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THE ONTARIO TRILLIUM FOUNDATION

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FINAL REPORT

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BUILDING
SOCIAL
CAPITAL
IN
THE
PUNJABI
COMMUNITY

Elder Abuse Research

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For the past two years, this initiative has benefited from the efforts and expertise of a large number of individuals and seniors organizations in the Region of Peel. Without their support and belief in this initiative and their concern for the well being of seniors, the Research on Elder Abuse in the Punjabi Community would not have been successful.

Baldev Mutta conceived this project and ensured with others that the study was scientifically sound and useful to persons and organizations working within the Punjabi community. This solid foundation is the key to help set the stage for implementing the recommendations of this project.

The project was completed with the support of the following persons:

The Steering Committee Members –
Rakhi Mutta, Rupinder Singh, Surjan Zirvi, Pushpa Rama, and Amarjit Juman.

The Project Supervisors –
Baldev Mutta and Amandeep Kaur.

Project Staff –
Rupinder Singh

Data Entry and Analysis –
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Research Team –
Dr. Amarjit Singh, Rakhi Mutta, Baldev Mutta, Amandeep Kaur, and Rupinder Singh.

Special thanks go to all the following seniors clubs and centers in the Greater Toronto Area, including the seniors clubs in the Region of Peel, for supporting us by organizing focus group sessions and giving their valuable expertise and wisdom.

Special thanks also go to the following centers and clubs:
1. Bloor Neighborhood Resource Centre – Senior Club.
2. Brampton Neighborhood Resource Centre.
4. Democratic Senior Club, Rexdale.
5. Door Steps Neighbourhood Services, Toronto.
7. International Senior Club, Brampton.
8. Kahan Se Kahan Tak Seniors Group.
9. North York Multicultural Counselling & Education Centre
10. Rexdale Women’s Centre
11. SAHARA Senior’s Group, PCHC, Peel Region
13. Shernian Senior Women Club, Rexdale
14. Mornian Senior Women Club, Rexdale
15. South Asian Seniors, Rexdale.
16. South Asian Women’s Centre, Toronto.
17. Sunshine Seniors Club Peel.
18. Toronto Humberwood Senior Club.
19. Thronhill Senior Citizen Club.

Five hundred elders completed the questionnaires, while more than thirty one elders participated in the focus groups. In addition more than forty seniors shared their stories. The time, effort and interest that these elders shared with the research team allowed them to gain a better understanding of the problems associated with Elder Abuse in the Punjabi Community. Thanks to all of these people. The report was carefully read by Ms. Mary Power and Professor Gordon Ralph. Both are seasoned professional educators and we thank both of them.

Thanks to Ontario Trillium Foundation for funding the “Developing Social Capital in the Punjabi Community Project”. This research was timely and needed in order to address the critical needs of Punjabi Elders in the Greater Toronto Area.
THE REPORT ORGANIZATION

A goal of the research team has been to present the findings and recommendations of its research on elder abuse in the Punjabi community to varieties of readers in an easily accessible manner. Therefore, the material in this report is organized in a certain format. The material may slightly overlap occasionally in different sections of the report.

With this goal in mind, in chapter 1, executive summary related to the “Elder Abuse Research Project” undertaken by the Punjabi Health Centre is presented. Chapter 2 presents introduction to the project and the history of the Punjabi Community Health Centre. In Chapter 3, summaries of findings related to three data gathering processes (the stories, the focus groups, and the survey) are presented. A summary of recommendations related to the stories, the focus groups, and the survey research is presented in Chapter 4. Chapter 5 contains the review of literature. A detailed discussion of stories and related analysis, findings and recommendations are presented in Chapter 6. Similarly, detailed discussions pertaining to the focus groups and survey research, and related analyses and recommendations, are presented in Chapter 7 and Chapter 8, respectively. This is followed by appendices.
CHAPTER 1

EXECUTIVE SUMMARY

Over a span of 14 years, numerous professionals, organizations, and individuals had suggested a need for a comprehensive research study to determine the complexities of understanding Elder Abuse within the Punjabi community. The Punjabi Community Health Centre found it necessary to undertake such a comprehensive research on Elder Abuse within the Punjabi community in the Greater Toronto Area.

Methodology

The research team:

- Worked in a cooperative and collaborative manner from beginning discussions to the analysis of the data and the compiling of the report.

- Decided that the research would be based on the principles of Participatory Action Research.

- Formed a steering committee which consisted of seniors who guided the research, reviewed the tools for data collection and participated in approving the research report.

- Reviewed existing literature related to senior abuse. There was a dearth of information available on elder abuse. Given the limited time and resources, the team made every effort to review as many as research reports and articles as possible.

- Developed questions for collecting qualitative data involving focus groups. The team felt that focus groups would be an important resource to elicit information which might not be otherwise available using other forms of data collection methods.

- Listened randomly to the stories of seniors pertaining to their daily lives. In order to accomplish this, the project staff talked to at least twenty Punjabi seniors at various public places such as a bus shelter. This purpose was to initiate a conversation with the seniors outlining the purpose of the study, and listening to their “stories” carefully. The goal was to
“see” if there were any elements in their stories that could be considered as signs of elder abuse within the prevailing rubric of research on elder abuse. The analysis of the stories revealed the presence of forms of elder abuse, although the seniors themselves did not identify any particular item in their stories as an example of this “abuse”. THIS WAS AN IMPORTANT OBSERVATION AND SIGNIFICANT FINDING. For elaboration on using “listening to stories” as a method for collecting qualitative data see footnote number 3.

- Developed a questionnaire to collect quantitative data. The questionnaire was tested with the focus groups, revised, finalized and distributed to 500 seniors.

**Major Findings**

The findings are compiled in detail in a separate section called summary of findings.

Suffice is to mention that the research team was looking for an answer to the question “Was there senior abuse within the Punjabi community?”

The answer to that question is **YES**.

**Major Recommendations**

The research team wanted to know from seniors what they would like to do about ‘senior abuse’. The seniors identified their needs into four categories and wanted the research team to take following actions:

1. Raise awareness about elder abuse through various means
   - TV, radio and print media
   - Arts medium – poetry, skits and dramas
   - Develop an advocacy group

2. Develop inter-generational programming

3. Address needs of seniors in four areas
   - Support to Caregiver
o Social Environment
  o Access to Senior’s services
  o Cultural factors leading to senior abuse

4. Develop resources
  o Videos, DVDs

Summary

This study has presented strong evidence that senior abuse is an important issue in the Punjabi community that must be addressed. The steering committee has shown interest in developing future projects related to these recommendations.

The Board of the Punjabi Community Health Centre has approved the research report and would provide assistance in implementing the findings of the report.
CHAPTER 2

ELDER ABUSE RESEARCH PROJECT

History of the Punjabi Community Health Centre

The Punjabi Community Health Centre (PCHC) is a non-profit community based agency in the Region of Peel. It was incorporated as a community based agency and a resource centre in 1995.

Developed in the spring of 1990, the Punjabi Community Health Project in Peel was an innovative Health Promotion Project based on the principles of Community Development.

Vision

The Punjabi Community Health Centre strives to create a healthy and vibrant community, which values the cultural mosaic of the Region of Peel.

Mission

The PCHC will serve the Peel community through community development, culturally appropriate service delivery, partnership with other organizations, research and asset inventories, developing resources and recruiting volunteers from within the community, and consulting and promoting diversity through community outreach.

Introduction to the Project

The Research on Elder Abuse in the Punjabi Community is a community based research and development project. Punjabi community Health Centre and seniors’ organizations serving the Punjabi elders in the Region of Peel have worked on this initiative since the fall of 2001.

Information for this report was obtained from a variety of sources. Qualitative information was obtained through focus groups and thorough listening to the “personal stories” told by Punjabi elders.
Quantitative information was obtained by asking 500 seniors to respond to a questionnaire. The questionnaires were filled in by seniors with the assistance of the project staff and the management of various seniors clubs in the Greater Toronto area, including the Region of Peel.

**Background**

The Punjabi community is the largest ethnic community in the Region of Peel. According to the 2001 Canada census, Punjabi language was identified as the 2nd most spoken mother tongue after English in the Region of Peel¹.

Large pockets of Punjabi population can be found in Malton, Mississauga and Brampton. The community is quite closely knit with its own media, small to medium size businesses, its own school, religious institutions and inroads in the hospitality, travel and tourism industry. Nonetheless, it is not an isolated community.

By 2011, the number of older adults (55+) is expected to double from 126,643 in 1996 to 257,120.²

Abuse of the elderly is not a new phenomenon. However, it has come to the public’s attention as a social problem due to increasing number and visibility of the elderly in all modern societies. The project team has been researching this topic and has found that the internet is a convenient source of information on elder abuse. While research on elder abuse within other communities is relatively easily available, research on elder abuse within the Punjabi community is non-existent.

**Scope of the Study**

The Punjabi Community Health Centre commissioned this study and the purpose of the study was:

- to determine the level of understanding of elder abuse in the Punjabi community

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¹ 582350 persons identified English as their mother tongue. 58105 persons identified Punjabi as their mother tongue. Only 12350 persons identified French as their mother tongue.
² Region of Peel – Planning Department
to examine the state of elder abuse in the Punjabi community
• to determine what intervention modalities would work in the Punjabi community
• to determine how awareness could be raised in the Punjabi community

Objectives of the Study

The specific objectives of the study were to obtain an understanding related to the following areas in the Punjabi community:

• the nature of abuse
• caregiver’s own problems which contribute to elder abuse
• social environment factors which contribute to elder abuse
• availability of services which contribute to elder abuse
• cultural factors which contribute to elder abuse

Approach

The research team used Participatory Action Research methodology to undertake research within the Punjabi community. The research team wanted to use the research as a tool to build communities rather than “just” gather the data. Thus the participants were not just “objects”. They were the “subjects” who continue to be involved in many different ways in this project.

The research team also felt that elders should be interviewed in every day life. The project staff met with seniors over a period of one year, listened to their stories and made field notes on their “stories”. This resulted in gathering first hand information on the thinking, voices and worldviews of the elders. This approach has proven successful as a research tool with Punjabi seniors.

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3 Please see appendix for a detailed overview of Participatory Action Research methodology.
The research team also felt that quantitative data should be gathered in order to complement qualitative data. To obtain this form of data, a questionnaire was developed and distributed to 500 Punjabi seniors.

The research team was well aware that the topic of elder abuse may generate uncomfortable feelings within elders that might compromise the results of this study to some extent. Nevertheless, when the data were analyzed, important findings emerged.

**Methodology**

The work plan consisted of the following: 1) Forming a research team, 2) Developing a steering committee, 3) Undertaking review of literature, 4) Developing, focus testing, revising and finalizing a questionnaire to collect quantitative data, 5) Developing a qualitative data gathering process by using focus groups, and 6) Gathering qualitative data using personal stories of elders.

1. **The research team:**

   The research team comprised of four individuals who had long experience working in the field of social work.

2. **The steering committee:**

   The steering committee consisted of elders who are very well recognized in the Punjabi community. These elders had their share of research experiences and had been in Canada for over ten years.

3. **Review of literature:**

   The research team read several articles, research papers, and examined several internet sites in order to review the current research on elder abuse. The team discovered that research on South Asian elder abuse in North America was almost non-existent. However, some studies were relevant to this project. The literature section of this report contains the review of those studies.
4. **Quantitative survey tool:**

4.1 A questionnaire was developed and the steering committee critiqued it. A revised draft was presented for their approval. The approved draft was then tested with ten seniors in the focus group. The questionnaire was again revised. The final questionnaire is attached in the appendices.

4.2 The research team then contacted the management of seniors’ groups who helped the seniors fill in the questionnaires with the help of the project staff.

4.3 The completed questionnaires were numbered and through the use of SPSS (Statistical Package for the Social Sciences) program coded into the computer.

5. **Qualitative data gathering process:**

5.1 Four focus groups were organized.

5.2 The discussion was noted by a scribe and then entered into the computer.

6. **Qualitative data gathering process using personal stories of elders as a research tool:**

6.1 The project staff met with seniors at various locations while the seniors were doing their routine chores.

6.2 The project staff made field notes of the “personal stories” of the seniors.

**Analysis**

Each data set was analyzed separately for findings and recommendations.

Focus groups were analyzed from written notes for themes. As seniors were not comfortable, tape recordings were not used. The themes formed the basis for findings and recommendations.

Personal stories were also reviewed for themes. The themes formed the basis for findings and recommendations.

The quantitative data were analyzed by using (SPSS). The findings formed the basis for recommendations.
Findings

Thus each data gathering process contains a section on the findings. There are three sections under findings – personal stories (Part I), focus groups (Part II), and surveys (Part III).

Recommendations

Similarly, each data gathering process contains a section on recommendations. There are three sections under recommendations – focus groups, surveys and stories.
CHAPTER 3

SUMMARY OF FINDINGS

The findings presented in this section represent the views and opinions of seniors from the Punjabi community. The seniors, seniors’ clubs, and individuals participated with great enthusiasm in this study. Almost all the elders that we met during the course of the study informed us about the relevance and timely aspect of this study. The research team has tried to capture the experience, wisdom and knowledge of the elders on elder abuse.

Part I: Findings Based On the Personal Stories

The themes that emerged were:

- Feelings of worthlessness
- Feelings of isolation
- Feelings of loneliness
- Feelings of helplessness
- Lack of trust
- Lack of communication
- Exploitation
- Longing for a fruitful relationship (between wife, adult children and grandchildren)
- Cultural conflict
- Lack of service centers
- Longing for spiritual satisfaction
- Longing for respect
- Nostalgia (time spent in India)
- Understanding the youth and the need to communicating with them effectively
Part II: Findings Based On the Focus Groups

Types of Abuse

Nine types of abuse were identified by the elders and they are (the elders added two new definitions):

1. Physical
2. Financial
3. Psychological/Emotional
4. Exploitation
5. Neglect
6. Abandonment
7. Psychosocial
8. System
9. Property

Awareness of abuse

The term “elder abuse” was not clear to the elders.

Frequency of abuse

The focus group participants were of the opinion that the abuse tends to be as follows: (seniors rated the abuse as 1 high, 2 medium and 3 low):

<table>
<thead>
<tr>
<th>Nature of abuse</th>
<th>Frequency</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial</td>
<td>Frequent</td>
<td>1</td>
</tr>
<tr>
<td>Psychological/Emotional</td>
<td>Frequent</td>
<td>1</td>
</tr>
<tr>
<td>Exploitation</td>
<td>Frequent</td>
<td>1</td>
</tr>
<tr>
<td>Neglect</td>
<td>Frequent</td>
<td>1</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>Often</td>
<td>2</td>
</tr>
<tr>
<td>Psychosocial</td>
<td>Often</td>
<td>2</td>
</tr>
<tr>
<td>System abuse</td>
<td>Often</td>
<td>2</td>
</tr>
<tr>
<td>Abandonment</td>
<td>Sometimes to rare</td>
<td>3</td>
</tr>
<tr>
<td>Property abuse</td>
<td>Sometimes to rare</td>
<td>3</td>
</tr>
</tbody>
</table>
Four factors contribute to elder abuse and these are:

<table>
<thead>
<tr>
<th>Part A</th>
<th>Caregiver's own problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part B</td>
<td>Social Environment</td>
</tr>
<tr>
<td>Part C</td>
<td>Lack of services</td>
</tr>
<tr>
<td>Part D</td>
<td>Cultural factors</td>
</tr>
</tbody>
</table>

4 factors contributing to elder abuse

Resource development and outreach

The participants also discussed ways to educate the community regarding the elder abuse issue. The seniors came up with the following suggestions:

1. Develop a video
2. Develop plays
3. Poetry session
4. Advocacy Group

Part III: Findings Based On the Survey Results

1. 94% of the sample identified themselves as Punjabi.
2. 94.4% of respondents originally hail from primarily South Asian countries. 88% stating their country of origin being India, 6% from Pakistan and 0.4% from Sri Lanka.
3. 61.4% of the entire sample indicated that they were residents of the Region of Peel. For the 28.4% that are not residents of Peel they are still accessing service in the Region of Peel. This may indicate a lack of resources for Punjabi/ South Asian seniors in other localities.
4. An overwhelming 70% of those surveyed were male with only 30% of respondents being female.
5. The majority of our sample at 67% were over the age of 65, with 7% of them, being 80 plus.
6. 72.7% of respondents are dependent upon their children; son (53.7%) and daughter (19%) for residence, compared to 18.2% living on their own.
7. 60% of respondents have resided with their families for a continual period of more than ten years.
8. More than 80% of respondents are still married.
9. Most respondents have resided in Canada for under 14 years, and 11% of the sample group have resided in Canada for less than 4 years.
10. 64% of all respondents are Canadian Citizens.
11. 59.6% of respondents have a education of Grade 10 or less, with only 14.2% having gone on to post-graduate studies.

12. The majority of respondents were on Old Age Supplement (OAS) and Canadian Pension Plan (CPP). It was surprising to see that 31 people were still working. 85 respondents were on a work pension.

13. While 48.8% of respondents said they are not financially dependent upon their children, and almost equal to that is the 42% that said they are dependent upon their children financially.

14. It is surprising to note that abuse was the top three answers totaling almost half the answers at 46.9% (verbal abuse 26.4%, physical abuse 13.1%, financial abuse 7.4%). Other responses were; not respected 6.0%, and forcing us to work 3.9%.

15. Seniors identified the term elder abuse in the Punjabi Community to mean foremost; financial abuse, physical abuse and verbal abuse. On a secondary note seniors also strongly identified no respect, followed by being forced to baby-sit, isolation and loneliness as examples of abuse.

16. 22.6% of seniors said they were afraid when at home. Son was at the top of the list followed by daughter-in-law, which would potentially make up the same couple at almost 74%

17. 9.4% said that their son or daughter-in-law has tried to hurt or harm them in someway.

18. Astonishingly, 25% of respondents have experienced name calling at the hands of family members. Of the 25%; 24.4% was from their sons and 21.3% from their daughter-in-laws. Other individuals listed as having called the seniors names were daughters, son-in-laws and even grandchildren.

19. 5% of seniors were forced to stay in bed, overwhelmingly half of them by their sons.

20. 17% of respondents have been forced to do things that they do not want to do, by their sons and daughter-in-laws.

21. Only 6.6% of respondents claimed to have their belongings taken from them without their permission. Of that 6.6%, 92.9% said the individual to take their things was their daughter-in-law.

22. 22% of seniors had signed over their cheques to family members. Almost 80% had signed over cheques to their son and daughter-in-laws.
23. 3.8% of seniors answered yes to having been inappropriately touched.
24. 6.6% of all respondents have been threatened. 60% of the 6.6% who threatened the seniors had been friends of the family.
25. Respondents said that of the people forcing them to sign over documents, 37.9% were their sons.
26. Seniors were asked if they were ever made to sign property documents through use of threats or force. An overwhelming 66% of respondents did not answer this question and 5.6% admitted to having such an experience.
27. 27% of the seniors said that they have experienced being left alone a lot.
28. 21.8% of respondents said they had experienced a lack of help when they needed it.
29. The average respondent resides in a home with 2-4 adults and 1-3 children.
30. The primary care-giver for the majority of respondents is their spouse.
31. 24% of respondents claim that their caregiver has physical health problems of their own.
32. Nearly one quarter of respondents indicated that their spouses are seriously stressed.
33. 13.4% indicated that their primary caregiver has a drinking problem.
34. The respondents identified over 22% of caregivers being angry, 35.5% of caregivers being tired, 27% of caregivers being stressed, 25% of caregivers being disrespectful, 22% of caregivers having a lack of time, and 22% of caregivers having a lack of resources.
35. 61.2% of respondents said that their health was in poor or fair condition at present.
36. 36.8% of respondents said yes to having their health effect their daily activities.
37. Nearly 50% of respondents claimed to have felt better five years ago.
38. 4% of respondents said they couldn’t take a bath/shower by themselves.
39. 4% of respondents said they couldn’t go to the washroom by themselves.
40. 4.6% of respondents said they could not dress themselves.
41. 9.4% of respondents said yes to wishing their life would end.
42. 2.2% of respondents said they had considered ending their own life.
43. 64.4% of respondents said they were not wholly happy with their lives.
44. Language: Almost 3 out of 4 seniors filled out the questionnaire in the Punjabi language, followed by English and Hindi.
CHAPTER 4

SUMMARY OF RECOMMENDATIONS

Recommendations Based On Personal Stories

Recommendation one

Develop models of listening to the stories of the Punjabi seniors in North America.

Recommendation two

Develop educational programs for listening to the stories of elders from other cultures who are growing old in North America. These programs should be designed to assist volunteers, family members, community workers, administrators, policy makers and other service providers.

Recommendations Based On Focus Groups

Recommendation one

Develop a social marketing strategy to raise awareness on the issue of elder abuse.

Recommendation two

Add the following items to the definitions of elder abuse: exploitation, psychosocial abuse, abandonment, abuse of the support system, and property abuse.

Recommendation three

The project should initiate a response to abuse using a priority system of focusing on high priority first and working down.

Recommendation four

Develop definitions of senior abuse with relevant examples reflecting the needs and practicalities of the Punjabi community.
Recommendation five

The Punjabi Community Health Centre MUST address the needs of the seniors in these four areas: Caregiver’s own problems, Social Environment, Lack of services, and Cultural factors.

Recommendation six

Develop resources to address the needs of the seniors; such as, develop a video, CDs and DVDs.
Develop arts medium to address the needs of the seniors; such as, develop plays and poetry session.
Develop an Advocacy Group to address the needs of the seniors.

Recommendations Based On The Survey Results

1. Undertake research to explore the specific needs of the Punjabi senior women.

2. Develop specific educational programs related to understanding ‘elder abuse’ for adult children of seniors.

3. Develop community wide awareness programs on elder abuse in the Punjabi community.

4. Develop health related educational programs for seniors.

5. Develop respite programs for caregivers.

6. Develop accessible seniors groups.

7. Develop three generational (grand parents, parents and grandchildren) intergenerational programs.
CHAPTER 5

REVIEW OF LITERATURE

Elder Abuse Among Asian Indians: Traditional versus Modern Perspectives

Introduction

This article examines different perspectives of elder abuse in the context of traditional cultural values and the effects of modernization in India and acculturation among Indian immigrants to the US.

Discussion

Part I  Philosophical underpinnings of “Old Age”

• Old age was venerated; age had a value in itself, and being aged was advantageous.
• According to Hindu religious books, each individual’s life is divided into four states that are described as:

  a. A period for study and discipline
  b. A period for raising and supporting a family abs taking part in affairs of the community
  c. A period after retirement from active life to engage in meditation and religious matters
  d. A period wherein the individual renounces all worldly possessions and develops non-attachment to material objects, working towards the spiritual goal of life

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Part II  Three part process to investigate elder abuse among Asian Indians.

1. Informal interviews with 20 families in New Delhi, India.
2. Gathering and analyzing published materials
3. A field survey in Cleveland, Ohio of Asian Indians.

Part III  Elder Abuse

The article concludes that “mistreatment of elders is frequently reported as a news item and is reflected in the mass media and literary productions.”
The article cites the psychological abuse by stating that “Among elders there is a widespread feeling of psychological neglect because of the discrepancy between the way the elders perceive themselves, their role, and place in the family and the way other family members perceive them.” (p. 90)
The article cites a needs survey conducted by the Benjamin Rose Institute and the Western Reserve Area Agency on Aging concluded that “the elderly parents of Asian Indian immigrants who accompanied their adult children to the US experienced similar psychological emotional pain to their counterparts in India. Acculturated life styles of their adult children, mostly professionals, caused strain and stress in family relationships.” (p. 91)

Summary

The article cites evidence of elder abuse in India as well as in the United States of Asian Indians.
Health Promotion: Defining Wellness for South Asian Elders

Introduction

The paper discusses that the perceived lack or loss of control over life’s circumstances has been well documented as a risk factor in disease.

Discussion

Upon reaching Canada many elderly experience the demoralization that accompanies loss of status due to the move, the isolation due to limited linguistic skills and alienation to a culture to which others are adapting. This results in elevated mental health risk in elders.

Flemington Health care is a community oriented health service organization- a private sector consulting and management firm in collaboration with community partners have undertaken a health promotion effort to address priority needs of South Asian elders.

The article points out that “the project aims to increase the elders sense of control over daily decision making circumstances that effect their health. Secondly, to help elders come to terms with fragmentation of their extended families, cultural alienation, and decreased autonomy. Furthermore, the project also aims to respond to the seniors’ desire for information and strategies to reduce risk factors leading to cardiovascular disease.” (p.622)

The article outlined that “perceived loss of control over one’s life increases the risk of mental and physical disease”. The following factors contributed to this condition:

- Sense of social isolation
- Low levels of self-esteem
- Low levels of self-confidence in performing daily living activities
- Little respect accorded to elders by their children and grandchildren

---

• Limited knowledge of risk factors associated with cardiovascular disease
• Few heart healthy cultural nutrition practices, and
• Barriers to physical activity.

Summary

This project was designed to help elders come to terms with the fragmentation of their extended families, cultural alienation, decreased autonomy, need for information, and greater risk of cardiovascular disease.

Twilight Tears
Aged Immigrants face Abuse from their families

Introduction

The article discusses abuse of seniors in the South Asian community in Toronto. The article discusses elder abuse, neglect, menial jobs, and financial abuse in the south Asian community.

Discussion

Bhajan Gill, 66 years old hanged himself from a tree in his son’s backyard. Gill’s family viewed him as a liability and crushed all the hopes and dreams he had while leaving his homeland Punjab to come to Toronto to join his family.

There are nearly 6000 elderly that migrate to Canada each year and there are hundreds of cases of Abuse. Abuse usually happens when sons and daughters ask for the pension cheques and the elderly are forced to give up any decision making and influence over anything. This makes it very difficult to cope because back home they have prestige and influence.

If abuse is uncovered, most of the time the elderly are too afraid to testify against their families in court. They have no language skills, and no place to go.

7 The article is from a magazine published in India. No date and title of the magazine could be found. A hard copy is however available.
Summary

Elder abuse exists in the South Asian community in its various forms and social workers tend to address it as best as they can.

*Intercultural Seminar on Indo-Canadian Community*[^8]

Introduction

Indian Immigrant Aid Services is a non profit charitable organization, established in 1970 to provide settlement services to immigrants of origins in India.

Discussion

This paper talks about a seminar that the Indian immigrant Aid Services put on. The agency also undertakes recreational and cultural activities, inter community and intra community seminars, workshops and conferences to promote a better understanding of the underlying issues within the Indian Immigrant Communities. The IIAS also provides information to professionals so that they can deal with day to day situations when in contact with their clients.

The paper goes on to provide details on issues discussed in the seminar pertaining to the Indian Community which help to provide a better understanding of sociability and values, parent–child relationships, and development of moral values.

The article also talks about the delivery of health services to the seniors and discusses “that the elderly are the responsibility of the children, particularly the sons. Therefore suggestions of institutionalization for the elderly (or assistance by social agencies) will be resisted. Institutionalization will produce enormous quiet feelings in the children and serious feelings of rejection by the parent.” (p. 45)

Summary

The paper provides a detailed background on Indians and moves onto the Adjustment process of Indians when migrating to a new country.

*Cultural Background and Sex and Love At Age 60 and after*\(^9\)

Introduction

This paper poses a series of questions that people would have regarding seniors and sex; should the elderly have sex lives? Should adults know about their older parents? Do the elderly worry about these things in day to day living? Should family arrangement require change to meet this need of elderly parents?

Discussion

The paper goes on to discuss the sexual needs of the elderly and that elderly also think and wonder about the same things as adults do. Many are alone, widowed, divorced, separated or single and they may experience serious emotional and sexual difficulties.

The concerns of the elderly in the areas of love, sex and sexuality are very normal and there is a great need to create opportunities within families, social settings to discuss these issues.

The article outlines that “...there is a great deal of unnecessary sexual repression in many cultures and societies; that people have unwarranted fear, anxiety, and other emotional and social problems arising from misinformation about human sexuality. Some traditional values, attitudes, behaviour patterns, prejudices against sex, and stereotypes about sex may also contribute to individual and family problems.” (p. 2)

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Summary

The article concludes by stating a few things about sex after sixty and goes on to address some future concerns and policies also; the increase of elderly in Canada, and social service agencies which will have to adjust their programs accordingly to meet these needs.

Elder abuse: it’s time we did something about it

Introduction

The article focuses on elder abuse, types of abuse, who abuses elderly and what should be done about elder abuse.

Discussion

The article points out four types or indicators of abuse and these are (p.36):

<table>
<thead>
<tr>
<th>Accessing the mistreated elderly: Indicators of abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any act or behaviour by a family member or person providing care (formally or informally) which results in physical or mental harm or neglect of an elderly person. This would include but is not necessarily confined to the following examples:</td>
</tr>
<tr>
<td>1. Physical abuse</td>
</tr>
<tr>
<td>2. Neglect</td>
</tr>
<tr>
<td>3. Psychosocial abuse</td>
</tr>
<tr>
<td>4. Exploitation</td>
</tr>
</tbody>
</table>

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The article raises some points for consideration:

1. Family members and loved can abuse the elderly
2. Care givers can abuse the elderly
3. Elderly often refuse or fail to report abuse

These issues need to be critically examined and interventions developed to address them.

**Summary**

The article examines the issue of elder abuse from identifying to addressing issues of abuse.

*National Survey on Abuse of the Elderly in Canada*¹¹

**Introduction**

The study sought to identify, for the first time in Canada at a national level, the prevalence and circumstances of abuse of the elderly in Canada.

**Discussion**

Four major categories of abuse were defined and studied:

1. material abuse,
2. chronic verbal aggression,
3. physical violence, and
4. neglect.

Data was gathered through a modified random-sample telephone survey of 2008 elderly persons living in private dwellings.

The study found that about 40 persons per 1000 elderly population recently experienced some serious form of maltreatment in their own home, at the hands of a partner, relative, or significant other.

The study also found that “stress appears to be a dominant characteristic of the abuser.” The abuser tends to “have emotional problems, and drinking problems.” (p. 26)

Summary

The study demonstrates that elder abuse is a serious issue to be reckoned with.

Sexual Assault and Senior Women: A Research Feasibility Study

Introduction

It was perceived that there is a dearth of information on sexual assault on senior women, therefore the need to undertake a feasibility study was identified. The feasibility study was intended to “outline the key challenges in undertaking research in this area, and how these challenges can be overcome and provide the definitions and define the parameters necessary to undertake research which would produce reliable information that could be used to plan action on this issue.” (p. 2)

Discussion

The researchers decided not to undertake a study to explore the incidence/prevalence of sexual assault of senior women.

The report further states that “Canadians estimate that between one in two and one in four women will be sexually assaulted at some point in her life. The extent of sexual assault of senior women is unknown.” (p. x)

The report also concludes that “senior women, like younger women, are sexually assaulted by both strangers and people they know.” (p. x)

The authors report that “the impact for senior women can be particularly traumatizing. Age, and generational differences make it difficult for senior women to disclose their experiences because of greater feelings of shame, fear, vulnerability and

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the increased isolation and dependency that may come with age.” (p. x)
Finally, the report states that “in situations where the perpetrator is a caregiver, it may be particularly difficult for the senior women to leave the assaultive situation.’ (p. x)

Summary

The feasibility study was an attempt to begin a process of “researching” sexual assault and senior abuse in a sensitive and caring manner.

The Socio-Economic Conditions of Senior Tamils in Ontario

Introduction

The Senior Tamils’ Centre (STC) in Toronto received funding in 1993 under the New Horizons Program. The funding, amongst other activities, also required the STC to undertake a feasibility study to “address the availability and accessibility of services to seniors living in Ontario.” (p. 5)

Discussion

The report cites that “.....the care of the elderly is a family obligation that is taken very seriously in Tamil culture. The great majority would feel obligated to attend to the needs of the elderly members of the family in their own homes. Placing the elderly in community or private institution for the aged is still not considered to be an acceptable option for most Tamils.” (p. 21)

In this report, senior's health and social needs as perceived in the findings are:

- Many seniors experience loneliness and social isolation in Canada
- Apartment living is foreign to them. It increases the feeling of being shut in.

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• They (seniors) are dependent on their children to take them out to the doctors, to shopping centers, or to visit relatives and friends.
• Diabetes, arthritis, hypertension seem to be common problems of the elderly as is poor nutrition.
• Many of them help at home, specifically with babysitting.
• Especially, social adjustment problems occur with in-laws, who often share the same crowded apartment/house.
• Many are unaware of available services.

Summary

The report is quite comprehensive and has information related to health, education, housing, income and expenditures, family values and practices, and social interaction.

_Fraud in Ethno Cultural Senior’s Communities_¹⁴

Introduction

The report is the summary of focus groups held with Chinese, Hispanic, Portuguese, and South Asian seniors and their service providers in the Greater Toronto Area by the Portuguese Women 55+ Support Group of Ontario.

Discussion

Three headings:

1. Nature and scope of fraudulent practices
   telephone fraud, mail fraud, credit fraud, banking, home repairs, door to door sales, unfair business practices, charity-based scams, housing fraud, and immigration fraud

2. Vulnerability to fraud
   Language barriers, lack of education pertaining to fraud, trust of Canadians in general and members of their particular community, isolation, fear/intimidation, and lack of reporting.

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3. Recommendations for fraud prevention
For the prevention of fraud against seniors from the ethno cultural communities, the following key recommendations were made:
Greater education around issues pertaining to fraud for seniors and service providers; overcoming language barriers; facilitation of the reporting of fraud; dispelling of myths about fraud; the development of culturally and linguistically appropriate services, and outreach to isolated seniors.

Summary
The report defined the scope and nature of fraudulent practices to which older adults from certain ethno cultural communities are exposed to.

_Elder Abuse In Selected Ethno Cultural Communities In Ontario_15

Introduction
The study examined the state of elder abuse in five selected ethno cultural communities. The communities are as follows: Italian, Chinese (Cantonese speaking), Black (Caribbean origin), South Asian (With origins in India or Pakistan), and Latin American (Spanish speaking).

The data was gathered through telephone interviews with the service providers and through focus groups with seniors from the ethno cultural communities.

Discussion
The study showed that “the most prevalent forms of abuse are financial abuse, exploitation, psychological/emotional abuse, neglect, psychosocial abuse, and abandonment. Physical abuse, although it may occur, was not identified as a frequent...

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form of abuse and even when reported was usually not defined as such.” (p. 31)

The contributing factors to senior abuse were reported as:

- **Dependence** on families for physical, financial, social, emotional and legal needs
- **Fear** that the children will put them in institutions
- **Misinformation** about immigration rules
- **Lack of services** that cater to the needs of the seniors in their language
- **Seeking outside help** in “abusive” situations is often frowned upon.

The study used the following definitions of elder abuse:

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Any form of physical violence including assault and rough handling.</td>
</tr>
<tr>
<td>Psychological/Emotional abuse</td>
<td>Any form of harassment or verbal aggression that demeans or intimidates and may involve yelling, insults and threatening remarks.</td>
</tr>
<tr>
<td>Financial abuse</td>
<td>Involving the misuse or theft of money or assets of seniors including pensions, property or possessions</td>
</tr>
<tr>
<td>Neglect</td>
<td>The intentional or unintentional failure to provide the necessities of life such as nutrition, adequate hygiene, medical care or emotional support</td>
</tr>
<tr>
<td>Exploitation</td>
<td>The uncompensated overuse of the labor of seniors to provide services such as childcare and housekeeping</td>
</tr>
<tr>
<td>Psychosocial abuse</td>
<td>The intentional social isolation of seniors including prevention from social interaction outside the household and exclusion from family activities and involvement.</td>
</tr>
<tr>
<td>Abandonment</td>
<td>Eviction of elderly from the household and withdrawal of all forms of support including shelter, food, and other necessities of life</td>
</tr>
</tbody>
</table>

The study identified the nature of elder abuse in the South Asian community as:

Physical: Rare
Financial: Frequent
Psychological/emotional: Frequent
Exploitation   Frequent
Neglect       Frequent
Abandonment  -----------
Psychosocial  Exists

Summary

The report concluded that senior abuse is an issue that needs to be addressed in the ethno cultural communities.

Elder Abuse Intervention Research Project

Introduction

This study was conducted by the Family Service Association of Metropolitan Toronto.

Discussion

The study highlighted that:

- Data gathered from 51 police agencies revealed that 42% of the physical assaults committed against seniors involves an immediate family member.
- Approximately 66% of the abused older adults were females, while 81% of the accused persons were males (Statistics Canada).
- Agencies were surveyed and out of 14 agencies 213 elder abuse cases were cited. These included amongst others East Indian.

The study also discussed the theories explaining the contributing factors of elder abuse:

a. Environmental factors
b. Pathological or Intra-individual dynamics
c. Developmental/Intergenerational Transmission
d. Lack of Social Supports and Physical Isolation

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The study outlined “profiles” of abusers and abused

Profile of the abused older adult

<table>
<thead>
<tr>
<th>Psychological and physical abuse</th>
<th>Married and living with spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial abuse</td>
<td>Widowed and living alone</td>
</tr>
<tr>
<td>Neglect</td>
<td>Widowed</td>
</tr>
<tr>
<td>All types of abuse health problems</td>
<td>Socially isolated Limited number of social support</td>
</tr>
</tbody>
</table>

Profile of perpetrator of abuse

- Middle aged
- Spouse or child of abused older child
- Dependent on alcohol or drugs
- Dependent on abused older adult financially or for assistance

Summary

The report demonstrated that elder abuse cases were being handled by social service agencies and the case load continues to grow.
CHAPTER 6

STORIES IN DETAIL

Punjabi Elders, Their Thinking, Voices, Stories: Themes And Analyses

In order to discuss this complex topic, the research team decided to, at random, initiate conversations with seniors at various public places such as bus stops, malls, parks and other social places where seniors would generally gather. The discussions were captured in a story format by the project staff and analyzed for themes. The staff person listened to the conversations with the elderly carefully and sympathetically, made notes of those conversations based on his memory, and translated the notes from Punjabi to English. In the following presentation, the letter “A” represents the staff member and the letter “B” represents a Punjabi elder. Many themes have emerged in these stories. These themes contain elements that constitute various forms of “elder abuse”, according to available research literature on this topic. All conversations were held with men. For various reasons, it was not possible to talk to elderly women in this round of research. The next round of research needs to rectify this gap in research on the Punjabi elder abuse.

Story One

(discussion in a Bus)
A: Sat Sri Akal (a Punjabi greeting)
   How are you?
B: Oh! I am fine…

A: What do you mean?
B: … I am just a stone. The stone can be thrown anywhere, the stone doesn’t move from where it has been thrown. Since my arrival in Canada, I have experienced the same feelings.

A: But why are you comparing yourself with a stone like this?
B: My brother, stone can also be converted into an idol for worship but it can also be used as a worthless object. Did you get it?
Analysis

Feelings of worthlessness seem to be the theme in this story.

Story two

(Discussion in a Bus)
A: Sat Sri Akal
How are you?

B: How could I be? It is four o'clock. I am going to work. When I left for work, I had to have an insulin injection. My mouth is dry. I am also feeling a bit tired. Sardar Ji (Respected word for Sikh men), in this country the property (owning house) is killing me. We have a nice home. But, my family wants to buy another house. Why is there a need to change a house so often? Day and night we have to work. I had thought that when I stay with my son in Canada, I would be able to spend my old age in peace and quiet. But, shift work is killing me. My wife also gets tired while working at home.

(Bus stop came and discussion terminated.)

Analysis

Perhaps both husband and wife are feeling “exploited” by the family. This seems to be the main theme in this story.

Story three

(meeting in a mall – after initial greetings)
B: I have four sons in Toronto. My wife and I live in a senior’s home. I also worked in Canada for 15 years. I was in the Indian Army back home. My wife baby-sits my youngest son’s children for 5 days and she only spends two days with me. This age is about spending time together and talking about the past events. But I end up spending 5 days in the plaza. I sit here for 5 days and spend time just sitting. Oh yes, for me this is Canada.
What did we get – loneliness, and children who are selfish? They keep thinking about themselves. Many times I feel that my wife should be with me and we should spend time together talking about the past.
Now she comes on Fridays and is usually very tired and becomes quiet, very quiet. Then everything is quiet anyway. What is this? I hope you understand. Do meet me again. This way time passes quickly.

**Analysis**

He longs for a relationship with his wife but she has other household responsibilities. Perhaps this is a subtle way of saying that the wife is experiencing gender and other forms of “exploitation'.

**Story four**

(Waiting at a Bus Stop – after initial greetings)

B: I am 80 years old. I have never seen my wife naked (but in Canada…) When I was in India, I used to go to my fields around 4 or 5 AM. I had a very small house in the village. Due to lack of space, my wife and I used to make love in the farm house. In Canada, everything is different. Men and women are more open. What a country this is – you make a mistake and you can get away with it by saying “I am sorry”. I do like this country, though.

**Analysis**

The theme in this story seems to be “culture conflict” and a perceived degree of freedom available in Canada to express feelings surrounding sexuality in old age.

**Story five**

(Meeting in a restaurant… - after initial greetings)

B: We don’t have a “centre” that can teach us what our responsibilities are. In my whole life I never changed baby’s diaper. New environment forces you to learn new things. Sometimes it becomes very difficult for us. Sometimes I think, these small things lead to frustration. We want to learn but in our own way. But we are helpless and this helplessness forces alienation and frustration.

We should build a centre – this may solve some problems.
Analysis

The theme is that no “center” exists which can meet the needs of the seniors in the context of changes that are taking place in Punjabi families in terms of gender roles.

Story six

(In Westwood Plaza – after initial greetings)
B: …Seniors are isolated and lonely. Every one has left them. Nobody wants to spend time with them. Even children have deserted them and have no time for them. Because no communication exists, how can anyone help another person! Sometimes I feel that my children are thinking that I am a fool. Sometimes I feel they hate us.

Analysis

Isolation and loneliness is a recurring theme in many of elders’ stories, like in this one.

Story seven

(Conversation on the street – after initial greetings)
B: …Children do not have the time to talk to us therefore we are under great deal of mental stress. This is the main reason…..

Analysis

Lack of communication is the central theme in this story, contributing to feelings of stress and neglect among the Punjabi elders.

Story eight

(Bus stop in Malton – after initial greetings)
B: Try to understand seniors. Seniors are longing for the time when their son, daughter-in-law or granddaughters would be looking at them in a caring manner and would ask them to sit down near them…. No time in this country for this sort of interaction.
Analysis

Need to improve intimate relationship between seniors and adult children and grandchildren seem to be the theme in this story.

Story nine

(Subway, stop – after initial greetings)
B: Today, my children have everything which we never possessed. We could not even think of the things that my children have. But, in families, there is no “closeness”, “wellness”, and ability to sit together and discuss things. Somehow the ability to discuss one’s life events is disappearing. We are all running to achieve something but that something keeps running away from us. We are all tired – often we don’t know where we are going…a moment of silence follows.

Analysis

The theme highlights a need for spirituality in everyday life instead of overly emphasizing material part of the daily life.

Story ten

(In a mall – after initial greetings)
B: ...Sometimes I feel that seniors are sick, lonely, confused and frustrated. When we were in India, we were all fine. We only start feeling these things here. Sometimes, I sit in a park for many hours and contemplate….
A: You can spend your time attending activities at the senior’s club?
B: I once went to a senior’s club. They are all directionless. All are trying to create a new identity for you in old age.
Analysis

The theme is related to issues related to identity. He is longing for time spent in India and reflecting on the need to have a new identity in Canada.

Story eleven

(In a subway train – after initial greetings)
B: …the children have a tendency to think that we are not important to them. This attitude of younger generation makes us feel more isolated….

Analysis

How to come to grips with the changing relationship with children seems to be the theme.

Story twelve

(In a grocery story – after initial greetings)
B: …Old age is not a burden. We have worked hard. We are still ahead of the younger generation. This is a matter of understanding. Sometimes we create problems for ourselves. We need to understand that old age and being young are two separate entities and cannot ‘jell”. Only when both sides can work together, only then we can do something (come up with results). Try to understand self…

Analysis

Here the theme is that understanding and working with youth could solve problems. That is, issues related to intergenerational relationship and ageism need to be addressed.

Story thirteen

(In a video store – after initial greetings)
B: …We literally have sacrificed everything for our children. When our time came, all roads were closed. They are (children) looking the other way. Why are we suffering from isolation and disrespect…
Analysis

Longing for respect from one’s children in old age is the theme in this story.

Story fourteen

(In a mall – after initial greetings)
B: …We had sold everything back home when we came to Canada. We did not keep anything for ourselves. When we came here, we found out what old age is. We are now dependent on our children for everything….

Analysis

Increased feelings of helplessness and feelings of dependency on others in old age is the theme in this story.

Story fifteen

(In a mall – after initial greetings)
A: Why don’t you come to the senior’s club?
B: …I like to attend. I love to meet my friends and talk to them. My family is very reluctant to allow me to come. They are fearful that once I start coming here I may disclose what is happening in the home. Often I feel, we are now destined to keep on working…
A: What is going on at home?
B: … nothing, nothing is going at home….

Analysis

The story may perhaps contain an element of concealing of “exploitation” or other forms of abuse” that might be occurring in the family.

Story sixteen

(At a movie theater – after initial greetings)
B: …the laws of this country are very strange. Daughter-in-law has the real power. She is also controlling my son. I cannot
even go to see or meet my own son. My daughter-in-law’s mother and father are residing with my son.
Sometimes I become very lonely. What kind of country is this?

Analysis

Poor family relationship seems to be the theme in this story.

Story seventeen

(At a social function – after initial greetings)
B: …my wife does not have the time for me. All day she works at home. She cooks and cleans the house. Whenever there is a little time, she ends up feeding her grandchildren like a little baby.
Often, I want to talk to her. I want to go out for a walk with her. I want to watch a movie with her.
But, she doesn’t care…………..

Analysis

Poor relationship with wife and gender related role in a family is the theme in this story.

Story eighteen

(At a marriage party – after initial greetings)
B: …I have learnt much from “time”. I am an educated man. I have kept the control of my finances, which I even do not share with my wife. I only take out from the Bank whatever I need. At the time of festivals, I buy gifts for my children and grandchildren.
I have made my will.
Sometimes I think that the strength of relationship is very weak now-a-days. Everything is like a “show”. I often feel a great deal of pain…

Analysis

The theme in this story is gender and changing family relationship, and how to deal with those changes.

Story nineteen
(Street encounter chatting – after initial greetings)

B: …My family members wanted me to get a life insurance. I declined. I don’t trust my children. What if after two or three years they kill me. Life insurance money will go to them. No I will not get life insurance…

Analysis

Mistrust between elders and their off-springs is the theme in this story.

Story twenty

B: (near a Gurdwara – after initial interaction).
…everyday I go to the Gurdwara (Sikh temple). I spend the entire day there. In the evening when I come home, I have a few drinks and then I sleep. This has been going on for the last 6 years.
My son or my daughter-in-law never asked me how I spend my day. Sometimes I feel that if Gurdwaras did not exist, all seniors would have died of hunger.

Analysis

Loneliness, lack of respect and dysfunctional relationship with adult family members seem to be the theme in this story.

RECOMMENDATIONS

1. Develop models of listening to the stories of the Punjabi seniors in North America.

2. Develop educational programs for listening to the stories of elders from other cultures who are growing old in North America. These programs should be designed to assist volunteers, family members, community workers, administrators, policy makers and other service providers.
CHAPTER 7

FOCUS GROUPS IN DETAIL

Introduction

The research team organized four focus groups which were undertaken in the Region of Peel and the City of Etobicoke. The participants in the 4 focus groups were as follows:

- Focus group number one: 4 women and 4 men
- Focus group number two: 2 women and 6 men
- Focus group number three: 9 men
- Focus group number four: 6 women

Because seniors did not feel comfortable, the focus group discussions were not tape recorded. Each focus group contained one scribe and one facilitator. The scribe’s job was to note all and everything and the facilitator’s job was to keep the discussion on the topic group and make sure all participants are engaged in the process of discussion.

**This section captures the main findings and recommendations from the 4 focus groups.**

Finding number one

The seniors were really not clear on the term “senior abuse”. The term senior abuse was initially meant to be “physical abuse” of seniors but as the discussion prolonged so did their in-depth understanding of “senior abuse”.

**Recommendation**

Develop awareness about what “senior abuse is?”
Finding number two

The focus groups decided to increase the number of definitions, from the current (Physical abuse, Financial abuse, Psychological/emotional abuse, and Neglect)

**Recommendation**
Add the following items to abuse definitions: Exploitation, Psychosocial abuse, Abandonment, System abuse, and Property abuse.

Finding number three

The focus group participants were of the opinion that the abuse tends to be as follows: (seniors rated the abuse as 1 high, 2 medium and 3 low):

<table>
<thead>
<tr>
<th>Nature of abuse</th>
<th>Frequency</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Often</td>
<td>2</td>
</tr>
<tr>
<td>Financial</td>
<td>Frequent</td>
<td>1</td>
</tr>
<tr>
<td>Psychological/Emotional</td>
<td>Frequent</td>
<td>1</td>
</tr>
<tr>
<td>Exploitation</td>
<td>Frequent</td>
<td>1</td>
</tr>
<tr>
<td>Neglect</td>
<td>Frequent</td>
<td>1</td>
</tr>
<tr>
<td>Abandonment</td>
<td>Sometimes to rare</td>
<td>3</td>
</tr>
<tr>
<td>Psychosocial</td>
<td>Often</td>
<td>2</td>
</tr>
<tr>
<td>System abuse</td>
<td>Often</td>
<td>2</td>
</tr>
<tr>
<td>Property abuse</td>
<td>Sometimes to rare</td>
<td>3</td>
</tr>
</tbody>
</table>

**Recommendation**
The project should initiate work on those items that are rated as high priority, followed by medium priority, and then address the low priority.
**Finding number four**

The focus felt that the community should know through relevant examples the nature of senior abuse. For example, System abuse was defined as “making a senior apply for welfare or making a senior agree to a “marriage of convenience”. The focus group participants explained property abuse as “children mistreating the elders because the property back home was not “handed over to the children in Canada”.

**Recommendation**

The definitions of senior abuse be developed with relevant examples reflecting the needs and practicalities of the community.

**Finding number five**

The answer to the question “what are the contributing factors to elder abuse?” elicited a very lengthy and fruitful discussion. The answers are compiled into four areas:

- **Part A** Caregiver’s own problems
- **Part B** Social Environment
- **Part C** Lack of services
- **Part D** Cultural factors

**Part A**

The participants felt that their adult children are:

- Stressed (unable to culturally adjust in Canada)
- Themselves having “marriage problems” (constant fighting)
- Themselves having “child-rearing problems” (youth not listening)
- Having their own “financial problems” (more than one job)
- Looking after “their own needs” (babysitting needs etc.)
- Considering elders as a “liability”

**Part B**
The participants also felt that the social environment creates conditions whereby elder abuse is perpetuated against seniors. For example:

- Dependency of seniors on their adult children
  - For medical appointments
  - Going to the Gurdwaras
  - Going to other family and non-family functions
  - Going to seek medical and other health care services
- Isolation and loneliness (weather conditions, transportation issues, language barriers, poor health)
- Immigrant status

Part C
The participants felt that social service system:

- Does not adequately address elder abuse
- Is not culturally appropriate
- Cannot be accessed by seniors due to transportation issues and language barriers

Part D
The participants also felt that some contributing factors associated with senior abuse maybe related to seniors themselves.

For example:

- Cultural factors
  - Senior’s expectations of their children could lead to confrontations. Expectations in the areas of: control of finances, decision making, and distribution of money.
  - Senior's unrealistic expectation from the daughter-in-law.
  - Wife’s parents could be at higher risk of abuse if they are living with their daughter.
  - Daughter continues to reside with her parents after marriage. This norm is contrary to Punjabi culture, where after marriage the daughter lives with her in-laws.
Contributing Factors to Elder Abuse

Society

Caregiver’s own Problems

Social Environment

Lack of Services

Cultural Factors

Elder Abuse

Recommendation
Develop a comprehensive community development initiative to address the needs identified in finding number five.
Finding number six

The participants also discussed ways to educate the community regarding the elder abuse issue. The seniors wanted to do something about the issues themselves. The discussion centered on whether we should do something or wait for someone else to do something about this issue. The general consensus was that the seniors should do something about the issue themselves. The seniors wanted the Punjabi Community Health Centre to assist in the implementation of these needs.

The seniors came up with the following suggestions:

1. Develop a video
   Develop a video portraying the elder abuse in the Punjabi community. The seniors wanted this to be developed into a project. They wanted to write the script, act in it, shoot the video and edit it for production.

2. Develop a drama
   The seniors want to write a play and perform it in front of the Punjabi community.

3. Poetry session
   The seniors are interested in writing poetry to reflect their experiences in Canada.

4. Advocacy Group
   The seniors want to create an advocacy group which can address the issue of elder abuse in the community. The same group be responsible to talk to media (radio and television) and act as a speakers bureau. This group could also look at writing articles in the newspapers and magazines.

Overview of the Finding

Finding number one

The seniors were really not clear on the term “senior abuse”.
Finding number two

Seniors added their own definitions of abuse.

Finding number three

The focus group participants were of the opinion that the abuse tends to be as follows: (seniors rated the abuse as 1 high, 2 medium and 3 low):

<table>
<thead>
<tr>
<th>Nature of abuse</th>
<th>Frequency</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Often</td>
<td>2</td>
</tr>
<tr>
<td>Financial</td>
<td>Frequent</td>
<td>1</td>
</tr>
<tr>
<td>Psychological/Emotional</td>
<td>Frequent</td>
<td>1</td>
</tr>
<tr>
<td>Exploitation</td>
<td>Frequent</td>
<td>1</td>
</tr>
<tr>
<td>Neglect</td>
<td>Frequent</td>
<td>1</td>
</tr>
<tr>
<td>Abandonment</td>
<td>Sometimes to rare</td>
<td>3</td>
</tr>
<tr>
<td>Psychosocial</td>
<td>Often</td>
<td>2</td>
</tr>
<tr>
<td>System abuse</td>
<td>Often</td>
<td>2</td>
</tr>
<tr>
<td>Property abuse</td>
<td>Sometimes to rare</td>
<td>3</td>
</tr>
</tbody>
</table>

Finding number four

Seniors felt that definition of elder abuse must be developed in the context of Punjabi culture (by citing Punjabi specific examples in order for seniors to understand).

Finding number five

Four factors contribute to elder abuse and these are:

Part A  Caregiver's own problems
Part B  Social Environment
Part C  Lack of services
Part D  Cultural factors

Finding number six

The participants also discussed ways to educate the community regarding the elder abuse issue. The seniors came up with the following suggestions:

1. Develop a video
2. Develop plays
3. Poetry session
4. Advocacy Group
Recommendations

Recommendation one

Develop a social marketing strategy to raise awareness on the issue of elder abuse?

Recommendation two

Add the following concepts to the existing list of definitions of elder abuse to the list:

Exploitation, Psychosocial abuse, Abandonment, System abuse, and Property abuse.

Recommendation three

The project should initiate work on those items (nature of abuse) that are rated as high priority, followed by medium priority, and then address the low priority.

Recommendation four

Develop definitions of senior abuse with relevant examples reflecting the needs and practicalities of the Punjabi community.

Recommendation five

The Punjabi Community Health Centre MUST address the needs of the seniors in the four areas (Caregiver’s own problems, Social Environment, Lack of services, and Cultural factors)

Recommendation six

Develop resources to address the needs of the seniors (Develop a video)
Develop arts medium to address the needs of the seniors (Develop plays, Poetry session)
Develop an Advocacy Group to address the needs of the seniors
CHAPTER 8

THE SURVEY IN DETAIL

Introduction

A questionnaire was developed and the steering committee critiqued it. A revised draft was presented for their approval. The approved draft was then focus tested with ten seniors. The questionnaire was again revised. The final questionnaire is attached in the appendices.

The research team then contacted the management of seniors’ groups who helped the seniors fill in the questionnaires with the help of the project staff.

The completed questionnaires were numbered and through the use of SPSS program coded into the computer.

Analysis of Data

Q.1 Do you consider yourself to be a Punjabi?

The initial premise of this research report was to determine the prevalence or lack of senior abuse in the Punjabi community. Therefore ascertaining the percentage of our sample that deemed themselves to be Punjabi was of primary importance, as this was the research study’s target population. Almost 94% of respondents identified themselves as Punjabi, 48% indicated that they were not and 1.4% of all 500 respondents did not answer.
Q.2 What is your country of origin?

This question was asked in order to determine where the seniors had immigrated from. 88% were from India, 6% from Pakistan, 3% did not respond, 2% indicated other (countries of origin being Italy, Jamaica, and Malta), with the remaining .4% from Sri Lanka. This question also indicates that 94.4% of respondents originally hail from primarily South Asian countries. This would give support to the fact that 94% of respondents identified themselves as Punjabi.
Q.3 Are you a resident of Peel?

The research study not only targeted Punjabi seniors but those that are residents of Peel Region. This question was asked in order to determine how indicative of this factor the sample population was. Of all respondents surveyed 61.4% said “yes” to being residents of Peel Region, 28.4% indicated that they were not residents of Peel Region and 10.2% did not respond. It should be noted that all respondents were surveyed as members of seniors groups within the Region of Peel.

For the 28.4% that are not residents of Peel they are still accessing service there. This may indicate a lack of resources for Punjabi/South Asian seniors in other localities.

As for the 10.2% that did not respond, this may indicate that some of the seniors may be unfamiliar with Regional divisions and would have responded better to city identification or because they are not residents but users of Peel services they may have felt the need not to disclose this information.
Q.4 Are you Male or Female?

It is important to understand if elder abuse is isolated to male or females. 70% of respondents were male with only 30% being female. As all of those surveyed were members of seniors groups in Peel it may be fair to say that females are not accessing these groups, are unable to access these groups and therefore are not receiving service. Reasons that females are not accessing these groups could range from not being allowed out to being forced to babysit, as it will be discussed later. Also this factor potentially indicates that females are at greater risk as the population ratio indicates the female population is greater than males.

Q.5 How old are you?

The importance of this question was to gauge the age of the seniors or of those who identified themselves as being seniors. A senior is someone who is.....about 30% of those surveyed were not seniors. This would indicate that there is a gap in service provision to the older Punjabi community or that some respondents are being pushed into old age. 67% of respondents were over the age of 65 with 7% of them being 80+. Average mortality being.....
Q.6 With whom do you currently live?

This question was asked to determine the level of dependence of the senior with respect to living status. 69% of the respondents reside with one of their children, with 74% of the 69% living with their sons as opposed to their daughters.

Only 4.4% live by themselves, which means a population percentage of 95.6% of seniors are at potential risk of elder abuse because of the dependency of primary caregiving by someone else.

Q.7 Have you continually lived with your family for 10 years or more? If not, then how many years have you lived with your family?

This question was asked to give a time line with respect to the length of time the senior has been dependent upon their relatives. 60.3% of respondents said yes to having continually lived with their families for more than 10 years. This also gives a frame of reference for possible length of abuse as well as dependence upon family and how bound to familial ties the senior is.
Part 2 of this question is a further breakdown of length of time that seniors who reside with their families have lived with them. The highest responses being 10 and 17 in both categories of 2 years and 13 years, respectively.

If not, then for how many years have you lived with your family?
Q.8 Are you: married, never married, widow, separated, divorced.

This question was asked to determine marital status. More than 80% of the respondents are still married. This also helps to determine what other support systems seniors may have. For the majority of seniors they have been married at some point. For those that are still married, given that 70% of respondents are male it raises the question of why the spouses are not accessing the seniors groups or other services. It is possible due to culture and the age group that we are dealing with that groups are perceived more social and for males only. Therefore more advocating may need to be done to reach female seniors in the community or the creation of services to meet their needs. Many seniors face a life of isolation and loneliness so having their spouse around may help.

Q.9 How long have you lived in Canada?

It was important to determine the length of time the senior had resided in Canada. Most respondents have resided in Canada for under 14 years, with the bulk of respondents in the 10-14 year category. Therefore having spent the majority of their lives in their country of origin and thus not able to or not accustomed to growing older in the context of North American lifestyle.
Q.10 Are you: An immigrant, a refugee, a Canadian citizen.

This question was asked to determine the status of our seniors. It is to determine also the likelihood of them to go back to lifestyles more familiar to them. The majority of seniors were Canadian citizens. The propensity of seniors to be Canadian citizens also indicates the permanency of their residence in Canada and the unlikelihood of returning to their country of origin. Just about 64% of seniors responding were Canadian citizens.

Q.11 What is your highest educational background?

This question is to gauge the level of education. This involves the ability to access services as well as comprehension etc. The majority of seniors have high school and under and are educated most likely in their country of origin. Due to being educated in their country of origin as well as in a mother tongue other than English this would show that many seniors would have difficulty accessing services and comprehension unless supported by family or their ethnic community. This would support a demand for services in languages other than English. A little over 82% of seniors have Grade 12 and under as a level of education, and one quarter of the sample group have no education.
Q.12 Are you receiving: Canadian Pension Plan, Old Age Supplement, Disability, etc.

This question was designed to determine income sources. The majority of respondents were on Old Age Supplement and Canadian Pension Plan. It was surprising to see that 31 people were still working. Another interesting note was that 85 were on work pension which meant they had worked in Canada for sometime. With the majority of respondents not working and collecting benefits such as CPP, OAS, pension etc., it is obvious that seniors will not be able to support themselves financially. This creates a need for dependency on their relatives to provide care for them which opens them to the risk of abuse, because they are living in someone else’s home.

<table>
<thead>
<tr>
<th>Are you receiving?</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid CPP</td>
<td>212</td>
<td>42.4</td>
</tr>
<tr>
<td>OAS</td>
<td>226</td>
<td>45.2</td>
</tr>
<tr>
<td>Disability benefits</td>
<td>23</td>
<td>4.6</td>
</tr>
<tr>
<td>Welfare</td>
<td>25</td>
<td>5.0</td>
</tr>
<tr>
<td>Work Pension</td>
<td>85</td>
<td>17.0</td>
</tr>
<tr>
<td>Your own RRSPs</td>
<td>30</td>
<td>6.0</td>
</tr>
<tr>
<td>Any other source of income</td>
<td>54</td>
<td>10.8</td>
</tr>
<tr>
<td>Total</td>
<td>655</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing System</td>
<td>87</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any other source of income, please describe?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dependent</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td>from kids</td>
<td>5</td>
<td>9.2</td>
</tr>
<tr>
<td>husband</td>
<td>3</td>
<td>5.5</td>
</tr>
<tr>
<td>job</td>
<td>31</td>
<td>57.4</td>
</tr>
<tr>
<td>none</td>
<td>6</td>
<td>11.1</td>
</tr>
<tr>
<td>welfare</td>
<td>6</td>
<td>11.1</td>
</tr>
<tr>
<td>missing</td>
<td>2</td>
<td>3.7</td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Q.13 Do you depend on your children for finances?

Respondents were asked this question in order to determine financial dependence upon their children. The majority of seniors at 48.8% said no they are not financially dependent upon their children. However 42% of respondents claimed that they are dependent upon their children financially, with 9.2% of respondents not having answered this question.

The gap between financial independence and dependence only being 6.2%. One could also speculate that those respondents who did not offer a response to this question may have been to “prideful” (sensitive to their pride) or felt shame in having to state their dependence as this would not have been the case for them prior to coming to Canada.
Q.14 What does the term elder abuse mean to you?

<table>
<thead>
<tr>
<th>What does the term elder abuse mean to you personally?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>abuse</td>
<td>68</td>
<td>13.3</td>
</tr>
<tr>
<td>aggressive behavior</td>
<td>9</td>
<td>1.7</td>
</tr>
<tr>
<td>can't say opinion often and openly</td>
<td>3</td>
<td>0.5</td>
</tr>
<tr>
<td>challenges, struggles</td>
<td>4</td>
<td>0.7</td>
</tr>
<tr>
<td>children neglect</td>
<td>3</td>
<td>0.5</td>
</tr>
<tr>
<td>considering us a burden</td>
<td>7</td>
<td>1.3</td>
</tr>
<tr>
<td>criticizing</td>
<td>4</td>
<td>0.7</td>
</tr>
<tr>
<td>don't know</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>everyone knows we live in hell</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>fear</td>
<td>5</td>
<td>0.9</td>
</tr>
<tr>
<td>financial abuse</td>
<td>38</td>
<td>7.4</td>
</tr>
<tr>
<td>forcing us to work</td>
<td>20</td>
<td>3.9</td>
</tr>
<tr>
<td>harassment</td>
<td>4</td>
<td>0.7</td>
</tr>
<tr>
<td>I can't tell you</td>
<td>7</td>
<td>1.3</td>
</tr>
<tr>
<td>isolation</td>
<td>19</td>
<td>3.7</td>
</tr>
<tr>
<td>living together</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>neglect</td>
<td>15</td>
<td>2.9</td>
</tr>
<tr>
<td>no</td>
<td>20</td>
<td>3.9</td>
</tr>
<tr>
<td>no one wants to help us</td>
<td>5</td>
<td>0.9</td>
</tr>
<tr>
<td>not helping elders physically, being impolite</td>
<td>5</td>
<td>0.9</td>
</tr>
<tr>
<td>not letting them talk to spouse</td>
<td>2</td>
<td>0.3</td>
</tr>
<tr>
<td>not listening</td>
<td>11</td>
<td>2.1</td>
</tr>
<tr>
<td>not looking after seniors</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>not respected</td>
<td>31</td>
<td>6.0</td>
</tr>
<tr>
<td>physical abuse</td>
<td>67</td>
<td>13.1</td>
</tr>
<tr>
<td>shouldn't happen</td>
<td>3</td>
<td>0.5</td>
</tr>
<tr>
<td>silent treatment</td>
<td>7</td>
<td>1.3</td>
</tr>
<tr>
<td>taking money</td>
<td>3</td>
<td>0.5</td>
</tr>
<tr>
<td>tension, ignorance</td>
<td>3</td>
<td>0.5</td>
</tr>
<tr>
<td>verbal abuse</td>
<td>135</td>
<td>26.4</td>
</tr>
<tr>
<td>Total</td>
<td>511</td>
<td>100.0</td>
</tr>
</tbody>
</table>

It was of vital importance to ascertain what the seniors thought the term elder abuse to mean. Individual perceptions were necessary because it clearly points to the issue. This question also helps to determine what types of abuse the senior faces and recognizes as well as other issues that may be cause for concern. It is clear that abuse was an issue amongst the seniors, where they identified abuse, financial abuse, physical abuse, and verbal abuse as some of the main responses. Other responses that were of interest; being forced to work, no respect and isolation.

Top 5 Answers:

1. Verbal Abuse 26.4%
2. Physical Abuse 13.1%
3. Financial Abuse 7.4%
4. Not Respected 6.0%
5. Forcing Us To Work 3.9%
Q.15 What does the term elder abuse mean in the Punjabi community?

<table>
<thead>
<tr>
<th>What does the term elder abuse mean in the Punjabi community?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>no respect</td>
<td>85</td>
<td>17.0</td>
</tr>
<tr>
<td>abuse</td>
<td>57</td>
<td>.2</td>
</tr>
<tr>
<td>causing emotional pain</td>
<td>5</td>
<td>.4</td>
</tr>
<tr>
<td>considering us a burden</td>
<td>4</td>
<td>.8</td>
</tr>
<tr>
<td>creating fear</td>
<td>13</td>
<td>1.6</td>
</tr>
<tr>
<td>criticising everything</td>
<td>3</td>
<td>.6</td>
</tr>
<tr>
<td>doesn't happen</td>
<td>4</td>
<td>.4</td>
</tr>
<tr>
<td>don't listen</td>
<td>3</td>
<td>.6</td>
</tr>
<tr>
<td>families, left over, can not give opinion, neglected, depression</td>
<td>1</td>
<td>.2</td>
</tr>
<tr>
<td>fear</td>
<td>2</td>
<td>.2</td>
</tr>
<tr>
<td>feeling lost</td>
<td>3</td>
<td>.6</td>
</tr>
<tr>
<td>financial abuse</td>
<td>21</td>
<td>4.2</td>
</tr>
<tr>
<td>force us to stay inside</td>
<td>3</td>
<td>.6</td>
</tr>
<tr>
<td>forcing us to babysit</td>
<td>3</td>
<td>.6</td>
</tr>
<tr>
<td>giving cooking, cleaning duties all the time.</td>
<td>3</td>
<td>.6</td>
</tr>
<tr>
<td>I dont want to say anything</td>
<td>4</td>
<td>.2</td>
</tr>
<tr>
<td>ill treat parents and seniors, shout at parents</td>
<td>5</td>
<td>1.0</td>
</tr>
<tr>
<td>insulted</td>
<td>3</td>
<td>.6</td>
</tr>
<tr>
<td>isolation</td>
<td>43</td>
<td>6.6</td>
</tr>
<tr>
<td>keeping elders dependant on day to day activities, physical tort</td>
<td>3</td>
<td>.6</td>
</tr>
<tr>
<td>kicking them out of the house</td>
<td>7</td>
<td>.4</td>
</tr>
<tr>
<td>lack of compatibility of values</td>
<td>3</td>
<td>.6</td>
</tr>
<tr>
<td>loneliness</td>
<td>22</td>
<td>4.2</td>
</tr>
<tr>
<td>no</td>
<td>6</td>
<td>1.2</td>
</tr>
<tr>
<td>not giving dues, honour in the family etc.</td>
<td>3</td>
<td>.6</td>
</tr>
<tr>
<td>not listening to us</td>
<td>18</td>
<td>1.0</td>
</tr>
<tr>
<td>not talking to seniors</td>
<td>2</td>
<td>.4</td>
</tr>
<tr>
<td>no respect</td>
<td>66</td>
<td>.8</td>
</tr>
<tr>
<td>not understanding our problems</td>
<td>4</td>
<td>.2</td>
</tr>
<tr>
<td>not valuing our opinion</td>
<td>1</td>
<td>.2</td>
</tr>
<tr>
<td>physical abuse</td>
<td>32</td>
<td>.4</td>
</tr>
<tr>
<td>rudeness</td>
<td>8</td>
<td>.6</td>
</tr>
<tr>
<td>seniors not needed</td>
<td>3</td>
<td>.6</td>
</tr>
<tr>
<td>taking away our happiness</td>
<td>1</td>
<td>.2</td>
</tr>
<tr>
<td>verbal abuse</td>
<td>18</td>
<td>1.2</td>
</tr>
<tr>
<td>violence</td>
<td>4</td>
<td>.4</td>
</tr>
<tr>
<td>Total</td>
<td>500</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The senior's identified abuse, financial abuse, physical abuse, and verbal abuse. It is important to note that they also identified forcing us to babysit, isolation, loneliness, and the biggest being no respect. Another important aspect of this question was to get an understanding of how clearly and easily the respondents were able to identify their own perceptions compared to identifying community perceptions.

Top 5 Answers:

No Respect | 66
Physical Abuse | 32
Financial Abuse | 37
Forcing Us To Babysit | 21
Isolation | 43
Q.16 Are you afraid of anyone in your family?

Question asked to determine level of fear and its effects on seniors. 22.6% of respondents said they were afraid. Whether there is a reason to be afraid or not, this could be an indication of abusers at home. It’s surprising to see son at the top of the list followed by daughter-in-law, which would potentially make up the same couple or almost 74%. This is alarming that the majority of seniors are afraid of their son, and daughter-in-law.

If yes, is this person your?

<table>
<thead>
<tr>
<th>Person</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son</td>
<td>75</td>
<td>45.4</td>
</tr>
<tr>
<td>Daughter</td>
<td>14</td>
<td>8.5</td>
</tr>
<tr>
<td>Daughter-in-law</td>
<td>47</td>
<td>28.5</td>
</tr>
<tr>
<td>Son-in-law</td>
<td>11</td>
<td>6.7</td>
</tr>
<tr>
<td>Spouse</td>
<td>11</td>
<td>6.7</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>4.2</td>
</tr>
<tr>
<td>Total Responses</td>
<td>165</td>
<td>100.0</td>
</tr>
<tr>
<td>Total Yes</td>
<td>113</td>
<td></td>
</tr>
</tbody>
</table>
Q.17 Has anyone at home tried to hurt or harm you recently?

This question was designed to understand if the seniors had experienced, or thought they might fear being abused. The majority of respondents said they had not, but 9.4% said they had experienced abuse again by their son or daughter-in-law. This could be higher also because the biggest majority of seniors are living with their son and daughter-in-law (see Ques. 16.) Again sons and daughter-in-laws accounted for more than 50%.

If yes, is this person your?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Son</td>
<td>11</td>
<td>22.4</td>
</tr>
<tr>
<td>Daughter</td>
<td>6</td>
<td>12.3</td>
</tr>
<tr>
<td>Daughter-in-law</td>
<td>17</td>
<td>34.6</td>
</tr>
<tr>
<td>Son-in-law</td>
<td>8</td>
<td>16.4</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>14.3</td>
</tr>
<tr>
<td>Total Responses</td>
<td>49</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Other: Husband-2, Stranger-2, Missing-3.
Q.18 Has anyone close to you called you names or put you down or made you feel bad recently?

This question was designed to find out if they had been called names and by whom. The majority of seniors had not experienced it. Over 25% of seniors had experienced being called names by family members. The seniors that had experienced from their daughter and son-in-laws. Other interesting notes were grandchildren, and friends. Daughter-in-law and son-in-law accounted for 24.4% and 21.3% respectively or 45.7% combined. A natural conclusion is that there is tension in the relationship between senior and their children’s spouses.

<table>
<thead>
<tr>
<th>If yes, is this person your?</th>
<th>frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son</td>
<td>15</td>
<td>15.9</td>
</tr>
<tr>
<td>Daughter</td>
<td>17</td>
<td>18.1</td>
</tr>
<tr>
<td>Daughter-in-law</td>
<td>23</td>
<td>24.4</td>
</tr>
<tr>
<td>Son-in-law</td>
<td>20</td>
<td>21.3</td>
</tr>
<tr>
<td>Grandchild</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>Spouse</td>
<td>3</td>
<td>3.2</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>12.8</td>
</tr>
<tr>
<td>Total Responses</td>
<td>94</td>
<td>100.0</td>
</tr>
<tr>
<td>Total Respondents</td>
<td>89</td>
<td></td>
</tr>
</tbody>
</table>

Total Number of Respondents-129, Missing-30.

*a. Other: Friend-4, Youth-3, No one-2, Relative-2
Q.19 Does someone in your family make you stay in bed or tell you that you are sick when someone you know you are not?

This question was designed to ascertain the amount of power exercised over seniors. 5% responded to having been forced to stay in bed. Again the majority of seniors were made to stay in bed by their sons and their daughter-in-laws. Once again reinforcing a certain level of power and control exercised by the couple over the senior. Over 50% of family members exercising power over seniors was the son. This maybe a sign of aggressive behaviour.

<table>
<thead>
<tr>
<th>If yes, is this person your?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son</td>
<td>16</td>
<td>55.2</td>
</tr>
<tr>
<td>Daughter</td>
<td>1</td>
<td>3.4</td>
</tr>
<tr>
<td>Daughter-in-law</td>
<td>6</td>
<td>20.7</td>
</tr>
<tr>
<td>Spouse</td>
<td>4</td>
<td>13.8</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>6.9</td>
</tr>
<tr>
<td>Total Responses</td>
<td>29</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Total Respondents 25

a-Other: No one-2
Q.20 Has anyone forced you to do things you did not want to do?

This question was designed to show pressure faced by seniors and also level of coercion. Again the son and daughter-in-laws were forcing 17% of seniors to do things they did not want to do.

If yes, is this person your?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son</td>
<td>28</td>
<td>37.3</td>
</tr>
<tr>
<td>Daughter</td>
<td>10</td>
<td>13.3</td>
</tr>
<tr>
<td>Daughter-in-law</td>
<td>17</td>
<td>22.7</td>
</tr>
<tr>
<td>Son-in-law</td>
<td>9</td>
<td>12.0</td>
</tr>
<tr>
<td>Spouse</td>
<td>6</td>
<td>8.0</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>6.7</td>
</tr>
<tr>
<td>Total Responses</td>
<td>75</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Total Respondents 85, Missing-10.

a.Other: Circumstances-2, No one-2, Grandc
Q.21 Has anyone taken things from you that belong to you without your OK?

This question was designed to show ownership and complete disregard to the person as if they were a child. The majority of respondents had not experienced this force, however 6.6% of seniors said they had, of which 92.9% had experienced it from daughter and daughter-in-laws. This is a clear indication of differences between these two groups of people; seniors and daughters. There needs to be more research done into this area of question. One reason maybe that the daughters and daughter-in-laws are using their mothering instinct to help seniors but are not being understood.

If yes, is this person your?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son</td>
<td>7</td>
<td>25.0</td>
</tr>
<tr>
<td>Daughter</td>
<td>1</td>
<td>46.5</td>
</tr>
<tr>
<td>Daughter-in-law</td>
<td>13</td>
<td>46.4</td>
</tr>
<tr>
<td>Son-in-law</td>
<td>3</td>
<td>10.7</td>
</tr>
<tr>
<td>Spouse</td>
<td>2</td>
<td>7.1</td>
</tr>
<tr>
<td>Other</td>
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<td>7.1</td>
</tr>
<tr>
<td>Total Responses</td>
<td>28</td>
<td>5.0</td>
</tr>
</tbody>
</table>

Total Respondents-33, Missing-5.
Q.22 Has anyone at home forcibly taken your cheques from you?

This question was designed to see how much control is asserted over seniors. 24% of respondents said they had signed over cheques to their son followed by daughter in law. There could be a direct relation to financial abuse and it not being seen as bad and possibly accepted in general back home or because they are under their care and roof.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son</td>
<td>76</td>
<td>57.6</td>
</tr>
<tr>
<td>Daughter</td>
<td>8</td>
<td>6.1</td>
</tr>
<tr>
<td>Daughter-in-law</td>
<td>28</td>
<td>21.2</td>
</tr>
<tr>
<td>Son-in-law</td>
<td>14</td>
<td>10.6</td>
</tr>
<tr>
<td>Grandchild</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td>Spouse</td>
<td>4</td>
<td>3.0</td>
</tr>
<tr>
<td>Total Responses</td>
<td>132</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Total Respondents-120.
Q.23 Has anyone ever touched you inappropriately without your consent?

This question was designed to see if seniors had ever experienced inappropriate touching. 3.8% said they had experienced inappropriate touching and it was from family friends, husband and then acquaintance. This may indicate physical or sexual abuse. Almost half or 47.4% of incidents were performed by family friend. Almost indicates the high level that family friends have access to seniors.

If yes, was this person?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>A stranger</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>An acquaintance</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>A family friend</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Total Responses</td>
<td>19</td>
</tr>
</tbody>
</table>

Total Respondents 19.

a. Other: Husband-4, Kids-1.
Q.24 Has anyone ever threatened you?

This question was designed to see if seniors had been threatened. We wanted to see if there was force or threats and level of coercion and by whom. 6.6% said they had felt threatened. Again over 60% of the people threatening were family friends. Again the question arises how do family friends get access to seniors to threaten them.

<table>
<thead>
<tr>
<th>If yes, was this person?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid A stranger</td>
<td>7</td>
<td>21.2</td>
</tr>
<tr>
<td>An acquaintance</td>
<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td>A family friend</td>
<td>21</td>
<td>63.6</td>
</tr>
<tr>
<td>A friend</td>
<td>2</td>
<td>6.1</td>
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<tr>
<td>Total Responses</td>
<td>31</td>
<td>93.9</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>6.1</td>
</tr>
<tr>
<td>Total Respondents</td>
<td>33</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Q.25 Have you signed any documents that you did not understand?

The question was designed to see the seniors level of understanding and their taken advantage of. The majority of respondents identified their son (37.9%) as being the person making them sign documents they did not understand. Also interesting is over 10% responded to saying they could not tell who made them sign documents. Obviously this is a level of fear instilled in the seniors who responded in this manner.

<table>
<thead>
<tr>
<th></th>
<th>frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>468</td>
<td>93.6</td>
</tr>
<tr>
<td>can't tell</td>
<td>6</td>
<td>10.3</td>
</tr>
<tr>
<td>daughter</td>
<td>2</td>
<td>3.4</td>
</tr>
<tr>
<td>son-in-law</td>
<td>2</td>
<td>3.4</td>
</tr>
<tr>
<td>son</td>
<td>22</td>
<td>37.9</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>55.0</td>
</tr>
</tbody>
</table>

Total Respondents 58, Missing-26.
Q.26 Has anyone at home made you sign your property documents by threats or using force?

This question was designed to see if seniors had been forced to sign over documents. It is very interesting to see that over 66% of respondents never responded to this question. Of the respondents only 5.6% said yes and the majority were forced by either their son or daughter in law (66.6% combined). Almost 18% responded to other but never gave an answer. This is a huge variation and missing number.

If yes, is this person your?

<table>
<thead>
<tr>
<th></th>
<th>Respondents</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Son</td>
<td>19</td>
<td>42.2</td>
</tr>
<tr>
<td>Daughter-in-law</td>
<td>11</td>
<td>24.4</td>
</tr>
<tr>
<td>Son-in-law</td>
<td>4</td>
<td>8.9</td>
</tr>
<tr>
<td>Daughter</td>
<td>3</td>
<td>6.7</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>17.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>45</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Total Respondents 28.
Q.27 Are you usually alone by yourself a lot?

This question was designed to indicate exclusion as well as isolation. 27% of respondents said they had experienced being left alone a lot. There is a possibility they are left alone and locked up. Again the issue of dependency on relatives for housing could be the reason for feeling that way. Also living at their children's home, and being forced to stay at home, and/or combined with a lack of transportation, and/or being forced to babysit could account for such high numbers.

Q.28 Has anyone ever failed to help you take care of yourself when you needed help?

This question was designed to see the level of care for seniors for possible mistreatment. 21.8% said yes to experiencing lack of help or 1 in 5 seniors is experiencing someone not taking care of them when they needed help.
Q.29 How many people live with you in the family?

How many people live with you in the family? Adults

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>25</td>
<td>5.0</td>
</tr>
<tr>
<td>1 adult</td>
<td>35</td>
<td>7.0</td>
</tr>
<tr>
<td>2 adults</td>
<td>85</td>
<td>17.0</td>
</tr>
<tr>
<td>3 adults</td>
<td>92</td>
<td>18.4</td>
</tr>
<tr>
<td>4 adults</td>
<td>91</td>
<td>18.2</td>
</tr>
<tr>
<td>5 adults</td>
<td>48</td>
<td>9.6</td>
</tr>
<tr>
<td>6 adults</td>
<td>14</td>
<td>2.8</td>
</tr>
<tr>
<td>7 adults</td>
<td>3</td>
<td>.6</td>
</tr>
<tr>
<td>Total</td>
<td>500</td>
<td>100.0</td>
</tr>
</tbody>
</table>

This question was designed to see the dependency who resides in the house with the seniors. This also designed to see how many people are available to take care of the seniors if the need arises. The majority of seniors had 2-4 adults living in the house with an average of 1-3 children or between 3 and 7 people in the house besides the seniors.

How many people live with you in the family? Children

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>14</td>
<td>2.8</td>
</tr>
<tr>
<td>1 child</td>
<td>44</td>
<td>8.8</td>
</tr>
<tr>
<td>2 children</td>
<td>117</td>
<td>23.4</td>
</tr>
<tr>
<td>3 children</td>
<td>85</td>
<td>17.0</td>
</tr>
<tr>
<td>4 children</td>
<td>27</td>
<td>5.4</td>
</tr>
<tr>
<td>5 children</td>
<td>13</td>
<td>2.6</td>
</tr>
<tr>
<td>6 children</td>
<td>2</td>
<td>.4</td>
</tr>
<tr>
<td>Total</td>
<td>500</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Q.30 Who usually provides personal care to you at home?

<table>
<thead>
<tr>
<th>Who usually provides personal care to you at home? Other?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>356</td>
<td>71.2</td>
</tr>
<tr>
<td>Spouse</td>
<td>305</td>
<td>53.2</td>
</tr>
<tr>
<td>Son</td>
<td>138</td>
<td>24.0</td>
</tr>
<tr>
<td>Daughter</td>
<td>46</td>
<td>8.0</td>
</tr>
<tr>
<td>Daughter in law</td>
<td>38</td>
<td>6.6</td>
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<tr>
<td>Son in law</td>
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<td>0.0</td>
</tr>
<tr>
<td>Grandson</td>
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<td>1.7</td>
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<tr>
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<td>2.6</td>
</tr>
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<td>Relative</td>
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<td>0.1</td>
</tr>
<tr>
<td>Other</td>
<td>20</td>
<td>3.4</td>
</tr>
<tr>
<td>Total</td>
<td>573</td>
<td></td>
</tr>
</tbody>
</table>

1 Respondent answered to living in a Seniors’ Home

This question was designed to see who is providing personal care to seniors at home. Spouse seemed to provide the most care followed by son then daughter. Son and daughter maybe high because they could be the respondents’ primary caregivers. Also interesting to note that female numbers are very low, whereas in the South Asian community perception is that the women are the primary caregivers. If however the spouse is presumed to be female as the majority of respondents were male, then the number of female caregivers increases dramatically, and support cultural biases.
Q.31 Does you caregiver have physical health problems?

This question was designed to see if caregivers had problems of their own. 24% of respondents said their primary caregiver had health problems. This could be because spouse was the main answer in Question 30, and the majority of spouses would be of same age as the respondents. Therefore in many cases facing the same challenges as the respondent if not more. The spouse may face greater challenge because of an inability to access services due to cultural perceptions of what is gender appropriate especially from an older generation.

Q.32 Is your spouse seriously stressed?

This question was designed to see if the spouse was stressed. Almost one quarter of respondents said that their spouses were stressed. Understanding the reasons for these stresses is very important. Due to the seniors’ age we must understand and try to eliminate undue stress for the apparent health concerns stress can add to a persons’ life.
Q.33 Does your caregiver or family have a drinking problem?

This question was designed to see if alcohol was at the root of abuse. 13.4% said yes to their primary caregiver having a drinking problem. In the South Asian community there have been studies that show the link of drinking and family violence particularly spousal. It is a logical inference that family violence could extend to seniors in the home. Also misleading is the question. Many people drink heavily and because of the cultural normalities, being drunk or drinking in excess is not considered by some to be an alcohol problem.

Q.34 Is your caregiver often angry, tired, stressed, disrespectful, and lack time and resources?

This question was designed to see if their caregiver often angry. The respondents identified over 22% of caregivers being angry.
Q.34b Is your caregiver often angry, tired, stressed, disrespectful, and lack time and resources?

Tired

This question was designed to see if their caregiver often tired. The respondents identified over 35.5% of caregivers being tired. Overworked father to senior abuse give ??

Q.34c Is your caregiver often angry, tired, stressed, disrespectful, and lack time and resources?

Stressed

This question was designed to see if their caregiver often stressed. The respondents identified over 27% of caregivers being stressed. No support, what the environment is that senior must face everyday, may not want to ask for help given situation
Q.34d Is your caregiver often angry, tired, stressed, disrespectful, and lack time and resources?

Disrespectful

This question was designed to see if their caregiver often disrespectful. The respondents identified over 25% of caregivers being disrespectful.

Q.34e Is your caregiver often angry, tired, stressed, disrespectful, and lack time and resources?

Lack time

This question was designed to see if their caregiver had lack of time. The respondents identified over 29% of caregivers having a lack of time. Priorities and busy life of others.
Q.34f Is your caregiver often angry, tired, stressed, disrespectful, and lack time and resources?

Lack resources

This question was designed to see if their caregiver had a lack of resources. The respondents identified over 30% of caregivers having a lack of resources.

Q.35 How would you rate your overall health at the present time?

The question was designed to see how seniors would rate their present state of health. 61.2% of respondents said that their health was in poor or fair condition at present.
Q.36 Do your health conditions limit your daily activities?

This question was designed to see if the seniors health conditions limit their daily activities. There were 36.8% of respondents who said yes. The questions to follow help to ascertain in what capacity has the respondents health limited their independent living.

Q.37 How was your health five years ago?

This question was designed to see how the respondents health was five years ago. Nearly 50% of respondents claimed to have felt better five years ago. This indicates that the seniors health has begun to deteriorate. It may also indicate that awareness work must be done for seniors regarding healthy living including a healthy diet and exercise.
Q.38 Can you take a bath/shower by yourself?

This question was designed to see if the seniors could take a bath/shower by themselves. The majority said that they could. This question was asked to gauge the seniors physical ability to perform tasks for themselves.

Q.39 Can you go to the washroom by yourself?

This question was designed to see if the respondents could go to the washroom by themselves. Again the majority of respondents said yes to being able to look after themselves. Very few of the seniors surveyed were in need of support when going to the bathroom. This indicates a fairly high level of independent physical functioning capability.
Q.40 Can you dress yourself with no help?

This question was designed to see if the respondents were able to dress themselves. The overwhelming majority said yes to being able to dress themselves. The question was also designed to determine the level of independent living the senior was able to enjoy.

Q.41 Have you ever wished your life would end?

This question was designed to see if the respondents wished their life would end. The majority of respondents said no to wishing their life would end. However nearly 10% of respondents said “yes”, with 5.2% not answering the question. With 10% of the sample saying “yes” this is cause for concern because culturally ending ones life is not accepted.
Q.42 Have you ever considered ending your own life?

This question was designed to see if the respondents considered ending their life. Over 90% the majority said they have not considered ending their life. It is very important to note that though in question 41, 9.4% had wished only 2.2% did say yes to having considered ending their own life. Although this number appears to be low in the Sikh religion suicide is not acceptable as is the case in many of the worlds religions, the same holds true for the Punjabi community in general. As for the 7.6% of respondents who did not answer due to the variance of the percentage of missing responses from question to question, it may be fair to assume that, the inconsistency is not one of comprehension but rather an unwillingness to answer particular questions and possibly shame, denial or misplaced pride stopping them from answering the question.
Q.43 How happy is your life these days?

This question was designed to see if the respondents were happy with their life. This grouping of respondents who were not wholly happy with their lives made up 64.4% of total responses. It should also be noted that 6.8% stated that they were not happy at all and 6.2% did not respond. If one were to add the responses that claimed some sort of dissatisfaction to complete unhappiness that would account for 71.2% of all respondents.

Language – the majority of people had filled out the questionnaires in Punjabi followed by English and Hindi.
Summary Of Findings

1. 94% of the sample identified themselves as Punjabi.
2. 94.4% of respondents originally hail from primarily South Asian countries. 88% stating their country of origin being India, 6% from Pakistan and 0.4% from Sri Lanka.
3. 61.4% of the entire sample indicated that they were residents of the Region of Peel. For the 28.4% that are not residents of Peel they are still accessing service in the Region of Peel. This may indicate a lack of resources for Punjabi/South Asian seniors in other localities.
4. An overwhelming 70% of those surveyed were male with only 30% of respondents being female.
5. The majority of our sample at 67% were over the age of 65, with 7% of them, being 80 plus.
6. 72.7% of respondents are dependent upon their children; son (53.7%) and daughter (19%) for residence, compared to 18.2% living on their own.
7. 60% of respondents have resided with their families for a continual period of more than ten years.
8. More than 80% of respondents are still married.
9. Most respondents have resided in Canada for under 14 years, and 11% of the sample group have resided in Canada for less than 4 years.
10. 64% of all respondents are Canadian Citizens.
11. 59.6% of respondents have a education of Grade 10 or less, with only 14.2% having gone on to post-graduate studies.
12. The majority of respondents were on Old Age Supplement (OAS) and Canadian Pension Plan (CPP). It was surprising to see that 31 people were still working. 85 respondents were on a work pension.
13. While 48.8% of respondents said they are not financially dependent upon their children, and almost equal to that is the 42% that said they are dependent upon their children financially.
14. It is surprising to note that abuse was the top three answers totaling almost half the answers at 46.9% (verbal abuse 26.4%, physical abuse 13.1%, financial abuse 7.4%). Other responses were; not respected 6.0%, and forcing us to work 3.9%.
15. Seniors identified the term elder abuse in the Punjabi Community to mean foremost; financial abuse, physical abuse and verbal abuse. On a secondary note seniors also strongly identified, no respect followed by being forced to baby-sit, isolation and loneliness as examples of abuse.

16. 22.6% of seniors said they were afraid when at home. Son was at the top of the list followed by daughter-in-law, which would potentially make up the same couple at almost 74%.

17. 9.4% said that their son or daughter-in-law has tried to hurt or harm them in some way.

18. Astonishingly, 25% of respondents have experienced name calling at the hands of family members. Of the 25%; 24.4% was from their sons and 21.3% from their daughter-in-laws. Other individuals listed as having called the seniors names were daughters, son-in-laws and even grandchildren.

19. 5% of seniors were forced to stay in bed, overwhelmingly half of them by their sons.

20. 17% of respondents have been forced to do things that they do not want to do, by their sons and daughter-in-laws.

21. Only 6.6% of respondents claimed to have their belongings taken from them without their permission. Of that 6.6%, 92.9% said the individual to take their things was their daughter-in-law.

22. 22% of seniors had signed over their cheques to family members. Almost 80% had signed over cheques to their son and daughter-in-laws.

23. 3.8% of seniors answered yes to having been inappropriately touched.

24. 6.6% of all respondents have been threatened. 60% of the 6.6% who threatened the seniors had been friends of the family.

25. Respondents said that of the people forcing them to sign over documents, 37.9% were their sons.

26. Seniors were asked if they were ever made to sign property documents through use of threats or force. An overwhelming 66% of respondents did not answer this question and 5.6% admitted to having such an experience.

27. 27% of the seniors said that they have experienced being left alone a lot.

28. 21.8% of respondents said they had experienced a
lack of help when they needed it.
29. The average respondent resides in a home with 2-4 adults and 1-3 children.
30. The primary caregiver for the majority of respondents is their spouse.
31. 24% of respondents claim that their caregiver has physical health problems of their own.
32. Nearly one quarter of respondents indicated that their spouses are seriously stressed.
33. 13.4% indicated that their primary caregiver has a drinking problem.
34. The respondents identified over 22% of caregivers being angry, 35.5% of caregivers being tired, 27% of caregivers being stressed, 25% of caregivers being disrespectful, 22% of caregivers having a lack of time, and 22% of caregivers having a lack of resources.
35. 61.2% of respondents said that their health was in poor or fair condition at present.
36. 36.8% of respondents said yes to having their health effect their daily activities.
37. Nearly 50% of respondents claimed to have felt better five years ago.
38. 4% of respondents said they couldn’t take a bath/shower by themselves.
39. 4% of respondents said they couldn’t go to the washroom by themselves.
40. 4.6% of respondents said they could not dress themselves.
41. 9.4% of respondents said yes to wishing their life would end.
42. 2.2% of respondents said they had considered ending their own life.
43. 64.4% of respondents said they were not wholly happy with their lives.
44. Language. Almost 3 out of 4 seniors filled out the questionnaire in the Punjabi language, followed by English and Hindi.
Recommendations

1. Undertake research to explore the specific needs of Punjabi senior women.

2. Develop specific educational programs related to understanding ‘elder abuse’ for adult children of seniors.

3. Develop community wide awareness programs on elder abuse in the Punjabi community.

4. Develop health related educational programs for seniors.

5. Develop respite programs for caregivers.

6. Develop accessible seniors groups.

7. Develop three generational (grandparents, parents, and grandchildren) intergenerational programs.
BUILDING SOCIAL CAPITAL IN THE PUNJABI COMMUNITY

1. SUMMARY OF APPROACH TO ELDER ABUSE RESEARCH PROJECT

1. Social Policy Context of Project
- Healthy Communities
- Building Community Capacity
- Building Social Capital
- Valuing Diversity (Equity, access, etc.)

2. Purpose of Project
- To develop individual, family and community’s capacity to understand, acknowledge and address the challenges associated with Elder Abuse in the Punjabi community.

3. Project objectives
- To identify the prevalence of Elder Abuse.
- To build linkages with internal and external stakeholders to identify, acknowledge and address the issues of Elder Abuse.
- To identify how the complex problem of Elder Abuse can be dealt within the Punjabi community at the individual, familial and community level.

4. Approaches to developing asset inventory
- Link the collection of data on Elder Abuse to issues and Aspirations identified by the respondents. (This gives the Research personal and social meaning for the community).
- Do an analysis of the implications of the research for program planning, activities etc.
- Identify how community can participate in the program planning and delivery of services.

5. Research questions
a. How is Elder Abuse defined in the Punjabi community?
b. What is the prevalence and complexity of elder Abuse in the community?
c. How do respondents think these concerns should be addressed?
d. How would respondents like to contribute to addressing these concerns?
e. which health promotion strategies will be effective in the Punjabi community?

6. Research Methodology
A. Data Collection*
   (i) Quantitative research
   - 500 questionnaires to be filled
   (ii) Qualitative research
   - Focus groups with seniors
   (iii) Literature review
   - From previous survey/reports

B. Data Analysis

C. Report Writing (Formal)
- Report for the Punjabi Community Health Centre
- Presentation package on findings & recommendations
- Summary of findings & recommendations for distribution to the community
- Community forum to release findings
- Publish findings in academic journals

* Data collection methods will be discussed in detail at the meeting.
Note: Definition (Elder Abuse):
"The product of the interplay among the social, health, economic and environmental conditions which affect human and social development." (Source: The Quality of Life in Ontario - Spring 1999, Ontario)
Participatory Action Research (PAR)

Participatory Action Research\textsuperscript{17} engages practitioners, researchers and citizens in a collaborative process to meet the specific needs of the community (Israel \textit{et al.}, 1994). Participatory research\textsuperscript{18} originated from community development and determines the process whereby people are engaged in creating knowledge for themselves and they in turn take actions on the findings (The Royal Society of Canada, 1995).

In the less developed countries, PAR was used as a method to engage the masses in community development work (Brown and tendon, 1983). The following characteristics form the basis of PAR (adapted from Israel \textit{et al.}, 1994 \& The Royal Society of Canada, 1995):

- The issues are identified by the citizens and not by the health care professionals.
- The collaborative process forces cooperation and collaboration between practitioners (community developers), researchers and citizens.
- Citizens have wisdom\textsuperscript{19} (A Community Development Strategy for the Health Department, Region of Peel, 1989) to understand and assess their needs which can be incorporated by researchers in order to obtain valid and reliable results.
- This process ensures that citizens have control over the final outcome of the study. The decisions regarding research are made collectively by the research team which has representation from the citizens. Through this process the citizens do get empowered and develop leadership in order to take actions on identified needs.

The process used in this research report has already generated interest amongst seniors to address the identified needs. They have organized themselves into a seniors group. They have named their group as SAHARA\textsuperscript{20} Seniors Group. They are meeting on a weekly basis and are working on a wall hanging\textsuperscript{21} that would depict various forms of senior abuse.

\textsuperscript{18} The Royal Society of Canada (1995). Study of Participatory research in Health Promotion, University of British Columbia, Institute of Health Promotion Research.
\textsuperscript{19} Commissioner and Medical Officer of Health, A Community Development Strategy for the Health Department, Region of Peel, January 1989
\textsuperscript{20} SAHARA in Punjabi language means “to support”.
\textsuperscript{21} Wall Hanging is an arts and crafts activity that the SAHARA Senior’s Group is undertaking which will be displayed at the PCHC’s office to raise awareness of senior abuse within the community.
The process could be summarized as follows:

**Pre-Research Work:**

- Discussions with seniors groups and key stakeholders
  - IDENTIFYING THE NEED

- Meeting with the seniors to discuss if seniors want to explore the need further

The process generated and created “leaders” who would participate in PAR

- After exploring the need, would they be willing to TAKE ACTIONS

**Research Work:**

- Forming a research team

- Developing a steering committee

- Developing, focus testing, revising and finalizing Quantitative survey tool

- Undertaking Literature review

- Developing a qualitative data gathering process by using focus groups

- Gathering qualitative data using personal stories of elders.

**Post Research Work:**

- Seek funding and Implementation of recommendations

- Sharing Knowledge with the community (Release report)
BUILDING SOCIAL CAPITAL IN THE PUNJABI COMMUNITY

ELDER ABUSE RESEARCH PROJECT

FOCUS GROUP QUESTIONS

What do you understand by the term senior abuse or elder abuse?

The four categories of elder abuse in Canada are:

Do you know of seniors who are being abused by their caregivers? (ask for specific examples)

Did you see/witness elder abuse in Punjab? How were seniors “abused” in Punjab? (ask for specific examples)

Why do you think seniors are being abused in Canada? (babysitting, in-laws problems etc.)

What can stop “abuse” of seniors? (police, social workers, financial assistance, more agencies etc.)

What can your seniors group do to stop “abuse” of elders? (stage plays, dramas, awareness raising etc.)
Greetings and Welcome!

The Punjabi community Health Centre is a non-profit community based social service organization whose main mission is to deliver culturally appropriate social work intervention in the Punjabi community. PCHC strongly believes in partnerships with other mainstream and ethno-specific organizations. PCHC has partnerships with Victim Services of Peel, Inter-cultural Neighbourhood Social Services, Catholic Cross-Cultural Services, William Osler Hospital, Can-Sikh Cultural Centre, and Sikh Heritage Centre.

Punjabi Community Health Centre also runs two programs:
1. SAHARA Men’s group is a group program designed to meet the needs of Punjabi men in the areas of addiction and anger management.
2. Parenting sessions are organized in collaboration with the Mississauga Gurdwara every month.

Punjabi Community Health Centre has received four years funding from the Ontario Trillium Foundation to Build Social Capital in the Punjabi Community. One of the objectives of this four-year project is to undertake research in the Punjabi community to explore the prevalence and circumstances of Elder Abuse. After the conclusion of the research phase, the project will continue to work with the community to address the identified challenges.

The research team is seeking your cooperation to complete the questionnaire. Your knowledge, expertise, and beliefs will help us in identifying the prevalence and circumstances of Elder Abuse. It will take approximately 20 minutes to complete the questionnaire. If you need more information on any of the questions, please do not hesitate to ask me.

PLEASE DO NOT WRITE YOUR NAME ON ANY PAGE OF THIS QUESTIONNAIRE. INFORMATION PROVIDED BY YOU WILL BE KEPT CONFIDENTIAL. YOU DO NOT HAVE TO PROVIDE ANSWER TO ANY QUESTION YOU ARE UNCOMFORATBLE ANSWERING.

Thank you for completing this questionnaire. The Punjabi Community Health Centre will release its findings to the community by organizing a public forum. All participants are welcome to attend the community forum.

Thank you!
BUILDING SOCIAL CAPITAL IN THE PUNJABI COMMUNITY

ELDER ABUSE RESEARCH PROJECT

CONTACT INFORMATION

Please contact any of the following persons if you have any questions about the project, the survey questionnaire, the interviews conducted, etc.

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   Phone: (905) 273-4884 X 222
   E-mail: pchc@icnsspeel.org

2. Rupinder Singh
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   Mississauga, ON, L5B 3Z6
   Phone: (905) 273-4884 X 222
BUILDING SOCIAL CAPITAL IN THE PUNJABI COMMUNITY

ELDER ABUSE RESEARCH PROJECT

STATEMENT TO TREAT INFORMATION COLLECTED FROM PUNJABI SENIORS

AS CONFIDENTIAL INFORMATION

Name of Interviewer: _______________________________________

The interviewer understands and promises to abide by the following terms and conditions:

1. The interviewer will not personally use or disclose the information collected from the persons interviewed to anyone.

2. The interviewer will keep the questionnaires completed in a physically secure location and give them to the Coordinator of the Punjabi Community Health Centre as directed during the training session for interviewers.

2. The interviewer will return all completed and non-completed survey questionnaires to the Coordinator of the Punjabi Community Health Centre at the end of the interviewing period.

3. The interviewer will not contact any individual to whom the personal information collected, relates, directly or indirectly, without the prior written consent of the person who provided the information and the Coordinator of the Punjabi Community Health Centre.

4. The Coordinator of the Punjabi Community Health Centre will ensure that no personal information provided by the persons interviewed will be used or disclosed in a form in which the individual to whom it relates can be identified, without the prior written consent of the said individual and the Coordinator of the Punjabi Community Health Centre.

Signature of Interviewer: ___________________________ Date:

Signature of the Coordinator: ________________________ Date:

Punjabi Community Health Centre
BUILDING SOCIAL CAPITAL IN THE PUNJABI COMMUNITY
ELDER ABUSE RESEARCH PROJECT

ELDER ABUSE QUESTIONNAIRE

Biographical Data/Socio-demographic Characteristics

A: Country of origin

1. Do you consider yourself to be a Punjabi? Yes___ No___

2. What is your country of birth?
   India ___
   Pakistan ___
   Bangla Desh ___
   Sri Lanka ___
   Other:__________________

3. Are you a resident of Peel? Yes___ No___

B: Gender and Age

4. Are you male or female? Male___ Female___

5. How old are you?
   □ under 55 □ 55 to 59 □ 60 to 64 □ 65 to 69
   □ 70 to 74 □ 75 to 79 □ 80+

C: Family/Living Arrangements

6. With whom do you currently live?
   □ With my son □ With my daughter
   □ With my grand children □ With other relatives, friends
   □ Alone - on rent □ Alone – own a house
   □ LTC facilities

7. Have you continually lived with your family for 10 or more years? Yes___ No___
   If not, then for how many years have you lived with your family? Number of years_____

8. Are you:
   □ Married □ Never married □ Widow □ Separated □ Divorced

D: Status in Canada

9. How long have you lived in Canada? □ less than 1 year □ 1 to 4 years □ 5 to 9 years
   □ 10 to 14 years □ 15 to 19 years □ 20 + years
10. Are you:
   □ An immigrant    □ A refugee    □ A Canadian Citizen
   □ other: please explain:________________________

E: Educational Background

11. What is your highest educational background?
   □ no education  □ less than grade 10  □ completed grade 12
   □ completed BA, BSc. Etc.  □ completed MA, MSc, Etc.  □ completed PhD

F: Financial/Income

12. Are you receiving:
   □ CPP  □ OAS  □ Disability Benefits  □ Welfare
   □ Work Pension  □ Your own RRSP’s
   □ Any other source of income. Please describe __________________________

13. Do you depend on your children for finances?       Yes___       No___

G: Your definition of elder abuse

14. What does the term elder abuse mean to you personally?
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

15. What does the term elder abuse mean in the Punjabi community?
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

H. Four categories of abuse (material abuse, chronic verbal aggression, physical violence, and neglect)

16. Are you afraid of anyone in your family?        Yes___       No___
    If yes, Is this person your:
    □ son        □ daughter    □ daughter-in-law    □ son-in-law
    □ grand child □ spouse      □ other (specify)________________
17. Has anyone at home tried to hurt or harm you recently?  Yes___ No___
If yes, Is this person your:
□ son       □ daughter   □ daughter-in-law   □ son-in-law
□ grand child   □ spouse   □ other (specify)______________

18. Has anyone close to you called you names or put you down or made you feel bad recently?  Yes___ No___
If yes, Is this person your:
□ son       □ daughter   □ daughter-in-law   □ son-in-law
□ grand child   □ spouse   □ other (specify)______________

19. Does someone in your family make you stay in bed or tell you that you are sick when you know you are not?  Yes___ No___
If yes, Is this person your:
□ son       □ daughter   □ daughter-in-law   □ son-in-law
□ grand child   □ spouse   □ other (specify)______________

20. Has anyone forced you to do things you did not want to do?  Yes___ No___
If yes, Is this person your:
□ son       □ daughter   □ daughter-in-law   □ son-in-law
□ grand child   □ spouse   □ other (specify)______________

21. Has anyone taken things from you that belong to you without your OK?  Yes___ No___
If yes, Is this person your:
□ son       □ daughter   □ daughter-in-law   □ son-in-law
□ grand child   □ spouse   □ other (specify)______________

22. Has anyone at home forcibly taken your pay cheque, government cheque, or cash money from you?  Yes___ No___
If yes, Is this person your:
□ son       □ daughter   □ daughter-in-law   □ son-in-law
□ grand child   □ spouse   □ other (specify)______________

23. Has anyone ever touched you inappropriately without your consent?  Yes___ No___
If yes, was this person:
□ a stranger   □ an acquaintance   □ a family member   □ a friend
□ other (please specify) __________________________

24. Has anyone ever threatened you?  Yes___ No___
□ a stranger   □ an acquaintance   □ a family member   □ a friend
□ other (please specify) __________________________

25. Have you signed any documents that you did not understand?  Yes___ No___
If yes, for whom _____________________

26. Has anyone at home made you sign your property documents by threats or using force?  Yes___ No___
If yes, Is this person your:
□ son       □ daughter   □ daughter-in-law   □ son-in-law
□ grand child   □ spouse   □ other (specify)______________
27. Are you usually alone by yourself a lot?  
   Yes___  No___

28. Has anyone ever failed to help you take care of yourself when you needed help?  
   Yes___  No___

I. Characteristics of the abuser

29. How many people live with you in the family?  
   _____Adults  _____children

30. Who usually provides personal care to you at home?
   - Spouse
   - Son
   - Daughter
   - Daughter-in-law
   - Son-in-law
   - Grandson
   - Granddaughter
   - Relative
   - Other____________________________

31. Does your caregiver have physical health problems?  
   Yes___  No___

32. Is your spouse seriously stressed?  
   Yes___  No___

33. Does your caregiver or family have a drinking problem?  
   Yes___  No___

34. Is your caregiver often angry, tired, stressed, disrespectful, and lack time and resources?
   - Angry  
     Yes___  No___
   - Tired  
     Yes___  No___
   - Stressed  
     Yes___  No___
   - Disrespectful  
     Yes___  No___
   - Lack time  
     Yes___  No___
   - Lack resources  
     Yes___  No___

J. Health and Functional status

35. How would you rate your overall health at the present time?
   - Poor  
     ___
   - Fair  
     ___
   - Good  
     ___
   - Excellent  
     ___

36. Do health conditions limit your daily activities?  
   Yes___  No___

37. How was your health five years ago?
   - Worse  
     ___
   - About the same  
     ___
   - Better  
     ___

K. Activity of daily life

38. Can you take bath/shower by yourself?  
   Yes___  No___
39. Can you go to the washroom by yourself?  Yes___ No___
40. Can you dress yourself with no help?  Yes___ No___

L. Depression
41. Have you ever wished your life would end?  Yes___ No___
42. Have you ever considered ending your own life?  Yes___ No___

M. Morale
43. How happy is your life these days?
Not happy at all  ___
A little unhappy  ___
Fairly happy  ___
Very happy  ___

Thank you for your time.
Your input is very valuable to develop programs and services in order to address the problem of elder abuse in the Punjabi community.
Four categories of abuse (material abuse, chronic verbal aggression, physical violence, and neglect):

Material abuse is defined as:

♦ Theft of money
♦ Theft of pension cheques
♦ Theft of pay cheques
♦ Jewelry
♦ Handbags, suitcases
♦ Fraud
♦ Exorbitant rent
♦ Forcing to hand over property document (back home)

Chronic verbal aggression is defined as:

♦ Verbal assaults (name calling, putting one down)
♦ Threats
♦ Black mail
♦ Abuse of Power
♦ Abandonment by family
♦ Separating husband and wife
♦ Forcing them to take care of children

Physical violence is defined as:

♦ Slapping, hitting, punching etc.
♦ Use of weapons
♦ Sexual assaults and rape
♦ Murder

Neglect is defined as:

♦ Inadequate food or diet not adhered to
♦ Confining to home (isolation)
♦ Depreciation of the individual
♦ Not taking seniors to receive medical care
♦ Not taking seniors to religious institutions
Building Social Capital in the Punjabi Community – Elder Abuse Research Project
Punjabi Community Health Centre – March 2004

Punjabi Social Capital project was a research project funded by the Punjabi Community Health Centre.

The project aimed to build social capital within the Punjabi community by focusing on elder abuse.

The project utilized a case study approach to collect data from elders in the community.

The research findings showed that social capital played a crucial role in preventing elder abuse.

The project concluded with recommendations for community health centers to incorporate social capital initiatives into their programs.
Building Social Capital in the Punjabi Community – Elder Abuse Research Project
Punjabi Community Health Centre – March 2004

Punjabi Community Health Centre – March 2004
Building Social Capital in the Punjabi Community – Elder Abuse Research Project
Punjabi Community Health Centre – March 2004

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<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
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<td>75-79</td>
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<tr>
<td>80+</td>
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</tbody>
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**Questions:**

1. What is your age? (Enter your age here)

2. What is the age of your elder? (Enter the age of your elder here)

3. How many children do you have? (Enter the number of your children here)

4. What is the age of the elder? (Enter the age of the elder here)

5. What is the age of the elder's elder? (Enter the age of the elder's elder here)

6. How many children does the elder have? (Enter the number of children the elder has here)

7. How many grandchildren does the elder have? (Enter the number of grandchildren the elder has here)

8. How many great-grandchildren does the elder have? (Enter the number of great-grandchildren the elder has here)

9. How many great-great-grandchildren does the elder have? (Enter the number of great-great-grandchildren the elder has here)

10. How many generations does the elder belong to? (Enter the number of generations the elder belongs to here)
Building Social Capital in the Punjabi Community – Elder Abuse Research Project

Punjabi Community Health Centre – March 2004

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पीएनसी लाइफस्टाइल विषय में संघर्षीय पृष्ठि एक फ़िल्म - 哪有呢 你能告诉我呢？

पुत्र समेत मुख्य भाषी
पुत्र सियासी
पुत्र देखें सेमी

हिंदी में सीधी सीरीज़ मजबूतीयों

कौन सी माता अपने अभ ता ये मटें है?

कौन सी दुम सबसे बहुत अभ ता मटें है?

कौन सी दुम बिलिंग बिने भरत हे बढ़े भा मटें है?

अभिलक्ष बिलिंग

कौन सी दुम करे मेयिंग न है बिने दुम है वो ता नहीं?

कौन सी दुम अपटी लिस्टिंग है अभ धरभ बकर लघे मेयिंग है?

मायम

हिंदी में दिलीं दुगनी सिटी लिटी हु बुध है?

बुढ़ा दी खुद रूढ़ी
बुढ़ा हु खुद है
बुढ़ा है
बुढ़ा हु खुद है

बुढ़ा दी रूढ़ी यंतरयार

पीएनसी लाइफस्टाइल विषय में संघर्षीय पृष्ठि एक फ़िल्म - 哪有呢 你能告诉我呢？
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पंजाबी समुदाय में सामाजिक पूंजी का निर्माण

इटरवियू करने वाले का नाम .................................................................

1. इटरवियू करने वाला व्यक्ति इटरवियू किए जाने वाले लोगों से प्राप्त जानकारी का निम्न प्रयोग नहीं करेगा और न ही वह जानकारी किसी अन्य व्यक्ति को आगे देगा।

2. इटरवियू करने वाला व्यक्ति पूरी की गई प्रश्नावलीयों को सुरक्षित रूप से रखेगा तथा उन्हें टेनिंग के समय प्राप्त निर्देश के अनुसार इटरवियू का काम पूरा करने के बाद पंजाबी कम्यूनिटी हैथ्य सेंटर के कोआर्डिनेटर को तारीख देगा।

3. इटरवियू करने वाला व्यक्ति सच की सच पूरी एवं अपूर्वित सर्वेक्षण प्रश्नावलीयों पंजाबी कम्यूनिटी हैथ्य सेंटर के कोआर्डिनेटर को तारीख देगा।

4. इटरवियू करने वाला व्यक्ति किसी ऐसे व्यक्ति से प्रत्यक्ष या अप्रत्यक्ष तौर से सम्पर्क नहीं करेगा जिसका प्राप्त जानकारी से कोई संबंध हो, जबकि कि जानकारी देने वाले तथा कोआर्डिनेटर पंजाबी कम्यूनिटी हैथ्य सेंटर से पूर्व संबंधित अनुमानित प्राप्त न करे।

5. कोआर्डिनेटर पंजाबी कम्यूनिटी हैथ्य सेंटर इस बात को निश्चित बनाएगा कि इटरवियू में देने वालों को कोई भी निम्नी जानकारी, किसी ऐसे तरीके से उपहार या जानकार न हो, जिससे कि संबंधित व्यक्ति की पहचान को पाए, जब तक कि उससे के तथा कोआर्डिनेटर पंजाबी कम्यूनिटी हैथ्य सेंटर सेंटर बारे में पूर्व संबंधित अनुमानित प्राप्त न कर ली जाय।

इटरवियू करने वाले के हस्ताक्षर .......................................................... तिथि ..........................

पंजाबी कम्यूनिटी हैथ्य सेंटर
कोआर्डिनेटर के हस्ताक्षर .......................................................... तिथि ..........................

पंजाबी कम्यूनिटी हैथ्य सेंटर की ओर से सम्मानित
पंजाबी समुदाय में सामाजिक पूंजी का निर्माण
बुद्ध अतिथिवाह अनुरक्षण योजना
बुद्ध अतिथिवाह प्रणाली

जीवनी / सामाजिक जनसाहित्यिक विश्लेषण

A: मूल देश

1. क्या आप अपने आप को पंजाबी मानते हो?
   हां ... नहीं ...

2. आपका जन्म किस देश में हुआ?
   भारत ... पाकिस्तान ... बंगालदेश ... श्रीलंका ... अन्य ...

3. क्या आप पीत क्षेत्र में रहते हैं?
   हां ... नहीं ...

B: लिंग या आयु

4. क्या आप जीत हैं या मरद?
   मरद ... जीत ...

5. आपकी आयु कैसी है?
   ⊗ 55 से कम ⊗ 55 से 59 ⊗ 60 से 64 ⊗ 65 से 69
   ⊗ 70 से 74 ⊗ 75 से 79 ⊗ 80 +

C: परिवार/निवास प्रण

6. इस समय आप किस के साथ रहते है?
   ⊗ अपने पति/पत्नी के साथ ⊗ अपनी बेटी के साथ ⊗ अपने पोतों के साथ
   ⊗ दूसरे रिश्तेदारों के साथ ⊗ फिरए पर आकदते ⊗ अपने मकान में आकदते
   ⊗ LTC facilities

7. क्या आप तमामत दस गांव से अधिक अपने परिवार के साथ ही रहते हैं?
   हां ... नहीं ...
   अगर नहीं, तो किस कितने गांव आप अपने परिवार के साथ रहते हैं?

8. आप इन में से क्या है?
   ⊗ विवाहित ⊗ अविवाहित ⊗ विपणा या फिस्टर ⊗ विच्छेदित ⊗ तलाक या बुद्ध

D: कैनाडा में स्टेडिया

9. आप कैनाडा में कितने हाल रहे है?
   ⊗ 1 साल से कम ⊗ 1 से 4 साल ⊗ 5 से 9 साल
   ⊗ 10 से 14 साल ⊗ 15 से 19 साल ⊗ 20 साल से अधिक

10. आप इन में से क्या है?
    ⊗ इमीग्रेटर ⊗ निवासी ⊗ टेबिनगन रहसी
    ⊗ कुछ और? किसने करके तलायाप ....
E: शिखा पुजारिनी

11. आप ज्ञाता से ज्ञाता कितना पक्ष है?
   ☐ अनाल
   ☐ दसवीं क्लास से कम
   ☐ बाहर क्लास पूर्ण
   ☐ सी.ए. या सी.एस.सी. पूर्ण
   ☐ एम.ए. या एम.एस.टी. पूर्ण
   ☐ शी.एस.टी. पूर्ण

F: आर्थिक अवस्था आमदनी आदि

12. क्या आप इनमें से कुछ ने रहे हैं?
   ☐ सी.पी.पी. ऑ.ए.एस.
   ☐ हिस्सेदारी लाभ
   ☐ काम से पैसा
   ☐ अपने आर,आर.एस.पी. से पैसा
   ☐ आमदनी का ओर कोई साफाह है तो क्या? ............

13. क्या पैसे के लिए आप किसी पर निर्भर हैं?
   हां ... नहीं ....

G: आपके विचार में वृद्ध अतिथिक (Elder Abuse) किसे कह सकते हैं?

14. वृद्ध अतिथिक शवाकारी का आपके निजी विचार में क्या अर्थ है?

15. वृद्ध अतिथिक शवाकारी का पतञजी समुदाय के विचार में क्या अर्थ है?

H: अतिथिक के चार प्रकार (पदार्थिक अतिथिक, निर्दर्श शास्त्रीय अतिथिक, शासिक विक्षण और उपेक्षा)

16. क्या आप अपने पति समेत किसी से हरते हैं?
   हां ... नहीं ...
   पाँच या तो यह व्यक्ति आपका कौन है?
   ☐ पुत्र
   ☐ पुत्री
   ☐ पति
   ☐ पति या पत्नी
   ☐ कोई और? कौन ....

17. क्या इन दिनों पर तिन से किसी ने आपको चोट या तुज्जल पहुंचाने की कोशिश की?
   हां ... नहीं ... पाँच या तो यह च्योति आपका क्या लगता है?
   ☐ पुत्र
   ☐ पुत्री
   ☐ पति
   ☐ पति या पत्नी
   ☐ कोई और? कौन ....

18. क्या इन दिनों आपके किसी निवास संबंधी ने आपको माली दी, जलील किया या दुखी मायुष कराया?
   हां ... नहीं ...
   पाँच या तो यह भक्ति आपका क्या लगता है?
   ☐ पुत्र
   ☐ पुत्री
   ☐ पति
   ☐ पति या पत्नी
   ☐ कोई और? कौन ...
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19. क्या आपके घर में कोई व्यक्ति आपको विसतार में पढ़े रहने पर मजबूर करता है या कहता है कि आप बीमार हों, जबकि आप जानते हैं कि आप बीमार नहीं?
   हां ... नहीं ...

20. क्या किसी ने आपको कुछ ऐसा करने पर मजबूर किया है जो आप नहीं करना चाहते थे?
   हां ... नहीं ...

21. क्या किसी ने आपकी मरजी के खिलाफ आपकी कोई बत्तुदंगी ले ली?
   हां ... नहीं ...

22. क्या पर में कोई ने आपको बेतने चेक, सरकारी चेक या कैश जबरदस्ती लिया?
   हां ... नहीं ...

23. क्या किसी ने कभी आपके आपकी मरजी के बिना अनुचित टप के लिए?
   हां ... नहीं ...

24. क्या किसी ने कभी भस्मकी दी?
   हां ... नहीं ...

25. क्या आप ने किसी दर्शक या कामों पर हल्के हिरक सिर्फ विनाश नहीं होय?
   हां ... नहीं ...

26. क्या पर में कोई ने डर भरकम कर आप से जापदाद सम्बन्धी कामों पर हल्के हिरक कराए?
   हां ... नहीं ...

27. क्या अधिकारियों आप नirseप अलगे रहते हो?
   हां ... नहीं ...

28. सकारात्मक आपकी तहांपर पहले, क्या कभी किसी को आपकी तहांपर कहने में असफल कोई पहल?
   हां ... नहीं ...

पंजाबी व्यक्तित्व वैश्विक सेंटर की ओर से हम्यादित
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29. आपके पर में कितने लोग रहते हैं?

30. यह में आपकी निजी देख भाल आम तौर पर कीन करता है?
   □ पति या पत्नी □ पुत्र □ पुत्री □ बड़ू □ जुमाई
   □ पोता □ पोती □ रिहेलायर □ कोई और .......

31. क्या आपकी देखभाल करते बालों को शारीरिक स्वास्थ्य की समस्या है?
   हां ... नहीं ..

32. क्या आपके विवाहित बाली पर ग्रामीण दवान है?
   हां ... नहीं ..

33. क्या आपकी देखभाल करते बालों को शरीर पीने की समस्या है?
   हां ... नहीं ..

34. क्या आपकी देखभाल करते बालों आम तौर पर गुलों में, थका पुआ, परेरान, बेहद, या समय की कमी से मस्त रहता है?
   गुलों में .... हां ... नहीं ..
   थका पुआ .... हां ... नहीं ..
   परेरान .... हां ... नहीं ..
   बेहद .... हां ... नहीं ..
   समय की कमी बाला .... हां ... नहीं ..
   रामानीन .. हां ... नहीं ..

J स्वास्थ्य और कार्य श्रमन्त

35. इस समय कुछ मिला कर आप अपने स्वास्थ्य को किस तरह का मानते हो?
   चिकित्सा ....
   दरमियाना ....
   विद्या ....
   बुद्धि विद्या ....

36. क्या स्वास्थ्य की बात में आपकी दिलचस्पी में कठिनाइयों पैदा करती है?
   हां ... नहीं ..

37. कांच झाल पहले आपका स्वास्थ्य कैसा था?
   कड़ा ....
   तमाम रहा ही ....
   बेहतर ....

K दिनांकि

38. क्या आप अपने बाइप नहा खाकर हो?
   हां ... नहीं ..

39. क्या आप अपने बाइप वाला रुम जा सकते हो?
   हां ... नहीं ..

40. क्या आप बिना लहांगाया कपड़े पहन सकते हो?
   हां ... नहीं ..

L मानसिक दवाव

41. क्या कभी आप ने बाहर कि जीवन का अंत हो जाय?
   हां ... नहीं ..
42. क्या कभी आपने समस्या का अनुकरण कर देना चाहा?

हां ... नहीं ...

43. आप कितने दिनों बुखा है?

बिलंब सूखा नहीं ....
बुखा मुस्कुरा नहीं ....
बुखा ....
बहुत बुखा ....

आपके समय के लिए आपका अनुभव
आप से प्राप्त जानकारी, इसे बुढ़ बच्चों के लिए वेबसाइट में पोस्ट करने में अहम सहायता देनी, जिससे इस पंजाबी समुदाय में बुढ़ अभियान की समस्या से निपट पाएंगे।
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