

**Aboriginal Elder Abuse in Canada**  
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The focus of this study is to examine and define the issue of elder abuse in the Aboriginal<sup>1</sup> population in Canada. In this context, the term 'elder' will refer to Aboriginal persons who are fifty-five years of age or older as opposed to 65 years of age, which is Canada's guideline to determine an older person or senior. This term should not be mistaken with 'Elder,' which is often used in the Aboriginal milieu 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 Métis Nation, Senators" (RCAP, 1996a). 'Elder' is capitalized when used to indicate honour or a title. It is not capitalized when it is used to mean senior (Health Canada, 1998). Therefore, not all older people or seniors are deemed to be an Elder as defined above and, furthermore, some Elders can be quite young in terms of age (RCAP, 1996a; McCloskey, 1998). The title of Elder is awarded to a person who is seen as being worthy of such a title. In some First Nations, 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 (McCloskey, 1998).

Despite the fact that global statistics are lacking and the abuse of elders is grossly under-reported worldwide, several countries, including Canada, have carried out research to examine this issue over the past 20 years (United Nations, 2002a). In Canada, a 1989 national survey of seniors in the mainstream population was completed. Results revealed that 4% of seniors who responded to the survey had experienced some type of abuse in the home or private place of residence (Podnieks, Pillemer, Nicholson, Shillington and Frizzel, 1990). However, it is the current opinion that "incidence rates are still unknown in most countries, including Canada. Therefore, there is no way of knowing whether abuse and neglect is getting better or worse. In Canada, we only have prevalence data from 1989 which, at best, offers a quick snapshot of the problem" (McDonald and Collins, 2000).

While statistics on the abuse of elders are scarce for the general Canadian population, even less information is available for the Aboriginal elder population with respect to the incidence<sup>2</sup> and prevalence<sup>3</sup> rates of abuse that may be occurring in the Aboriginal community. However, research on the issue of violence and Aboriginal people indicates higher rates in comparison to the non-Aboriginal population in Canada.

This study examines the issue of elder abuse primarily from an Aboriginal perspective; however, it should be noted that very little information is available on the Aboriginal elder population, especially elderly women. The Canadian Panel on Violence Against Women states that "[t]here is a serious lack of research on Aboriginal women, particularly Métis, Status and non-Status women not residing on reserves and elderly women, who are victims of violence and abuse" (1993:156).

Nevertheless, this report will attempt to shed some light on the issue of elder abuse that is finally receiving national and international attention. In addition, this report will highlight the categories and types of elder abuse that are recognized in Canada and worldwide and will include possible signs and

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<sup>1</sup> Aboriginal person/people in this document include First Nations (status or non-status), Inuit and Métis as defined by the 1982 Constitution Act of Canada.

<sup>2</sup> Incidence refers to the number of new incidents of violence within a certain time-frame.

<sup>3</sup> Prevalence refers to the number of incidents of violence that occurred in a lifetime.

symptoms for each form of abuse. A demographic profile of the elder Aboriginal population in Canada is provided. This includes the Aboriginal population's current and future life expectancy rates, 'dependency ratios' and growth rate of 'natural increase,' which may help to predict the needs of the elder Aboriginal population in Canada in the forthcoming years as these factors may have an influence regarding violence.

### **Information Gathering**

This literature review draws upon national and international information on elder abuse. Sources of information include: major national Aboriginal organizations, university and government libraries, Internet and contacts from other countries that have an Indigenous population. The national Aboriginal organizations were contacted to inquire if they had addressed elder abuse and to request any studies or survey results. Medline and SocioFile databases were examined, along with library searches at Health Canada and Indian and Northern Affairs Canada (INAC). A comprehensive Internet search was also conducted. Information on abuse of Indigenous elders was requested from the United States, New Zealand and Australia.

### **Defining Elder Abuse and the Contributing Factors**

Although no consensus exists on what constitutes elder abuse, there is general agreement on three categories of abuse, which are identified as: domestic elder abuse, institutional abuse and self-neglect or self-abuse (Swanson, 1999). For the purpose of this review, only domestic elder abuse will be addressed. The definition of domestic elder abuse in Canada, borrowed from the National Centre on Elder Abuse in the United States, is as follows: "any of several forms of maltreatment on an older person by someone who has a special relationship with the elder (e.g., a spouse, a sibling, a child, a friend, or a care giver in the older person's own home or in the home of a care giver" (NCEA, 1998:1, as cited in Swanson, 1999:1).

The three most frequently cited types of abuse are physical, psychological and financial forms that include neglect (Swanson, 1999). "Overall, 7% of older adults experienced some form of emotional or financial abuse by an adult child, care giver, spouse or common-law spouse with whom they had contact in the five years prior to the survey" (Canadian Centre for Justice Statistics, 2001b:7). Abandonment is another kind of abuse recently added to the list of definitions of abuse and, in Canada, sexual and spiritual abuse are recognized as separate forms of mistreatment (McDonald and Collins, 2000). The various forms of abuse identified are taken from Swanson's *Defining Elder Abuse and Neglect* (1999) and are described below. The following also includes notable signs and symptoms for each:

**Abandonment:** Abuse that occurs when the person who assumes the responsibility for providing care or who has physical custody abandons his or her duties to the elder.

#### *Signs and Symptoms:*

- \_ Desertion of an older person at the hospital, nursing facility or institution;
- \_ desertion of the older person at a shopping centre or other public location; or
- \_ an older person's report of being abandoned.

**Physical abuse:** The use of physical force that can result in injury, pain and/or impairment. Assault, rough handling, sexual abuse and withholding of physical necessities such as food, personal care, hygienic care or medical care are indicative of physical abuse.

#### *Signs and Symptoms:*

- \_ Bruises, black eyes, welts, lacerations, rope marks;
- \_ bone fractures, broken bones, skull fractures;

- \_ open wounds, cuts, and punctures, untreated injuries in various stages of healing;
- \_ sprains, dislocations and internal injuries/bleeding;
- \_ broken eyeglasses, signs of being restrained;
- \_ laboratory findings of medication overdoses or under-utilization of prescribed drugs;
- \_ an older person's report of being hit, slapped, kicked or mistreated;
- \_ an older person's sudden change in behaviour; or
- \_ a care giver's refusal to allow visitors to see an older person.

**Psychological/emotional abuse:** Activities that cause anguish, pain or distress through verbal or non-verbal acts, which could include: verbal assault, social isolation, threats, humiliation, treating an elder like a child, lack of affection or denying seniors the chance to participate in decisions with respect to their own lives. This type of abuse is difficult to assess.

*Signs and Symptoms:*

- \_ Being emotionally upset or agitated;
- \_ being extremely withdrawn, non-communicative and non-responsive;
- \_ unusual behaviour usually attributed to dementia (i.e., sucking, biting, rocking); or
- \_ an older person's report of being verbally or emotionally abused.

**Financial abuse (or "material" abuse):** Financial abuse refers to the illegal or improper use of an elder person's money, property or other assets. This can include fraud or using the elder's funds for purposes contrary to their needs and interests.

*Signs and Symptoms:*

- \_ Sudden changes in bank account or banking practices;
- \_ the inclusion of additional names on older person's bank signature card;
- \_ unauthorized withdrawal of the older person's funds using the person's ATM (automated teller machine) card;
- \_ abrupt change in will or other financial documents, unexplained disappearance of funds or valuable possessions;
- \_ unpaid bills despite adequate funds;
- \_ discovery of forgery of older person's signature;
- \_ unexplained sudden transfer of assets to someone in or outside the family; or
- \_ an older adult's report of financial exploitation.

**Sexual abuse:** Sexual abuse is sometimes classified under physical abuse. Sexual abuse occurs as the result of any non-consensual sexual contact of any kind with an elder. Sexual contact with a person unable to give consent is also considered sexual abuse. Sexual abuse also includes unwanted touching to full sexual assault by partners and/or care givers, coerced nudity and sexually explicit photographing.

*Signs and Symptoms:*

- \_ Bruises around the breasts or genital areas;
- \_ unexplained venereal disease or genital infections;
- \_ unexplained vaginal or anal bleeding;
- \_ torn, stained or bloody underclothing; or
- \_ an older person's report of being sexually assaulted or raped.

**Neglect:** Neglect can lead to any of the three types of abuse mentioned above and can be either active (intentional) or passive (unintentional). In passive neglect, the care giver does not intend to injure the dependent elder; neglect is active when the care giver consciously fails to meet the needs of the elder.

Neglect usually indicates the refusal or failure to provide the elder person with the basic necessities of life (i.e., water, food, clothing, shelter, personal hygiene, medicine, comfort, personal safety).

*Signs and Symptoms:*

- \_ Dehydration, malnutrition, untreated bedsores, poor personal hygiene;
- \_ unattended or untreated health problems; or
- \_ hazardous or unsafe living conditions (dirt, soiled bedding, smell) (McDonald and Collins, 2000).

Physical assault, rape, burglary or theft by a person outside of a trusting relationship with the elder is usually not regarded as elder abuse but rather as a crime against the person; however, crimes against the elderly include some, but not all, forms of elder abuse (Swanson, 1999).

**Spiritual Abuse:** Spiritual abuse refers to “The erosion or breaking down of one’s cultural or religious belief systems” (Marshall and Vaillancourt, 1993:155). From an Aboriginal perspective, family violence is defined as: “a consequence to colonization, forced assimilation, and cultural genocide; the learned negative, cumulative, multi-generational actions, values, beliefs, attitudes and behavioural patterns practised by one or more people that weaken or destroy the harmony and well-being of an Aboriginal individual, family, extended family, community or nationhood” (The Aboriginal Family Healing Joint Steering Committee, 1993:10, as cited in Green, 1996:1).

*Signs and Symptoms:*

- \_ Loss of spiritual practices and traditions; or
- \_ loss of language and cultural practices.

In Canada, the most common form of abuse against the mainstream elderly population is emotional abuse, followed by financial abuse (Canadian Centre for Justice Statistics, 2001b). However, some documents identify financial abuse as being the most widespread type (McDonald and Collins, 2000). Studies to determine the types of abuse that most often affect Aboriginal elders in Canada are, to date, unavailable.

### **Contributing Factors That Lead to Elder Abuse**

Research on elder abuse remains limited in Canada and throughout the world. Nevertheless, various contributing or risk factors have been identified, which should be interpreted with caution because of flaws in current research methodologies (MacDonald and Collins, 2000). Major factors linked to elder abuse have been identified as: the personality traits of the abuser, intergenerational violence, and degree of dependency, stress and ageism. Although still disputed among the experts, these factors are most frequently associated with elder abuse.

Past studies have shown that abusers tend to be mentally ill or have drug and alcohol-related problems; however, more recent research shows that care givers are responsible and concerned individuals willing to care for their aged family member. This indicates further research is needed to correctly identify **personality traits** that may distinguish an abuser from a non-abuser.

In research on family **violence**, there is a widely held belief that children raised in a violent environment will, in turn, be violent with their partners and/or children. However, in applying this theory to elder abuse, there is little evidence to support the theory that children who have been abused by their parents will, in turn, abuse their aged parents. Further study is needed to prove this theory.

There are two opposing views that address the role of **dependency** as being a factor for elder abuse. One is that, as the elder becomes more dependent on the care giver for physical, psychological and material support, the care giver becomes more resentful and stressed, thereby increasing the opportunity for abuse.

This appears more evident if there is a lack of resources or inadequate community support services for the care giver. The other view is that abuse may occur as a result of the dependency of the abuser on the elder person and not as a consequence of the dependency of the older person. It is important to note that because not all dependent relationships result in abuse and neglect, a triggering event or crisis may cause abuse to occur; however, how dependency can result in abuse is still unclear.

**Stress** is considered a risk factor in abuse of elders, especially when elders are mentally (cognitively) impaired. The risk of severe physical violence against an elder could possibly be three times greater if the care giver is deemed to be clinically depressed. Furthermore, it was found that care givers who cared for mentally impaired elders for a greater number of years and extended daily hours per day experienced higher levels of stress and depression, which led some care givers to become abusive. Care givers who are victims of abuse are most apt to be abusive with elders in their care. There is evidence to support the interrelationship between stress and abuse, especially with elders who are mentally or cognitively impaired.

**Structural factors** such as age, gender, race, ethnicity and class that influence a person's standing in society have an effect on opportunities in life. Because aging is not always positively perceived in modern day society, elders may be more susceptible to abuse. Elder people, who have also adopted this negative stereotype, may feel their abuse is deserved while the abuser will feel little or no guilt or shame for his or her actions. According to feminist models and theorists, gender is a factor when considering abuse of women. Other factors such as race, ethnicity and the socio-economic condition of a person are now being recognized in relation to abuse.

While there is still much controversy about the contributing factors that lead to elder abuse, there seems to be some agreement by experts that stress and society's attitude toward aging contribute to elder abuse. Currently, there is a lack of evidence to confirm if risk factors for elder abuse change in relation to ethnicity and culture of a particular group or community (Health Canada, 2000).

More research is needed in the Aboriginal elderly population to determine if the risk factors for abuse are similar to those of their non-Aboriginal counterparts or if they are indeed at higher risk because of their ethnicity and culture. 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 overcrowded housing, poverty and lack of social and health services, place them at a higher risk to be abused.

### **Demographic and Statistical Data**

In the general Canadian population, seniors/elders<sup>4</sup> are the fastest growing age group. Since 1981, the number of seniors has grown by two-thirds to reach nearly four million (3.92). In 1921, only one in twenty persons was 65 years of age or older compared to one in eight persons in 2001. By 2021, the number of seniors is expected to reach 6.7 million and climb to 9.2 million by 2041 (Health Canada, 2002a). The increasing number of seniors is attributed to several factors such as the high fertility rate of women during the 1940s to the mid-1960s when the average number of children per household was three or more compared to the current fertility rate of 1.5 children per woman. Another factor is the increase in life expectancy, which is expected to continue to rise from 75.8 to 81 years for men and 81.4 to 86 years for women between the years 1997 to 2041 (Health Canada, 2002a).

It is important to note that demographics are different for the Aboriginal population in Canada. According to government statistics, about 4.4% of all Canadians claimed Aboriginal ancestry in 1997 (INAC, 2000a). It is predicted that by 2004 the Aboriginal population will grow by 1.7% compared to

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<sup>4</sup> In Canada, a 'senior' is a person who has attained the age of 65 years of age and older.

1.1% for the general Canadian population. Based on 1996 Census data, 799,010 reported being Aboriginal with the breakdown as follows: 554,290 stated they had North American Indian ancestry, 210,190 identified as Métis and 41,080 as Inuit (Statistics Canada, 1996 Census).

According to Canada's definition of senior, 3.5% of the total Aboriginal population fit this category. However, this number noticeably increases when taking into account those persons who are 55 years of age and older. "Given the shorter life expectancy of Aboriginal people, some government and other agencies consider Aboriginal people as seniors as early as age 55" (Health Canada, 1998:32). In 1996, there were 37,615 Aboriginal persons between the ages of 55 to 64 and 28,315 were 65 years of age or older; therefore, the percentage of Aboriginal seniors 55 years of age or older account for 8.3% of the total Aboriginal population.

In 1998, life expectancy for Aboriginal men and women was determined to be 69 and 77 years, respectively. By 2008, life expectancy is predicted to increase by three years to reach 72 years for Aboriginal males and 80 years for Aboriginal females (INAC, 2000b). In all likelihood, the number of Aboriginal persons to reach 55 years of age will dramatically increase over the next 10 to 20 years and, with the expected rise in life expectancy, the Aboriginal elder population will inflate as well. It is expected that the number of Aboriginal persons who are 65 years of age and older will triple during the period 1996 to 2016 (Health Canada, 2002a). This does not take into account those reaching 55-65 years of age whose numbers too will be increasing. Therefore, it is obvious there are more Aboriginal elders than currently enumerated and the number of Aboriginal persons to reach the age of 55 will also increase considerably over the next 10 to 20 years. Because of various factors such as overall poor health status, loss of traditional role and respect in the immediate and extended family structures and lack of community elder-specific health and social services, Aboriginal elders may be more susceptible to becoming victims of elder abuse.

To determine the impact of the needs of a specific population group, dependency ratios are calculated. Dependency ratios and information on the health status of a population are important because patterns or trends can determine future service needs for a particular age group within a particular population. The dependency ratio represents individuals less than 15 years of age and over the age of 65 compared to the working or intermediate population who are 15-65 years of age. Although the majority of dependents for Aboriginal people are children, there were six (65 and over)<sup>5</sup> elder dependents for every 100 Aboriginal persons in the working age category in 1996 (INAC, 2002). In light of the fact that the age to define an Aboriginal elderly person is 55 years as opposed to 65, the dependency ratio outlined above could be deemed inaccurate, especially when taking into consideration the overall poor health status of the Aboriginal population.

Aboriginal people become dependent at an earlier age than their non-Aboriginal counterparts. In a recent study that examined the health of Aboriginal people, it was revealed that one-third of First Nations and Labrador Inuit who were 55 years of age or older had hearing problems, one-quarter were physically limited within the home and one-eighth were unable to leave their place of residence and needed personal care in their dwelling. In the general Canadian population, one-third of seniors 65 years of age and older were in need of help with daily living (Health Canada, 1999).

The rate of growth<sup>6</sup> or natural increase is 20 per 1,000 for the registered Aboriginal population compared to 5.1 per 1,000 for the general Canadian population, which is four times greater. The natural increase for

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<sup>5</sup> This number increases when taking into account an 'elder' is 55 years of age; however, statistics for the dependency ratio beginning at this age were not calculated and thus unavailable.

<sup>6</sup> Calculated by subtracting the crude death rate from the crude birth rate.

the total Aboriginal population, (Métis, Inuit, status and non-status Indian) in Canada is unavailable; however, it probably is similar to that of the registered Aboriginal population determined by INAC. The doubling time<sup>7</sup> of a population can also be estimated on the rate of natural increase. Calculated on an annual growth rate of 1.9%, it could take 37.1 years to double the registered Indian population (INAC, 2002). Therefore, as the population doubles over the next 37 years, so will the number of Aboriginals to reach 55 years.

According to a Health Canada (2002b) study where a sample of police were interviewed, approximately one-quarter of the violent acts were perpetrated by a member of the victim's family where the victim was an older person. Also, 41% of these acts were older males being victimized by their adult children and 28% by a spouse. Violent acts against older females showed that 40% were victimized by their adult children and 40% by a spouse. However, few statistics on the incidence and prevalence of elder abuse are available and may likely be under-stated as victims of abuse may be reluctant to report the incidence and/or identify themselves. Scott (1995) states that an estimated one in fourteen cases of elder abuse is actually reported to the police. The following highlights the most recent statistical data that can be found on elder abuse in the general Canadian population:

- one in twenty-five people over 65 years of age have been victims of abuse (The Ontario Network for the Prevention of Elder Abuse, 2000);
- in 1999, 2% of all victims of violent offences were over the age of 65, according to data collected from 164 police forces that represented nearly one-half (46%) of the national volume of reported crime (Canadian Centre for Justice Statistics, 2000);
- most older persons are abused by non-family members, however, 27% are abused by their adult children (43%), spouses (28%) and the rest are victimized by extended family members (13%), siblings (10%) and parents (6%) (Canadian Centre for Justice Statistics, 2000);
- the most frequent type of abuse, according to the 1999 General Social Survey on Victimization, was emotional abuse (7%) followed by financial abuse (1%). However, in 1990, financial abuse was the most common form of elder abuse (Canadian Centre for Justice Statistics, 2000; Podnieks et. al., 1990);
- more than 18,000 elderly persons were victims of more than one type of abuse in Canada (Scott, 1995);
- men and women are both at risk for abuse, but women over the age of 70 are at greater risk (Province of Nova Scotia, 2002);
- nearly twice as many male seniors (9%) report financial or emotional abuse compared to female seniors (5%) (Ontario Ministry of Citizenship, 2002); and
- people who live alone or who are socially or geographically isolated are more susceptible to abuse (Province of Nova Scotia, 2002).

As previously noted, no statistical data exists on the incidence and prevalence of elder abuse in the Aboriginal population. In fact, there is a lack of research on ethnic differences to examine patterns of elder abuse and neglect in Canada (Tindale, Norris, Bernam and Kuiack, 1994). However, it is believed that violence in Aboriginal communities is higher than in the general population. The National Crime Prevention Centre (2000) states that the disproportionate rate of violence among Aboriginal people living in urban areas reflects the inflated rate of on-reserve crime. For example, the on-reserve rate for violent crime in Saskatchewan is five times higher than the rate for off-reserve. This finding is significant in light of the fact that more seniors live on-reserve than off-reserve. Four per cent of the on-reserve population is over the age of 65 in comparison to 3% in urban areas (Canadian Centre for Justice Statistics, 2001). The per centage may even be higher if the ages 55 to 65 years are taken into account.

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<sup>7</sup> Doubling time refers to the time it will take for a population to double its size.

Also significant is the fact that Aboriginal elders are nearly two times as likely (16% versus 7%) to be living with extended family members compared to the mainstream population.

Based on the following information, rates of violence in the Aboriginal environment are higher, which may put elders at risk for various forms of abuse:

- \_ the abuse of Aboriginal elders is a serious problem in some First Nations' communities (Ontario Advisory Council on Senior Citizens, 1993, as cited in Green, 1996);
- \_ over half of Aboriginal female elders (28/40) revealed that they had been or were victims of more than one type of abuse in 1997 (Dumont-Smith, 1997);
- \_ eighty per cent of Aboriginal women are victims of some type of abuse in Ontario (Ontario Native Women's Association, 1989, as cited in Green, 1996);
- \_ about 20% of Aboriginal people reported being assaulted by a spouse compared to 7% for the mainstream population (Canadian Centre for Justice Statistics, 2001);
- \_ about 35% of the Aboriginal population have been a victim of at least one crime (Canadian Centre for Justice Statistics, 2001); and
- \_ Aboriginal people are three times more likely to experience violent crime compared to their non-Aboriginal counterparts (Canadian Centre for Justice Statistics, 2001).

Aboriginal elders are susceptible to being victimized for numerous reasons. In many instances, elders have lost their respectful standing in the family and community as a result of the colonization process and, most notably, the residential school system, which destroyed both the function of the Aboriginal family and the vital and respected roles elders played within it. As well, elders are at higher risk because of the current poor socio-economic conditions (i.e., lack of education, employment, housing, culturally-specific health and social services) that exist in remote, rural and urban settings, which could lead to increased family tension and result in violence. The following statistics shows that these conditions are well below Canada's living standards:

- \_ forty-one per cent (40.9) of Aboriginal (First Nations) families are at or below the Low Income Cutoffs (LICO) compared to 16.5% for the rest of Canadians (INAC, 2000b);
- \_ food availability is a problem for 8.3% of all Aboriginal people over the age of 15 (Aboriginal Peoples Survey, as cited in Smylie, 2001);
- \_ the unemployment rate for the on-reserve First Nations male population is 33.7% compared to 10.2% for the general Canadian population (INAC, 2000b);
- \_ in 1996, 65% of the dwellings on-reserve were deemed to be unsatisfactory by the Canadian Mortgage and Housing Corporation standards; 31% of the First Nations living on-reserve lived in over-crowded dwellings and over-crowding and sub-standard housing is also an issue for the Métis and Inuit populations (Smylie, 2001);
- \_ in 1996, 29.6% of the First Nations on-reserve population had less than a grade nine education compared to 12.1% of the mainstream population (INAC, 2002b); and
- \_ more than 80% of First Nations communities are in isolated regions (as are Inuit settlements) (Assembly of First Nations, 2001).

Though there is little scientific evidence to indicate with certainty that Aboriginal elders are being abused, indicators suggest that violence against elders in the Aboriginal environment is higher than the rest of Canada.

Those who lack power in society are the most likely victims of violence; they are vulnerable because they lack the means to resist violence, to escape from dangerous situations and to gain protection from society. Those who lack power may in turn lash out at those even less able to resist, and a cycle of violence is created (Scott, 1995:9).



## Current Research

The study of elder abuse in the general Canadian population only began in earnest in the 1980s. To date, there is only one national survey to determine incidence and prevalence of elder abuse in the general population in Canada. This survey, known as the "Ryerson Study" (Podnieks et. al., 1990), revealed that four per cent of the elderly who lived in private residence experienced some type of abuse. As a result, additional research and action on this issue took place during the 1990s. Consequently, a significant amount of educational materials were developed at the local, regional and national levels targeted for the mainstream population. In addition, conferences have been organized for professionals and the public, including seniors, to raise public awareness. Innovative strategies to address this problem are funded by the federal government. However, all these initiatives are geared to the general population and little activity has been done with respect to Aboriginal elder abuse. Consequently, little is known of the dynamics surrounding elder abuse in the Aboriginal context; however, there are a few studies that address violence in relation to the Aboriginal population.

Between 1991 and 1993, hearings were held in Aboriginal communities during the Canadian Panel on Violence Against Women consultations and it was clearly revealed that abuse of female elders was an issue in Aboriginal communities. The report indicated that Aboriginal elders suffer from financial abuse at the hands of family members. They are often left alone to assume full responsibility to care for grandchildren, which could be categorized as abandonment and neglect - two other types of abuse (The Canadian Panel on Violence Against Women, 1993).

A more recent report by the Native Women's Association of Canada revealed disturbing and startling revelations about abuse of Aboriginal female elders (Dumont-Smith, 1997). In this study, forty cross-country interviews were held with First Nations, Inuit and Métis female elders to discuss elder abuse from a present-day point of view. This study was based on a limited sample and the consultation process was limited to the views of those interviewed only. However, some key findings revealed the following:

- \_ Aboriginal women are abused and neglected by family members and/or in the work place setting in the community;
- \_ seven women indicated they were not victims of abuse, but were aware or witnessed other Aboriginal female elders being abused;
- \_ the majority (22/40) indicated they had been exposed to violence in the home, institutions or community as children;
- \_ as children, 21 indicated they had been physically, psychologically and/or sexually abused;
- \_ as adults, 28 said they had been or were victims of one or more types of abuse, with the majority as victims of physical abuse followed by psychological abuse;
- \_ the main reasons why men abuse women are associated with alcohol abuse, lack of commitment, power and control, intergenerational violence, low self-esteem on the part of the perpetrator, inability to cope with stress and loss of traditional role and values;
- \_ Aboriginal elder women are abused due to financial reasons, lack of respect, loss of traditional role vis-à-vis elders, loss of traditional life-style, lower level of education, drug and alcohol problems of abusers and that this is a non-issue for community leaders, managers and police; and
- \_ there is a lack of programs and services for Aboriginal female elders who are victims of abuse in urban, rural and isolated communities.

According to these two studies, Aboriginal elders are being abused; however, it is impossible to determine the full extent of this problem because of the lack of information.

In light of the pervasive evidence that violence is higher in the Aboriginal population and that the known contributing factors that could lead to elder abuse are also present in the Aboriginal milieu, little doubt should remain that Aboriginal elders are at a higher risk for abuse or are being abused at a rate that is similar or higher than in the mainstream population.

In spite of the absence of scientific research to support the assumption that Aboriginal elders are being abused in today's society, allusions appear in various published documents that suggest elder abuse is an issue in the Aboriginal community (Green, 1996; The Canadian Panel on Violence Against Women, 1993; Dumont-Smith, 1997; ManyFingers, 1994). However, the extent of the problem has not been officially established or documented, "[a]s the problem of elder abuse has only recently come to public attention, there are few statistics on the incidence and prevalence of elder abuse. Even available figures are likely understated, as victims of abuse are reluctant to identify themselves" (Scott, 1995:16).

Judging from modest notations in various reports about the abuse of Aboriginal elders and the fact that this issue is now being addressed at conferences for Aboriginal family violence workers,<sup>8</sup> this is now an issue that needs to be dealt with in Aboriginal communities as an element of family violence. As the general and Aboriginal population ages, it is essential and timely to address elder abuse at the community, regional and national levels.

In traditional societies, old people have always enjoyed a privileged position based on respect, consideration, status and authority. But this is starting to be upset under the influence of modern trends and that privileged position is now being questioned. It is therefore time to become aware of these changes and on that basis to define national aging policies that would avoid some of the problems concerning the elderly faced by some developed countries (United Nations, 2002c:19).

While it is impossible to state with certainty that elder abuse is a major issue in the Aboriginal community, the loss of traditional lifestyles and changes to the traditional family unit, together with the overall poor socio-economic conditions of the Aboriginal population in general, does indicate that elders are at risk for maltreatment. What needs to be determined is how highly esteemed positions and roles that elders held in traditional Aboriginal societies have changed or diminished over time, resulting in the abuse of elders. The findings of such studies will provide a true perspective on Aboriginal elder abuse as it is viewed today.

### **Historical Perspectives**

It has been well documented that elders, at least before the colonization period and prior to the forced placement of many generations of Aboriginal children in the residential school system, held a highly respected and functional role in Aboriginal society. Countless historical studies as well as oral history support this claim. To some extent, the primary role of the elders was and continues to be that of cultural brokers. Aboriginal elders have kept the Aboriginal culture alive by recounting stories and legends that have been transmitted from generation to generation from time immemorial (von Rosen, 1993; Meili, 1991; McCloskey, 1998). Meili states that "[w]ithin the tribe, every adult and elder was socially required to teach and re-teach young people who would eventually become elders themselves, replacing the ones who taught them tribal history and traditional values" (1991:50).

Story telling and singing were also used as forms of entertainment for Aboriginal children, including other aspects specific to Aboriginal culture, such as drumming and dancing. Supernault wrote: "Elders,

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<sup>8</sup> National Aboriginal Circle Against Family Violence, October 4-5, 2002.

grandmothers and grandfathers taught about life through stories, parables, fables, allegories, songs, chants, and dances. They were the ones who had lived long enough and had a path to follow, and were deemed to possess the qualities for teaching – wisdom, knowledge, patience and generosity” (Supernault, 1995:103).

Elders assumed other functions in the family and community as well. Elders acted as facilitators, arbitrators and mediators, and were directly involved in the settling of disagreements and disputes (ManyFingers, 1994; Lafontaine, n.d.; Canadian Panel on Violence Against Women, 1993). The use of elders in conflict resolution has been revived in some parts of Canada where elders sit on justice panels for young offenders and work at resolving conflicts to please all parties (offender, victim, family, police, community) (Supernault, 1995). As well, many elders are employed in penal institutions to work with Aboriginal offenders and prepare them to re-integrate into society. “Spirituality is the only thing working in penal institutions and drug and alcohol problems” (Meili, 1991:56). In less formal situations, Aboriginal elders continue to be sought out for their wisdom and advice: “[f]or me, myself, I like speaking with older people because they’ve gone through most of the stuff I’m going through and their wisdom really helps out” (ManyFingers, 1994:44).

In the traditional Inuit society, elders were highly respected and were frequently asked to oversee and rule on matters of a judicial nature in their communities. They assumed the responsibility of caring for the whole community with intervention being a matter of course. “Our Elders are assets in our society which we can ill afford to bypass or ignore. Not only do they provide stability in times of change. Their knowledge, wisdom and experience provide a continuing link with our past, maintaining it for the benefit of future generations” (Nungak, 1981:iii). In today’s Inuit society, self-reliance has now become dependence on the federal and territorial governments for assistance with medical care, education, social services and judiciary matters and that the elders in the community no longer play a vital role (Griffiths et. al, 1995).

In the Métis society, every member, including the elders, contributes to the community’s interests and welfare. “In the traditional tribal system that was also adopted by the Métis . . . [t]here was a role for everybody in the community” (Supernault, 1995:114).

Many factors and theories have been put forward to explain the higher rates of violence in the Aboriginal context. Underpinning different causes, however, is the process of colonization that Aboriginal people have endured for the past 500 or more years. Colonization, according to LaRoque, is “that process of encroachment and subsequent subjugation of Aboriginal peoples since the arrival of Europeans” (1994:2).

Over the years, the government has introduced and implemented policies to dominate, assimilate and subjugate Aboriginal people. As a result, Aboriginal people have suffered great losses such as the loss of their ancestral lands, their natural means of sustainment derived from hunting, fishing, trapping and living off the land and loss of their traditional language and culture. The result of colonization has been and continues to be detrimental to the lives of Aboriginal people as manifested by the high rates of poverty, low education and employment levels, overall poor health status and higher than average rates of family violence.

The implementation of the reserve system in the 1600s, is one example of a policy that continues to affect the lives of Aboriginal people. This policy literally forced Aboriginal people to live on limited reserved pockets of lands that proved to be inadequate in terms of size and resources (RCAP, 2000b). In 1885, the government introduced a pass system whereby an Aboriginal person could not leave the reservation without prior approval from the Indian agent. To this day, the rights of First Nations who live on-reserve are different from those First Nations who choose to live off-reserve.

The policy that established residential schools continues to affect the health and well-being of Aboriginal people. Although the concept of boarding or residential schools was first put forward in the early 1600s, it was not until 1892, through an Order-in-Council, that the government formalized a partnership with churches to operate both industrial and boarding schools for Aboriginal children. In 1910, these institutions became known as Indian residential schools. “Although in 1969 the Government of Canada officially withdrew, a few of the schools continued operating through the 70s and 80s. Akaitcho Hall in Yellowknife, NT did not close until the 1990s” (Aboriginal Healing Foundation, 2001:7).

Policies to subjugate and control Aboriginal people were enacted through the Indian Act, which was passed in 1876. Once Aboriginal people were in attendance at residential schools, they became wards of the federal government, thus under the influence of the Indian Act (Claes and Clifton, 1998). To date, few changes to those policies have been made to the Act, which is still in effect.

Though not forced to stay on reserves, the Inuit were forcibly relocated to settle in unknown and far harsher lands than those they were used to (The Canadian Panel on Violence Against Women, 1993; Smylie, 2001). Beginning in the 1950s and into the 1960s, the federal government displaced many Inuit families from their homes in northern Quebec and moved them to the High Arctic to unfamiliar territories where they were forced to settle and create new communities. “It was like landing on the moon . . . There was no vegetation, no sign of animals and, of course, no stores. There was no wood for housing . . . and no fresh water nearby except salt water or iceberg” (The Canadian Panel on Violence Against Women, 1993:107). Inuit children were also sent to residential schools and, consequently, endured the same short and long-term effects of being forcibly removed from their families and communities.

The Métis suffered as well. Governments did not regard them as true settlers, but rather as squatters and, as a result, the Métis were forced off their land to give way to those who the government deemed more promising in terms of settling the land (RCAP, 2000b). Today, the Métis continue to fight for recognition and political autonomy, but only small gains have been achieved thus far. Like other Aboriginal people in Canada, the Métis experience poor socio-economic conditions and health status.

From an historical perspective, it is doubtful that First Nations, Inuit and Métis elders were abused because of the vital and prominent roles they assumed in their respective communities. In fact, in some First Nations’ societies, the first-born child was given to the maternal or paternal grandparents to help them as they grew older and less agile (Lafontaine, n.d.). However, with the loss or erosion of Aboriginal culture, values and beliefs, the importance of the family and role of each of its members, including elders, has changed and diminished over time. “The unity of the family and tribe was broken when children were taken away from their parents and raised in residential schools . . . without love and without learning to communicate . . . traditional culture was replaced with alcohol culture” (Meili, 1991:54).

### **Residential Schools and Elder Abuse**

The current situation of Canada’s Aboriginal people, without a doubt, is linked to the colonization process and its strategies and policies that were developed to subjugate, dis-empower and assimilate Aboriginal people. The establishment of one such policy that continues to negatively impact on the overall health and well-being of Aboriginal people was the residential school system. Survivors of these institutions and their families continue to experience losses, such as cultural, spiritual, familial and traditional practices or lifestyle. As a result, their spiritual, emotional, mental and physical health and well-being is affected which, in turn, influences how they will interact with family members and the rest of society. In Claes and Clifton (1998), the Nishnawbe-Aski Nation Residential School Meetings report lists the impacts, i.e., feelings, attitudes and beliefs, currently being felt by the victims. The following includes some of the major concerns that were raised:

- \_ suicide;
- \_ learning that violence is acceptable, to accept high tolerance of abuses and to punish others by belittling them and passing all negative traits to our children;
- \_ anger at parents, towards churches, dominant society and self feelings of hatred, being angry and misdirecting this anger to the ones we love;
- \_ feelings of guilt, hopelessness, despair, loneliness and shame of identity;
- \_ addiction to alcohol, drugs, food and gambling;
- \_ development of harsh discipline methods, mental and physical illnesses;
- \_ inability to communicate or to nurture oneself or make decisions;
- \_ change in beliefs and values - forced to believe in Christian religions;
- \_ incest and development of other sexual problems; and
- \_ lack of positive parental role models and trust.

A great number of Aboriginal children were placed in residential schools in the last century. While it is impossible to determine the exact number of children who were forcibly placed in these institutions, it has been estimated that approximately 93,000 former students (Survivors) are currently alive (Aboriginal Healing Foundation, 2002a). Other victims of the residential school system that must be recognized and their needs addressed are those who have been intergenerationally impacted. They are the families and friends of Survivors that can include one or more generations and, as a result, the number of residential school victims far exceeds the number of living direct victims. Generations of Aboriginal families were deprived of parental love, care and nurturing, which is necessary to develop and thrive healthily. “They, and their children and grandchildren, have gone on to suffer in broken families and communities crippled by alcoholism, low graduation rates, and higher unemployment and crime rates than ever before” (Aboriginal Healing Foundation, 2002b:13).

The placement of Aboriginal children in residential schools may not be the sole reason for the erosion of the traditional way of life, but these institutions are a central factor in cultural suppression and acculturation. The abuses the children endured along with the suppression of their culture, spirituality, values and language have been extensively documented. “These schools, which were often located hundreds or thousands of miles from the children’s homes, frequently prohibited the use of Native language and tribal customs, required the wearing of uniforms, and enforced rules in an authoritarian manner completely divorced from traditional Indian child-rearing practices” (ManyFingers, 1994:10).

Although many theories exist to explain family violence, the attachment theory has emerged among social scientists that have studied abuse of elders in the family context. This theory has mostly been linked to child abuse thus far; however, it is now being examined as a possible cause for elder abuse because it is believed “that attachment problems may predispose families to a pattern of abuse which is transmitted down through the generations” (Tindale et. al., 1994:7). According to this theory, the abuse of elders by family members may occur because the normal bonds of attachment between parent and child have not developed properly. Normal or strong bonds of attachment occur between a parent and child and from generation to generation. Therefore, children who have not attached well and are raised in an abusive environment, such as residential schools, will most probably have parenting problems and may be predisposed to a pattern of abuse that will also be transmitted from generation to generation. In contrast, children who experience feelings of secure attachment to their parents will exhibit protective behaviours in the event that their parents become dependent on them. The parent-child attachment process was deeply affected when generation after generation of Aboriginal children were taken from their families and communities and forcibly placed in residential schools.

Further studies are warranted to understand and identify the deep-rooted causes for the abuse of elders who, before colonization and the residential school experience, held highly respected and esteemed positions in Aboriginal societies. It seems clear, however, that there is a link between residential schools

and the breakdown of the traditional Aboriginal family potentially leading to the abuse of elders. “Residential school policies recognised that language and family ties, embodying as they do the foundations of culture, spirituality, and historical bonds, were key in the maintenance of distinct Aboriginal nations. Government and church representatives have been very clear until very recently about their intent to eradicate these” (Claes and Clifton, 1998:1).

The negative impact of the residential school system continues to have a harmful effect on the lives of those who have been directly and intergenerationally impacted, which include all members of the family, including the elders. This is manifested, in part, by the higher than average rates of violence in the Aboriginal family and community. Aboriginal families, especially those for whom one or more generations of members were placed in residential schools, need to heal and break the cycle of violence and must heal in a manner that is most meaningful to them. “The process of healing must be based on our traditional and spiritual values of respect, pride, dignity, sharing, hospitality and mutual aid ... Self-reliance begins with the individual, then is built by the family, then by the community, and finally, through our relations with other nations” (Royal Commission on Aboriginal Peoples, 2000a:1).

Since the Ryerson study was conducted and its results made known in 1989-90, a variety of awareness and prevention activities have been developed on the topic of elder abuse in the mainstream population. Although very little has been done to address this issue in the Canadian Aboriginal context, research reveals several Aboriginal-specific elder abuse programs that were funded through the Aboriginal Healing Foundation.

Several projects have been funded by the Aboriginal Healing Foundation to address the specific needs of elders who are direct or intergenerational victims of the residential school system. The fundamental goal of each project was to help the elder Survivors heal from the Legacy of Physical and Sexual Abuse in Residential Schools. Elders were brought together with other Survivors to discuss the impact that residential schools had on their lives, in terms of intergenerational abuses and addictions, as well as on the lives of their family members. Traditional healing for the elders was promoted through workshops, conferences, healing circles, counselling, on-going support, culturally-specific recreational activities and story-telling about residential school experiences between elders, other community members and the youth. Counselling services for abusers were also offered to break the cycle of violence. In addition, a booklet of stories has been developed to continue to raise the awareness and prevent violence and abuse among Métis families and communities.

### **Conclusion**

The review of available literature revealed some common contributing factors related to elder abuse, although these are still in dispute among leading experts and researchers in this field. More research is needed to determine with certainty what factors lead to elder abuse. What is currently cited are the personality traits of the abuser, intergenerational transmission of violence, degree of dependency of the elder on the care giver and level of stress of the care giver. Although according to literature, other factors like a person’s age, race, gender, class and ethnicity could influence or lead to abuse.

Research revealed very little information about elder abuse in general and even less about Indigenous elder abuse from a national or international perspective. Because of growing awareness of elder abuse worldwide, this topic will be addressed for the first time on the United Nations agenda (United Nations, 2002b). With limited information in Canada also, research studies are needed to properly assess the extent of Aboriginal elder abuse in Canada and to implement strategies to decrease or stop the abuse.

This study has shown that it is a well-accepted fact that the incidence of violence in the Aboriginal community is higher in comparison to the general Canadian population. Furthermore, factors that

contribute to violence, such as poor socio-economic conditions, continue to exist in the Aboriginal milieu and make it highly probable that elders are more susceptible to being abused and neglected. Many are still feeling the negative impacts of residential schools. If healing does not take place to address those impacts and if the current socio-economic conditions are not addressed, violence against all members of the Aboriginal community, especially the most vulnerable, will continue at its present high rate and could even escalate.

Much has happened historically to destroy the Aboriginal family and these events had a devastating and negative effect on all members of the Aboriginal family and community. As a result, individual family members, most notably elders, have lost the respect they once held and, as a consequence, have been or are at risk for abuse and neglect.

Aboriginal people continue to exist in sub-standard conditions that undoubtedly contribute to the higher than average rates of violence. Research on the abuse of elders must be initiated to determine with accuracy the extent of this problem and to develop strategies to come to the aid of those Aboriginal elders who are being abused and neglected. This is a matter that must be addressed by both Aboriginal and non-Aboriginal researchers, policy-makers and health and social service providers.

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