



Building Social Capital in the Punjabi Community

Research on Elder Abuse in the Punjabi Community

FINAL REPORT **March 2004**

Project Funded by:



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Elder Abuse Research

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CONTENTS

ACKNOWLEDGEMENTS	v-vi
THE REPORT ORGANIZATION	vii
CHAPTER 1	
EXECUTIVE SUMMARY	1-3
Methodology	1-2
Major Findings	2
Major Recommendations	2-3
Summary	3
CHAPTER 2	
ELDER ABUSE RESEARCH PROJECT	4-9
History of the Punjabi Community Health Centre	4
Introduction to the Project	4-5
Background	5
Scope of the Study	5-6
Objective of the Study	6
Approach	6-7
Methodology	7-8
Analysis	8
Findings	9
Recommendations	9
CHAPTER 3	
SUMMARY OF FINDINGS	10-15
Part I: Findings Based On Personal Stories	10
Part II: Findings Based On Focus Groups	11-12
Part III: Findings Based On Survey Results	12-15
CHAPTER 4	
SUMMARY OF RECOMMENDATIONS	16-17
Recommendations Based On Personal Stories	16
Recommendations Based On Focus Groups	16-17

Recommendations Based On Survey Results	17
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CHAPTER 5

REVIEW OF LITERATURE	18-32
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CHAPTER 6

THE STORIES IN DETAIL	33-41
Punjabi Elders, Their Thinking, Voices, Stories: Themes and Analysis	33-41
Recommendations	41

CHAPTER 7

THE FOCUS GROUPS IN DETAIL	42-49
Introduction	43-47
Overview of the Findings	47-48
The Recommendations	49

CHAPTER 8

THE SURVEY IN DETAIL	50-89
Introduction	51
Analysis of Data	51-85
Summary of Findings	86-88
Recommendations	89

APPENDICES	90-99
Summary Approach to Research.....	91
Overview of Participation Action Research.....	92-93
Focus Group Questions	94
Consent Form.....	95
Contact Information Form.....	96
Confidentiality Form.....	97
Elder Abuse Questionnaire	98-102
Four Categories of Abuse Defined:	103
(Punjabi and Hindi translation of questionnaire)	

Visual Presentation of Work in Progress	
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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 –

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Research Team –

Dr. Amarjit Singh, Rakhi Mutta, Baldev Mutta, Amandeep Kaur, and Rupinder Singh.

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4. Democratic Senior Club, Rexdale.
5. Door Steps Neighbourhood Services, Toronto.

6. Gray Tigers Senior Club, 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
12. Seniors Club at Lakshmi Narayan Golden Group.
13. Shernian Senior Women Club, Rexdale
14. Mornian Senior Women Club, Rexdale
15. South Asian Seniors, Rexdale.
16. South Asian Women's Centre, Toronto.
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18. Toronto Humberwood Senior Club.
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20. Peel Seniors Citizens Association.

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

- Social Environment
- Access to Senior's services
- Cultural factors leading to senior abuse

4. Develop resources

- 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

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 Research³ 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.⁴

³ Please see appendix for a detailed overview of Participatory Action Research methodology.

⁴ Singh, Amarjit (2000). The voices and well-being of some diasporic Punjabi seniors in North America. *Guru Nanak Journal of Sociology*, 21 (1-2, April-October), 1-28. Guru Nanak Dev University, Department of Sociology, Amritsar, India.

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

9 types of
elder abuse
identified

Awareness of abuse

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

The term
“elder abuse”
– not clear

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):

Nature of abuse	Frequency	Rating
Financial	Frequent	1
Psychological/Emotional	Frequent	1
Exploitation	Frequent	1
Neglect	Frequent	1
Physical abuse	Often	2
Psychosocial	Often	2
System abuse	Often	2
Abandonment	Sometimes to rare	3
Property abuse	Sometimes to rare	3

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 |

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

Resource development and outreach

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 Perspectives⁵

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 individuals' 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

⁵ Nagpaul, Kamla, MSW. (1997). Elder abuse among Asian Indians: Traditional versus modern perspectives. *Journal of Elder Abuse & Neglect*, 9(2), 77-92. Also see three related studies: Singh, Amarjit, Wilf Martin and Rupinder Singh (1991). The modes of self of South Asian elderly in Canadian society: Towards reconstructing inter-dependency. *Multiculturalism*, XIII (3), 3-9; Singh, Amarjit (1981). *The Hindu concept of aging and perceptions of the elderly from South Asia: Some observations*. Toronto: Sikh Youth Association, Toronto and Senior Citizens Programs under “South Asian Community Outreach”, 1-11; Singh, Amarjit (1978). *Adjustment in multicultural Canada: A Strategy*. Toronto: Indian Immigrant Aid Services, 1-11.

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 Elders⁶

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

⁶ Karmali-Rawji, M.Sc., Shaheen Kassim-Lakha, MPH. & Karmel Taylor, R.N. (1992). Health promotion: Defining wellness for South Asian elders. *Canadian Family Physician*, 38 (March). 621-627.

- 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 Tears⁷ ***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 Community⁸

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)

⁸Indian Immigrant Aid services and the Multicultural Development Branch of the Ontario Ministry of Culture and Recreation (1978). *Intercultural seminar on Indo-Canadian Community*.

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 after⁹

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)

⁹Singh, Amarjit (1981). *Cultural background and sex and love at age sixty and after*. Toronto: Indian Immigrant Aid Services, 1-7.

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 it¹⁰

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):

Assessing the mistreated elderly: Indicators of abuse	
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:	
1. Physical abuse	Willful, direct infliction of physical pain or injury. Denial of physical and health-related necessities of life
2. Neglect	Lack of attention, abandonment, and confinement of the elderly by family members or society.
3. Psychosocial abuse	Removal of decision-making power from the elderly. Withholding of affection social isolation.
4. Exploitation	Any situation involving the dishonest use of an elderly person's resources, such as money or property. Misappropriation of health care resources.

¹⁰Podnieks, Elizabeth, RN (1985). Elder abuse: It's time we did something about it. *The Canadian Nurse*, 81(11), 36-39.

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 Canada¹¹

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.

¹¹Podnieks, Elizabeth, MES (1992). National survey on abuse of the elderly in Canada. *Journal of Elder Abuse and Neglect*, 4(1-2), 5-58.

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 Study¹²

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**

¹²Ministry of Citizenship (1994). *Sexual assault and senior women*. Office for Seniors' Issues.

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 Ontario¹³

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.

¹³Senthilvadival, A., M.P.H. (1995). *The socio-economic conditions of senior Tamil in Ontario*. Toronto: Senior Tamils’ Centre.

- 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.

¹⁴Donahue, Peter J.D. (2000). *Fraud in ethno cultural seniors' communities*. Toronto: The Portuguese women 55+ support group of Ontario.

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 Ontario¹⁵

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**

¹⁵Ontario Ministry of Citizenship. Office for Seniors' Issues (1992). *Elder abuse in selected ethno cultural communities in Ontario*.

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:

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

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 Project¹⁶

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

¹⁶Kharas-Daver, Huzan, Ph.D., Denise Koster, BAA (1998). *Elder abuse intervention project*. Toronto: Family Service Association of Metropolitan Toronto.

The study outlined “profiles” of abusers and abused

Profile of the abused older adult

Psychological and physical abuse	Married and living with spouse
Financial abuse	Widowed and living alone
Neglect	Widowed
All types of abuse health problems	Socially isolated Limited number of social support

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 store – 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):

Nature of abuse	Frequency	Rating
Physical abuse	Often	2
Financial	Frequent	1
Psychological/Emotional	Frequent	1
Exploitation	Frequent	1
Neglect	Frequent	1
Abandonment	Sometimes to rare	3
Psychosocial	Often	2
System abuse	Often	2
Property abuse	Sometimes to rare	3

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

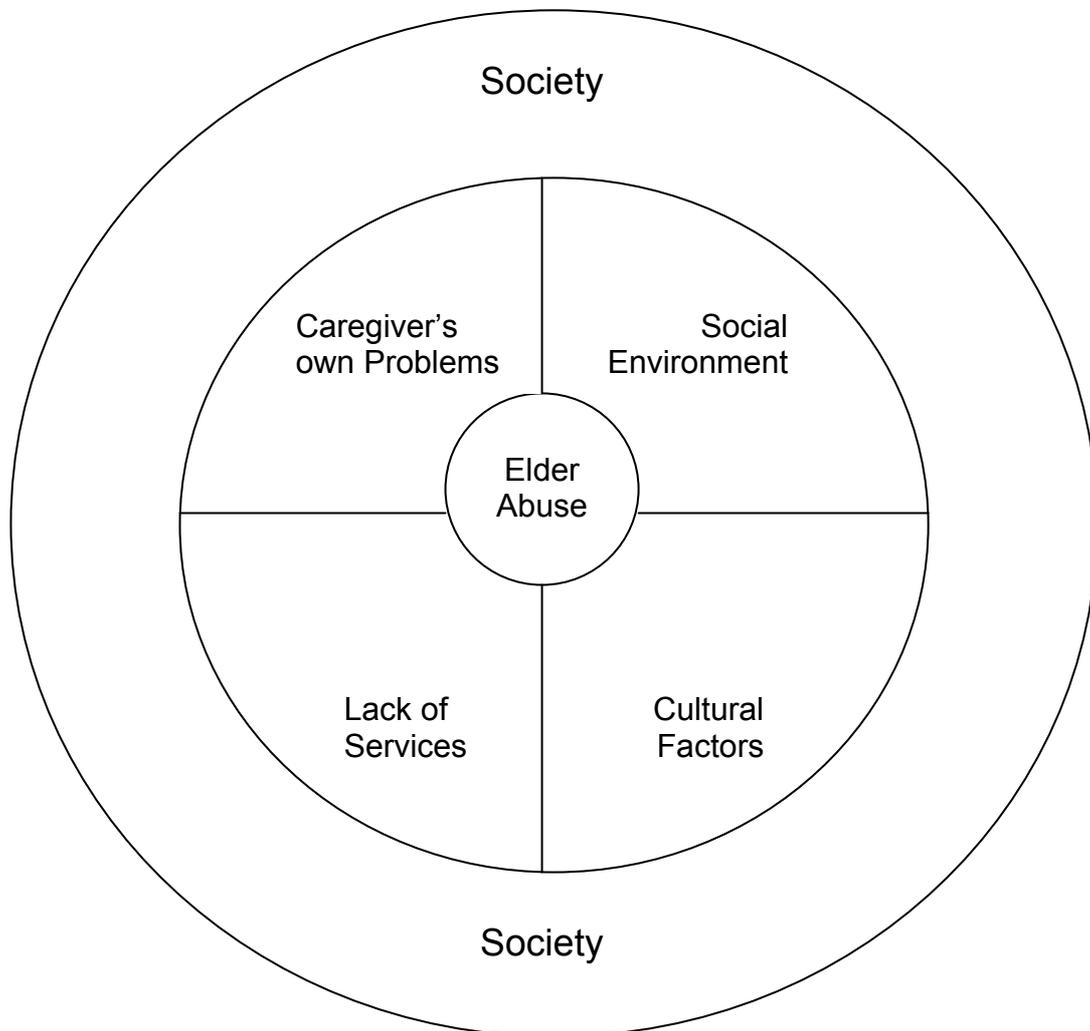
Part D

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



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 some one 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):

Nature of abuse	Frequency	Rating
Physical abuse	Often	2
Financial	Frequent	1
Psychological/Emotional	Frequent	1
Exploitation	Frequent	1
Neglect	Frequent	1
Abandonment	Sometimes to rare	3
Psychosocial	Often	2
System abuse	Often	2
Property abuse	Sometimes to rare	3

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

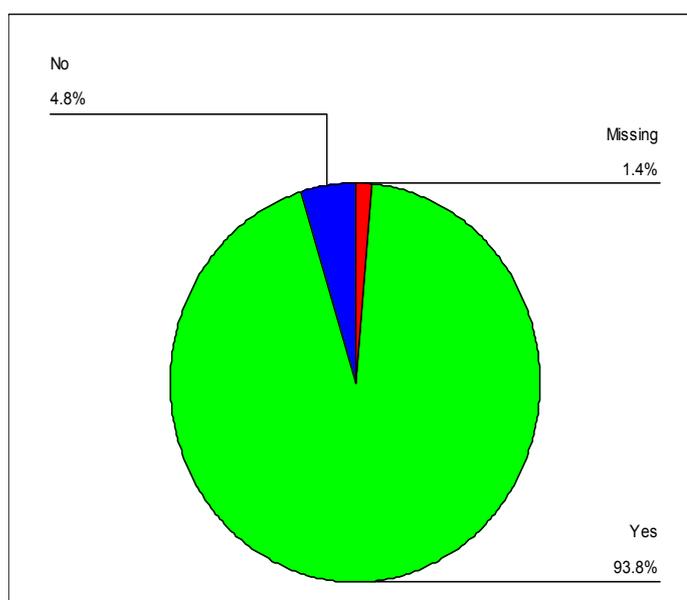
A questionnaire was developed and the steering committee critiqued it. A revised draft was presented for their approval. The approved draft was then focus tested with ten seniors. The questionnaire was again revised. The final questionnaire is attached in the appendices.

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

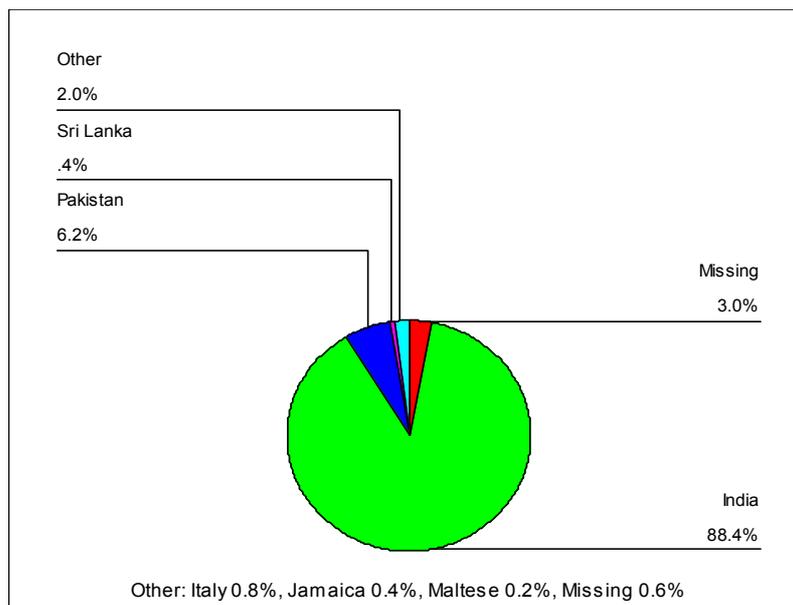
Q.1 Do you consider yourself to be a Punjabi?



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, 4.8% indicated that they were not and 1.4% of all 500 respondents did not answer.

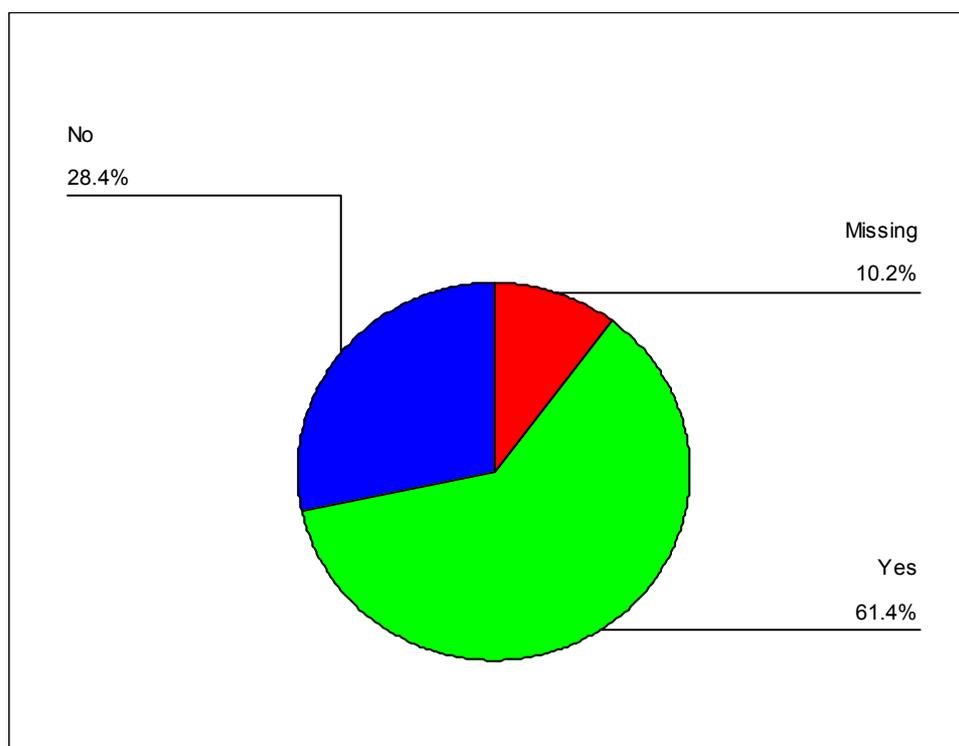
Q.2 What is your country of origin?



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?

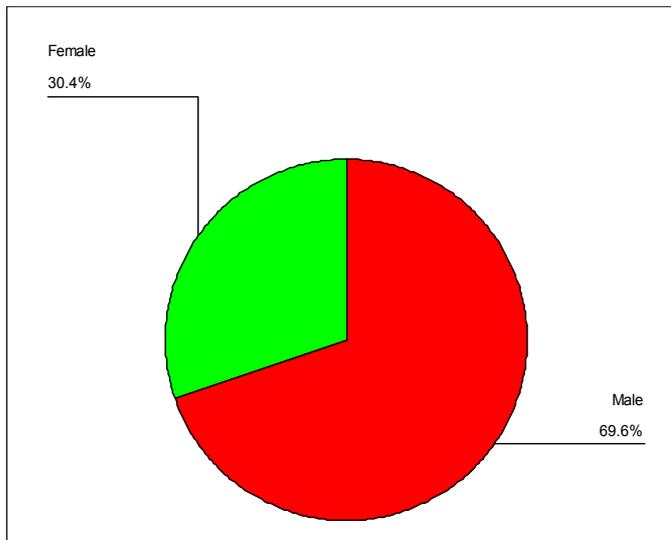


The research study not only targeted Punjabi seniors but those that are residents of Peel Region. This question was asked in order to determine how indicative of this factor the sample population was. Of all respondents surveyed 61.4% said “yes” to being residents of Peel Region, 28.4 % indicated that 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.

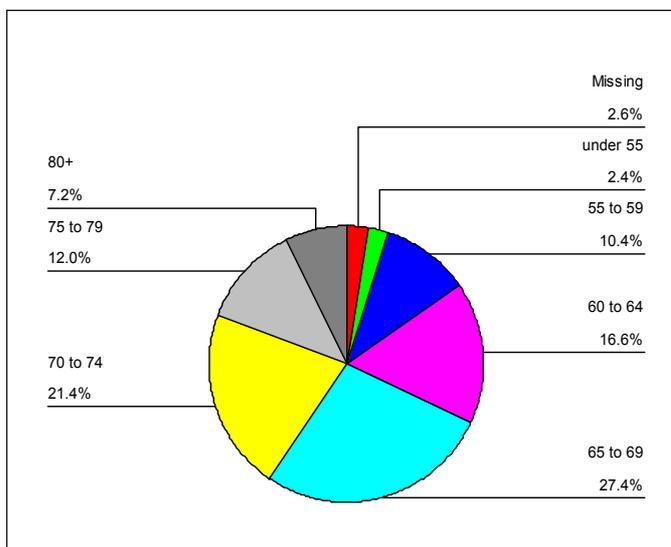
Q.4 Are you Male or Female?



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.

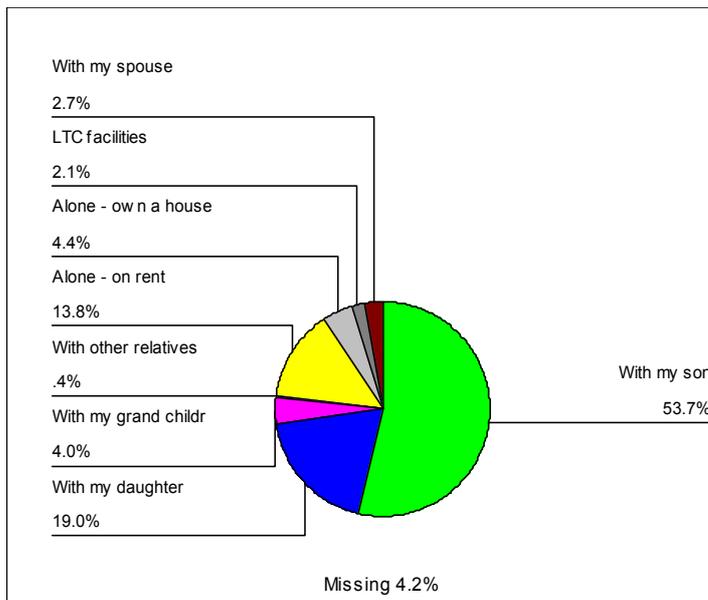
Q.5 How old are you?



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.....

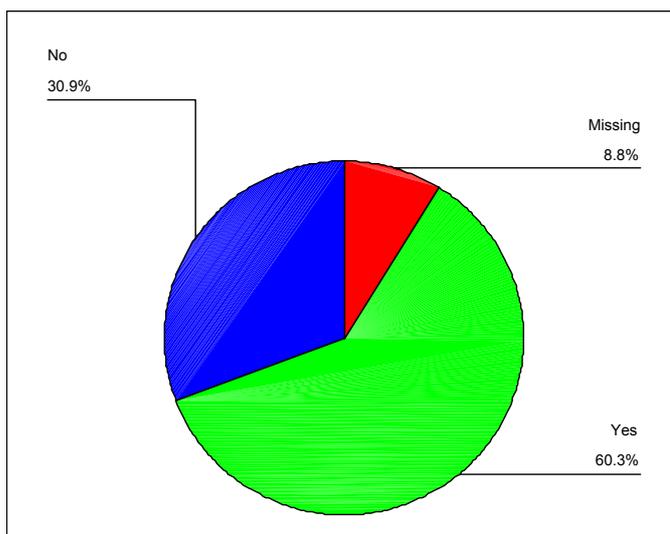
Q.6 With whom do you currently live?



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.

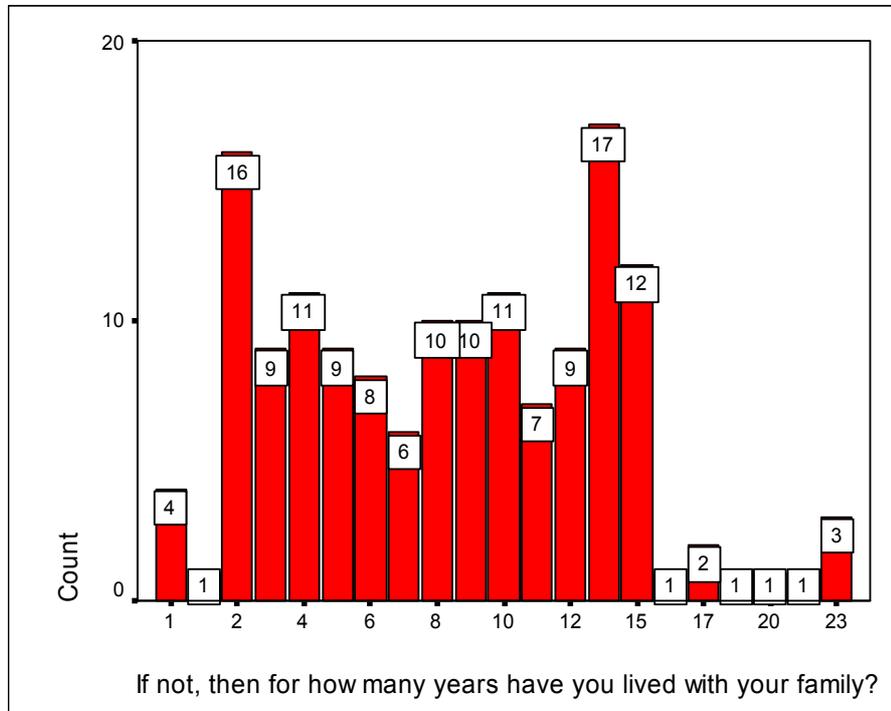
Q.7 Have you continually lived with your family for 10 years or more? If not, then how many years have you lived with your family?



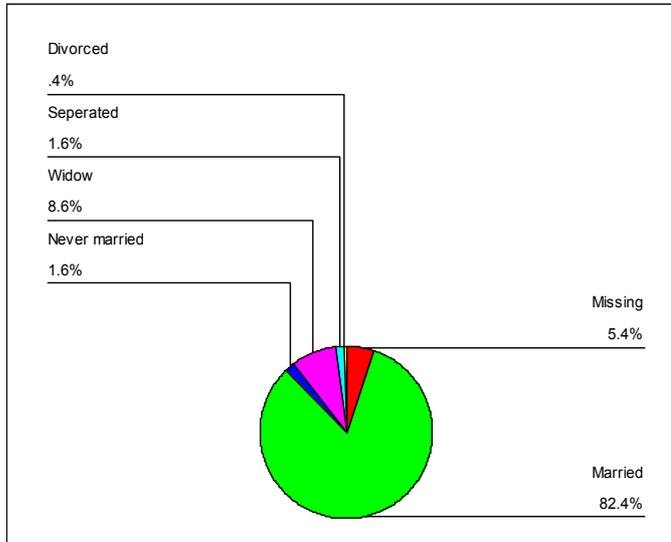
This question was asked to give a time line with respect to the length of time the senior has been dependent upon their relatives. 60.3% of respondents said yes to having continually lived with their families for more than 10 years. This also gives a frame of reference for possible length of abuse as 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.



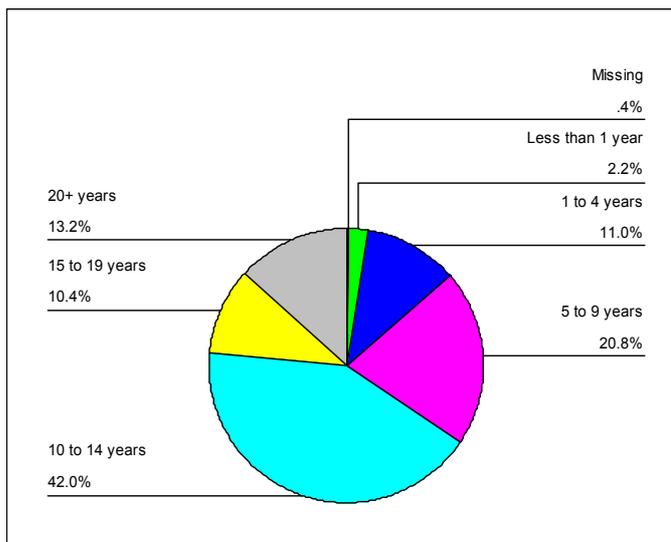
Q.8 Are you: married, never married, widow, separated, divorced.



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.

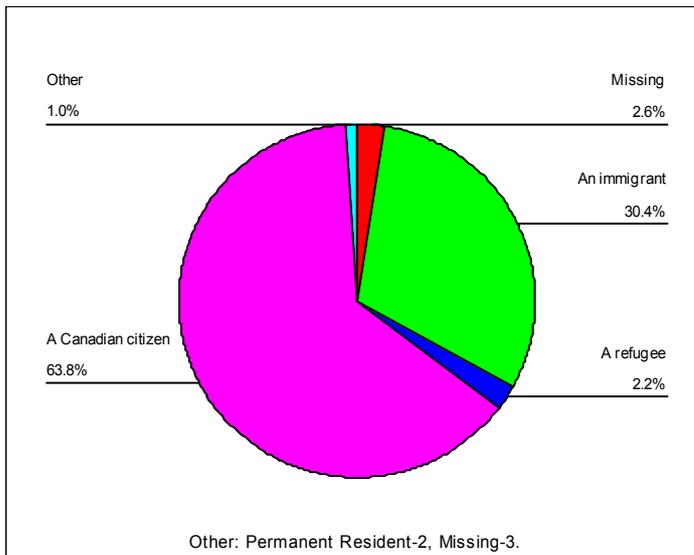
Q.9 How long have you lived in Canada?



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 life style.

Q.10 Are you: An immigrant, a refugee, a Canadian citizen.

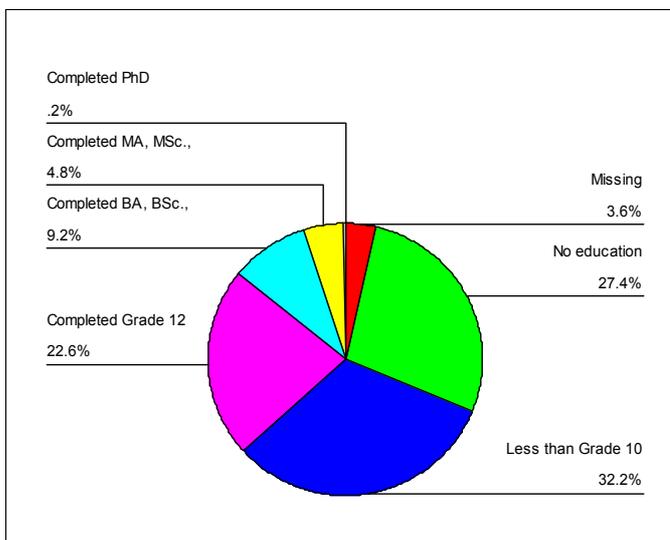


This question was asked to determine the status of our seniors. It is to determine also the likelihood of them to go back to lifestyles more familiar to them. The majority of seniors were Canadian citizens.

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.

Are you receiving?

		Frequency	Valid Percent
Valid	CPP	212	42.4
	OAS	226	45.2
	Disability benefits	23	4.6
	Welfare	25	5.0
	Work Pension	85	17.0
	Your own RRSPs	30	6.0
	Any other source of inc	54	10.8
	Total	655	100.0
Missing	System	87	

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

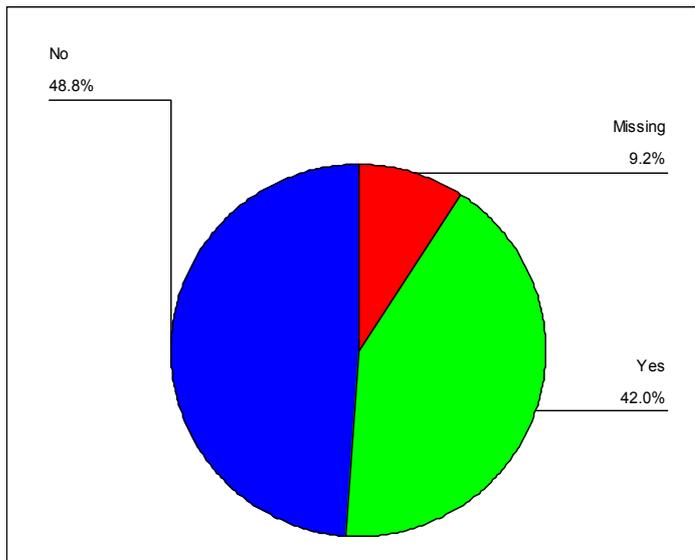
pension which meant they had worked in Canada for sometime. With the majority of respondents not working and

Any other source of income, please describe?

		Frequency	Percent
Valid			54.0
	dependent	1	1.8
	from kids	5	9.2
	husband	3	5.5
	job	31	57.4
	none	6	11.1
	welfare	6	11.1
	missing	2	3.7
	Total	54	100.0

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.

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?

What does the term elder abuse mean to you personally?

	Frequency	Percent
Valid	68	13.3
abuse	9	1.7
aggressive behavior	3	.5
can't say opinion often and openly	4	.7
challenges, struggles	3	.5
children neglect	9	1.7
considering us a burden	7	1.3
critizing	4	.7
don't know	1	.1
everyone knows we live in hell	1	.1
fear	5	.9
financial abuse	38	7.4
forcing us to work	20	3.9
harassment	4	.7
I can't tell you	7	1.3
isolation	19	3.7
living together	1	.1
neglect	15	2.9
no	20	3.9
no one wants to help us	5	.9
not helping elders physically, being inpolite	5	.9
not letting them talk to spouse	2	.3
not listening	11	2.1
not looking after seniors	1	.1
not respected	31	6.0
physical abuse	67	13.1
sholdn't happen	3	.5
silent treatment	7	1.3
taking money	3	.5
tension, ignorance	3	.5
verbal abuse	135	26.4
Total	511	100.0

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?

What does the term elder abuse mean in the Punjabi community?

	Frequency	Percent
Valid	85	17.0
no respect	57	.2
abuse	5	.4
causing emotional pain	4	.8
considering us a burden	13	1.6
creating fear	3	.6
criticising everything	4	.4
doesn't happen	3	.6
don't listen	1	.2
families, left over, can not give opinion, neglected, depression	1	.2
fear	2	.2
feeling lost	3	.6
financial abuse	37	1.8
force us to stay inside	9	.4
forcing us to babysit	21	.2
giving cooking, cleaning duties all the time.	3	.6
I dont want to say anything	4	.2
illtreat parents and seniors, shout at parents	5	1.0
insulted	3	.6
isolation	43	6.6
keeping elders dependant on day to day activities, physical tort	3	.6
kicking them out of the house	7	.4
lack of compatibility of values	3	.6
loneliness	22	4.2
no	6	1.2
not giving dues , honour in the family etc.	3	.6
not listening to us	18	1.0
not talking to seniors	2	.4
no respect	66	.8
not understanding our problems	4	.2
not valuing our opinion	1	.2
physical abuse	32	.4
rudeness	8	.6
seniors not needed	3	.6
taking away our happiness	1	.2
verbal abuse	18	1.2
violence	4	.4
Total	500	100.0

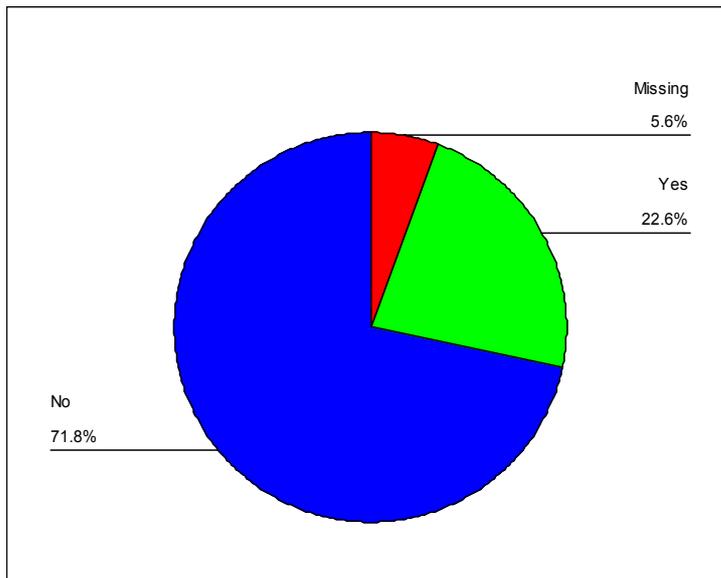
Question asked their perception of what abuse meant to the community which is very important because of community perception. The senior's identified abuse, financial abuse, physical abuse, and verbal abuse. It is important to note that they also identified forcing us to babysit, isolation, loneliness, 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?



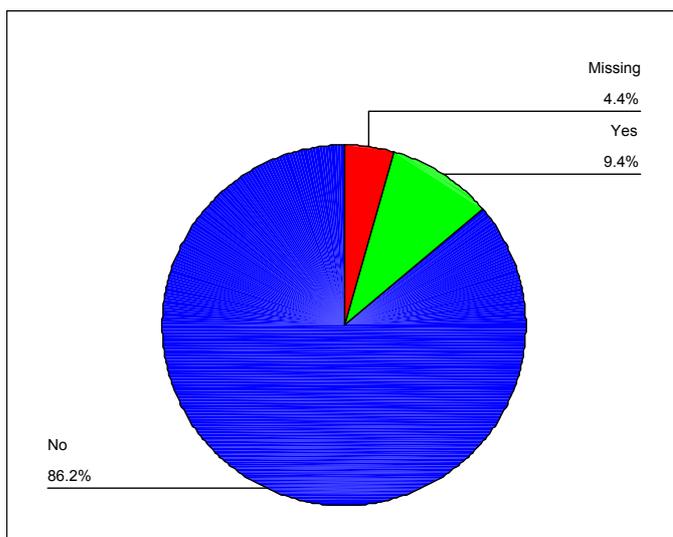
Question asked to determine level of fear and it's effects on seniors. 22.6% of respondents said they were afraid. Whether there is a reason to be afraid or not, this could be an indication of abusers at home. It's surprising to see son at the top of the list followed by daughter-in-law, which

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?

		Frequency	Percent
Valid	Son	75	45.4
	Daughter	14	8.5
	Daughter-in-law	47	28.5
	Son-in-law	11	6.7
	Spouse	11	6.7
	Other	7	4.2
	Total Responses	165	100.0
Total Yes:		113	

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

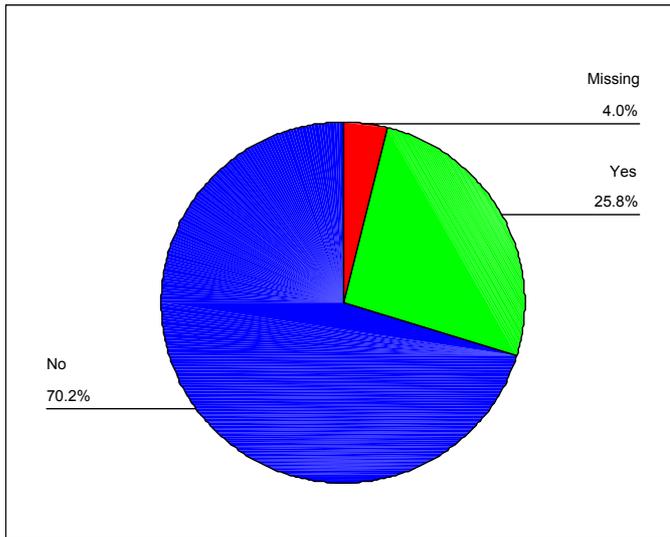
majority of seniors are living with their son and daughter-in-law (see Ques. 16.) Again sons and daughter-in-laws accounted for more than 50%.

If yes, is this person your?

		Frequency	Percent
Valid	Son	11	22.4
	Daughter	6	12.3
	Daughter-in-law	17	34.6
	Son-in-law	8	16.4
	Other	7	14.3
	Total Responses	49	100.0
Total		47	

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.

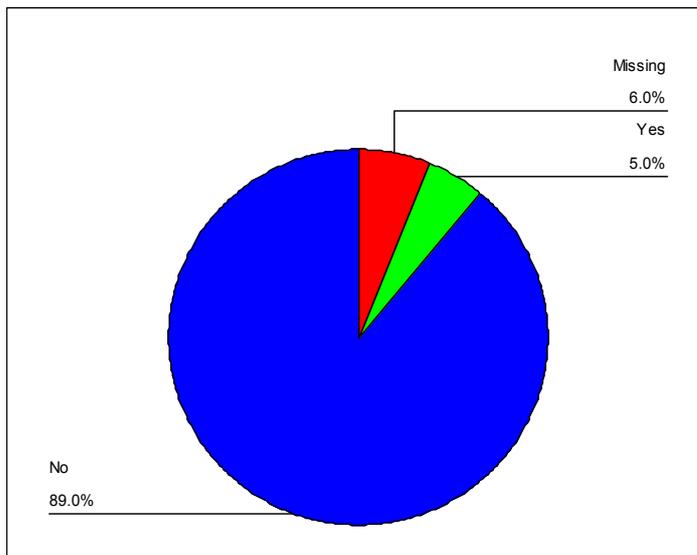
If yes, is this person your?

		frequency	Percent
Valid	Son	15	15.9
	Daughter	17	18.1
	Daughter-in-law	23	24.4
	Son-in-law	20	21.3
	Grandchild	4	4.3
	Spouse	3	3.2
	Other	12	12.8
	Total Responses	94	100.0
Total Respondents		89	

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

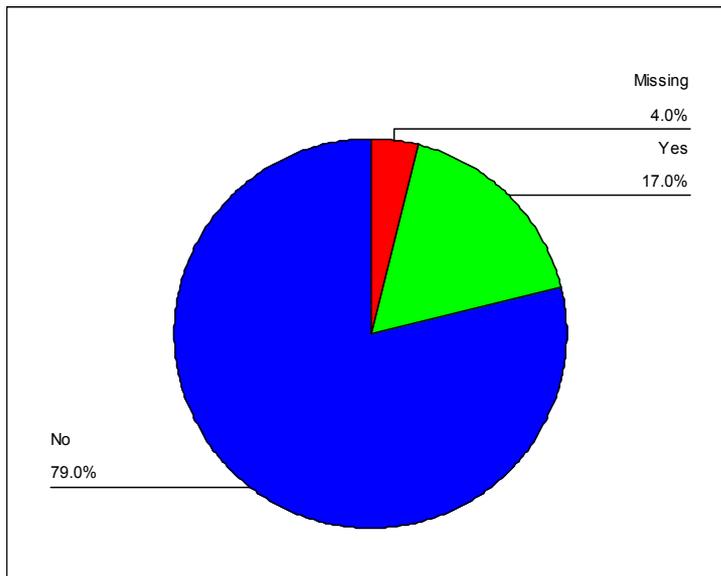
control exercised by the couple over the senior. Over 50% of family members exercising power over seniors was the son. This maybe a sign of aggressive behaviour.

If yes, is this person your?

		Frequency	Percent
Valid	Son	16	55.2
	Daughter	1	3.4
	Daughter-in-law	6	20.7
	Spouse	4	13.8
	Other ^a	2	6.9
	Total Responses	29	100.0
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.

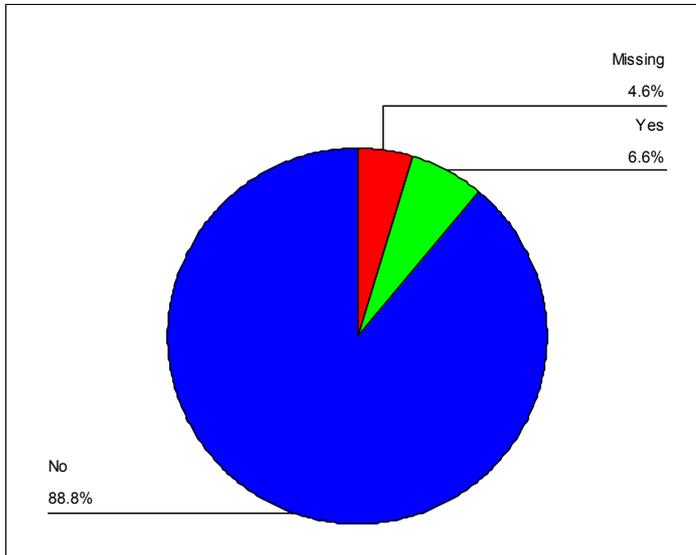
If yes, is this person your?

		Frequency	Percent
Valid	Son	28	37.3
	Daughter	10	13.3
	Daughter-in-law	17	22.7
	Son-in-law	9	12.0
	Spouse	6	8.0
	Other	5	6.7
	Total Responses	75	100.0

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-

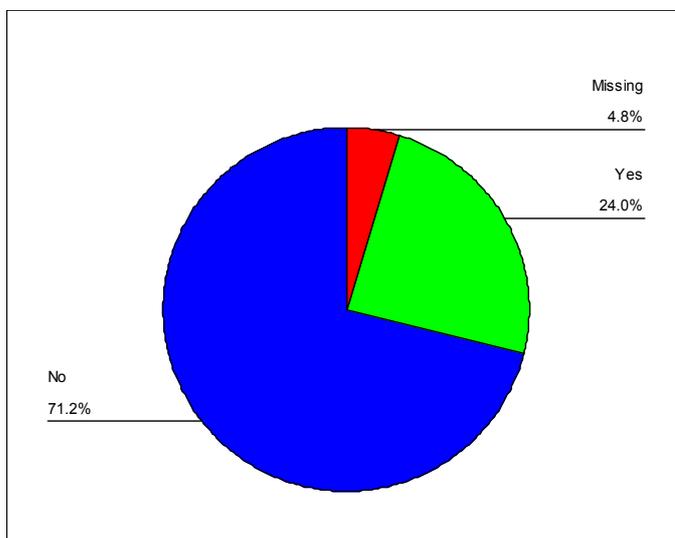
in-laws. This is a clear indication of differences between these two groups of people; seniors and daughters. There needs to be more research done into this area of question. One reason maybe that the daughters and daughter-in-laws are using their mothering instinct to help seniors but are not being understood.

If yes, is this person your?

	frequency	Percent
Valid Son	7	25.0
Daughter	1	46.5
Daughter-in-law	13	46.4
Son-in-law	3	10.7
Spouse	2	7.1
Other	2	7.1
Total Responses	28	5.0

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

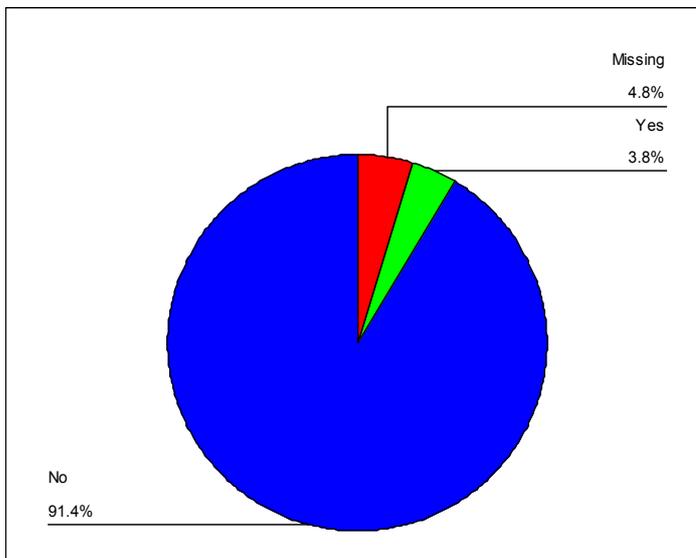
and possibly accepted in general back home or because they are under their care and roof.

If yes, is this person your?

	frequency	Percent
Valid Son	76	57.6
Daughter	8	6.1
Daughter-in-law	28	21.2
Son-in-law	14	10.6
Grandchild	2	1.5
Spouse	4	3.0
Total Responses	132	100.0

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. This indicates the high level that family friends have access to seniors.

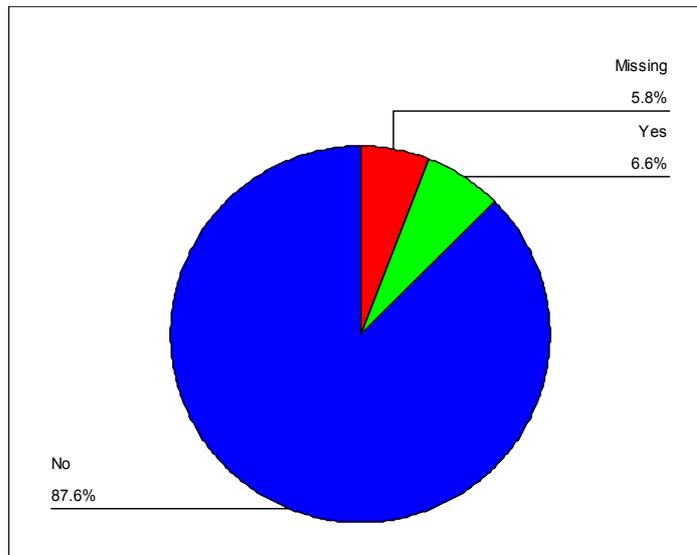
If yes, was this person?

	Frequency	Percent
Valid A stranger	1	5.3
An acquaintance	4	21.0
A family friend	9	47.4
Other	5	26.3
Total Responses	19	100.0

Total Respondents 19.

a.Other: Husband-4, Kids-1.

Q.24 Has anyone ever threatened you?



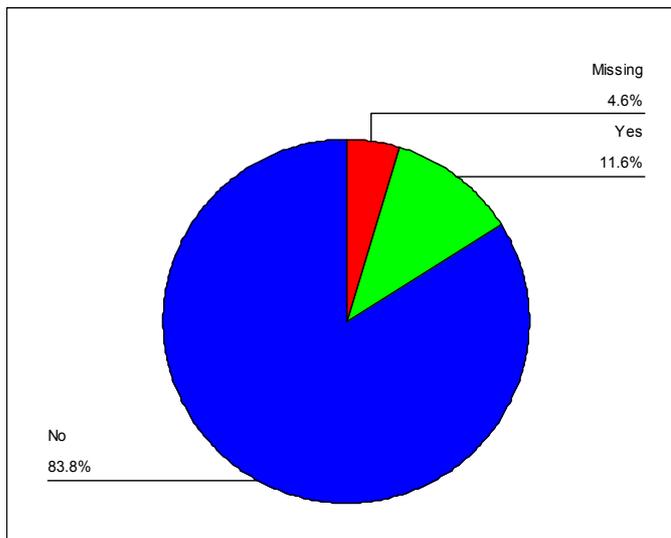
This question was designed to see if seniors had been threatened. We wanted to see if there was force or threats and level of coercion and by whom. 6.6% said they had felt threatened. Again over 60% of the people threatening were family friends. Again the question arises how do

family friends get access to seniors to threaten them.

If yes, was this person?

		Frequency	Percent
Valid	A stranger	7	21.2
	An acquaintance	1	3.0
	A family friend	21	63.6
	A friend	2	6.1
	Total Responses	31	93.9
Missing		2	6.1
Total Respondents		33	100.0

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%

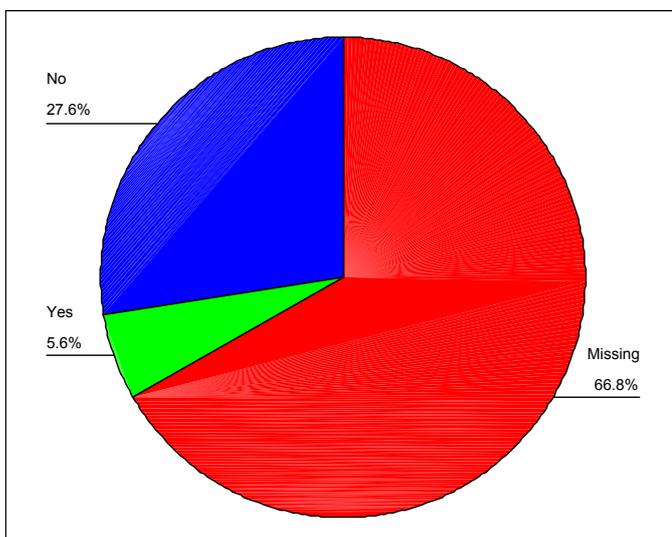
responded to saying they could not tell who made them sign documents. Obviously this is a level of fear instilled in the seniors who responded in this manner.

If yes, for whom?

	frequency	Percent
Valid	468	93.6
can't tell	6	10.3
daughter	2	3.4
son-in-law	2	3.4
son	22	37.9
Total	32	55.0

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

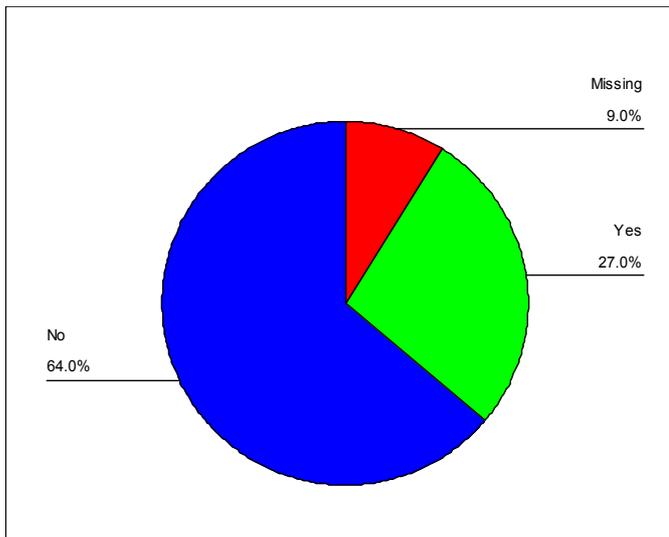
law (66.6% combined). Almost 18% responded to other but never gave an answer. This is a huge variation and missing number.

If yes, is this person your?

	Frequency	Percent
Valid Son	19	42.2
Daughter-in-law	11	24.4
Son-in-law	4	8.9
Daughter	3	6.7
Other	8	17.8
Total	45	100.0

Total Respondents 28.

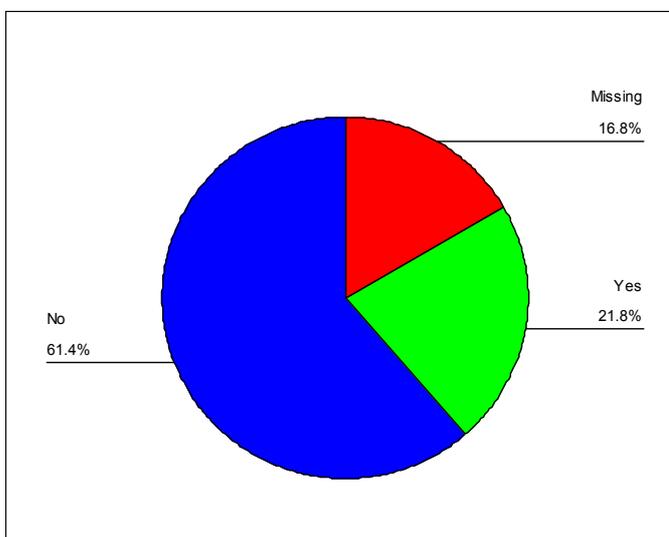
Q.27 Are you usually alone by yourself a lot?



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

	Frequency	Percent
Valid	105	21.0
0	25	5.0
1 adult	35	7.0
2 adults	85	17.0
3 adults	92	18.4
4 adults	91	18.2
5 adults	48	9.6
6 adults	14	2.8
7 adults	3	.6
Total	500	100.0

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

	Frequency	Percent
Valid	198	39.6
0	14	2.8
1 child	44	8.8
2 children	117	23.4
3 children	85	17.0
4 children	27	5.4
5 children	13	2.6
6 children	2	.4
Total	500	100.0

Q.30 Who usually provides personal care to you at home?

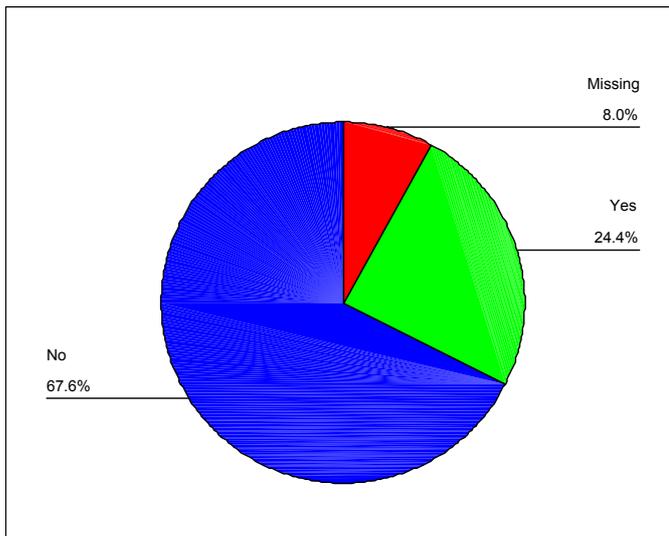
Who usually provides personal care to you at home? Other?

	Frequency	Percent
Valid	356	71.2
Spouse	305	53.2
Son	138	24.0
Daughter	46	8.0
Daughter in law	38	6.6
Son in law	0	.0
Grandson	10	1.7
Granddaughter	15	2.6
Relative	1	.1
Other	20	3.4
Total	573	

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.

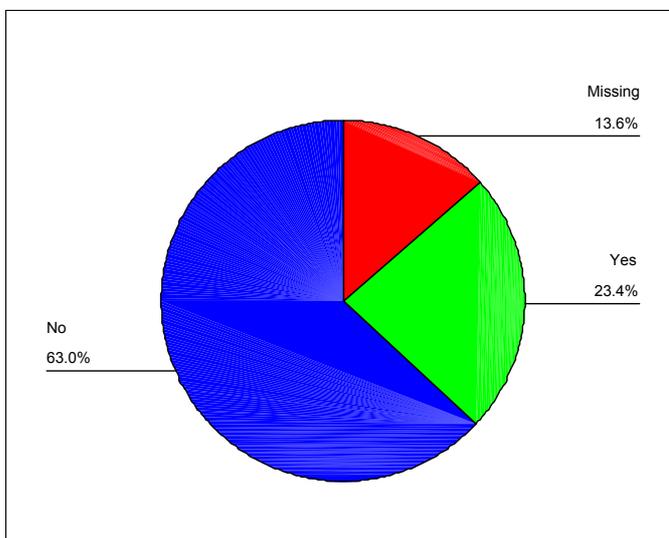
Q.31 Does your caregiver have physical health problems?



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?

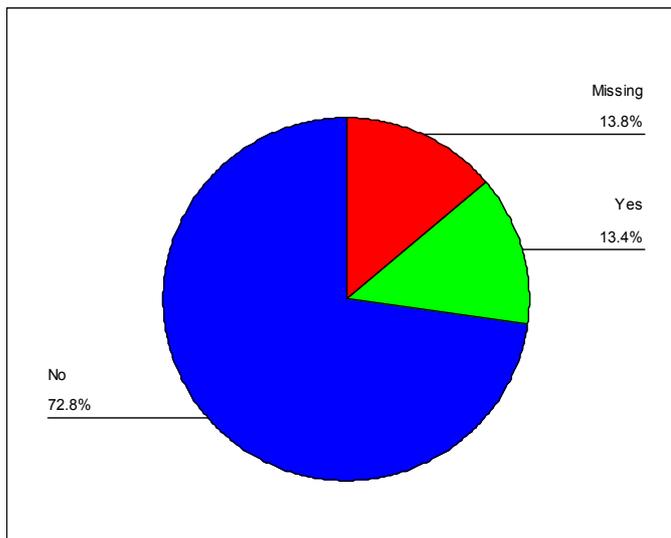


This question was designed to see if the spouse was stressed. Almost one quarter of respondents said that their spouses were stressed. Understanding the reasons for these stresses is very important. Due to the seniors' age we must understand and try to eliminate undue stress for

the apparent health concerns stress can add to a persons' life.

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

Drinking Problem

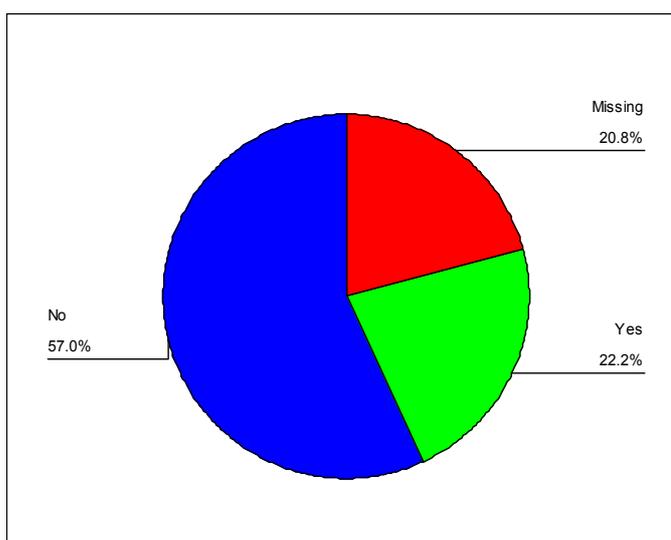


This question was designed to see if alcohol was at the root of abuse. 13.4% said yes to their primary caregiver having a drinking problem. In the South Asian community there have been studies that show the link of drinking and family violence particularly spousal. It is a logical inference that family

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?

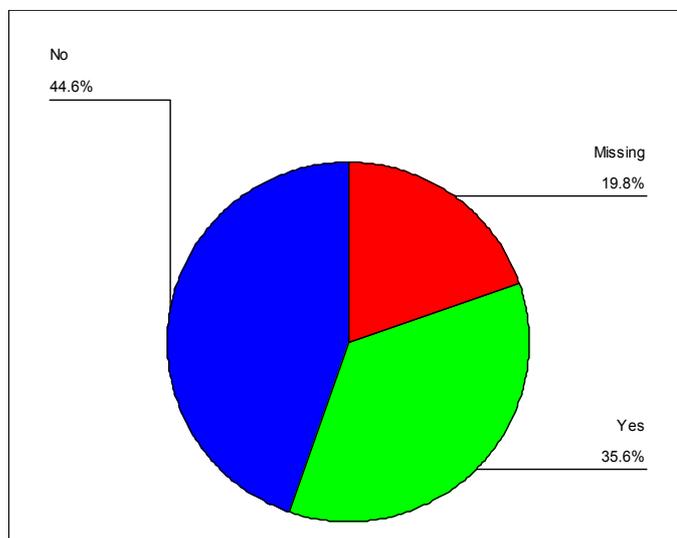
Angry



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?

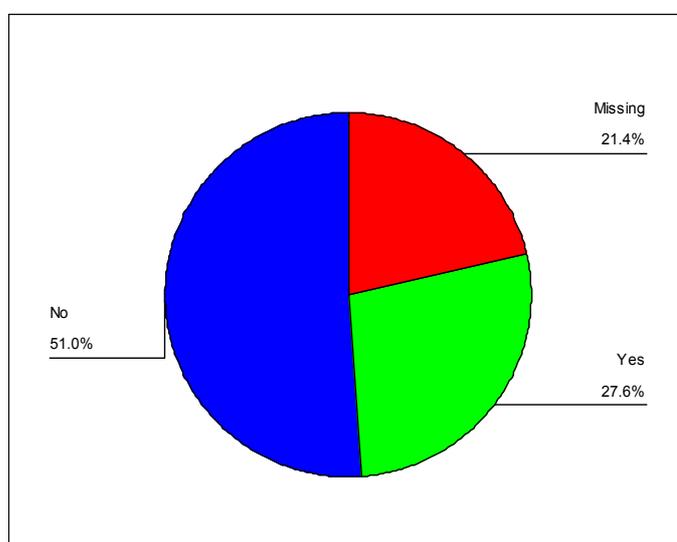
Tired



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?

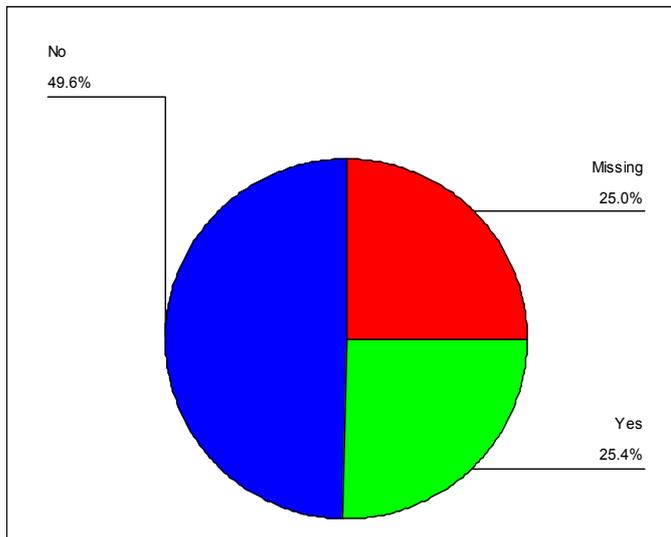
Stressed



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?

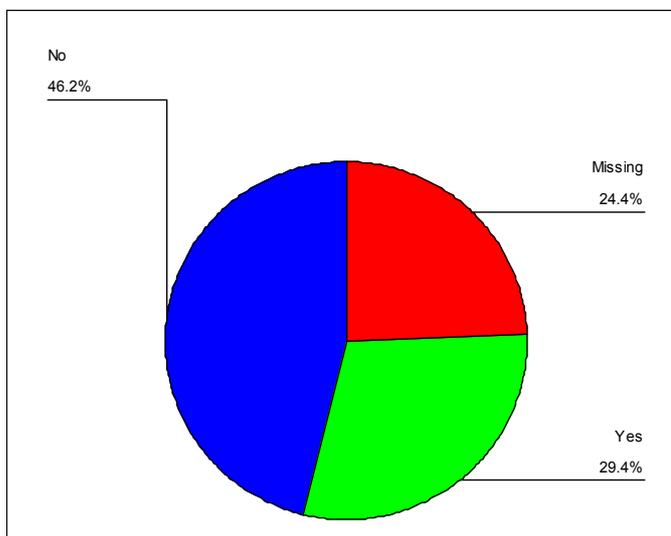
Disrespectful



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?

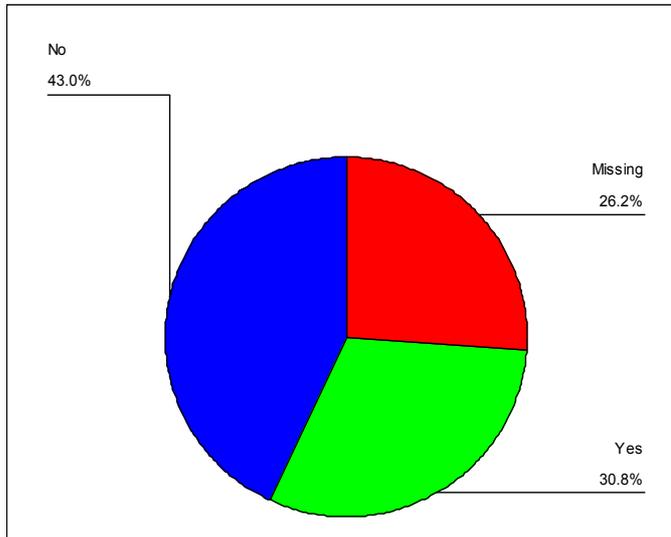
Lack time



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

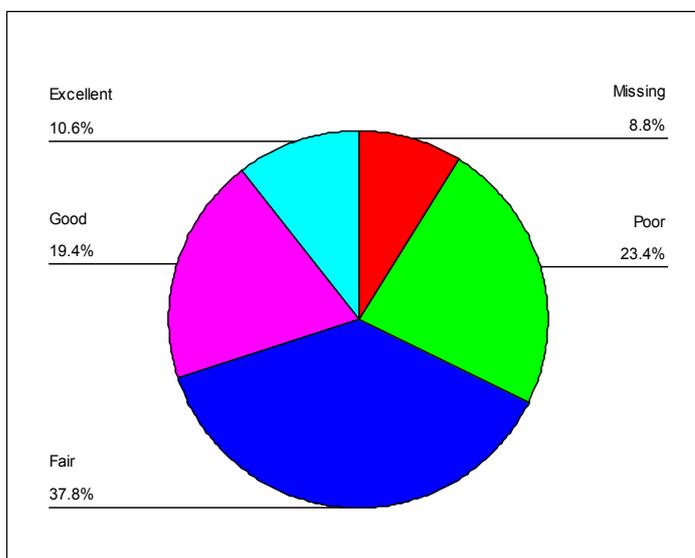
Q.34f Is your caregiver often angry, tired, stressed, disrespectful, and lack time and resources?

Lack resources



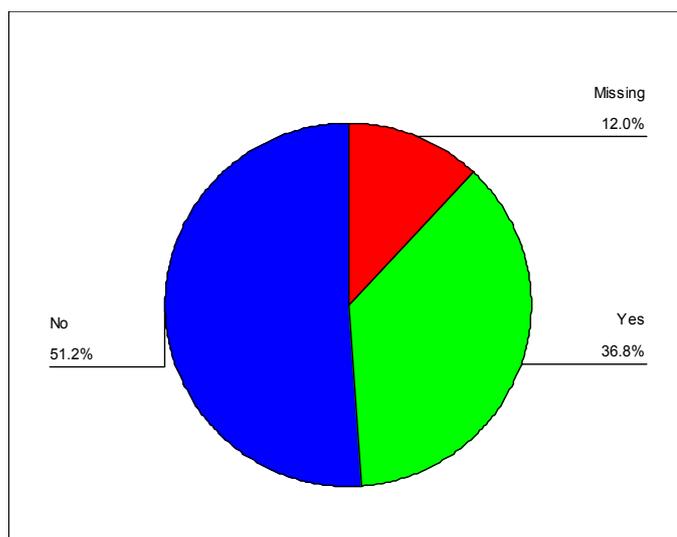
This question was designed to see if their caregiver had a lack of resources. The respondents identified over 30% of caregivers having a lack of resources. What is available in terms of service and support

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



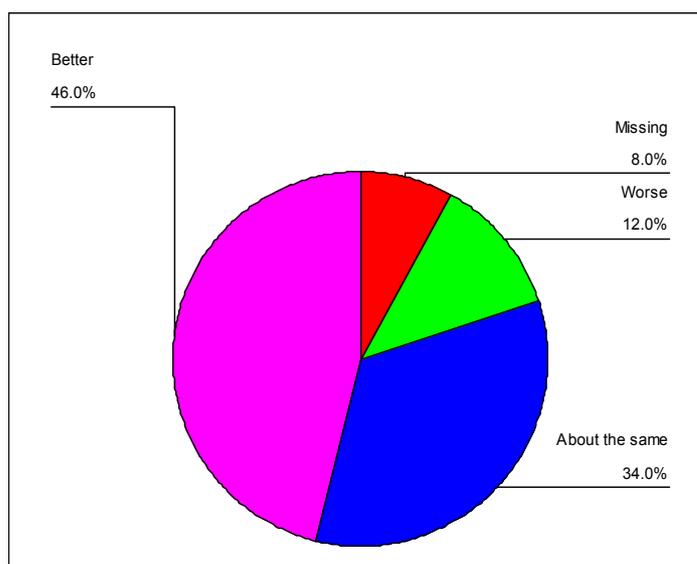
The question was designed to see how seniors would rate their present state of health. 61.2% of respondents said that their health was in poor or fair condition at present.

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.

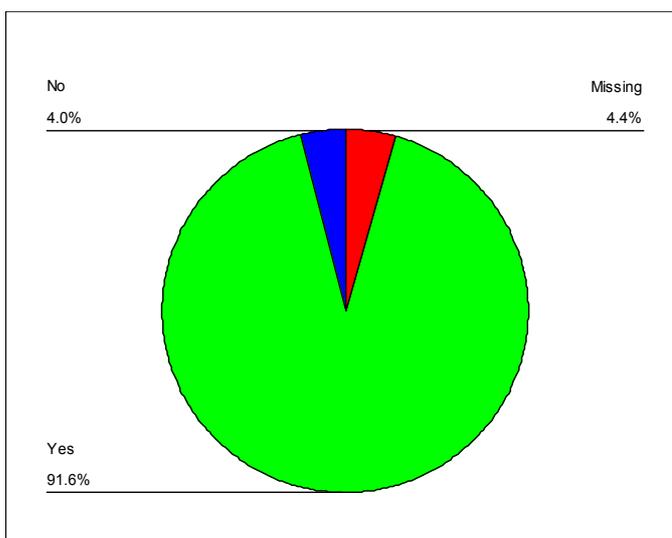
Q.37 How was your health five years ago?



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

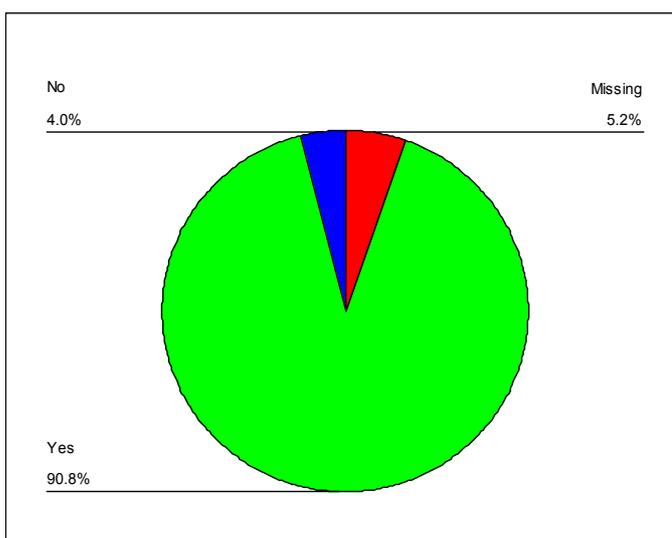
including a healthy diet and exercise.

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.

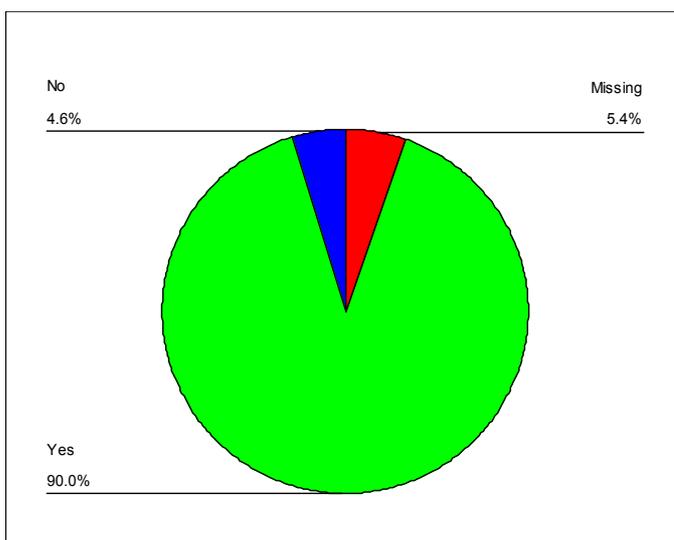
Q.39 Can you go to the washroom by yourself?



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

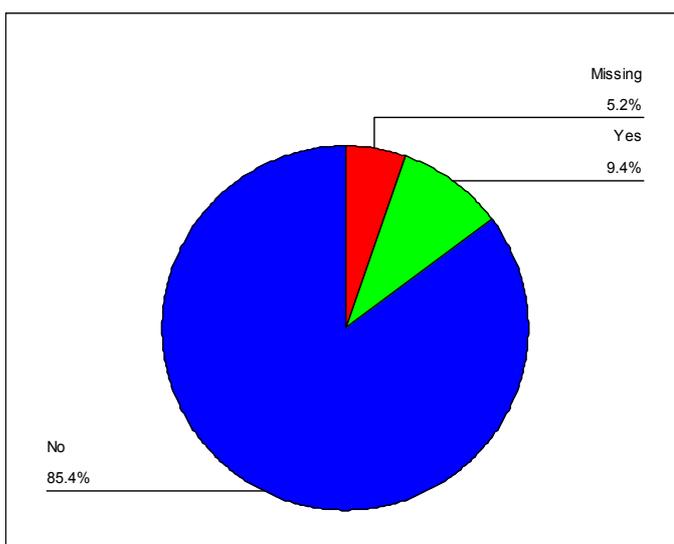
independent physical functioning capability

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.

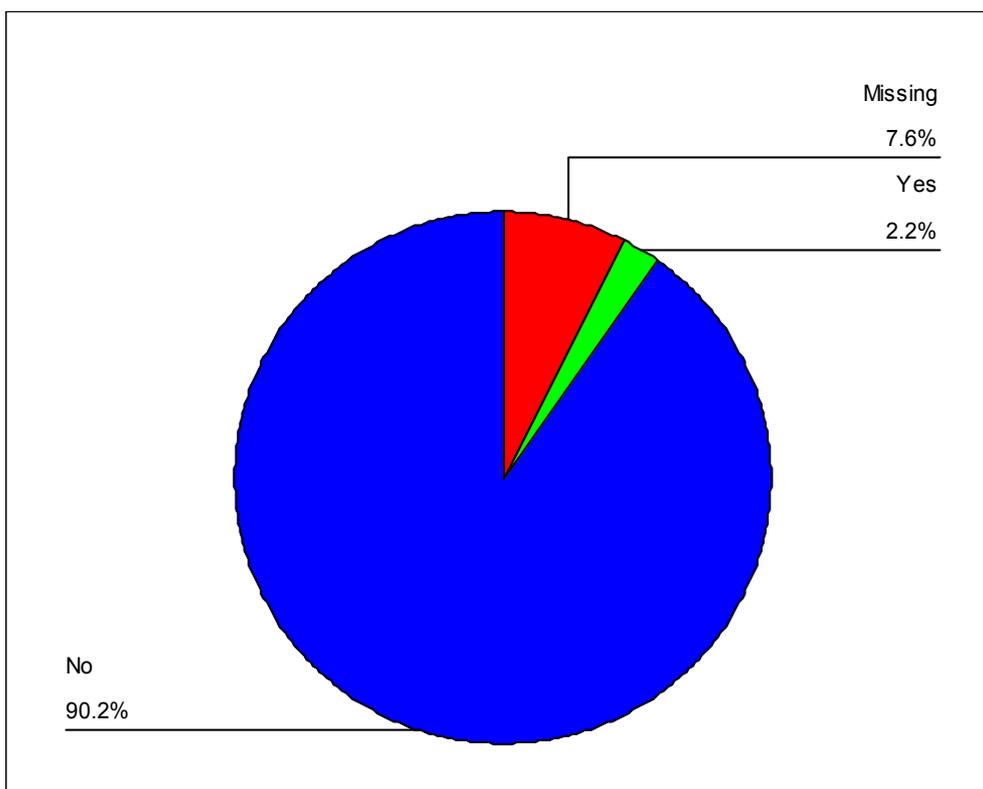
Q.41 Have you ever wished your life would end?



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

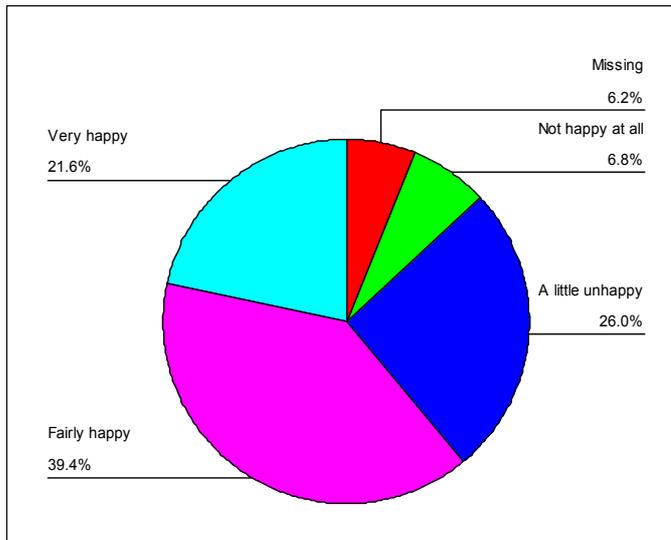
concern because culturally ending ones life is not accepted.

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.

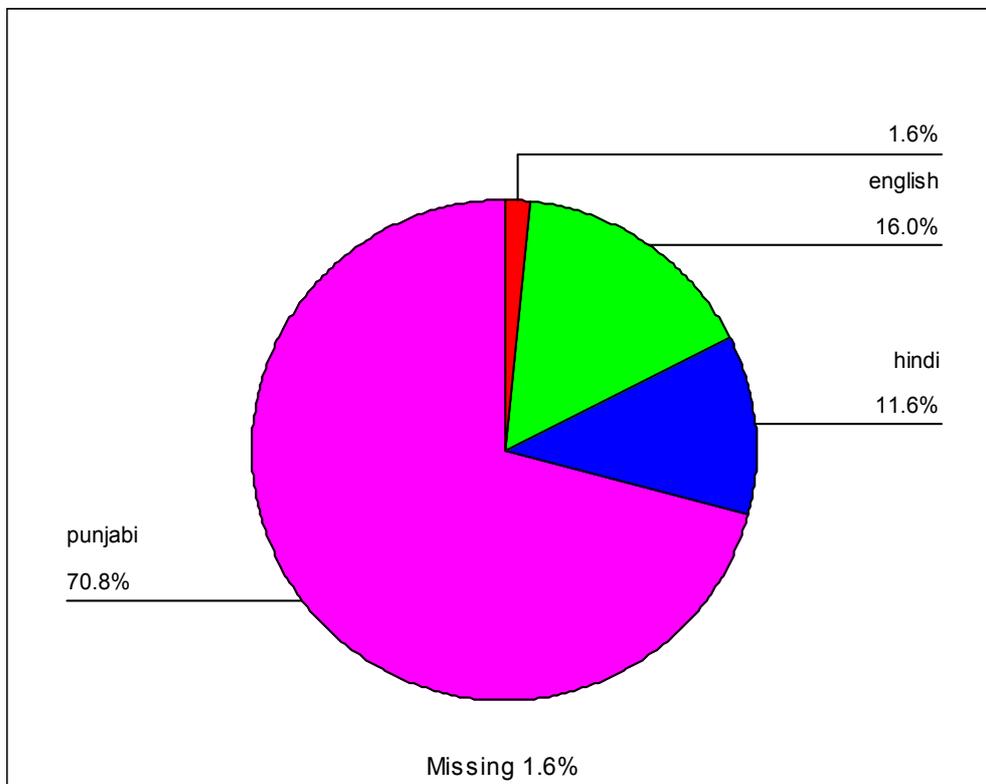
Q.43 How happy is your life these days?



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.

APPENDICES

BUILDING SOCIAL CAPITAL IN THE PUNJABI COMMUNITY

1. SUMMARY OF APPROACH TO ELDER ABUSE RESEARCH PROJECT

1. Social Policy Context of Project <ul style="list-style-type: none"> • Healthy Communities • Building Community Capacity • Building Social Capital • Valuing Diversity (Equity, access, etc.) 		2. Purpose of Project <ul style="list-style-type: none"> • To develop individual, family and community's capacity to understand, acknowledge and address the challenges associated with Elder Abuse in the Punjabi community.
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3. Project objectives <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ol style="list-style-type: none"> 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 <p>A. Data Collection*</p> <ol style="list-style-type: none"> (i) Quantitative research <ul style="list-style-type: none"> • 500 questionnaires to be filled (ii) Qualitative research <ul style="list-style-type: none"> • Focus groups with seniors (iii) Literature review <p>B. Data Analysis</p> <p>C. Report Writing (Formal)</p> <ul style="list-style-type: none"> • 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
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* 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 Research¹⁷ engages practitioners, researchers and citizens in a collaborative process to meet the specific needs of the community (Israel *et al.*, 1994). Participatory research¹⁸ 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 *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 wisdom¹⁹ (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 SAHARA²⁰ Seniors Group. They are meeting on a weekly basis and are working on a wall hanging²¹ that would depict various forms of senior abuse.

¹⁷ Israel, B.A., Checkoway, B., Schulz, A. & Zimmerman, M. (1994). Health education and community empowerment: Conceptualizing and measuring perceptions of individual, organizational, and community control. *Health Education Quarterly*, 21(2), 149-170.

¹⁸ The Royal Society of Canada (1995). *Study of Participatory research in Health Promotion*, University of British Columbia, Institute of Health Promotion Research.

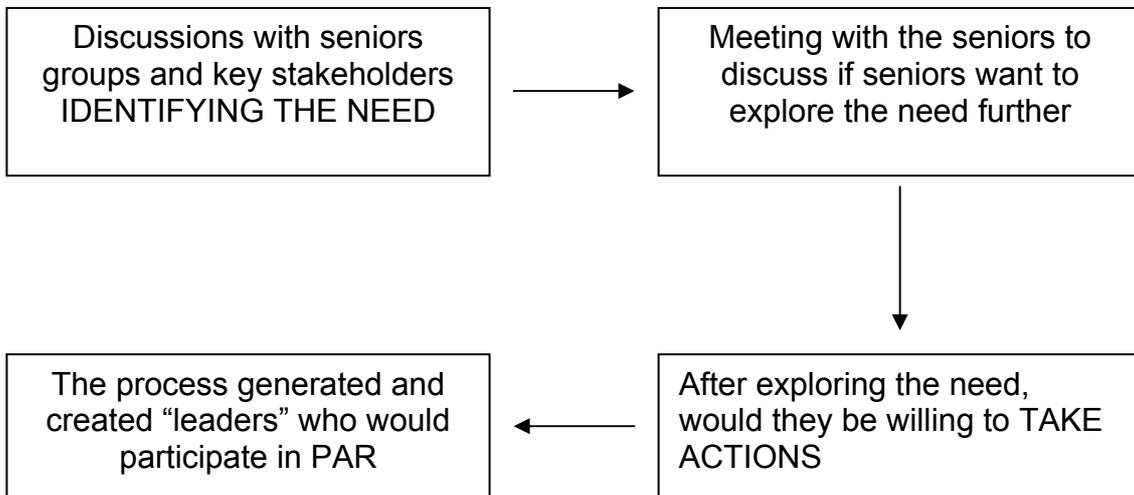
¹⁹ Commissioner and Medical Officer of Health, A Community Development Strategy for the Health Department, Region of Peel, January 1989

²⁰ SAHARA in Punjabi language means “ to support”.

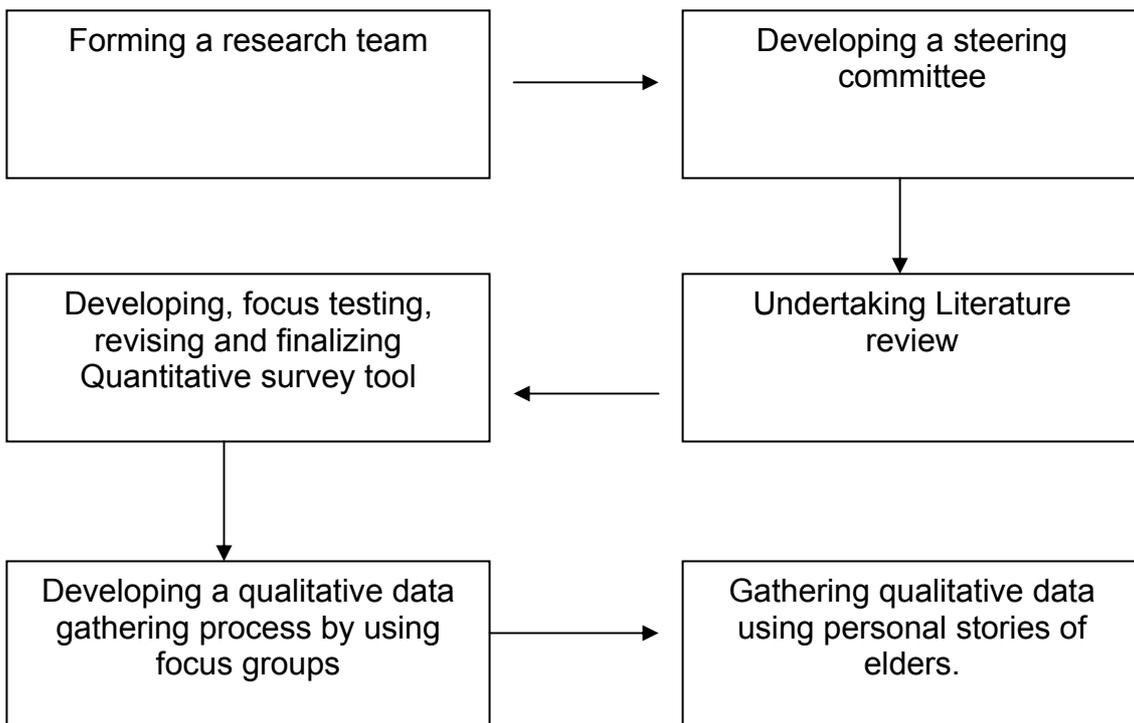
²¹ Wall Hanging is an arts and crafts activity that the SAHARA Senior's Group is undertaking which will be displayed at the PCHC's office to raise awareness of senior abuse within the community.

The process could be summarized as follows:

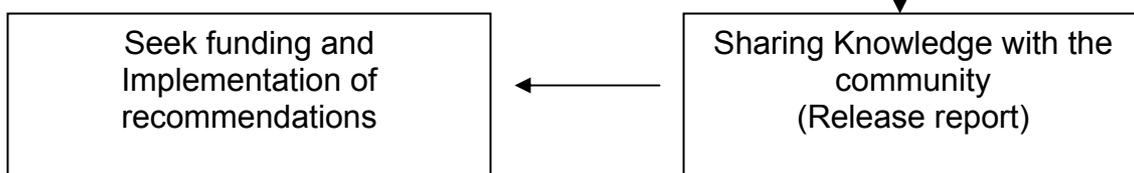
Pre-Research Work:



Research Work:



Post Research Work:



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:

- A. Material Abuse, B. Chronic Verbal Aggression, C. Physical Violence, D. Neglect.

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.)

BUILDING SOCIAL CAPITAL IN THE PUNJABI COMMUNITY

ELDER ABUSE RESEARCH PROJECT

CONSENT FORM

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.

1. Rakhi Mutta
Executive Director
Punjabi Community Health Centre
3050 Confederation Parkway
Mezzanine Level
Mississauga, ON, L5B 3Z6
Phone: (905) 273-4884 X 222
E-mail: pchc@icnsspeel.org

2. Rupinder Singh
Senior's Worker
Punjabi Community Health Centre
3050 Confederation Parkway
Mezzanine Level
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 : _____
Punjabi Community Health Centre

Date:

10. Are you:
 An immigrant A refugee A Canadian Citizen
 other: please explain: _____

E: Educational Background

11. What is your highest educational back ground?
 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

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਵਿਚ ਸਮਾਜੀ ਪੂੰਜੀ ਦਾ ਨਿਰਮਾਣ – ਬਜ਼ੁਰਗ ਦੁਰਵਿਹਾਰ ਖੋਜ ਪ੍ਰਾਜੈਕਟ

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਵਿਚ ਸਮਾਜੀ ਪੂੰਜੀ ਦਾ ਨਿਰਮਾਣ

ਬਜ਼ੁਰਗ ਦੁਰਵਿਹਾਰ ਖੋਜ ਪ੍ਰਾਜੈਕਟ

ਪਰਵਾਨਗੀ ਪੱਤਰ

ਪਰਨਾਮ ਅਤੇ ਜੀ ਆਇਆਂ!

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ (ਪੀ ਸੀ ਐਚ ਸੀ) ਗੈਰ-ਮੁਨਾਫ਼ੇਬਖਸ਼ ਕਮਿਊਨਿਟੀ ਆਧਾਰਤ ਸਮਾਜੀ ਸੇਵਾ ਜਥੇਬੰਦੀ ਹੈ ਜਿ ਉਦੇਸ਼ ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਵਿਚ ਸਭਿਆਚਾਰਕ ਤੌਰ ਤੇ ਯੋਗ ਸਮਾਜੀ ਕਾਰਜ ਨਿਭਾਉਣਾ ਹੈ। ਪੀ ਸੀ ਐਚ ਸੀ ਹੋਰਨਾਂ ਮੁੱਖ ਯਾ ਵਿਸ਼ੇਸ਼ ਨਸਲੀ ਜਥੇਬੰਦੀਆਂ ਨਾਲ ਸਾਂਝੇਦਾਰੀ ਵਿਚ ਡੂੰਘਾ ਯਕੀਨ ਰਖਦੀ ਹੈ। ਇਸ ਵੇਲੇ ਪੀ ਸੀ ਐਚ ਸੀ ਦੀ ਸਾਂਝੇਦਾਰੀ ਵਿਕਟਿ (ਵਧੀਕੀ ਦਾ ਸ਼ਿਕਾਰ) ਸਰਵਿਸਿਜ਼, ਕੈਥੋਲਿਕ ਕਰਾਸ ਕਲਚਰਲ ਸਰਵਿਸਿਜ਼, ਵਿਲੀਅਮ ਓਸਲਰ ਹਸਪਤਾਲ, ਕੈਨੇਡਾ ਸਿਖ ਕਾ ਸੈਂਟਰ ਅਤੇ ਸਿਖ ਹੈਰੀਟੇਜ ਸੈਂਟਰ ਨਾਲ ਹੈ।

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ ਦੇ ਪ੍ਰੋਗਰਾਮ ਚਲਾਉਂਦਾ ਹੈ:

1. ਸਹਾਰਾ ਪੁਰਸ਼ ਗਰੁਪ ਇਕ ਅਜਿਹਾ ਗਰੁਪ ਪ੍ਰੋਗਰਾਮ ਹੈ ਜਿਸਦਾ ਮੰਤਵ ਨਸ਼ਿਆਂ ਦੀ ਆਦਤ ਤੇ ਗੁੱਸੇ ਉੱਤੇ ਕਾਬੂ ਪਾਉਣ ਦੇ ਵਿਚ ਪੰਜਾਬੀ ਮਰਦਾਂ ਦੀਆਂ ਲੋੜਾਂ ਪੂਰੀਆਂ ਕਰਨਾ ਹੈ।
2. ਮਾਪਿਆਂ ਦੇ ਕਰਤਵ ਬਾਰੇ ਸੈਸ਼ਨ ਮਿਸੀਸਾਗਾ ਗੁਰਦਵਾਰੇ ਦੇ ਸਹਿਯੋਗ ਨਾਲ ਹਰ ਮਹੀਨੇ ਲਾਇਆ ਜਾਂਦਾ ਹੈ।

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ ਨੂੰ ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਵਿਚ ਸਮਾਜੀ ਪੂੰਜੀ ਦੇ ਨਿਰਮਾਣ ਲਈ ਓਨਟੈਰੀਓ ਵਿਲੀਅਮ ਫ਼ਾਉ ਵੱਲੋਂ 4 ਸਾਲ ਲਈ ਫੰਡਿੰਗ ਪ੍ਰਾਪਤ ਹੋਈ ਹੈ। ਇਸ ਚਾਰ ਸਾਲਾ ਪ੍ਰਾਜੈਕਟ ਦੇ ਉਦੇਸ਼ਾਂ ਵਿੱਚੋਂ ਇਕ ਇਹ ਹੈ ਕਿ ਇਸ ਗੱਲ ਦੀ ਖੋਜ ਜਾਏ ਕਿ ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਵਿਚ ਬਜ਼ੁਰਗਾਂ ਨਾਲ ਦੁਰਵਿਹਾਰ ਕਿਥੋਂ ਤੱਕ ਵਾਪਰਦਾ ਹੈ ਅਤੇ ਕਿਨ੍ਹਾਂ ਹਾਲਤਾਂ ਵਿਚ ਹੁੰਦਾ ਹੈ। ਚ ਖੋਜ ਦਾ ਪਤਾ ਮੁੱਕਣ ਉੱਤੇ ਇਸ ਪ੍ਰਾਜੈਕਟ ਅਧੀਨ ਜਿਨ੍ਹਾਂ ਸਮੱਸਿਆਵਾਂ ਦੀ ਪਛਾਣ ਹੋਈ ਉਹਨਾਂ ਦਾ ਹੱਲ ਲਭਣ ਲਈ ਕਮਿਊਨਿ ਮਿਲਕੇ ਕੰਮ ਕੀਤਾ ਜਾਏਗਾ।

ਖੋਜਕਾਰ ਟੀਮ ਸਵਾਲਨਾਮਾ ਪੁਰ ਕਰਨ ਲਈ ਤੁਹਾਡੇ ਸਹਿਯੋਗ ਦੀ ਅਭਿਲਾਸ਼ੀ ਹੈ। ਤੁਹਾਡਾ ਗਿਆਨ, ਵਿਸ਼ੇਸ਼ਗਤਾ ਤੇ ਵਿਸ਼ਵਾਸ। ਜਾਨਣ ਵਿਚ ਸਹਾਈ ਹੋਣਗੇ ਕਿ ਬਜ਼ੁਰਗ ਦੁਰਵਿਹਾਰ ਕਿਸ ਹੱਦ ਤੱਕ ਅਤੇ ਕਿਨ੍ਹਾਂ ਹਾਲਤਾਂ ਵਿਚ ਵਾਪਰ ਰਿਹਾ ਹੈ। ਇਸ ਸਵਾਲ ਭਰਨ ਵਿਚ ਲਗ ਭਗ 20 ਮਿੰਟ ਲਗਣਗੇ। ਜੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਬਾਰੇ ਤੁਹਾਨੂੰ ਹੋਰ ਜਾਣਕਾਰੀ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਇਸ ਬਾਰੇ ਮੈਥੋਂ ਕੋਈ ਸੰਕੋਚ ਨਾ ਵਰਤੋ।

ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਸਵਾਲਨਾਮੇ ਦੇ ਕਿਸੇ ਪੰਨੇ ਉੱਤੇ ਆਪਣਾ ਨਾਂ ਨਾ ਲਿਖੋ। ਜਿਹੜੀ ਜਾਣਕਾਰੀ ਤੁਸੀਂ ਦਿਓਗੇ ਉਹ ਗੁਪਤ ਰੱ ਜਾਏਗੀ। ਜੇ ਕਿਸੇ ਸਵਾਲ ਦਾ ਉੱਤਰ ਦੇਣ ਬਾਰੇ ਤੁਹਾਡਾ ਦਿਲ ਨਹੀਂ ਮੰਨਦਾ ਤਾਂ ਤੁਸੀਂ ਬੇਸ਼ਕ ਉੱਤਰ ਨਾ ਦਿਓ।

ਇਹ ਸਵਾਲਨਾਮਾ ਭਰਨ ਲਈ ਤੁਹਾਡਾ ਧੰਨਵਾਦ। ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ ਆਪਣੇ ਖੋਜ ਨਿਰਣਿਆਂ ਤੋਂ ਕਮਿਊਨਿਟੀ ਕਰਾਉਣ ਲਈ ਸਰਵਜਨਕ ਫ਼ੋਰਮ ਜਥੇਬੰਦ ਕਰੇਗਾ। ਜਿਨ੍ਹਾਂ ਸੱਜਣਾ ਨੇ ਸਵਾਲਨਾਮਾ ਭਰਨ ਵਿਚ ਹਿੱਸਾ ਲਿਆ ਹੈ, ਉਹਨਾਂ ਸਾਰੀ ਕਮਿਊਨਿਟੀ ਫ਼ੋਰਮ ਵਿਚ ਸ਼ਾਮਲ ਹੋਣ ਦਾ ਖੁੱਲ੍ਹਾ ਸੱਦਾ ਹੈ।

ਧੰਨਵਾਦ!

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ ਵੱਲੋਂ ਤਿਆਰ ਕੀਤਾ ਗਿਆ

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਵਿਚ ਸਮਾਜੀ ਪੁੰਜੀ ਦਾ ਨਿਰਮਾਣ – ਬਜ਼ੁਰਗ ਦੁਰਵਿਹਾਰ ਖੋਜ ਪ੍ਰਾਜੈਕਟ

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਵਿਚ ਸਮਾਜੀ ਪੁੰਜੀ ਦਾ ਨਿਰਮਾਣ

ਬਜ਼ੁਰਗ ਦੁਰਵਿਹਾਰ ਪ੍ਰਾਜੈਕਟ

ਪੰਜਾਬੀ ਬਜ਼ੁਰਗਾਂ ਤੋਂ ਇਕੱਠੀ ਕੀਤੀ ਜਾਣਕਾਰੀ ਨੂੰ ਗੁਪਤ ਜਾਣਕਾਰੀ ਸਮਝਣ ਬਾਰੇ ਬਿਆਨ

ਦੁਰਵਿਹਾਰ ਕਰਨ ਵਾਲੇ ਦਾ ਨਾਂ: _____

ਦੁਰਵਿਹਾਰ ਹੇਠ ਲਿਖੀਆਂ ਸ਼ਰਤਾਂ ਤੇ ਨੇਮਾਂ ਨੂੰ ਸਮਝਦਾ ਹੈ ਤੇ ਇਹਨਾਂ ਦੀ ਪਾਲਣਾ ਕਰੇਗਾ:

ਇੰਟਰਵਿਊਕਾਰ ਜਿਹੜੀ ਜਾਣਕਾਰੀ ਇੰਟਰਵਿਊ ਕੀਤੇ ਲੋਕਾਂ ਤੋਂ ਇਕੱਠੀ ਕਰੇਗਾ, ਉਸ ਦੀ ਨਿੱਜੀ ਵਰਤੋਂ ਨਹੀਂ ਕਰੇਗਾ ਅਤੇ ਨਾ ਹੀ ਕਿਸੇ ਕੋਲ ਜ਼ਾਹਰ ਕਰੇਗਾ।

ਇੰਟਰਵਿਊਕਾਰ ਪੁਰ ਕੀਤੇ ਸਵਾਲਨਾਮਿਆਂ ਨੂੰ ਸੁਰੱਖਿਅਤ ਥਾਂ ਉੱਤੇ ਸੰਭਾਲ ਕੇ ਰੱਖੇਗਾ ਤੇ ਇੰਟਰਵਿਊਕਾਰਾਂ ਦੀ ਟਰੇਨਿੰਗ ਸਮੇਂ ਜਿਹਨਾਂ ਨੂੰ ਹਦਾਇਤ ਕੀਤੀ ਗਈ ਸੀ, ਉਸ ਅਨੁਸਾਰ ਪੁਰ ਕੀਤੇ ਸਵਾਲਨਾਮੇ ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ ਦੇ ਕੋਆਰਡੀਨੇਟਰ ਵਾਲੇ ਕਰ ਦੇਵੇਗਾ।

ਇੰਟਰਵਿਊ ਕਰਨ ਦਾ ਸਮਾਂ ਸਮਾਪਤ ਹੋਣ ਪਿੱਛੋਂ ਇੰਟਰਵਿਊਕਾਰ ਸਾਰੇ ਪੁਰ ਹੋ ਚੁੱਕੇ ਅਤੇ ਖਾਲੀ ਸਵਾਲਨਾਮੇ ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ ਦੇ ਕੋਆਰਡੀਨੇਟਰ ਦੇ ਹਵਾਲੇ ਕਰ ਦੇਵੇਗਾ।

ਜਿਨ੍ਹਾਂ ਵਿਅਕਤੀਆਂ ਤੋਂ ਨਿੱਜੀ ਜਾਣਕਾਰੀ ਇਕੱਠੀ ਕੀਤੀ ਗਈ ਹੈ ਉਹਨਾਂ ਨਾਲ ਇੰਟਰਵਿਊਕਾਰ ਸਿੱਧੇ ਜਾਂ ਅਸਿੱਧੇ ਤੌਰ ਤੇ ਓਦੋਂ ਤੱਕ ਸੰਪਰਕ ਪੈਦਾ ਨਹੀਂ ਕਰੇਗਾ ਜਦ ਤੱਕ ਉਹ ਜਾਣਕਾਰੀ ਦੇਣ ਵਾਲੇ ਵਿਅਕਤੀ ਅਤੇ ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ ਦੇ ਕੋਆਰਡੀਨੇਟਰ ਤੋਂ ਪਹਿਲਾਂ ਤੋਂ ਲਿਖਤੀ ਪਰਵਾਨਗੀ ਨਹੀਂ ਲੈ ਲੈਂਦਾ।

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ ਦਾ ਕੋਆਰਡੀਨੇਟਰ ਇਸ ਗਲ ਨੂੰ ਯਕੀਨੀ ਬਣਾਏਗਾ ਕਿ ਇੰਟਰਵਿਊ ਦੇਣ ਵਾਲੇ ਵਿਅਕਤੀਆਂ ਦਿੱਤੀ ਗਈ ਨਿੱਜੀ ਜਾਣਕਾਰੀ ਅਜਿਹੇ ਰੂਪ ਵਿਚ ਜ਼ਾਹਰ ਨਾ ਕੀਤੀ ਜਾਏ ਜਿਸ ਤੋਂ ਉਸ ਨਾਲ ਸਬੰਧਤ ਵਿਅਕਤੀ ਦੀ ਪਛਾਣ ਹੋ ਸਕੇ ਤੱਕ ਕਿ ਉਪਰੋਕਤ ਵਿਅਕਤੀ ਅਤੇ ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ ਦੇ ਕੋਆਰਡੀਨੇਟਰ ਤੋਂ ਲਿਖਤੀ ਪਰਵਾਨਗੀ ਪਹਿਲਾਂ ਤੋਂ ਨਾ ਜਾਏ।

ਦੁਰਵਿਹਾਰ ਦੇ ਹਸਤਾਖਰ: _____ ਮਿਤੀ: _____

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ
ਕੋਆਰਡੀਨੇਟਰ ਦੇ ਹਸਤਾਖਰ: _____ ਮਿਤੀ: _____

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਵਿਚ ਸਮਾਜੀ ਪੁੰਜੀ ਦਾ ਨਿਰਮਾਣ – ਬਜ਼ੁਰਗ ਦੁਰਵਿਹਾਰ ਖੋਜ ਪ੍ਰਾਜੈਕਟ

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਵਿਚ ਸਮਾਜੀ ਪੁੰਜੀ ਦਾ ਨਿਰਮਾਣ

ਬਜ਼ੁਰਗ ਦੁਰਵਿਹਾਰ ਖੋਜ ਪ੍ਰਾਜੈਕਟ

ਸੰਪਰਕ ਜਾਣਕਾਰੀ

ਜੇ ਇਸ ਪ੍ਰਾਜੈਕਟ ਬਾਰੇ, ਸਰਵੇਖਣ ਸਵਾਲਨਾਮੇ ਬਾਰੇ, ਕੀਤੀ ਗਈ ਇੰਟਰਵਿਊ ਬਾਰੇ ਜਾਂ ਕਿਸੇ ਹੋਰ ਗਲ ਬਾਰੇ ਕੋਈ ਵੀ ਸਵਾਲ ਚਾਹੇ ਤਾਂ ਹੇਠ ਲਿਖੇ ਵਿਅਕਤੀਆਂ ਨਾਲ ਸੰਪਰਕ ਕਰੋ:

1. ਰਾਖੀ ਮੁੱਟਾ
ਐਗਜ਼ੈਕਟਿਵ ਡਾਇਰੈਕਟਰ
ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ
3050 ਕਨਫੈਡਰੇਸ਼ਨ ਪਾਰਕਵੇ
ਮੈਜ਼ਾਨੀਨ ਲੈਵਲ
ਮਿਸੀਸਾਗਾ, ਓਨਟਾਰੀਓ, ਐਲ 5 ਬੀ 3 ਜੇਡ 6
ਫੋਨ: (905) 273-4884 ਐਕਸਟੈਨਸ਼ਨ 222
E-mail: pchc@icnsspeel.org
2. ਰੁਪਿੰਦਰ ਸਿੰਘ
ਸੀਨੀਅਰ ਵਰਕਰ
ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ
3050 ਕਨਫੈਡਰੇਸ਼ਨ ਪਾਰਕਵੇ
ਮੈਜ਼ਾਨੀਨ ਲੈਵਲ
ਮਿਸੀਸਾਗਾ, ਓਨਟਾਰੀਓ, ਐਲ 5 ਬੀ 3 ਜੇਡ 6
ਫੋਨ: (905) 273-4884 ਐਕਸਟੈਨਸ਼ਨ 222

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਵਿਚ ਸਮਾਜੀ ਪੁੰਜੀ ਦਾ ਨਿਰਮਾਣ - ਬਜ਼ੁਰਗ ਦੁਰਵਿਹਾਰ ਪ੍ਰਾਜੈਕਟ

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਵਿਚ ਸਮਾਜੀ ਪੁੰਜੀ ਦਾ ਨਿਰਮਾਣ

ਬਜ਼ੁਰਗ ਦੁਰਵਿਹਾਰ ਖੋਜ ਪ੍ਰਾਜੈਕਟ

ਬਜ਼ੁਰਗ ਦੁਰਵਿਹਾਰ ਪ੍ਰਸ਼ਨਾਵਲੀ

ਵੇਵਰਣ/ਸਮਾਜੀ - ਆਯੁ ਵਿਸਥਾਰ

1. ਜਿੱਥੋਂ ਆਏ ਹੋ

ਕੀ ਤੁਸੀਂ ਆਪਣੇ ਆਪ ਨੂੰ ਪੰਜਾਬੀ ਸਮਝਦੇ ਹੋ? ਹਾਂ_____ ਨਹੀਂ_____

ਦੇਸ਼ ਜਿੱਥੇ ਤੁਸੀਂ ਜਨਮ ਲਿਆ?

ਭਾਰਤ _____
ਪਾਕਿਸਤਾਨ _____
ਬੰਗਲਾ ਦੇਸ਼ _____
ਸ੍ਰੀ ਲੰਕਾ _____
ਕੋਈ ਹੋਰ: _____

ਕੀ ਤੁਸੀਂ ਪੀਲ ਖੇਤਰ ਵਿਚ ਰਹਿੰਦੇ ਹੋ? ਹਾਂ_____ ਨਹੀਂ_____

ਲਿੰਗ ਅਤੇ ਆਯੁ

ਤੁਸੀਂ ਮਰਦ ਹੋ ਜਾਂ ਇਸਤਰੀ? ਮਰਦ_____ ਇਸਤਰੀ_____

ਤੁਹਾਡੀ ਕਿੰਨੀ ਉਮਰ ਹੈ?

- 55 ਤੋਂ ਥੱਲੇ 55 ਤੋਂ 59 60 ਤੋਂ 64 65 ਤੋਂ 69
 70 ਤੋਂ 74 75 ਤੋਂ 79 80+

ਪਰਿਵਾਰਕ/ਜੀਵਨ

ਤੁਸੀਂ ਹੁਣ ਕਿਸ ਨਾਲ ਰਹਿੰਦੇ ਹੋ?

ਆਪਣੇ ਪੁੱਤਰ ਨਾਲ ਆਪਣੀ ਧੀ ਨਾਲ
ਆਪਣੇ ਪੋਤਰੇ ਪੋਤਰੀਆਂ ਨਾਲ ਹੋਰ ਰਿਸ਼ਤੇਦਾਰਾਂ, ਦੋਸਤਾਂ ਨਾਲ
ਇਕੱਲੇ-ਕਿਰਾਏ ਦੇ ਮਕਾਨ ਵਿਚ ਇਕੱਲੇ - ਆਪਣੇ ਮਕਾਨ ਵਿਚ
ਲੰਮੀ ਮੁਦਤ ਦੀ ਦੇਖ ਭਾਲ ਸਹੂਲਤ (ਐਲ ਟੀ ਸੀ)

ਕੀ ਤੁਸੀਂ ਆਪਣੇ ਪਰਿਵਾਰ ਨਾਲ ਲਗਾਤਾਰ 10 ਸਾਲ ਜਾਂ ਇਸ ਤੋਂ ਵੱਧ ਸਮੇਂ ਤੋਂ ਰਹਿ ਰਹੇ ਹੋ? ਹਾਂ_____ ਨਹੀਂ_____
ਜੇ ਨਹੀਂ, ਤਾਂ ਤੁਸੀਂ ਕਿੰਨੇ ਸਾਲ ਤੋਂ ਆਪਣੇ ਪਰਿਵਾਰ ਨਾਲ ਰਹਿ ਰਹੇ ਹੋ? ਸਾਲਾਂ ਦੀ ਗਿਣਤੀ _____

ਕੀ ਤੁਸੀਂ:

- ਵਿਆਹ ਹੋਏ ਹੋ ਵਿਆਹ ਨਹੀਂ ਕਰਾਇਆ ਔਡ ਹੋ ਚੁੱਕੇ ਹੋ ਤਲਾਕ ਲੈ ਚੁੱਕੇ ਹੋ

ਕੈਨੇਡਾ ਵਿਚ ਤੁਹਾਡਾ ਦਰਜਾ

ਕੈਨੇਡਾ ਵਿਚ ਤੁਸੀਂ ਕਿੰਨੇ ਸਾਲ ਤੋਂ ਰਹਿ ਰਹੇ ਹੋ? 1 ਸਾਲ ਤੋਂ ਘੱਟ ਸਮੇਂ ਤੋਂ 1 ਤੋਂ 4 ਸਾਲ 5 ਤੋਂ 9 ਸਾਲ
 10 ਤੋਂ 14 ਸਾਲ 15 ਤੋਂ 19 ਸਾਲ 20 ਤੋਂ ਵਧੇਰੇ

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ ਵੱਲੋਂ ਤਿਆਰ ਕੀਤਾ ਗਿਆ

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਵਿਚ ਸਮਾਜੀ ਪੂੰਜੀ ਦਾ ਨਿਰਮਾਣ - ਬਜ਼ੁਰਗ ਦੁਰਵਿਹਾਰ ਖੋਜ ਪ੍ਰਾਜੈਕਟ

ਕੀ ਤੁਸੀਂ:

- ਪਰਵਾਸੀ ਹੋ ਸਰਨਾਰਥੀ ਹੋ ਕੈਨੇਡੀਅਨ ਸ਼ਹਿਰੀ ਹੋ
 ਜਾਂ ਕੋਈ ਹੋਰ ਦਰਜਾ ਰੱਖਦੇ ਹੋ: ਕਿਰਪਾ ਕਰਕੇ ਬਿਆਨ ਕਰੋ _____

ਵਿਦਿਅਕ ਪਿਛੋਕੜ

ਤੁਹਾਡੀ ਉੱਚੀ ਤੋਂ ਉੱਚੀ ਪੜ੍ਹਾਈ ਕੀ ਹੈ?

- ਪੜ੍ਹਿਆ ਹੋਇਆ ਨਹੀਂ ਦੱਸਵੀਂ ਤੋਂ ਘੱਟ 12 ਗ੍ਰੇਡ ਪਾਸ
 ਬੀ ਏ, ਬੀ ਐਸ ਸੀ ਪਾਸ ਐਮ ਏ ਐਮ ਐਸ ਸੀ ਪਾਸ ਪੀ ਐਚ ਡੀ

ਮਾਲੀ ਹਾਲਤ/ਆਮਦਨੀ

ਕੀ ਤੁਸੀਂ ਲੈ ਰਹੇ ਹੋ:

- ਕੈਨੇਡਾ ਪੈਨਸ਼ਨ ਪਲੈਨ ਓਲਡ ਏਜ ਸਿਕਿਊਰਿਟੀ ਅਪਾਹਜ ਹੋਣ ਦੇ ਲਾਭ ਵੈ
 ਕੰਮ ਦੀ ਪੈਨਸ਼ਨ ਤੁਹਾਡੀ ਆਪਣੀ ਆਰ ਆਰ ਐਸ ਪੀ
 ਆਮਦਨੀ ਦਾ ਕੋਈ ਹੋਰ ਵਸੀਲਾ (ਕਿਰਪਾ ਕਰਕੇ ਦੱਸੋ) _____

ਕੀ ਤੁਸੀਂ ਖਰਚੇ ਲਈ ਆਪਣੇ ਬੱਚਿਆਂ ਤੇ ਨਿਰਭਰ ਕਰਦੇ ਹੋ? ਹਾਂ _____ ਨਹੀਂ _____

ਤੁਸੀਂ ਬਜ਼ੁਰਗ ਦੁਰਵਿਹਾਰ ਦਾ ਅਰਥ ਕੀ ਲੈਂਦੇ ਹੋ?

ਤੁਹਾਡੇ ਲਈ ਨਿੱਜੀ ਤੌਰ ਤੇ ਬਜ਼ੁਰਗ ਦੁਰਵਿਹਾਰ ਦਾ ਅਰਥ ਕੀ ਹੈ?

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਵਿਚ ਬਜ਼ੁਰਗ ਦੁਰਵਿਹਾਰ ਕਿਸ ਨੂੰ ਸਮਝਿਆ ਜਾਂਦਾ ਹੈ?

ਦੁਰਵਿਹਾਰ ਦੇ ਚਾਰ ਰੂਪ (ਮਾਲੀ ਦੁਰਵਿਹਾਰ, ਲਗਾਤਾਰ ਬੋਲ ਕਬੋਲ, ਸਰੀਰਕ ਮਾਰ ਕੁੱਟ ਅਤੇ ਨਾ ਗੋਲਣਾ)

ਕੀ ਤੁਸੀਂ ਪਰਿਵਾਰ ਵਿਚੋਂ ਕਿਸੇ ਤੋਂ ਡਰਦੇ ਹੋ? ਹਾਂ _____ ਨਹੀਂ _____

ਜੇ ਹਾਂ ਤਾਂ ਇਹ ਵਿਅਕਤੀ ਤੁਹਾਡਾ ਕੀ ਲਗਦਾ/ਲਗਦੀ ਹੈ?

- ਪੁੱਤਰ ਧੀ ਨੂੰਹ ਜਵਾਈ
 ਪੋਤਰਾ/ਪੋਤਰੀ ਪਤੀ ਜਾਂ ਪਤਨੀ ਕੋਈ ਹੋਰ ਹੈ (ਸਪਸ਼ਟ ਕਰੋ) _____

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ ਵੱਲੋਂ ਤਿਆਰ ਕੀਤਾ ਗਿਆ

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਵਿਚ ਸਮਾਜੀ ਪੂੰਜੀ ਦਾ ਨਿਰਮਾਣ - ਬਜ਼ੁਰਗ ਦੁਰਵਿਹਾਰ ਖੋਜ ਪ੍ਰਾਜੈਕਟ

- ਕੀ ਇਹਨੀਂ ਦਿਨੀਂ ਘਰ ਵਿਚ ਤੁਹਾਨੂੰ ਕਿਸੇ ਨੇ ਤਕਲੀਫ਼ ਜਾਂ ਹਾਨੀ ਪਹੁੰਚਾਈ? ਹਾਂ _____ ਨਹੀਂ
 ਜੇ ਹਾਂ, ਤਾਂ ਉਹ ਤੁਹਾਡਾ ਕੀ ਲਗਦਾ/ਲਗਦੀ ਹੈ:
- ਪੁੱਤਰ ਧੀ ਨੂੰਹ ਜਵਾਈ
 ਪੋਤਰਾ/ਪੋਤਰੀ ਪਤੀ/ਪਤਨੀ ਕੋਈ ਹੋਰ (ਸਪਸ਼ਟ ਕਰੋ) _____
- ਕੀ ਇਹਨੀਂ ਦਿਨੀਂ ਤੁਹਾਡੇ ਕਿਸੇ ਨੇੜੇ ਦੇ ਸੰਬੰਧੀ ਨੇ ਤੁਹਾਨੂੰ ਗਾਲਾਂ ਕੱਢੀਆਂ ਜਾਂ ਨਹੀਂ
 ਨੀਵਾਂ ਦਿਖਾਇਆ ਜਾਂ ਬੇਪਤੀ ਕੀਤੀ? ਹਾਂ _____ ਨਹੀਂ
 ਜੇ ਹਾਂ, ਤਾਂ ਉਹ ਤੁਹਾਡਾ ਕੀ ਲਗਦਾ/ਲਗਦੀ ਹੈ?
- ਪੁੱਤਰ ਧੀ ਨੂੰਹ ਜਵਾਈ
 ਪੋਤਰਾ/ਪੋਤਰੀ ਪਤੀ/ਪਤਨੀ ਕੋਈ ਹੋਰ (ਸਪਸ਼ਟ ਕਰੋ) _____
- ਕੀ ਪਰਿਵਾਰ ਦੇ ਕਿਸੇ ਜੀਅ ਨੇ ਤੁਹਾਨੂੰ ਬਿਮਾਰ ਕਹਿ ਕੇ ਬਿਸਤਰੇ ਵਿਚ ਲੇਟਣ
 ਤੇ ਮਜਬੂਰ ਕੀਤਾ ਜਦ ਕਿ ਤੁਸੀਂ ਸਮਝਦੇ ਹੋ ਕਿ ਤੁਸੀਂ ਬਿਮਾਰ ਨਹੀਂ? ਹਾਂ _____ ਨਹੀਂ
 ਜੇ ਹਾਂ, ਤਾਂ ਉਹ ਵਿਅਕਤੀ ਤੁਹਾਡਾ ਕੀ ਲਗਦਾ/ਲਗਦੀ ਹੈ?
- ਪੁੱਤਰ ਧੀ ਨੂੰਹ ਜਵਾਈ
 ਪੋਤਰਾ/ਪੋਤਰੀ ਪਤੀ/ਪਤਨੀ ਕੋਈ ਹੋਰ (ਸਪਸ਼ਟ ਕਰੋ) _____
- ਕੀ ਕਿਸੇ ਨੇ ਤੁਹਾਨੂੰ ਕੋਈ ਅਜਿਹੀ ਗੱਲ ਕਰਨ ਤੇ ਮਜਬੂਰ ਕੀਤਾ ਜਿਹੜੀ ਤੁਸੀਂ
 ਨਹੀਂ ਸੀ ਕਰਨਾ ਚਾਹੁੰਦੇ? ਹਾਂ _____ ਨਹੀਂ
 ਜੇ ਹਾਂ, ਤਾਂ ਉਹ ਵਿਅਕਤੀ ਤੁਹਾਡਾ ਕੀ ਲਗਦਾ/ਲਗਦੀ ਹੈ?
- ਪੁੱਤਰ ਧੀ ਨੂੰਹ ਜਵਾਈ
 ਪੋਤਰਾ/ਪੋਤਰੀ ਪਤੀ/ਪਤਨੀ ਕੋਈ ਹੋਰ (ਸਪਸ਼ਟ ਕਰੋ) _____
- ਕੀ ਕਿਸੇ ਨੇ ਤੁਹਾਡੀ ਮਰਜ਼ੀ ਤੋਂ ਬਿਨਾ ਤੁਹਾਡੀਆਂ ਵਸਤਾਂ ਤੁਹਾਡੇ ਤੋਂ ਲਈਆਂ? ਹਾਂ _____ ਨਹੀਂ
 ਜੇ ਹਾਂ, ਤਾਂ ਉਹ ਵਿਅਕਤੀ ਤੁਹਾਡਾ ਕੀ ਲਗਦਾ/ਲਗਦੀ ਹੈ?
- ਪੁੱਤਰ ਧੀ ਨੂੰਹ ਜਵਾਈ
 ਪੋਤਰਾ/ਪੋਤਰੀ ਪਤੀ/ਪਤਨੀ ਕੋਈ ਹੋਰ (ਸਪਸ਼ਟ ਕਰੋ) _____
- ਕੀ ਘਰ ਵਿਚ ਕਿਸੇ ਨੇ ਤੁਹਾਡਾ ਪੇ ਚੈਕ, ਸਰਕਾਰੀ ਚੈਕ, ਜਾਂ ਹਾਂ _____ ਨਹੀਂ
 ਨਕਦ ਰਕਮ ਤੁਹਾਥੋਂ ਜ਼ਬਰਦਸਤੀ ਲੈਣ ਦੀ ਕੋਸ਼ਿਸ਼ ਕੀਤੀ?
 ਜੇ ਹਾਂ, ਤਾਂ ਉਹ ਵਿਅਕਤੀ ਤੁਹਾਡਾ ਕੀ ਲਗਦਾ/ਲਗਦੀ ਹੈ?
- ਪੁੱਤਰ ਧੀ ਨੂੰਹ ਜਵਾਈ
 ਪੋਤਰਾ/ਪੋਤਰੀ ਪਤੀ/ਪਤਨੀ ਕੋਈ ਹੋਰ (ਸਪਸ਼ਟ ਕਰੋ) _____
- ਕੀ ਕਿਸੇ ਨੇ ਤੁਹਾਡੀ ਮਰਜ਼ੀ ਨਾਲ ਤੁਹਾਨੂੰ ਨਜ਼ਾਇਜ਼ ਤੌਰ ਤੇ ਛੁਹਣ ਦੀ ਕੋਸ਼ਿਸ਼ ਕੀਤੀ ਹੈ? ਹਾਂ _____ ਨਹੀਂ
 ਜੇ ਹਾਂ, ਤਾਂ ਉਹ ਵਿਅਕਤੀ ਕੌਣ ਹੈ?
- ਕੋਈ ਓਪਰਾ ਵਿਅਕਤੀ ਕੋਈ ਜਾਣੂ ਪਰਿਵਾਰ ਦਾ ਜੀਅ ਮਿੱਤਰ
 ਕੋਈ ਹੋਰ (ਕਿਰਪਾ ਕਰਕੇ ਸਪਸ਼ਟ ਕਰੋ) _____
- ਕੀ ਕਿਸੇ ਤੁਹਾਨੂੰ ਕਦੇ ਵੀ ਧਮਕੀ ਦਿੱਤੀ ਹੈ? ਹਾਂ _____ ਨਹੀਂ
 ਕੋਈ ਓਪਰਾ ਆਦਮੀ ਕੋਈ ਜਾਣੂ ਪਰਿਵਾਰ ਦਾ ਜੀਅ ਮਿੱਤਰ
 ਕੋਈ ਹੋਰ (ਕਿਰਪਾ ਕਰਕੇ ਸਪਸ਼ਟ ਕਰੋ) _____
- ਕੀ ਤੁਸੀਂ ਕਿਸੇ ਅਜਿਹੇ ਕਾਗਜ਼ ਉੱਤੇ ਦਸਤਖਤ ਕੀਤੇ ਜਿਸ ਨੂੰ ਤੁਸੀਂ
 ਨਹੀਂ ਸੀ ਸਮਝਦੇ? ਹਾਂ _____ ਨਹੀਂ
 ਜੇ ਹਾਂ, ਤਾਂ ਦਸਤਖਤ ਕਰਾਉਣ ਵਾਲਾ ਕੌਣ ਸੀ _____

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਵਿਚ ਸਮਾਜੀ ਪੁੰਜੀ ਦਾ ਨਿਰਮਾਣ - ਬਜ਼ੁਰਗ ਦੁਰਵਿਹਾਰ ਖੋਜ ਪ੍ਰਾਜੈਕਟ

ਕੀ ਘਰ ਵਿੱਚੋਂ ਕਿਸੇ ਨੇ ਧਮਕੀਆਂ ਨਾਲ ਜਾਂ ਜ਼ਬਰਦਸਤੀ ਤੁਹਾਨੂੰ ਜਾਇਦਾਦ ਬਾਰੇ ਦਸਤਾਵੇਜ਼ਾਂ ਉੱਤੇ ਦਸਤਖਤ ਕਰਨ ਲਈ ਮਜਬੂਰ ਕੀਤਾ? ਜੇ ਹਾਂ, ਤਾਂ ਉਹ ਤੁਹਾਡਾ ਕੀ ਲਗਦਾ/ਲਗਦੀ ਹੈ?

- ਪੁੱਤਰ ਧੀ ਨੂੰਹ ਜਵਾਈ
 ਪੋਤਰਾ/ਪੋਤਰੀ ਪਤੀ/ਪਤਨੀ ਕੋਈ ਹੋਰ (ਸਪਸ਼ਟ ਕਰੋ) _____

ਕੀ ਤੁਸੀਂ ਅਕਸਰ ਇਕੱਲੇ ਰਹਿੰਦੇ ਹੋ? ਹਾਂ_____ ਨਹੀਂ_____

ਕੀ ਕਦੇ ਇੰਝ ਵੀ ਹੋਇਆ ਕਿ ਤੁਹਾਨੂੰ ਕਦੇ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਪਈ ਪਰ ਕਿਸੇ ਨੇ ਵੀ ਤੁਹਾਡੀ ਦੇਖ ਭਾਲ ਨਾ ਕੀਤੀ? ਹਾਂ_____ ਨਹੀਂ_____

ਦੁਰਵਿਹਾਰ ਕਰਨ ਵਾਲੇ ਦੇ ਲੱਛਣ ਕੀ ਹਨ

ਤੁਹਾਡੇ ਨਾਲ ਤੁਹਾਡੇ ਪਰਿਵਾਰ ਦੇ ਕਿੰਨੇ ਜੀਅ ਰਹਿੰਦੇ ਹਨ? _____ ਬਾਲਗ _____ ਬੱਚੇ

ਘਰ ਵਿਚ ਆਮ ਤੌਰ ਤੇ ਤੁਹਾਡੀ ਦੇਖ ਭਾਲ ਕੌਣ ਕਰਦਾ ਹੈ?

- ਪਤੀ/ਪਤਨੀ ਪੁੱਤਰ ਧੀ ਨੂੰਹ ਜ
 ਪੋਤਰਾ/ਦੋਹਤਰਾ ਪੋਤਰੀ/ਦੋਹਤਰੀ ਰਿਸ਼ਤੇਦਾਰ
 ਕੋਈ ਹੋਰ _____

ਕੀ ਤੁਹਾਡੀ ਦੇਖਭਾਲ ਕਰਨ ਵਾਲਾ ਕਿਸੇ ਸਰੀਰਕ ਰੋਗ ਦਾ ਸ਼ਿਕਾਰ ਹੈ? ਹਾਂ_____ ਨਹੀਂ_____

ਕੀ ਤੁਹਾਡਾ ਜੀਵਨ ਸਾਬੀ ਗੰਭੀਰ ਮਾਨਸਿਕ ਦਬਾਅ ਹੇਠ ਹੈ? ਹਾਂ_____ ਨਹੀਂ_____

ਕੀ ਤੁਹਾਡੀ ਦੇਖ ਭਾਲ ਕਰਨ ਵਾਲੇ ਜਾਂ ਪਰਿਵਾਰ ਵਿਚ ਕਿਸੇ ਹੋਰ ਨੂੰ ਸ਼ਰਾਬ ਪੀਣ ਦੀ ਸਮੱਸਿਆ ਹੈ? ਹਾਂ_____ ਨਹੀਂ_____

ਕੀ ਤੁਹਾਡੀ ਦੇਖ ਭਾਲ ਕਰਨ ਵਾਲਾ ਗੁੱਸੇ ਵਿਚ ਆ ਜਾਂਦਾ ਹੈ, ਬੱਕ ਜਾਂਦਾ ਹੈ, ਮਾਨਸਿਕ ਦਬਾਅ ਮਹਿਸੂਸ ਕਰਦਾ ਹੈ, ਮੰਦਾ ਬੋਲਦਾ ਹੈ, ਸਮੇਂ ਤੇ ਵਸੀਲਿਆਂ ਦੀ ਘਾਟ ਮਹਿਸੂਸ ਕਰਦਾ ਹੈ?

- ਗੁੱਸਾ ਹਾਂ_____ ਨਹੀਂ_____
 ਬਕੇਵਾਂ ਹਾਂ_____ ਨਹੀਂ_____
 ਮਾਨਸਿਕ ਦਬਾਅ ਹਾਂ_____ ਨਹੀਂ_____
 ਬੋਲ ਕਬੋਲ ਹਾਂ_____ ਨਹੀਂ_____
 ਸਮੇਂ ਦੀ ਘਾਟ ਹਾਂ_____ ਨਹੀਂ_____
 ਵਸੀਲਿਆਂ ਦੀ ਘਾਟ ਹਾਂ_____ ਨਹੀਂ_____

ਸਿਹਤ ਤੇ ਸਰੀਰਕ ਤੰਦਰੁਸਤੀ

ਤੁਸੀਂ ਸਮੁੱਚੇ ਰੂਪ ਵਿਚ ਆਪਣੀ ਹੁਣ ਦੀ ਸਿਹਤ ਨੂੰ ਕਿਹੋ ਜਿਹੀ ਸਮਝਦੇ ਹੋ?

- ਮਾੜੀ _____
 ਠੀਕ ਠੀਕ _____
 ਚੰਗੀ _____
 ਵਧੀਆ _____

ਕੀ ਸਿਹਤ ਤੁਹਾਡੇ ਨਿੱਤ ਦੇ ਕਾਰਜਾਂ ਵਿਚ ਕੋਈ ਵਿਘਨ ਪਾਉਂਦੀ ਹੈ? ਹਾਂ_____ ਨਹੀਂ_____

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਵਿਚ ਸਮਾਜੀ ਪੁੰਜੀ ਦਾ ਨਿਰਮਾਣ – ਬਜ਼ੁਰਗ ਦੁਰਵਿਹਾਰ ਖੋਜ ਪ੍ਰਾਜੈਕਟ

ਪੰਜ ਸਾਲ ਪਹਿਲਾਂ ਤੁਹਾਡੀ ਸਿਹਤ ਕਿਹੋ ਜਿਹੀ ਸੀ?

ਹੁਣ ਨਾਲੋਂ ਬਹੁਤ ਮਾੜੀ _____
ਹੁਣ ਜਿਹੀ _____
ਹੁਣ ਤੋਂ ਚੰਗੀ _____

ਨਿੱਤ ਦੇ ਜੀਵਨ ਦੀਆਂ ਸਰਗਰਮੀਆਂ

ਕੀ ਤੁਸੀਂ ਆਪਣੇ ਆਪ ਨਹਾ ਧੋ ਸਕਦੇ ਹੋ? ਹਾਂ _____ ਨਹੀਂ _____

ਕੀ ਤੁਸੀਂ ਗੁਸਲਖਾਨੇ ਵਿਚ ਆਪ ਜਾ ਸਕਦੇ ਹੋ? ਹਾਂ _____ ਨਹੀਂ _____

ਕੀ ਤੁਸੀਂ ਬਿਨਾ ਕਿਸੇ ਮਦਦ ਦੇ ਕਪੜੇ ਪਾ ਸਕਦੇ ਹੋ? ਹਾਂ _____ ਨਹੀਂ _____

ਮਾਨਸਿਕ ਉਖੜੇਵਾਂ

ਕੀ ਤੁਸੀਂ ਕਦੇ ਸੋਚਿਆ ਹੈ ਕਿ ਤੁਸੀਂ ਮਰ ਹੀ ਕਿਉਂ ਨਾ ਜਾਓ? ਹਾਂ _____ ਨਹੀਂ _____

ਕੀ ਤੁਸੀਂ ਆਪਣੀ ਜ਼ਿੰਦਗੀ ਨੂੰ ਆਪ ਖਤਮ ਕਰਨ ਬਾਰੇ ਸੋਚਿਆ ਹੈ? ਹਾਂ _____ ਨਹੀਂ _____

ਸਾਹਸ

ਇਹਨੀਂ ਦਿਨੀਂ ਤੁਹਾਡੀ ਜ਼ਿੰਦਗੀ ਕਿੰਨੀ ਕੁ ਖੁਸ਼ ਹੈ?

ਉੱਕਾ ਹੀ ਖੁਸ਼ ਨਹੀਂ _____
ਕੁਝ ਕੁ ਖੁਸ਼ ਹੈ _____
ਖੁਸ਼ ਹੈ _____
ਬਹੁਤ ਖੁਸ਼ ਹੈ _____

ਤੁਹਾਡੇ ਸਮੇਂ ਲਈ ਧੰਨਵਾਦ

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਵਿਚ ਬਜ਼ੁਰਗ ਦੁਰਵਿਹਾਰ ਦੀ ਸਮੱਸਿਆ ਨੂੰ ਦੂਰ ਕਰਨ ਦੇ ਮੰਤਵ ਨਾਲ ਪ੍ਰੋਗਰਾਮ ਤੇ ਸੇਵਾਵਾਂ ਵਿਕਸ
ਸਬੰਧ ਵਿਚ ਤੁਹਾਡੀ ਦੇਣ ਬਹੁਤ ਕੀਮਤੀ ਸਾਬਤ ਹੋਵੇਗੀ

ਪੰਜਾਬੀ ਕਮਿਊਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ ਵੱਲੋਂ ਤਿਆਰ ਕੀਤਾ ਗਿਆ

पंजाबी समुदाय में सामाजिक पूंजी का निर्माण : वृद्ध अतिचार अनुसंधान योजना

पंजाबी समुदाय में सामाजिक पूंजी का निर्माण

वृद्ध अतिचार अनुसंधान योजना

स्वीकृति फार्म

नमस्कार एवं स्वागत !

पंजाबी कम्यूनिटी हेल्थ सेंटर, एक लाभ निरपेक्ष, समुदाय आधारित सेवा संस्था है। इसका मुख्य कार्य है पंजाबी समुदाय को संस्कृति संगत सामाजिक सेवा की उपलब्धी करवाना।

पंजाबी कम्यूनिटी हेल्थ सेंटर दूसरी ऐसी ही मुख्य धारा की, तथा समुदाय आधारित संस्थाओं से सांझेदारी में विश्वास करता है। यह सेंटर विकटम सरविसिजिज आफ पील, इंटर कल्चरल नेबरहुड सोशल सरविसिजिज, कैथोलिक कास कल्चरल सेंटर, तथा सिख हैरिटेज सेंटर से सांझेदारी करता है।

पंजाबी कम्यूनिटी सेंटर दो प्रोग्राम भी चला रहा है।

1. सहारा पुरश ग्रुप उन पंजाबी भाइयों की सहायता करता है जो गुस्से तथा अडिकशन की समस्या से जूझ रहे हैं।
2. मिसीसागा गुरदवारा के सहयोग से हर महीने पेंरेंटिंग सेशन आयोजित किये जाते हैं।

पंजाबी कम्यूनिटी हेल्थ सेंटर को अनटेरियो टरीलीयम फाउंडेशन की ओर से चार साल के लिए पंजाबी समुदाय में सामाजिक पूंजी निर्माण के हेतु राशी प्राप्त हुई है। इस चार साला योजना का एक मुख्य कार्य है पंजाबी समुदाय में उन हा लात की छानबीन करना जो वृद्ध अतिचार से सन्बन्ध रखते हैं। अनुसंधान के परिणाम मिलने के बाद, इस क्षेत्र में प्राप्त चनौतियों से जूझने का काम पंजाबी समुदाय में आगे बढ़ाया जायगा।

अनुसंधान टीम प्रश्नावली को पूरा करने में आपके सहयोग के लिए विनती करती है। आपका ज्ञान, आपका विशेष अनुभव, तथा आपकी धारणाएं, हमें वृद्ध अतिचार की मौजूदगी और परिस्थितियों की पहचान में सहायता करेंगी। प्रश्नावली को पूरा करने में लगभग बीस मिनट का समय लगेगा। यदि किसी प्रश्न पर आपको अधिक जानकारी चाहिए तो मुझे पृछने में झिजक न करें।

कृप्या इस प्रश्नावली के किसी भी पन्ने पर अपना नाम न लिखें। आपसे प्राप्त जानकारी गुप्त रखी जायगी। किसी प्रश्न का जवाब देने में आप बुरा महसूस करते हों तो जवाब देने की कोई पाबंदी नहीं है।

प्रश्नावली को पूरा करने के लिए आपका धन्यवाद। पंजाबी कम्यूनिटी हेल्थ सेंटर अनुसंधान के परिणम किसी लोक मंच का आयोजन करके समुदाय के सामने रखेगा। उस समुदाय मंच पर आप सब सहयोगियों का स्वागत होगा।

धन्यवाद !

पंजाबी कम्यूनिटी हेल्थ सेंटर की ओर से सम्पादित

ਪੰਜਾਬੀ ਸਮੁਦਾਯ ਮੇਂ ਸਾਮਾਜਿਕ ਪ੍ਰੰਜੀ ਕਾ ਨਿਰਮਾਣ ਵੁੱਢ ਅਤਿਚਾਰ ਅਨੁਸੰਧਾਨ ਯੋਜਨਾ

ਪੰਜਾਬੀ ਸੀਨਿਯਰ ਸ਼ਹਿਰਿਯੋਂ ਸੇ ਇਕਤਰਿਤ ਜਾਨਕਾਰੀ ਕੋ ਗੁਪਤ ਰਖਨੇ ਕੇ ਬਾਰੇ ਮੇਂ ਬਯਾਨ

ਇਨਟਰਵਿਯੂ ਕਰਨੇ ਵਾਲੇ ਕਾ ਨਾਮ

1. ਇਨਟਰਵਿਯੂ ਕਰਨੇ ਵਾਲਾ ਵਿਯਕਤਿ ਇਨਟਰਵਿਯੂ ਕੀਏ ਜਾਨੇ ਵਾਲੇ ਲੋਗੋ ਸੇ ਪ੍ਰਾਪਤ ਜਾਨਕਾਰੀ ਕਾ ਨਿਜੀ ਪ੍ਰਯੋਗ ਨਹੀਂ ਕਰੇਗਾ ਓਰ ਨ ਹੀ ਵਹ ਜਾਨਕਾਰੀ ਕੀਸੀ ਅਨਯ ਵਿਯਕਤਿ ਕੋ ਆਗੇ ਦੇਗਾ ।
2. ਇਨਟਰਵਿਯੂ ਕਰਨੇ ਵਾਲਾ ਵਿਯਕਤਿ ਪ੍ਰੀ ਕੀ ਗਈ ਪ੍ਰਸ਼ਨਾਵਲੀਯੋਂ ਕੋ ਸੁਰਕ਼ਿਤ ਸਥਾਨ ਪਰ ਰਖੇਗਾ ਤਥਾ ਉਨ੍ਹੇਂ ਟੇਨਿੰਗ ਕੇ ਸਮਯ ਪ੍ਰਾਪਤ ਨਿਰਦੇਸ਼ ਕੇ ਅਨੁਸਾਰ ਇਨਟਰਵਿਯੂ ਕਾ ਕਾਮ ਪੂਰਾ ਹੋਨੇ ਕੇ ਬਾਦ ਪੰਜਾਬੀ ਕਮਯੂਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ ਕੇ ਕੋਆਰਡੀਨੇਟਰ ਕੋ ਸੌਂਪ ਦੇਗਾ ।
3. ਇਨਟਰਵਿਯੂ ਕਰਨੇ ਵਾਲਾ ਵਿਯਕਤਿ ਸਬ ਕੀ ਸਬ ਪੂਰਿਤ ਏਵਂ ਅਪੂਰਿਤ ਸਰਵੇਕ਼ਣ ਪ੍ਰਸ਼ਨਾਵਲੀਯਾਂ ਪੰਜਾਬੀ ਕਮਯੂਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ ਕੇ ਕੋਆਰਡੀਨੇਟਰ ਕੋ ਸੌਂਪ ਦੇਗਾ ।
4. ਇਨਟਰਵਿਯੂ ਕਰਨੇ ਵਾਲਾ ਵਿਯਕਤਿ ਕੀਸੀ ਏਸੇ ਵਿਯਕਤਿ ਸੇ ਪ੍ਰਤਯਕ਼ ਯਾ ਅਪ੍ਰਤਯਕ਼ ਰੂਪ ਸੇ ਸਮਯਕ਼ ਨਹੀਂ ਕਰੇਗਾ ਜਿਸਕਾ ਪ੍ਰਾਪਤ ਜਾਨਕਾਰੀ ਸੇ ਕੋਈ ਸੰਬਧ ਹੋ, ਜਬਤਕ ਕਿ ਜਾਨਕਾਰੀ ਦੇਨੇ ਵਾਲੇ ਤਥਾ ਕੋਆਰਡੀਨੇਟਰ ਪੰਜਾਬੀ ਕਮਯੂਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ ਸੇ ਪ੍ਰਵਲਿਖਿਤ ਅਨੁਮਤਿ ਪ੍ਰਾਪਤ ਨ ਕਰ ਲੇ ।
5. ਕੋਆਰਡੀਨੇਟਰ ਪੰਜਾਬੀ ਕਮਯੂਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ ਇਸ ਬਾਤ ਕੋ ਨਿਸ਼ਚਿਤ ਬਨਾਏਗਾ ਕਿ ਇਨਟਰਵਿਯੂ ਦੇਨੇ ਵਾਲੋਂ ਕੀ ਕੋਈ ਭੀ ਨਿਜੀ ਜਾਨਕਾਰੀ, ਕੀਸੀ ਏਸੇ ਤਰੀਕੇ ਸੇਇਸਟੇਮਾਲ ਯਾ ਜਾਹਰ ਨ ਹੋ, ਜਿਸਸੇ ਕਿ ਸੰਬਧਿਤ ਵਿਯਕਤਿ ਕੀ ਪਹਚਾਨ ਹੋ ਪਾਏ, ਜਬ ਤਕ ਕਿ ਉਸਸੇ ਤਥਾ ਕੋਆਰਡੀਨੇਟਰ ਪੰਜਾਬੀ ਕਮਯੂਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ ਸੇਇਸ ਬਾਰੇ ਮੇਂ ਪ੍ਰਵ ਲਿਖਿਤ ਅਨੁਮਤਿ ਪ੍ਰਾਪਤ ਨ ਕਰ ਲੀ ਜਾਯ ।

ਇਨਟਰਵਿਯੂ ਕਰਨੇ ਵਾਲੇ ਕੇ ਹਸਤਾਕ਼ਰ ਤਿਥਿ

ਪੰਜਾਬੀ ਕਮਯੂਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ

ਕੋਆਰਡੀਨੇਟਰ ਕੇ ਹਸਤਾਕ਼ਰ ਤਿਥਿ

ਪੰਜਾਬੀ ਕਮਯੂਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ ਕੀ ਓਰ ਸੇ ਸਮਯਾਦਿਤ

ਪੰਜਾਬੀ ਸਮੁਦਾਯ ਮੇਂ ਸਾਮਾਜਿਕ ਪੁੰਜੀ ਕਾ ਨਿਰਮਾਣ
ਬੁਢ ਅਤਿਚਾਰ ਅਨੁਸੰਧਾਨ ਯੋਜਨਾ
ਬੁਢ ਅਤਿਚਾਰ ਪ੍ਰਸ਼ਨਾਵਲੀ

ਜੀਵਨੀ / ਸਾਮਾਜਿਕ ਜਨਸਾਂਖਿਕ ਵਿਸ਼ਿਸ਼ਟਤਾਵਾਂ

A: ਮੂਲ ਦੇਸ਼

1. ਕੀ ਆਪ ਅਪਨੇ ਆਪ ਕੋ ਪੰਜਾਬੀ ਮਾਨਤੇ ਹੋ? ਹਾਂ ... ਨਹੀਂ ...
2. ਆਪਕਾ ਜਨਮ ਕਿਸ ਦੇਸ਼ ਮੇਂ ਹੁਆ?
ਭਾਰਤ ... ਪਾਕਿਸਤਾਨ ... ਬੰਗਲਾਦੇਸ਼ ...
ਸ਼੍ਰੀਲੰਕਾ ... ਅਨਯ ...
3. ਕੀ ਆਪ ਪੀਲ ਕੇਤਰ ਮੇਂ ਰਹਤੇ ਹੈਂ? ਹਾਂ ... ਨਹੀਂ ...

B: ਲਿੰਗ ਏਵਾਂ ਆਯੁ

4. ਕੀ ਆਪ ਔਰਤ ਹੈਂ ਯਾ ਮਰਦ? ਮਰਦ ... ਔਰਤ ...
5. ਆਪਕੀ ਆਯੁ ਕਿਤਨੀ ਹੈ?
 55 ਸੇ ਕਮ 55 ਸੇ 59 60 ਸੇ 64 65 ਸੇ 69
 70 ਸੇ 74 75 ਸੇ 79 80 +

C: ਪਰਿਵਾਰ/ਨਿਵਾਸ ਪ੍ਰਬੰਧ

6. ਇਸ ਸਮਯ ਆਪ ਕਿਸ ਕੇ ਸਾਥ ਰਹਤੇ ਹੈ ?
 ਅਪਨੇ ਬੇਟੇ ਕੇ ਸਾਥ ਅਪਨੀ ਬੇਟੀ ਕੇ ਸਾਥ ਅਪਨੇ ਪੋਤੋਂ ਦੋਹਤੋਂ ਕੇ ਸਾਥ
 ਦੂਸਰੇ ਰਿਸ਼ਤੇਦਾਰੋਂ ਯਾ ਦੋਸਤੋਂ ਕੇ ਸਾਥ ਕਿਰਾਏ ਪਰ ਅਕੇਲੇ ਅਪਨੇ ਮਕਾਨ ਮੇਂ ਅਕੇਲੇ
 LTC facilities
7. ਕੀ ਆਪ ਲਗਾਤਾਰ ਦਸ ਸਾਲ ਸੇ ਯਾ ਅਧਿਕ ਅਪਨੇ ਪਰਿਵਾਰ ਕੇ ਸਾਥ ਹੀ ਰਹੇ ਹੈਂ? ਹਾਂ ... ਨਹੀਂ ...
ਅਗਰ ਨਹੀਂ, ਤੋ ਫਿਰ ਕਿਤਨੇ ਸਾਲ ਆਪ ਅਪਨੇ ਪਰਿਵਾਰ ਕੇ ਸਾਥ ਰਹੇ? ... ਸਾਲ
8. ਆਪ ਇਨ ਮੇਂ ਸੇ ਕੀ ਹੈ ?
 ਵਿਵਾਹਿਤ ਅਵਿਵਾਹਿਤ ਵਿਧਵਾ ਯਾ ਵਿਧੁਰ ਵਿਛੇਦਿਤ ਤਲਾਕ ਸ਼ੁਦਾ

D: ਕਨਾਡਾ ਮੇਂ ਸਟੇਟਸ

9. ਆਪ ਕਨਾਡਾ ਮੇਂ ਕਿਤਨੇ ਸਾਲ ਰਹੇ ਹੈਂ?
 1 ਸਾਲ ਸੇ ਕਮ 1 ਸੇ 4 ਸਾਲ 5 ਸੇ 9 ਸਾਲ
 10 ਸੇ 14 ਸਾਲ 15 ਸੇ 19 ਸਾਲ 20 ਸਾਲ ਸੇ ਅਧਿਕ
10. ਆਪ ਇਨ ਮੇਂ ਸੇ ਕੀ ਹੈ ?
 ਈਮੀਗਰੈਂਟ ਰਿਫੂਜੀ ਕਨੇਡਿਯਨ ਸ਼ਹਰੀ
 ਕੁਛ ਔਰ? ਕਿਰਪਾ ਕਰਕੇ ਬਤਲਾਏਂ

E: शिक्षा पृष्ठभूमि

11. आप ज्यादा से ज्यादा कितना पढ़े हैं?
 अनपढ़ दसवीं क्लास से कम बारह क्लास पूर्ण
 बी.ए. या बी.एस.सी. पूर्ण एम.ए. या एम.एस.सी. पूर्ण पी.एच.डी. पूर्ण

F: आर्थिक अवस्था आमदनी आदि

12. क्या आप इनमें से कुछ ले रहे हैं?
 सी.पी.पी. ओ.ए.एस. डिसेबिलिटी लाभ वेलफेयर
 काम से पेंशन अपने आर.आर.एस.पी. से पैसा
 आमदनी का ओर कोई साधन है तो क्या?
13. क्या पैसे के लिए आप किसी पर निर्भर हैं? हां ... नहीं

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

14. वृद्ध अतिचार शब्दावली का आपके निजी विचार में क्या अर्थ है?
-
-
-

15. वृद्ध अतिचार शब्दावली का पंजाबी समुदाय के विचार में क्या अर्थ है?
-
-
-

H: अतिचार के चार प्रकार (पदार्थिक अतिचार, निरन्तर शब्दिक अत्याचार, शारीरिक हिंसा और उपेक्षा)

16. क्या आप अपने परिवार में किसी से डरते हैं? हां ... नहीं ...
यदि हां तो वह व्यक्ति आपका कौन है?
 पुत्र पुत्री बहु जमाई
 पौत्र, पौत्री आदि पति या पत्नी कोई और? कौन
17. क्या इन दिनों घर में किसी ने आपको चोट या नुकसान पहुंचाने की कोशिश की? हां ... नहीं ...
यदि हां तो वह व्यक्ति आपका क्या लगता है?
 पुत्र पुत्री बहु जमाई
 पौत्र, पौत्री आदि पति या पत्नी कोई और? कौन
18. क्या इन दिनों आपके किसी निकट सम्बन्धी ने आपको गाली दी, जलील किया, या दुखी महसूस करवाया? हां ... नहीं ...
यदि हां तो वह व्यक्ति आपका क्या लगता है?
 पुत्र पुत्री बहु जमाई
 पौत्र, पौत्री आदि पति या पत्नी कोई और? कौन ...

19. क्या आपके घर में कोई व्यक्ति आपको बिसतर में पड़े रहने पर मजबूर करता है या कहता है कि आप बीमार हो, जबकि आप जानते हैं कि आप बीमार नहीं? हां ... नहीं ...
यदि हां तो वह व्यक्ति आपका क्या लगता है?
 पुत्र पुत्री बहु जमाई
 पौत्र, पौत्री आदि पति या पत्नी कोई और? कौन
20. क्या किसी ने आपको कुछ ऐसा करने पर मजबूर किया है जो आप करना नहीं चाहते थे? हां ... नहीं ...
यदि हां, तो वह व्यक्ति आपका क्या लगता है?
 पुत्र पुत्री बहु जमाई
 पौत्र, पौत्री आदि पति या पत्नी कोई और? कौन
21. क्या किसी ने आपकी मरजी के खिलाफ आपकी कोई वस्तुएं ले लीं? हां ... नहीं ...
यदि हां तो वह व्यक्ति आपका क्या लगता है?
 पुत्र पुत्री बहु जमाई
 पौत्र, पौत्री आदि पति या पत्नी कोई और? कौन
22. क्या घर में से किसी ने आप से आपका वेतन चेक, सरकारी चेक या कैश जबरदस्ती लिया? हां ... नहीं ...
यदि हां, तो वह व्यक्ति आपका क्या लगता है?
 पुत्र पुत्री बहु जमाई
 पौत्र, पौत्री आदि पति या पत्नी कोई और? कौन
23. क्या किसी ने कभी आपको आपकी मरजी के बिना अनुचित रूप से छुआ? हां ... नहीं ...
यदि हां, तो वह व्यक्ति कौन था
 अजनबी जाना पहचाना परिवार का सदस्य दोस्त
 कोई और (कृपया स्पष्ट करें) _____
24. क्या किसी ने आपको कभी धमकी दी? हां ... नहीं ...
यदि हां, तो वह व्यक्ति कौन था
 अजनबी जाना पहचाना परिवार का सदस्य दोस्त
 कोई और (कृपया स्पष्ट करें) _____
25. क्या आप ने किन्ही ऐसे दस्तावेज या कागजों पर हस्ताक्षर किए जिन्हें आप समझते न हों? हां ... नहीं ...
यदि हां, तो किस के लिए? _____
26. क्या घर में से किसी ने डरा धमका कर आप से जायदाद सन्बन्धी कागजों पर हस्ताक्षर करवाए? हां ... नहीं ...
यदि हां, तो वह व्यक्ति आपका क्या लगता है?
 पुत्र पुत्री बहु जमाई
 पौत्र, पौत्री आदि पति या पत्नी कोई और? कौन
27. क्या अधिकतर आप निपट अकेले रहते हो? हां ... नहीं ...
28. सहायता की आवश्यकता पडने पर, क्या कभी किसी को आपकी सहायता करने में असफल होना पडा? हां ... नहीं ...

29. आपके घर में कितने लोग रहते हैं? प्रौढ़ बच्चे
30. घर में आपकी निजी देखभाल आम तौर पर कौन करता है?
 पति या पत्नी पुत्र पुत्री बहु जमाई
 पोता पोती रिश्तेदार कोई और
31. क्या आपकी देखभाल करने वाले को शारीरिक स्वास्थ्य की समस्या है? हां ... नहीं ..
32. क्या आपके विवाहित साथी पर गम्भीर दबाव है? हां ... नहीं ..
33. क्या आपकी देखभाल करने वाले या परिवार को शराब पीने की समस्या है? हां ... नहीं ..
34. क्या आपकी देखभाल करने वाला आम तौर पर गुस्से में, थका हुआ, परेशान, बेअदब, या समय की कमी से ग्रस्त रहता है?
 गुस्से में हां ... नहीं ..
 थका हुआ हां ... नहीं ..
 परेशान हां ... नहीं ..
 बेअदब हां ... नहीं ..
 समय की कमी वाला हां ... नहीं ..
 साधनहीन हां ... नहीं ..

J स्वास्थ्य और कार्य क्षमता

35. इस समय कुल मिला कर आप अपने स्वास्थ्य को किस दरजे का मानते हो?
 घटिया
 दरमियाना
 बढ़िया
 बहुत बढ़िया
36. क्या स्वास्थ्य की हालत आपकी दिनचर्या में कठिनाई पैदा करती है? हां ... नहीं ..
37. पांच साल पहले आपका स्वास्थ्य कैसा था?
 खराब
 लगभग एसा ही
 बेहतर

K दिनचर्या

38. क्या आप अपनेआप नहा सकते हो? हां ... नहीं ..
39. क्या आप अपनेआप वाश रूम जा सकते हो? हां ... नहीं ..
40. क्या आप बिना सहायता कपड़े पहन सकते हो? हां ... नहीं ..

L मानसिक दबाव

41. क्या कभी आप ने चाहा कि जीवन का अन्त हो जाय? हां ... नहीं ..

- पंजाबी समुदाय में सामाजिक पूंजी का निर्माण - वृद्ध अतिचार अनुसंधान योजना
42. क्या कभी आपने स्वयं जीवन का अन्त कर देना चाहा? हाँ ... नहीं ..

M मानसिक अवस्था

43. आप इन दिनों कितने खुश हैं?
- | | |
|-----------------|------|
| बिलकुल खुश नहीं | |
| कुछ कुछ नाखुश | |
| खुश | |
| बहुत खुश | |

आपके समय के लिए आपका धन्यवाद
आप से प्राप्त जानकारी, हमें वृद्ध जनों के लिए सेवाएं और योजनाएं विकसित करने में
अमूल्य सहायता देगी, जिससे हम पंजाबी समुदाय में वृद्ध अतिचार की समस्या से निपट पाएंगे।









