by an individual who held physical and/or legal custody, and/or held a moral responsibility to provide care for an elderly person; and

Murder and Manslaughter:

Risk factors involved with elder abuse include: intra-individual dynamics, intergenerational transmission of violent behavior, dependency, external stress, and social isolation (Pillemer and Wolf, 1986). Abuse might be part of a pattern of either recent or long term spousal/partner violence arising from disproportionate power and coercion. Caregiver stress has long been the reason and rationale for the abuse of seniors by family members. Abuse occurs at the hands of

adult children, grandchildren, and other family members, particularly those who are dependent on the senior in some way. Abuse may be opportunistic, capitalized upon by non-relatives, recent acquaintances, or strangers. Elderly men and women suffer abuse, with women being more likely to suffer more severely from both psychological and physical abuse (Lundy and Grossman, 2004: 86-92).

Structural and Ideological Factors

A great deal of the elder abuse literature focuses on the individual, the perpetrator, and family dynamics. Studies often focus on pathologies such as mental illness or disability, physical impairment, and substance abuse and addiction that play a major role in the abuse of older persons. While the importance of these types of studies cannot be over-emphasized, and certainly must continue emphatically, the overall effect of this research focus is that elder abuse remains a private issue, a family problem to be dealt with by the family. This review asserts that elder abuse must also be seen as a larger social concern. In other words, elder abuse must be addressed from an individualistic perspective and from a social perspective in order to effectively combat and alleviate the problem.

Larger structural-societal issues involved with a person's standing in life and corresponding life opportunities that may pertain to abuse include age, gender, class, race, ethnicity, and socio-economic status. Ageism and patriarchy are root causes of elder abuse. Ageism is discrimination, or the upholding of irrational and prejudicial views about individuals or groups, based on their age. Ageism involves stereotypical assumptions about a person's or group's physical or mental capacities and is often associated with derogatory language applied to the older persons. Paternalism involves social relationships where the dominant partner adopts an attitude and set of practices that suggest provident fostering care

for his or her subordinates. Paternalism carries implications of unwelcome meddling in the lives of the subordinated by the dominant, and also alludes to gross inequalities in access to, and exercise of, power. Paternalism is evident in many cases of elder abuse.

Seniors report that "[d]isrespect is the most painful form of mistreatment identified by older adults in all countries," with one Canadian senior stating, "[p]eople talk down to us, call us 'sweetie' or 'dearie' – tell us what to do," and other reporting being told to "just shut up, take what we give you, and just enjoy" (WHO, 2002: 13). A senior from Lebanon said, "[r]espect is better than food or drink" (WHO, 2002: 13).

Seniors often speak of disrespect through verbal and emotional abuse and neglect (WHO, 2002: 13). Disrespect is an indicator of a negative social attitude towards seniors. Many groups of seniors reported feeling that the younger generation is especially disrespectful and that social values and attitudes have changed since the "old days," and that the media was to blame for promoting ageist attitudes and negative stereotypes of seniors (WHO, 2002: 13). These negative social attitudes and disrespect are embedded within the health care system, reflected by one family member from Canada who stated: "He was kept in diapers and never taken to the bathroom" (WHO, 2002: 14). Seniors discussed disrespect in various governmental and commercial institutions; for

example, being made to wait for an excessively long time often in uncomfortable circumstances in banks, government offices, police stations, and in the health care system. “At the post office or at the railway station you are supposed not to speak too slowly and you are treated badly when you have a hearing problem” (WHO, 2002: 14). Public transportation holds many opportunities for disrespect as well: “The bus driver closed the door just before this old woman with two crutches could enter the bus. Well, he opened the door again but was angry and scolding her” (WHO, 2002: 15). Retirement and the “golden years” are considered to be the point when life changes for the better. Clearly this is not always the case.

Patriarchy – literally “rule of the father” – was initially used to describe social systems based on the authority of male heads of households (Marshall, 1994: 383). In contemporary times, initiated largely by feminist theories, patriarchy has come to mean male domination in general (Johnson, 2005; Smith, 2007). Patriarchal ideology is useful in understanding male dominance over women in family violence and elder abuse. While there is no one-size-fits-all approach that can be

utilized to eliminate elder abuse, there are great gains to be made toward successfully addressing and diminishing this abuse by widening the lens to include the individual, the family, culture, social structures, and attitudes. Adopting this all-encompassing approach allows for addressing the fact that abusers can be anyone, and anyone can be abused.

Although at present there are few operating systems of data collection concerning more accurate statistics regarding the prevalence⁶ and incidence⁷ of elder abuse, more are being implemented as the problem gains exposure to society. It is evident from self-disclosure, the reports of concerned family, friends, and neighbours, journalistic accounts, small-scale studies, medical records, social services records, and crime records that the problem of elder abuse, neglect, and financial exploitation is much larger and much more common than most societies would care to admit. There is a great deal of work to be done here. One of the reasons why the statistics that do exist are so low is directly related to various barriers to reporting.

⁶ Prevalence refers to the number of incidents of violence that occurred over a lifetime.

⁷ Incidence refers to the number of new incidents of violence within a certain time frame.

Barriers to Reporting

Elder abuse is under-reported and unreported. Older abused adults are reluctant to disclose the abuse particularly when the abuser is a family member. This phenomenon is as a result of several factors influencing the abused senior:

- Denial; children or grandchildren and protecting the children as a result;
- Shame, embarrassment, and/or guilt;
- Love of the abuser;
- Fear of continued abuse or escalation of abuse;
- Fear of being abandoned by the caregiver and perhaps having others turned against them in the process, especially if they are dependent upon the abusive caregiver, which may result in loss of independence, loss of access to family, and possibly institutionalization;
- Lack of financial resources;
- Abuser-instigated threats resulting in fear of the dire consequences to themselves or loved ones if the abuse is reported;
- Lack of understanding which may be due to mental impairment or traditional socialization whereby behaviours that are considered abusive in contemporary context may not have been considered abusive in historical context;
- Blaming themselves for the behaviour of their
- Believing that police or social services will not be able to help;
- Believing that the family unit must remain intact at all costs; therefore, the abuse is a private matter and should not be disclosed for fear of destroying family image or honour and destroying their own image as respected matriarch or patriarch of the family;
- Lack of self-esteem as a result of prolonged abuse that began much earlier in life;
- Believing in traditional philosophies such as one gets what one deserves, which is perpetuated by the abuser's philosophy that everything is always someone else's fault;
- Unawareness of resource options;
- Investments that may not be recovered if the abuse is reported;
- Presence of pets; and
- Presence of, or access to, firearms.

In addition to these main categories of abuse, seniors participating in focus groups facilitated by researchers connected with the World Health Organization highlighted several concrete contexts where elder abuse occurs as part of social or institutional arrangements, including: retirement and social roles of older adults, long-term care institutions, health care professionals as abusers and as victims, and culture-specific influences on abuse (WHO, 2002: 9).⁸ Through continued discussion, senior participants identified two key factors that underpin “virtually all forms or contexts of abuse: gender and socio-economic status” (WHO, 2002: 9). Although participants described various ways that these factors affect elder abuse in their respective communities, “two crucial points emerged. First, there was a prevailing view that women particularly the (poor) childless and widow[ed], are the most affected. Second, and more generally, although elder abuse affects all social classes, respondents agreed that it is the poor older people who suffer the most” (WHO, 2002: 9).

Structural societal abuse is a key category of abuse, and focus group participants fulfill their responsibilities towards older people” (WHO, 2002: 10). “Several of the reports traced how economic crises in their countries resulted in elder abuse and participants clearly blamed the governments for this” (WHO, 2002:11).

Moving “beyond the issue of how accommodation is physically shared, participants in all countries spoke about how changes in social roles have created situations where they end up abused or neglected” (WHO, 2002: 11). Senior participants claimed that formerly women remained at home and were the primary caregivers for children and dependent older adults and looked after the household. Now that all adults in the family have to go out to paid jobs, there is no capacity left for caregiving. This results in widespread emotional neglect and often also physical neglect of older adults. Stress levels are primarily blamed on governments and structural factors for the mistreatment they experience in their homes and in public. “Even in some focus groups in developed countries, such as Sweden, the responsibility for elder abuse prevention and intervention was placed at the government level. The prevention of elder abuse is clearly viewed as a public responsibility and part of governments’ responsibilities is to care for vulnerable people in their respective societies. Participants frequently mentioned issues such as budget cuts, wrong priorities in public spending, cutbacks in health care, and insufficient supervision of health care institutions as concrete instances of governments’ failure to fulfill their high due to the pressures on the middle generation, who come home from their jobs and lack patience in dealing with their older family members. The result is often verbal

⁸ Institutionalized abuse is not directly discussed in this review since the focus here is on prevention, intervention, and coordinated community response to elder abuse. Seniors residing in hospitals, senior’s lodges, group homes, nursing homes, and long-term care facilities, and so on, are protected by the Protection for Persons in Care Act which promotes the safety of adults in care.

abuse and sometimes even physical abuse. However, many older adults, even while naming such behaviour as abusive, excuse their children. They recognize that their children are living under a great deal of stress and instead place the primary blame on government social and economic policies (WHO, 2002: 11).

An older Canadian participant justified a case of financial abuse by stating: "He must have needed the money" (WHO, 2002: 11).

Challenges in Rural Communities

Life in rural communities is often portrayed as serene and homogenous, and comfortingly conservative and traditional with old-fashioned values. The tranquility and freedom associated with this unhurried pace of life compared with large urban centers is cherished and often eulogized in everyday conversation and in the literature. The lives of those who live in the country are often reflected in these embraceable images. The interconnectedness of the community, the bond with nature, and freedom from traffic congestion, pollution, hectic lifestyles, and high crime rates often associated with large metropolitan centers are all enjoyed by those who reside in the country. These myths support and maintain each other, and serve as the foundation for understanding the differences between urban domestic violence and rural domestic violence.

In reality, rural communities are far from homogenous, since they are often diverse in social, cultural, and economic terms, and different rural communities and regions have differing needs. Social structure, culture, ethnicity, class, occupational status, and political influences vary from community to community. The agricultural enterprises and the economic and business base of small towns within regional centers also vary. One notable example is found when comparing a rural community economically involved in the production and distribution of animal and grain products and a rural Aboriginal community. Another notable area where homogeneity does not apply is gender.

Gender, ethnicity, and class are especially strong modes of social differentiation.

These myths and misconceptions surrounding peacefulness and homogeneity may serve to mask rural diversity, racism, fundamentalism, and a common ideological culture regarding violence, especially gender-based domestic violence. Rawsthorne (2000) argues that it is the notion of rurality, particularly the comforting image of “one big happy family” that prevents the identification and reporting of a wide range of social problems, including racism, alcoholism, drug abuse, homophobia, and family violence. Competing with or deviating from the dominant rural ideology renders the deviator as an outsider, thereby denying “the other” a place within the formerly welcoming broader community. The exclusion of being identified as an outsider within a close-knit, traditional community with the prevailing ideology of “those things don’t happen here” is extremely isolating, perhaps to the point of debilitation.

In contrast to the idealism associated with perceived rural tranquility, many countries report higher rates per population of domestic violence, sexual assault, and murder occurring in rural areas compared to metropolitan areas (NSW Bureau of Crime Statistics and Research, 1998 and 1999; 1997-2000). In Alberta Aboriginal communities, the rates of violence are higher than in other communities, which may put the elderly at risk

for various forms of abuse (Dumont Smith, 2002: 8). Significantly, “Aboriginal elders are nearly two times as likely (16% versus 7%) to be living with extended family members compared to the mainstream population (Dumont Smith, 2002: 8).

Very few evidence-based studies of rural domestic violence exist, and even fewer on elder abuse, but it is well documented in the literature that the highly significant problems and challenges of victims of family violence are exacerbated by rural factors. Geographical/social isolation and lack of crisis services and follow up services are paramount. In addition to isolation and lack of services, poverty, economic dependence, lack of privacy, lack of public transportation, uninformed workers, the normalization of violence, the presence of firearms, a perception that violence must be physical, reluctance to leave farm animals behind, reluctance to leave the farming lifestyle behind, decreased access to resources such as employment, advanced education, and adequate child care, all serve to make leaving the abusive situation more difficult. Victims of rural domestic violence run the risk of not being believed when they disclose their abusive situation, and may feel the need to protect their abuser out of fear that the abuse will not be kept confidential and intensify if the abuser loses employment, status, and/or friends due to the disclosure. Abusers are often “fine, upstanding citizens of the community” and the family appears to be doing well to observers within the community. One victim reported, “[t]hey wouldn’t believe what was going on because in all circumstances we did look happy together” (Martz and Saraurer, 16).

Another woman reflected, “[a]ny time I went to seek help to prepare or to do something about feeling safe, people would almost laugh at me, you know, that I was exaggerating and those kinds of things” (Martz and Saraurer, 16).

While this may also be true in urban communities, it is likely that rural health care providers are acquaintances, friends, relatives, or neighbours of their patients/victims and their families, which creates another barrier to disclosing domestic violence confidentially, and therefore further isolates the victims. Strong cultural or religious values, including strong ties to the land, kinship ties, and traditional gender roles all serve to increase the challenges faced by rural victims of domestic violence should they attempt to leave their abusive relationship. The increased availability of weapons such as firearms and knives commonly associated with hunting and pest control in rural areas also increases the risks and lethality of domestic attacks upon rural women. In fact, “[t]he rate of spousal homicide against females was between three and five times higher than the rate against males between 1977 and 2006” (Gonzales and Mandelman, 2009: 34). In a Saskatchewan study, intergenerational abuse was indicated in 90% of the cases (Martz and Saraurer). Studies on risk factors associated with domestic violence show that intermittent, perhaps seasonal, unemployment of abusers, as well as increased drug and alcohol use and abuse, are significant risk factors (Kyriacou, et al., 1999; Bushy, 1998; National Center on Addiction and Substance Abuse, 2000). These complex issues increase in complexity exponentially for

rural women who are Aboriginal, from culturally and linguistically diverse backgrounds, have a disability, are lesbian, and/or are older.

Offender treatment options are limited or non-existent in most rural communities. The most pressing need expressed by rural women was better access to counseling for all members of the family. For example, one rural Saskatchewan victim estimated that “it cost \$160.00 a month for the gas for her husband to go back and forth to the nearest city to participate in the Alternatives Program for Abusive Men” (Martz and Sarauer, 27). This was beyond the means of the family, and many other families. Access to services is a key area for dealing with family violence and there is great need for the implementation of prevention and treatment programs.

Elderly rural women, indeed most rural women, are excluded from the literature regarding domestic violence, and therefore are not found to be a part of academic dialogue, theory development, and decision-making. In most countries, including Canada and the United States, urban populations vastly exceed rural populations, with approximately 20% of the population scattered (almost invisibly) in rural areas compared to the approximately 80% who live in cities (Violence Against Rural Women – What is Different). Therefore, there is an “urban bias” because most services and supports are located in urban areas, not rural areas. Given the

high rates of domestic violence in rural areas, it is clear that there is a great deal of work to be done in this area, especially with respect to elder abuse.

While any senior, male or female, of any income/wealth level, any ethnic or cultural group, of any health level, in any geographical location may become the victim of abuse, most abusers are family members with whom the abused senior is living. In a small Alberta study conducted in 1985, over half the older adults reported to have been abused were residing with the person who abused them.⁹ While there is no easy explanation for why the abuse and neglect of seniors occurs, we know that most reported cases involve spouses, adult children, grandchildren or other relatives. Others involve paid caregivers or family members who are caregivers. Financial limitations can create family stress that might lead to abuse or neglect. Addressing elder abuse in rural areas is challenging. Some abuse and neglect may reflect ageism, be part of a cycle of family violence, or be opportunistic behaviour. There are those who comfortably use violence and control tactics in their interactions with others. There are those who hold negative beliefs about seniors and treat them with disrespect. Some people wrongly believe that they are entitled to an older person's money or property, simply by virtue of the fact that the person is older, or they are providing care to the senior, or because of their position in the family. Caregivers may experience increased

⁹ This information is courtesy of the Edmonton Police Department and is located at <http://www.edmontonpolice.ca>.

stress and personal problems that can elevate the risk of them harming or neglecting the senior. Other caregivers become overwhelmed with responsibilities and are not aware of ways to get help.

To address these and other issues, a Community Action Model was developed in Edmonton by the Community Action Committee comprised of professionals and a senior's advisory group.¹⁰ This model identifies the following as important factors that must be addressed when dealing with elder abuse in any community:

1. Housing and shelter;
2. Peer support (if abused, the need to have a friend is increased);
3. Public relations (education and training for professionals and the community at large);
4. Poverty (homelessness);
5. Legislation (what more can be done regarding elder abuse legislation, perhaps in the legal community);
6. Elder abuse in aboriginal communities (cultural/language barriers);
7. Elder abuse in immigrant communities (cultural/language barriers); and
8. Caregiver stress.

Caregiver respite can be crucial in preventing stress and burnout, thereby reducing the potential for elder abuse.

¹⁰ This model was provided by Pat Power.

Caregiving and Caregiver Stress

The nature of caregiver stress in situations of elder abuse must not be overlooked. A review of the existing research on caregiving and caregiver stress reveals its gaps and unaddressed questions. While caregivers might have alcohol- and drug-related problems, or be mentally ill, recent research shows that many caregivers start out to be concerned about the elderly individual, and carry out responsibilities the best that they can. This is found in Aboriginal communities as well as throughout wider society (Dumont-Smith, 2002). Caregivers may become exhausted and overwhelmed as time goes on.

Social policies attempt to privatize, ignore, or otherwise render invisible, the demands and human costs of care. Here the tensions between the public and the private, between family and work, autonomy and nurturance, reason and emotion, are revealed. Rather than dismissing these tensions as irreconcilable, we can look to the experiences of caregivers and those whom they care for, and care about, as a way of revealing important contradictions between various social goods. Integrating theory and analysis allows the examination of important assumptions about patriarchy, gender inequality, and women's so-called "natural" capacity for caregiving that underlie the current social distribution of unpaid caregiving labour. Male caregivers may find themselves without support or respite and can

also become overwhelmed.

Not all caregivers are unpaid, however. Caregivers such as doctors, nurses, nursing aides, and so on, have been performing paid caregiving duties for a very long time, of course, but this group is not under examination here. Rather, it is important to point out that, in addition to family caregiver stress, there is a deep connection between globalization and caregiving in the form of transnational careworkers. Transnational careworkers who migrate mostly from economically marginalized countries to Western countries, such as Canada, create a variety of issues that must be addressed by the families of the women who migrate, including their own children who are left behind, and the migrating woman herself (Spitzer et al, 2003). The motivations and circumstances of the families who hire the transnational caregiver must be highlighted as well. Rather than compromising and sharing house work, child care, elder care, and so on, between genders in the home, a nanny is hired to alleviate the immediate caregiving pressures.¹¹ While pressures might be relieved for the hiring family, increased pressures are placed upon the transnational care worker who likely had to say good bye to her own child(ren) and family and must now attempt to deal with this grief and loneliness while providing full time care to another. If the person in care is difficult,

¹¹ Families who choose to alleviate caregiving pressures by hiring paid help really only succeed in blunting the sharp contradictions between gendered norms.

which may occur for a variety of reasons, such as dementia, physical incapacitation, and so on, the stress placed on the care worker increases, paving the way for a variety of unpleasant outcomes.

To say that the globalization of women's care work is created by women to assist women, and leave it at that, would be a mistake. We must recognize and address the fact that discussing these issues only in terms of the women involved completely ignores the role of men. Women have entered the world of paid work en masse in recent times. While this phenomenon is paramount to achieving economic independence and self-fulfillment for women, in general, the men in their lives have not made adjustments to increase their levels of household labour, including caregiving. The majority of paid and unpaid Caregiving is done by women (Folbre, 2006; England, 2005, Hochschild, 1997, 2003; Graham, 1991; Stobert and Cranswick, 2004: 3). As Hochschild states, this creates a "second shift" and a "time bind" for women who participate in the paid labour force and then return home to work another shift, while men engage in paid work, and return home to a minimal amount of house work and caregiving.

Sociologists such as Arlie Hochschild (2003) and Paula England (2005) have long been advocating for change concerning women and the "double day," and the over-arching patriarchal attitudes

and behaviours supporting this socialized system, which has a direct impact on the care of senior citizens.

In examining Canada's "Sandwich Generation," we take the double bind one step further. The Sandwich Generation is of the utmost sociological, economic, and political significance, now more than ever before.¹² This group is under the most pressure of all and is unique in that, although child care, elder care, and paid work have been ongoing throughout history, this will be the first time in Canada that a significant proportion of the population is pressured to engage in all three at once, creating a "triple bind." We are perched on the threshold of an unprecedented sociological phenomenon. For the first time in history, as baby boomers age, our society will be comprised of more seniors than children. As discussed earlier, population analysts make a number of predictions, including the prediction that "by 2026, one in five Canadians will be 65 or older, up from one in eight in 2001" (Williams, 2005: 16). Statistics Canada expects that, by the year 2031, "seniors will account for about one-quarter of the population, or almost double the current proportion. And in 50 years, about one in 10 Canadians will likely be 80 or older. In 2005, just one in 30 fell into that category" (The Globe and Mail, December 16, 2005). Therefore, the over-65 group will bypass the 15-and-under group in about a decade. By 2031, "Statscan projects seniors

¹² The sandwich generation is understood to include those individuals who are age 45-64 with dependent children under the age of 25 living in the home, and who are also engaged in elder care. According to Statistics Canada and the 2002 General Social Survey (GSS) approximately 2.6 million Canadians who are between the ages of 45 and 64 had children under 25 living with them, and about 27% - or 712,000 - also performed some type of elder care. While the vast majority provided elder care for their parents, or parents-in-law, about 25% cared for other relatives, friends, neighbours, or co-workers (Williams, 2005: 16-17)

will number between 8.9 million and 9.4 million, depending on the growth scenario used. The number of children under 15 will range between 4.8 million and 6.6 million" (The Globe and Mail, December 16, 2005). Several factors are involved with the emergence of the sandwich generation, including delayed marriage and parenthood; lower fertility rates, increased life expectancy, "Velcro" kids (adult children who remain living in their parents' home), and "Boomerang" children (adult children who return to live in their parents' home, often following a destabilizing life event, such as job loss or divorce) (Schlesinger, 2007). Boomerang children often bring their partners and/or children with them when they move back home, creating an even more complicated situation which carries the potential for elevated tension, especially when the adult child becomes increasingly dependent on the parent, who, by now, is a senior in all likelihood.

Approximately one third of all marriages contain at least one person who was previously married (Schlesinger, 2007: 271). Remarriages can affect the way children live, and they can also affect the way caregiving of seniors is handled by these blended families, who might be involved with other blended families, and all could be potentially involved with caregiving responsibilities for the seniors in the families.

As well as affecting individuals and families, this phenomenon regarding the aging of the baby boomers also has the potential to greatly impact our medical system, which is an issue for all Canadians. In Canada, we are accustomed

to enjoying a universal health care system that provides equal access to health care, unlike countries such as the United States, where health care insurance must be bought and paid for in advance of health problems. In the U.S., uninsured older adults are at risk for poor health outcomes, and most would have benefitted from medical coverage earlier in life, if they could have afforded the insurance (Harvard Medical School, 2010). For anyone without health insurance in a privatized system, health issues can prove to be very costly. Extra funds for the provision of health care, out-of-pocket medical expenses, and/or health care insurance, may or may not be readily available to these people or families. Canadians are not in the habit of budgeting incomes to include purchasing health care, and this type of extra expense may come as a shock to some, and be totally beyond the realm of possibility for others. Older women are particularly vulnerable (CASW, 2006; Health Canada). The costs involved with providing necessary but expensive health care to seniors may very well result in added stress for seniors and their caregivers.

It has been established that the majority of caregiving is performed by women. The most stressed group of all, the sandwiched workers, care for children, seniors, and are also involved in paid work. According to the 2002 GSS, "73% of sandwiched workers had children under 20. Of these, 221,500 had at least one child under 16 and some 177,000 had two or more children under 18" (Williams, 2005: 21). In addition, these individuals are also caring for their own parents (67%) and their spouse's parents (24%), as

well as close friends and neighbours (24%) (Stobert and Cranswick, 2004: 2). Sometimes a sandwiched caregiver has more than one elderly person to care for, which complicates the situation even further: “about 21% of sandwiched workers cared for two seniors and another 5% for at least three” (Williams, 2005: 17). This means that “[e]ach caregiver is providing help to an average of 1.3 seniors” (Stobert and Cranswick, 2004: 2).

Caring for both children and seniors sometimes necessitates “life adjustments, such as a change in work hours, refusal of a job offer, or a reduction in income. About one in seven sandwiched workers had reduced their work hours over the previous 12 months, 20% shifted their work hours, and 10% lost income” (Williams, 2005, 17). Furthermore, “[c]aregivers in the high intensity group were also considerably more likely to experience work-related problems. They were three times as likely to shift their work hours, and more than twice as likely to reduce them or to experience a drop in income” (Williams, 2005: 18).

Sandwiched workers feel more stressed since they work part-time or full-time, raise children, and care for seniors, which leaves very little time for leisure activities such as hobbies or socializing, or even vacations; therefore, these caregivers often forget to take care of themselves. In fact, “more than one-third of these caregivers found it necessary to curtail social activities, and a quarter had to change holiday plans” (Williams, 2005: 19). Approximately 13% of sandwiched workers “experienced a change in sleep patterns, and the same percentage felt their health affected in

some way. While 1 in 10 sandwiched workers lost income, 4 in 10 incurred extra expenses such as renting medical equipment or purchasing cell phones” (Williams, 2005: 19). These things combined may contribute to already existing health problems, or perhaps create new health problems for the caregiver, resulting in stress, exhaustion, illness, burn-out, and therefore paving the way for elder abuse. What caregivers really want is some help themselves, yet only one in five report receiving help from others (Williams, 2005). Hochschild (2003) reports that only one in five men is actively and equally involved in the domestic sphere.

Sandwiched workers “reported needing support in the form of workplace programs or appropriate government policy. Workplace support includes flexible hours telework, and information about community resources in particular, and health and aging in general. However, despite concerns that potential work absences by sandwiched caregivers would lead to higher associated costs and productivity losses, eldercare programs are less likely to be available than childcare programs – and even if offered, they are not often used” (Williams, 2005: 19). According to Williams, “the 1999 Workplace and Employee Survey (which excludes public administration) found that 802,700 individuals or 7% of employees had access to childcare services but only 78,800 (just under 10%) made use of them. While fewer employees had access to elder care (394,300), the take-up rate was slightly higher at about 13%” (2005: 19).

Researchers involved with this particular survey suggest several possible reasons that might explain the low utilization rate of workplace elder care services. For example, it appears that programs often do not adequately meet the needs of either the care recipient or caregivers. According to some focus group researchers [from the U.S.], caregivers may try to hide their caregiving responsibilities, fearing that they are career limiting. And workplace culture may not support the use of such programs even when offered” (Williams, 2005: 19).

At the federal level, the Canadian government “expanded the Employment Insurance (EI) program to extend compassionate care benefits to a person who must be absent from work to provide care or support to a gravely ill family member” (Stobert and Cranswick, 2004: 5). These benefits “may be paid up to a maximum of six weeks to an employee looking after a loved one who is at risk of dying within 26 weeks. Unemployed persons on EI can also ask for this type of benefit. Benefits can be shared with other members of the applicant’s family, but they also must be eligible and must apply for them” (Stobert and Cranswick, 2004: 5).¹³

Regarding caregiver tax credits, the Canada Revenue Agency (CRA) “allows Canadians

to claim deductions and credits for individuals supporting people with disabilities. For example, care could have been provided to parents, parents-in-law and grandparents. The caregiver amount is a non-refundable tax credit which reduces the amount of federal income tax paid” (Stobert and Cranswick, 2004: 5). The Veterans Independence Program is designed to deliver benefits to those who have fought for the freedom of all Canadians <http://www.vac-acc.gc.ca/CLIENTS/sub.cfm?source=services/vip>. This is a comprehensive benefit program that is available only to veterans. It must be noted, however, that not all seniors have family members or veteran’s benefits to assist in caring for them as they age, leaving them to fend for themselves at the mercy of a sometimes inflexible bureaucratic system and potentially abusive caregivers.

Less than one in five of sandwiched caregivers (17% or 305,000 of more than 1.7 million) receive help with caregiving when they require a break from their responsibilities (Stobert and Cranswick, 2004: 3). Hochschild (2003) found that only one in five men truly do their fair share of housework and child care. For those who are sandwiched in this way, the “double bind,” so often used to refer to women’s’ “second shift” involving paid work and child care/house work, has expanded and intensified into the “triple bind,” involving paid

¹³ Under this new federal program, in terms of compassionate care benefits, a family member is defined as: “your child or the child of your spouse or common-law partner; your wife/husband or common-law partner; your father/mother; your father’s wife/mother’s husband; the common-law partner of your father/mother. Providing care or support to a family member means providing psychological or emotional support; arranging for care by a third party; or directly providing or participating in the care” (Stobert and Cranswick, 2004: 5).

¹⁴ It is understood that there are single mothers who are involved in elder care, and that some women provide care for children, the elderly, as well as caring for an ailing spouse. For the purpose of clarity, I focus on the sandwich generation specifically as I have it defined.

work, child care/housework, and elder care.¹⁴ It is not difficult to imagine how overwhelming tensions could escalate to abuse.

Emotional care, such as the counselling of seniors, in glaring error, is not included in the list of tasks performed by the unpaid caregiver. The 2002 GSS clearly states, “[c]aregiving in the form of emotional support is not included” (Williams, 2005: 20). Schlesinger states, “[e]motional care such as support and counselling, although not usually included in the discussion of tasks is certainly important as it demands time from the caregiver” (2007: 270). While Schlesinger recognizes that emotional labour is important in terms of the time factor, he does not mention the stress involved in emotion management (Hochschild, 1983), nor the emotional roller coaster that must be dealt with somehow by the caregiver. Many adult children experience considerable emotional difficulty when caring for their aging and likely unhealthy parents, perhaps even more so than when caring for healthy children. This may introduce an even greater amount of stress into the relationship between the care receiver and the caregiver, and this stress level may escalate as deteriorating health necessitates further care (Miller, 1981).

The caring relationship between an adult child and an elderly parent is more complex in some ways than the caring relationship between a parent and a healthy child or children. A type of role-reversal takes place when caring for an older parent: it used to be that the parent took care of the child, and later in life it is the child who

takes care of the parent. There are a plethora of powerful emotions involved in these complicated processes that cannot be denied. Having prior knowledge of the intensity of these emotional possibilities would enable caregivers to sustain themselves better as they become immersed in long seemingly unending periods of elder caregiving, whether or not this is combined with caring for children and working, all at the same time.

Historically and currently, caregiving duties are largely taken care of by women, since, from an essentialist biological perspective, women are considered “natural” nurturers, and therefore it is assumed that women should specialize in caregiving because they are more efficient at it than men, an age-old patriarchal view (Sydie, 1994). From this view, women gain personal satisfaction and development from taking care of others, and this satisfaction is their reward. Sydie contends that, in this way, women are seen as the “moral anchors” of “the family” (1994: 120). It is thought that men are better suited to specialize in paid work, and therefore participate in the family by sharing their individually achieved earnings and rewards obtained in the marketplace. Considering that women have entered the workforce in droves in recent decades, this patriarchal ideology is seriously out-dated and must be reviewed realistically.

Balancing the care of children and seniors is not a new event in society, but this balancing act presents us with new problems that will only deepen and intensify over the coming years. In

the past, three generations living under the same roof, with the middle-aged woman acting as the primary caregiver, was a regular occurrence. While there are some striking similarities between caregiving done in the past, such as the gendered nature of caregiving, and caregiving underway in the present, there is one very crucial difference. In sharp contrast to women caregivers of the past, who were mostly full-time homemakers,

today, most women who do the majority of the caregiving are also employed in paid work – a critical factor that cannot remain overlooked. This type of essentialism and over-generalization, that women are natural nurturers and men are better breadwinners, fails to acknowledge and understand the importance of cultural socialization and social constructions.

Elder Abuse in Aboriginal Communities

There are many important factors to consider regarding the prevention, intervention, and community response to the abuse of seniors in Aboriginal and immigrant populations.¹⁵ For the purposes of this review, the group called “Aboriginal” is meant as an inclusive term taken to include First Nations (status or non-status), Inuit, and Metis as defined by the 1982 Constitution Act of Canada. The term “elder,” as it is used in this review, should not be confused with “Elder,” which carries particular meanings in Aboriginal communities. “Elder” is often used to describe cultural and spiritual guides who “have gifts of insight and understanding, as well as communication skills to pass on the collective wisdom of generations that have gone before and who are frequently referred to as ‘the Old Ones, the Wise Ones, Grandmothers and Grandfathers and, in the Metis Nation, Senators. ‘Elder’ is capitalized when used to indicate honour or a title. It is not capitalized when it is used to mean senior” (Dumont-Smith, 2002: 1).

In some First Nations communities, “an Elder can be a Chief or a Clan Mother and, thus, be both the spiritual as well as the political representative of the people” (Dumont-Smith, 2002: 1). Dr. Florence Glanfield, a professor at the University of Alberta, explains that Elders are not necessarily older in

terms of age, as they are in wider society, but can be of any age. In fact some Elders are quite young. Still, they have the title bestowed upon them due to their wisdom and gifts. Elder is an earned title in Aboriginal communities, whereas in Western society, elder is used to refer only to those of a certain age.

Violence in Canadian Aboriginal communities occurs at a higher rate than in non-Aboriginal communities (Dumont-Smith, 2002). Little, however, has been written and published about the incidence and prevalence of Aboriginal senior abuse, especially concerning older women (Dumont-Smith, 2002). “The Canadian Panel on Violence Against Women states that there is a serious lack of research on Aboriginal women, particularly Metis, Status and non-Status women not residing on reserves and elderly women, who are victims of violence and abuse” (Dumont-Smith, 2002). Risk factors that may lead to abuse include: dependency, caregiver stress, and structural factors such as age, gender, race, ethnicity, and social class (Dumont-Smith, 2002). More research is necessary regarding the Aboriginal older population in order to uncover whether or not risk factors for abuse are similar to non-Aboriginal groups, “or if they are indeed at higher risk because of their ethnicity and culture.

¹⁵ There is currently a Federal Elder Abuse Initiative underway in Canada involving such organizations as the Royal Canadian Mounted Police (RCMP), the Justice Department, Human Resources and Skills Development Canada (HRSDC), Public Health Agency of Canada (PHAC), Canadian Network for the Prevention of Elder Abuse (CNPEA), and, with respect to senior's abuse in Aboriginal communities, the Native Women's Association of Canada.

In addition, research is needed to determine if other factors like higher rates of dependency, poor physical health, family breakdown, sub-standard living conditions, such as over-crowded housing, poverty and lack of social and health services, place them at a higher risk to be abused” (Dumont-Smith, 2002). Aboriginal peoples assert that this is a direct result of the colonization process that continues to have a horrific hold on many families and communities. The criminalization of family violence and Western methods of intervention

and treatment have been largely ineffective in easing the situation.

Indeed, Aboriginal peoples often report feeling re-victimized by these processes. In addition, the professions of law enforcement and social work are seen as extensions of colonization by many individuals and communities in that they are viewed as agents of social control rather than of social change (Baskin, 2006: 15).

Legislation

A study prepared for the Department of Justice Canada Family Violence Initiative and the Alberta Solicitor General Victims of Crime Fund entitled, *The Response to Elder Abuse in Alberta: Legislation and Victim Focused Services*, indicates that the framework of legislation regarding elder abuse could be improved significantly, particularly in the system's ability to "guard against and respond to allegations of abuse and neglect. The legislative review highlights the need for reform to fill the gaps or, alternatively, the adoption of comprehensive adult protection legislation to compensate for them" <http://www.ucalgary.ca/~crilf/publications/ElderAbuseFinalReport-June2006.pdf>. The review states that "there is no legislation in Alberta that applies specifically to the elderly" to meet this group's unique needs, and offers a review of legislation in Alberta pertaining to guarding against and responding to senior's abuse:

- The Personal Directives Act;
- The Powers of Attorney Act;
- The Dependent Adults Act;¹⁶
- The Mental Health Act;
- The Protection for Persons in Care Act; and
- The Protection Against Family Violence Act.¹⁷

For the sake of manageability, these are divided into two main categories: "legislation

that pertains to substitute decision-making procedures and legislation that deals with the protection of adults" <http://www.ucalgary.ca/~crilf/publications/ElderAbuseFinalReport-June2006.pdf>. Concerning substitute decision-making procedures in Alberta, there are several legislative mechanisms in place designed to facilitate decision-making of adults who are no longer capable. Some legislation exists to enable adults to contemplate and plan for their own incapacity. In Alberta, this legislation includes the Powers of Attorney Act and the Personal Directives Act <http://www.ucalgary.ca/~crilf/publications/ElderAbuseFinalReport-June2006.pdf>.

Legislation also exists to deal with situations where an adult has not expressed his or her wishes in advance. The 30-year-old Dependent Adults Act was replaced by the Adult Guardianship and Trusteeship Act (AGTA) on October 30, 2009, and contains changes reflecting the current needs of Albertans who are over the age of 18 years and who are unable to make personal or financial decisions for themselves <http://www.seniors.gov.ab.ca/opg/guardianship/>. This legislation provides "options and safeguards to protect vulnerable adults who may want assistance or are no longer able to make all of their own decisions. It provides a range of decision-making options

¹⁶ *The Dependent Adults Act was replaced by the Adult Guardianship and Trusteeship Act in 2009, as discussed beginning on page 35.*

¹⁷ *Amendments were made to this act in 2006. These amendments are outlined beginning on page 39.*

from less intrusive options, such as supported decision-making or co-decision-making, to full guardianship and trusteeship” <http://www.seniors.gov.ab.ca/opg/guardianship/>.

Regarding trusteeship:

If an adult lacks the capacity to make their own financial decisions, the Court may appoint a trustee or the Office of the Public Trustee as a last resort. The new legislation also allows individuals who live outside Alberta to be trustees, with appropriate safeguards <http://www.seniors.gov.ab.ca/opg/guardianship/>.

In terms of capacity assessments, the new legislation also made important changes to the model used to assess an individual’s decision-making ability. The capacity assessment process is more standardized and rigorous. These changes protect an individual’s rights while providing clearer guidance for the health care professionals conducting assessments. Additionally, the Court application process has been changed to ensure that the proposed represented adult’s views are heard and made available to the Court <http://www.seniors.gov.ab.ca/opg/guardianship/>.

With respect to protective measures, the new legislation also includes more protective measures including enhanced screening of a new co-decision maker, guardian or trustee. There is also a formal complaint and investigation process. Interested persons, including the assisted or represented adult, can submit a written complaint to the Office of the Public Guardian. If the complaint is about the Public Guardian or the

Public Trustee, an independent investigator will be appointed <http://www.seniors.gov.ab.ca/opg/guardianship/>.

A frequently asked question, and one that pertains specifically to elder abuse, is “how does the AGTA address abuse of the elderly and persons with disabilities?” <http://www.seniors.gov.ab.ca/opg/guardianship/FAQ.asp#07>. The response is as follows:

“Abuse of vulnerable people is a significant concern of this government and the AGTA makes considerable improvements in the area of protection in two ways:

- When someone applies to be a co-decision maker, guardian or trustee, they are screened as part of the application process. A proposed guardian or trustee must submit a guardianship or trusteeship plan for the Court’s approval. As well, the proposed assisted or represented adult will be interviewed to gain their views about the potential decision maker.
- When a co-decision making, guardianship, or trusteeship order is in place, the AGTA allows the Minister of Seniors and Community Supports to designate one or more individuals to receive and investigate complaints that an assisted or represented adult is being harmed by their co-decision maker, guardian, or trustee.
- Where a complaint concerns the Public Guardian or Public Trustee, the Minister may appoint an independent complaints officer and

investigator outside the Office of the Public Guardian (OPG) and Office of the Public Trustee (OPT) to handle concerns about the Public Guardian and Public Trustee” <http://www.seniors.gov.ab.ca/opg/guardianship/FAQ.asp#07>.

The AGTA is built on four guiding principles:

- “The adult is presumed to have capacity and able to make decisions until the contrary is determined;
- The ability to communicate verbally is not a determination of capacity, the adult is entitled to communicate by any means that enables them to be understood;
- Focus on the autonomy of the adult with a less intrusive and less restrictive approach; and
- Decision making that focuses on the best interests of the adult and how the adult would have made the decision if capable” <http://www.seniors.gov.ab.ca/opg/guardianship/>.

Approximately 11,000 adults in Alberta have a public or private guardian. “The Office of the Public Guardian acts as guardian for over 2,000 adults, and private guardians act as a guardian for adults” <http://www.seniors.gov.ab.ca/opg/guardianship/>. This legislation provides for a court-regulated process to make determinations of incapacity and to appoint guardians and trustees <http://www.seniors.gov.ab.ca/opg/guardianship/>. In addition, “the Mental Health

Act provides for the authority to swiftly detain and provide treatment to adults suffering from a mental disorder” <http://www.ucalgary.ca/~crilf/publications/ElderAbuseFinalReport-June2006.pdf>.

These four pieces of legislation each provide a mechanism for decisions to be made on behalf of adults who are incapable or mentally disordered, and, while intended to guard the individual, they also raise concerns regarding elder abuse because they give another individual the authority to make decisions on behalf of someone who no longer has the capacity to act on their own behalf, and who is, as a result, subject to the authority of a third party.

Adult protection legislation, is understood to “describe legislation which provides authority for the investigation of, and intervention in, cases of alleged abuse and neglected adults” <http://www.ucalgary.ca/~crilf/publications/ElderAbuseFinalReport-June2006.pdf>.

In addition to the new AGTA, the legislative framework in place to respond to the abuse and neglect of adults consists primarily of two pieces of legislation:

- The *Protection for Persons in Care Act*; and
- The *Protection Against Family Violence Act*.

There are a host of other legislative mechanisms which complement or augment the framework in Alberta for responding to and preventing abuse and neglect. For instance, privacy legislation,

governance legislation, and advocacy legislation help to protect vulnerable adults by ensuring the compliance of service providers and care facilities with regulations and standards of care, by helping to ensure that vulnerable persons have a voice and that procedural standards are adhered to, and by ensuring the privacy rights of adults are respected <http://www.ucalgary.ca/~crilf/publications/ElderAbuseFinalReport-June2006.pdf>. These legislative mechanisms serve an important, albeit peripheral, role in the adult protection legislative framework.

An overview of the Alberta approach to adult protection states: “Alberta does not have comprehensive adult protection legislation or legislation that arranges for the provision of service, and that provides legal authority to act on behalf of the client, irrespective of his/her wishes” <http://www.ucalgary.ca/~crilf/publications/ElderAbuseFinalReport-June2006.pdf>. Although the Adult Guardianship and Trusteeship Act provides for the decision-making, guardianship, and trusteeship components of comprehensive adult protection legislation, it does not provide the authority or the mandate to deliver services to abused dependent adults in need of protection. Similarly, the Protection for Persons in Care Act, Alberta’s primary adult protection legislation, does not fall within that definition. Although it provides for the mandatory reporting and investigation of alleged abuse involving adults who reside in places of care, it does not establish a framework for service provision, or for the legal authority to act on behalf of abused adults. Finally, the Protection Against Family Violence Act, although

part of the Alberta framework, cannot accurately be characterized as protection legislation because it applies only to adults who are capable and willing to make a court application to secure their own safety <http://www.ucalgary.ca/~crilf/publications/ElderAbuseFinalReport-June2006.pdf>.

As part of its response to the devastating consequences of family violence on families and communities, Alberta introduced new legislation to protect a greater number of people from abusive behaviour in the form of amendments to the Protection Against Family Violence Act (PAFVA) in 2006. These amendments include:

- “Adding stalking to the definition of family violence;
- Protecting vulnerable people, such as seniors or individuals with disabilities, who are being abused by a family member who does not live with them;
- Clarifying the use of emergency protection orders and allow them to be granted even if the offenders say they did not mean to hurt anyone; and
- Requiring only one parent/guardian to give consent for a child to receive counselling” <http://www.child.alberta.ca/home/528.cfm>

The report entitled *The Response to Elder Abuse in Alberta: Legislation and Victim Focused Services* states:

The question is then, what exactly is Alberta's approach to adult protection? Not surprisingly, Alberta did not follow the waves of adult protection legislation, instead going its own way and adopting innovative legislation to deal with the growing concern of institutional abuse and neglect of adults – the Protection for Persons in Care Act. In keeping with the non-interventionist philosophy of the substitute decision-making legislation considered [earlier], the PPCA also reflects a minimalist government approach and may not go far enough to deal with the issue of abuse and neglect of vulnerable adults <http://www.ucalgary.ca/~crilf/publications/ElderAbuseFinalReport-June2006.pdf>.

This study reports that individuals in the field offer a number of recommendations for changes in legislation. These recommendations appear in the study as the following:

- “Strengthen social infrastructure to support legislation; increased services and supports and needed for both victims and offenders, as legislation is ineffective if the supports to carry out the legislation are lacking.
- Implement provisions to address misconduct of guardians and identified caregivers; a review process or team is needed to monitor and supervise conduct.
- Develop training programs and support systems for caregivers/guardians; resources for offenders after abuse has been identified are also needed.

- Create Emergency Protection Orders that are specific to seniors; there is a need to ensure a safe environment for emergency response and investigation of abuse.
- Create a provincial program in Alberta, with one central contact number that can be called in cases of suspected or observed elder abuse.
- Provide government-funded legal resources for victims of elder abuse who cannot afford legal services.
- Create a registry for personal directives; it is often difficult to determine the presence of a personal directive if a client is unable to notify others because of cognitive impairment” <http://www.ucalgary.ca/~crilf/publications/ElderAbuseFinalReport-June2006.pdf>.

It must be noted that a registry for personal directives has been since developed in Alberta <http://www.seniors.gov.ab.ca/opg/registry/>. “The enhanced Personal Directives Act, which was proclaimed June 30, 2008, allows Albertans to voluntarily register their personal directive at no cost. The Personal Directives Registry is the first of its kind in Alberta because users of the registry can enter and maintain their own information. The secure, online registry was created so that approved professionals (e.g., health care providers) can find out if a person has a personal directive and how to contact their agent(s) when needed. The registry does not keep a copy of the personal directive. Registration can be done

online or by contacting the Office of the Public Guardian” <http://www.seniors.gov.ab.ca/opg/registry/>.

The existing legislation around elder abuse provides minimal legal leverage to investigate and intervene. The Protection for Persons in Care Act and the Adult Guardianship and Trusteeship Act “provide recommendations, but do not encompass legal steps to protect the victim or outline consequences for the offender. In order for legislation to be effective, appropriate interventions and services need to be in place to support the victim” <http://www.ucalgary.ca/~crilf/publications/ElderAbuseFinalReport-June2006.pdf>.

[pdf](#). The identified gaps in current legislation could be compensated for by adopting new adult protection legislation, and there is a need for public authorities to increase their participation in responding to elder abuse and for investigation, support, and assistance related to the abuse of older adults <http://www.ucalgary.ca/~crilf/publications/ElderAbuseFinalReport-June2006.pdf>.

Service providers acknowledge that legislative improvements have recently occurred; however, there is a need to deal with the gaps by strengthening and creating a comprehensive legislative and policy framework.

Stakeholder Review

The following stakeholder review reflects information gathered and shared/individual experiences regarding the abuse of older adults put forth by Pat Power (Social Worker, Alberta Elder Abuse Awareness Network and Elder Abuse Intervention Team, Edmonton), Bernice Sewell (Director of Operations, Seniors Association of Greater Edmonton – SAGE), Luanne Whitmarsh (Chief Executive Officer, Kerby Centre, Calgary), and Jamie Evans (Public Education and Awareness Coordinator, Medicine Hat Women's Shelter Society). Through consultation and meetings, the advisory committee members addressed the following:

1. Identifying existing academic resources regarding the prevention and intervention of elder abuse;
2. Identifying some of the already existing resources;
3. Preliminary exploration of a community development process;
4. Initial identification of elements for implementation of a collaborative community response to elder abuse in Alberta; and
5. Working toward establishing criteria for assessing resources.

See Appendix C: Existing Programs and Initiatives Addressing the Abuse of Older Adults for a complete listing of resources that were identified. Please note that these resources are those that specifically address the abuse of older adults, as opposed to resources in the community that are available to all age groups.

Elements of a Coordinated Community Response to Elder Abuse

Programs, services, supports, and resources for the prevention and intervention of elder abuse and neglect in Alberta, both existing and lacking, have been discussed throughout this review. While striving for the identification and rectification of gaps in services for abused older persons, it must be noted that there are several existing programs and initiatives addressing the issue of elder abuse in Alberta. These programs and initiatives range from specific services for abused seniors to community groups that are working toward increasing education and awareness of the issue. A coordinated community response to elder abuse must be developed and adapted to each community's needs through consultation with community members. Community approaches in rural, Aboriginal, and immigrant communities may be particularly challenging. While the need for services varies from community to community, and certain communities require different approaches, there are certain elements, appearing in no particular order that can be important in documenting a community development process.

1. Begin a community discussion to increase awareness of elder abuse through the message that elder abuse exists in the community and that it is alright to talk about it. Defining and identifying elder abuse and

raising public awareness and public education are among the first steps to building an effective community response.

2. Establish a working committee.
3. Hold a series of community meetings and/or workshops to discuss and define what would be involved with developing a comprehensive, coordinated, community-
4. Specific response to address elder abuse. Identify strengths, limitations, and gaps in the response to elder abuse.
5. Raise public and professional awareness of services, resources, supports, or programs available in or near the community.
6. Train frontline service providers, such as social workers, health care providers, and police officers.
7. Build or strengthen networks among agencies and service providers.¹⁸
8. Increase and develop senior-specific services in order to address the unique needs of seniors experiencing abuse.

¹⁸ There are communities in Alberta that are in the process of implementing effective community response models, and these communities appear to be the most successful in responding to elder abuse. Ensuring that agencies are networking and building on each other's strengths keeps people working together toward a common goal. It also serves to avoid unnecessarily duplicating services.

- 9.** Initiate or strengthen informal social networks. Support networks can be recognized and strengthened by the family, friends, neighbours, and anyone who comes into regular contact with the senior, such as clergy, building managers, postal workers, bank tellers, and so on. Support networks can be strengthened both informally in the community and in organized peer-support groups.
- 10.** Advocacy. Advocating on behalf of abused seniors assists with providing information and direct on to appropriate services, providing follow-up, and providing support in court. Advocacy also involves working toward identifying and addressing gaps in services and calling for more effective service coordination and community response.
- 11.** Develop and use protocols. Protocol development begins with a community needs assessment, performed by a working group comprised of representatives from interested agencies, to determine what is required in a specific protocol.
- 12.** Develop preventative strategies, such as empowering older adults.
- 13.** Develop intervention strategies, such as elder abuse intervention teams.¹⁹

¹⁹A comprehensive discussion of the elements involved in a comprehensive community response to elder abuse will appear in phase two of this project.

Conclusion

Situated within theoretical and practical frameworks, the pressing issue at hand is the prevention and intervention of elder abuse in Alberta communities. This review identified a range of existing academic literature regarding the abuse of older adults supported by a stakeholder review conducted with Pat Power, Bernice Sewell, Luanne Whitmarsh, and Jamie Evans. The academic literature review revealed that elder abuse remains largely unaddressed, representing a gap in the literature. Although a large body of information exists concerning caregivers and caregiving, both practically and theoretically, other factors involved with this complex issue are represented in varying degrees. This review indicates that elder abuse in rural, Aboriginal and immigrant communities is under-researched and services for prevention and intervention remain limited. Although improving, legislation governing abused senior citizens is a haphazard set of federal and provincial statutes, and legislation that applies specifically to abused seniors for the protection of human rights, independence, and autonomy, is necessary for the prevention and intervention of elder abuse in Alberta. The project partners engaged in preliminary discussions regarding the documentation of a community development process directed at all Alberta communities and began identifying the minimum services and practices that are necessary in Alberta communities in order to successfully address

elder abuse, as well as identifying some of the already existing services. The team identified initial elements involved in implementation of a collaborative community response to elder abuse, and assessing the effectiveness of resources.

Raising community awareness, community education, and community supports, resources, and response are crucial factors in identifying, developing, and executing a successful coordinated community response to elder abuse. Since seniors, and indeed all of us, belong to families, communities, cultures, regions, nations, and societies it is necessary to understand how societies are governed by pre-existing attitudes, beliefs, and ideologies that influence societal members. Ageism, patriarchy, sexism, racism, colonialism, paternalism, gender, power, dominance, authority, privilege, autonomy, and empowerment are discussed as important factors to consider in understanding and dealing with elder abuse and family violence. Developing a coordinated community response based on awareness, education, increased resources and supports, and appropriate legislation is important for addressing the prevention and intervention of elder abuse.

We have discussed how women are most often responsible for caregiving in our society, and some of the connections, disruptions, and tensions that emerge from this contested situation.

Gender is not something we are born into, but something that we do, and it must always be continually socially reconstructed in terms of so-called normative conceptions of what it means to be male and female. This traditional socialization of the gendered division of labour, designed and implemented to address the dilemma between self-interest and caregiving to others by assigning certain responsibilities to each gender, remains the norm in the present day. Women and men are faced with increasing conflicts regarding how to satisfyingly handle the tensions and conflicts that arise between the public and the private, family and work, autonomy and nurturance, reason and emotion. These tensions are reconcilable to a large extent. Using a combination of theory and empirical work, we have uncovered the nature of these tensions with respect to caregiving and the sandwich generation, the group under the most caregiving pressure because, for the first time in history, a significant proportion of our society is pressured to care for children, the elderly, and engage in paid work simultaneously. We explored possible methods of assistance to alleviate these tensions. The sandwich generation was chosen as a site of analysis with respect to these issues and conflicts because they are the group which is most affected by caregiving responsibilities, and, since we are on the verge of an unprecedented sociological phenomenon as the baby boomers age, this situation will only increase in intensity and demand as our society transitions to one that is comprised of more seniors than children.

In Canada, most sandwiched workers report needing help with their caregiving responsibilities,

while only one in five actually receive assistance. While not all consequences are negative, indeed, caregiving is also highly rewarding, sandwiched workers are the most stressed, and often report feeling alone, isolated, inadequate, misunderstand, and ignored. In error, emotional care is not calculated in the empirical data. Less than one in five sandwiched caregivers receives help when needed (Williams, 2005); only one in five men are actively involved in a meaningful way within the domestic realm (Hochschild, 2003). Rectifying this imbalance clearly points to the increased and equal domestic participation of men. In actuality, most of these caregivers are women. These women caught in the triple bind have been responding to this situation in a number of ways, including outsourcing carework and self-employment. Self-employment and outsourcing as coping mechanisms serve to soften the sharp contradictions existing between gendered norms of caregiving, yet fail to meaningfully address these long-term and still existing issues, and the social structures and ideologies that maintain and support these circumstances. Along with exploring intra-individual dynamics, intergenerational transmission of violent behaviour, dependency, and social isolation, addressing the nature of caregiving and caregiver stress is a key factor in the prevention of elder abuse.

The social and economic impact of our society being comprised of more seniors than children will be enormous, and increasingly problematic as the population ages, since it will affect most areas of society, from families and the labour

force, to health care and the economic sector, to immigration. It is imperative to gain deeper understanding of how we, as individuals and as a society, will manage and cope with this impending situation, and uncovering implicit social assumptions governing individuals, families, and policy-makers, provincially, regionally, nationally, and globally. Increasing autonomy and empowerment of seniors in our

society, effective programs, policies, services, resources, and supports are necessary in our Alberta communities. The Alberta government, communities, agencies, groups, personnel, families, and individuals have taken great strides to address and alleviate the prevalence and incidence of elder abuse, and this review is part of that process.

Endnotes

Proven Models – United States Financial Abuse:

The Massachusetts Bank Reporting Project: An Edge Against Elder Financial Exploitation – Replicated in communities across the United States, this program enlists the help of banks in preventing financial abuse. The Massachusetts Executive Office of Elder Affairs, in collaboration with the Executive Office of Consumer Affairs, the Attorney General's Elderly Protection Project, and the Massachusetts Bank Association, developed the bank reporting project to provide training to bank personnel in how to identify and report financial exploitation. Sample materials, including model protocols, procedures for investigating and responding to abuse, and training manuals are available (<http://www.preventelderabuse.org/communities/best.html>)

Contact:

Gillian Price
One Ashburton Place, 5th Floor
Boston, MA 02108
(617) 727-7750 ext.222
(617) 727-9368 (fax)

Fiduciary Abuse Specialist Team (FAST) FAST is a multidisciplinary team with a special focus on handling complex financial abuse cases. The Los Angeles FAST team was developed

in order to provide expert consultation to local Adult Protection Services, Ombudsman, Public Guardian, and other case workers in financial abuse cases. The team includes representatives from the police department, the district attorney's office, the city attorney's office private conservatorship agencies, health and mental health providers, a retired probate judge, a trust attorney, an insurance agent, a realtor, an escrow officer, a stock broker, and estate planners. The FAST coordinator and consultants have also provided training to bankers and police officers across the state of California. A manual has been developed and the team has helped other communities form their own FAST teams (<http://www.preventelderabuse.org/communities/best.html>).

Contact:

Rena R. Fountain – MSG
Director of Elder Abuse
Prevention Program
WISE Senior Services
1527 Fourth Street, Ste. 250
Santa Monica, CA 90401
(310) 394-9871

www.wiseandhealthyaging.org

Elderly Financial Management Project at the Jacob Reingold Institute Brookdale Center on Aging of Hunter College
The Reingold Institute conducted a survey of

two hundred case management and health care providers in New York City, which revealed that nearly 83.9% of the participating agencies had encountered cases of financial abuse by a substance abuser who had moved in with the senior; someone living off the income of the senior; abuse by a home care worker; misappropriation of cash; and abuse of powers of attorney. Based upon their findings, the project staff concluded that the problem of elder financial abuse could be significantly reduced by promoting the development and expansion of daily money management programs. The Institute

now provides technical assistance in setting up money management programs, and a manual, *Daily Money Management: a "How To" Manual for Care Management Agencies*.

Contact:

Jacob Reingold Institute
Brookdale Center on Aging of Hunter College
425 East 25th Street
New York, NY 10010-2590
(212) 481-4426
www.brookdale.org

References

“A Community for ALL Ages.” March 2009. A Plan for St. Albert Seniors 2009 – 2011 prepared by the St Albert Seniors’ Working Group. Retrieved from [http://www.stalbert.ca/uploads/files/community/living/FCSS SAM and Working Groups/Seniors Working Group/Seniors Plan](http://www.stalbert.ca/uploads/files/community/living/FCSS_SAM_and_Working_Groups/Seniors_Working_Group/Seniors_Plan) on December 4, 2009.

Alberta Council of Women’s Shelters. <http://www.acws.ca/>

Alberta Elder Abuse Awareness Network. Retrieved from <http://www.albertaelderabuse.ca> On September 29, 2009.

Alberta for All Ages: Directions for the Future. June 2000. Alberta Community Development. Retrieved from http://www.seniors.gov.ab.ca/policy_planning/archives/aging_study/finalreport.pdf on November 23, 2009.

Alberta Queens Printer. Province of Alberta. Protection Against Family Violence Act. Revised Statutes of Alberta 2000, Chapter P-27, Current as of July 1, 2009.

Awareness and Perceptions of Canadians Toward Elder Abuse. August 2008. Prepared by Environics Research Group for Human Resources and Social Development Canada.

Baskin, Cyndy. 2006. “Systemic Oppression, Violence, and Healing in Aboriginal Families and Communities,” in *Cruel but not unusual: Violence in Canadian Families*. Ramona Alaggia and Cathy Vine (editors). Waterloo, Ontario, Canada: Wilfrid Laurier University Press, pp. 15-20.

Beaupre, Pascale, Pierre Turcotte, and Anne Milan. 2006. “When is Junior Moving Out?: Transitions from the Parental Home to Independence,” in *Canadian Social Trends*, August 2006, 9-15 (Statistics Canada, Catalogue No. 11-008).

Beaupre, Pascale, Pierre Turcotte, and Anne Milan. 2006. “Junior Comes Back Home: Trends and Predictors of Returning to the Parental Home,” in *Canadian Social Trends*, August 2005, 28-34 (Statistics Canada, Catalogue No. 11-008).

Blundo, Robert. 2007. "Abuse of Elderly Male Clients: Efforts and Experiences in Rural and Urban Adult Protection Services," in *Journal of Elder Abuse & Neglect*, Nov. 2007, Vol. 19, Issue 1 and 2, pp. 173-191.

Boris, Eileen and Jennifer Klein. 2006. "Organizing Home Care: Low-Waged Workers in the Welfare State" in *Politics & Society*, Vol. 34, No. 1, March 2006: 81-107.

Boyak, Virginia. 1997. *Golden Years - Hidden Fears: Elder Abuse, A Handbook for Front-Line Helpers Working with Seniors*. Kerby Centre, Calgary, Alberta.

Bushy, A. 1998. "Health Issues of Women in Rural Environments: An Overview: in *Journal of the American Medical Women's Association*, 53, pp. 53-56.

Calgary Herald, September 23, 2009. "Fort McMurray Surpasses Calgary, Edmonton, as most Expensive Housing Market" by Mario Toneguzzi.

Canadian Association of Social Workers (CASW). 2006. "The Declining Health and Well-Being of Low-Income Women in Canada: A Preventable Tragedy." http://www.casw-acts.ca/advocacy/lowincome_e.pdf

Dauvergne, Mia. 2003. "Family Violence Against Seniors," in *Canadian Social Trends*. Spring 2003, 10-14. (Statistics Canada, Catalogue No. 11-008).

Deutsch, Francine. 2007. "Undoing Gender," in *Gender & Society*, Vol. 21, No. 1, February 2007, 106-127.

Dimah, Keren Patricia and Agber Dimah. 2003. "Elder Abuse and Neglect Among Rural and Urban Women," in *Journal of Elder Abuse & Neglect*, Apr. 2003, Vol. 15, Issue 1, pp. 75-93.

Domestic Violence Handbook for Police and Crown Prosecutors in Alberta. 2005. Alberta Justice Department. Government of Alberta. ISBN 0-7785-4152-5.

Dumont-Smith, Claudette. 2002. "Aboriginal Elder Abuse in Canada." Retrieved from [ahfresearchelderabuse_eng-1.pdf](http://www.uoguelph.ca/cfww/elderabuse/reports.cfm) located on <http://www.uoguelph.ca/cfww/elderabuse/reports.cfm> on December 1, 2009.

Edmonton Police Service. "Who is Involved in Elder Abuse." Retrieved on December 9, 2009 from <http://www.edmontonpolice.ca>.

England, Paula. 2005. "Emerging Theories of Care Work," in *Annual Review of Sociology*, 31, 381-399.

Ehrenreich, Barbara and Arlie Russell Hochschild (eds.) 2004. *Global Woman: Nannies, Maids and Sex Workers in the New Economy*. New York: Metropolitan/Owl Books.

Folbre, Nancy, Lois B. Shaw, and Agneta Stark. 2005. "Introduction: Gender and Aging" in *Feminist Economics*, 11(2), July 2005: 3-5.

Folbre, Nancy. 2006. "Measuring Caring: Gender, Empowerment and the Care Economy" in *Journal of Human Development* 7(2): 183-199.

Gerson, Kathleen. 2002. "Moral Dilemmas, Moral Strategies, and the Transformation of Gender: Lessons from Two Generations of Work and Family Change," in *Gender and Society*, Vol. 16, No. 1, February 2002, 8-28).

Gonzales, Maribel and Elizabeth Mandelman. 2009. "Small Arms and Domestic Violence: The Situation in Canada," in *The Ploughshares Monitor*, Autumn 2009, Vol. 30, No. 3: 34-37.

Government of Alberta. Seniors and Community Supports. Adult Guardianship and Trusteeship. <http://www.seniors.gov.ab.ca/opg/guardianship/>

Government of Alberta. Seniors and Community Supports. AGTA Frequently Asked Questions. <http://www.seniors.gov.ab.ca/opg/guardianship/FAQ.asp#07>

Government of Alberta. Seniors and Community Supports. Personal Directives Registry. <http://www.seniors.gov.ab.ca/opg/registry/>

Government of Alberta. Protection Against Family Violence Act. <http://www.child.alberta.ca/home/528.cfm>

Government of Alberta. Protection Against Family Violence Amendment Act, 2006. http://www.assembly.ab.ca/net/index.aspx?p=bills_status&selectbill=002

Graham, Hilary. 1991. "The Concept of Caring in Feminist Research: The Case of Domestic Service" in *Sociology* 25(1): 61-78.

Harvard Medical School. Department of Health Care Policy. 2010. "Assessing the Long-Term Implications of Uninsured Older Adults' Access to Medicare."

http://www.hcp.med.harvard.edu/research/projects/ayanian_uninsured_near-elderly

Health Canada. "The Health of Senior Women."

<http://www.hc-sc.gc.ca/hl-vs/pubs/women-femmes/seniors-aines-eng.php>

Hochschild, Arlie. 1983 (2003). *The Managed Heart: Commercialization of Human Feeling*. University of California Press.

Hochschild, Arlie. 1997. *The Time Bind: When Work Becomes Home and Home Becomes Work* Metropolitan Books.

Hochschild, Arlie. 2003. *The Second Shift*: Penguin Books. 2nd edition.

Hochschild, Arlie. 2003a. *The Commercialization of Intimate Life: Notes from Work and Home*. University of California Press.

Johnson, Allan G. 2005. *Gender Knot: Unraveling Our Patriarchal Legacy*. Temple University Press. Kerby Centre. <http://www.kerbycentre.com>

Kinnon, Dianne. 2002. *Abuse and Neglect of Older Adults: Community Awareness and Response*. Public Health Agency of Canada. Family Violence Prevention Unit.

Kyriacou, D.N., D. Anglin, E. Taliaferro, S. Stone, T. Tubb, J.A. Linden, R. Muelleman, E. Barton, and J.F. Krauss. 1999. "Risk Factors for Injury to Women from Domestic Violence," in *New England Journal of Medicine*, 341, pp. 1892-1898.

Lundy, Marta and Susan Grossman. 2004. "Elder Abuse: Spouse/Intimate Partner Abuse and Family Violence Among Elders," in *Journal of Elder Abuse & Neglect*, Vol. 16(1), 2004, pp. 85-102.

Marshall, Gordon. 1994. *Oxford Concise Dictionary of Sociology*. Oxford: Oxford University Press.

Martz, D.J.F. and D. Bryson Saraurer. "Domestic Violence and the Experiences of Rural Women in East

Central Saskatchewan." Prairie Women's Health, Centre of Excellence. Retrieved from <http://www.pwhce.ca/domesticViolence.htm>.

Miller, D. A. 1981. "The Sandwich Generation: Adult Children of the Ageing," in *Social Work*, 26, 419-423.

NSW Bureau of Crime Statistics and Research (n.d.) NSW Recorded Crime Statistics 1995-2000. Retrieved on June 9, 2009 from www.lawlink.nsw.gov.au/bocsar

National Center on Addiction and Substance Abuse. 2000. *No Place to Hide: Substance Abuse in Mid-size Cities and Rural America*. New York, New York: Columbia University.

Nerenberg, Lisa. 2008. *Elder Abuse Prevention: Emerging Trends and Promising Strategies*. New York: Springer Publishing Company.

Outlook 2007: Promising Approaches in the Prevention of Abuse and Neglect of Older Adults in Community Settings in Canada. November 2007. Project funded by the Public Health Agency of Canada and prepared by the Canadian Network for the Prevention of Elder Abuse (CNPEA).

Pillemer, Karl A. And Rosalie S. Wolf. 1986. *Elder Abuse: Conflict in the Family*. United States: Auburn House Publishing Company.

Podnieks, E., Pillemer, K., Nicholson, J.P., Shillington, T. & Frizzel, A. 1990. *National Survey on Abuse of the Elderly in Canada*. Toronto: Ryerson Polytechnical Institute.

Podnieks, Elizabeth. 2008. "Elder Abuse: The Canadian Experience," in *Journal of Elder Abuse & Neglect*, Vol. 20(2), 126-150.

Primary Care Networks (PCNs) in Alberta. Retrieved from <http://www.albertapci.ca/AboutPCNs/PCNsInAlberta/Pages?ProvincialPCNDetails.aspx> on December 1, 2009.

Protection Against Family Violence Act <http://www.child.alberta.ca/home/528.cfm>

Public Health Agency of Canada. "Breaking the Links Between Poverty and Violence Against Women: A Resource Guide. National Clearinghouse on Family Violence, Family Violence Prevention Unit.

SAGE (Seniors Association of Greater Edmonton). Retrieved from <http://www.mysage.ca/aboutus.cfm> on November 24, 2009.

Schlesinger, B. 2007. "Canada and Family Life," in *Marriage & Family Review*, V. 41, 261-279.

Spitzer, Denise, Anne Neufeld, Margaret Harrison, Karen Hughes, Miriam Stewart. 2003. "Caregiving in Transnational Context: 'My Wings Have Been Cut; Where Can I Fly?'" in *Gender & Society*, Vol. 17, No. 2, April 2003: 267-286.

Smith, L. K. 2007. "Contemporary Patriarchy in America: Examining 'The Gender Knot.'" http://www.associatedcontent.com/article/116680/contemporary_patriarchy_in_america_pg2.html?cat=4

Statistics Canada. 2002. "Family Violence in Canada: A Statistical Profile." Catherine Trainor (editor). Published by the authority of the Minister responsible for Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/85-224-x/85-224-x2000002-eng.pdf> on November 25, 2009.

Statistics Canada. "A Portrait of Seniors in Canada." Retrieved from <http://www.statcan.gc.ca/ads-annonces/89-519-x/index-eng.htm> on November 23, 2009.

Stobert, Susan and Kelly Cranswick. 2004. "Looking after Seniors: Who Does What for Whom?," in *Canadian Social Trends*, Autumn 2004, 2-6 (Statistics Canada, Catalogue N. 11-008).

Sydie, R.A. 1994. "Sex and the Sociological Fathers," in *Canadian Review of Sociology and Anthropology*, May 1994, Vol. 31, Issue 2, pp. 117-138. Retrieved from <http://proquest.umi.com.ezproxy.library.ualberta.ca/pqdlink?Ver=1&Exp=07-30-2012&FMT=7&DID=5301010&RQT=309&clientId=12301> on September 14, 2009.

The Globe and Mail, December 16, 2005. "Seniors Will Soon Outnumber Children, Statscan Predicts." Retrieved from <http://m.theglobeandmail.com/news/national/article770978.ece?service=mobile> on September 25, 2009.

The Response to Elder Abuse in Alberta: Legislation and Victim Focused Services Final Report. May 2006. Prepared for the Department of Justice Canada Family Violence Initiative and the Alberta Solicitor

General Victims of Crime Fund by Monica Pauls and Leslie MacRae. Canadian Research Institute for Law and the Family. Retrieved from <http://www.ucalgary.ca/~criif/publications/ElderAbuseFinalReport-June2006.pdf> on December 9, 2009.

The Way Forward. October 30, 2009 Information Bulletin. "Adult Guardianship and Trusteeship Act Proclaimed." Government of Alberta. Retrieved from <http://alberta.ca> on February 16, 2010.

The Way Forward. November 17, 2009 News Release. "New Programs Support Albertans Affected by Family Violence." Government of Alberta. Retrieved from <http://alberta.ca/ACN/200911/27336FF1DBBBA-017A-CBEB-65765D3DAA6E7863.html> on November 25, 2009.

Veiner Centre. <http://www.medicinehat.ca/veinercentre/>

Veterans Affairs Canada. Veterans Independence Program (VIP). <http://www.vac-acc.gc.ca/CLIENTS/sub.cfm?source=services/vip>

Violence Against Rural Women: What Is Different. Retrieved from http://www.ruralwomyn.net/rural_violence_difference.html on May 19, 2009.

Ward-Griffin, Catherine and Victor W. Marshall. 2003. "Reconceptualizing the Relationship Between "Public" and "Private" Eldercare, in *Journal of Aging Studies*, Volume 17, Issue 2, May 2003, 189-208.

West, Candace and Don Zimmerman. 1987. "Doing Gender," in *Gender & Society*, Vol. 1, No. 2, June 1987, 125-151.

Williams, Cara. 2005. "The Sandwich Generation," in *Canadian Social Trends*, Summer 2005, 16-21 (Statistics Canada Catalogue No. 11-0008).

World Health Organization (WHO) and the International Network for the Prevention of Elder

Abuse (INPEA). 2002. "Missing Voices: Views of Older Persons on Elder Abuse." Geneva, Switzerland.