

Disrespect and Isolation: Elder Abuse in Chinese Communities*

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RÉSUMÉ

Basé sur une étude qualitative portant sur les soins à domicile, cet article vise à comprendre les mauvais traitements infligés aux sino-canadiens âgés. Les résultats montrent que, au sein de la communauté chinoise, les mauvais traitements prennent le plus souvent la forme d'un manque de respect. En tant que forme d'abus spécifique à une certaine culture, le manque de respect est un mauvais traitement qui demeure invisible lorsqu'on l'analyse dans une perspective culturelle occidentale. En nous servant d'un cadre centré sur l'exclusion sociale pour comprendre la dynamique des abus infligés aux aînés, nous soutenons que, en tant que minorité raciale d'immigrants marginalisés, les personnes âgées d'origine chinoise sont particulièrement vulnérables aux mauvais traitements dans un contexte d'isolement social.

ABSTRACT

Based on a qualitative study of home care workers, this paper aims to understand elder abuse of Chinese Canadians. The findings show disrespect is the key form elder abuse takes in the Chinese community. As a culturally specific form of abuse, disrespect remains invisible under categories of elder abuse derived from a Western cultural perspective. Applying a social exclusion framework to understand the dynamic of elder abuse, we argue that as a marginalized racial minority immigrant, an elderly Chinese person's vulnerability to abuse is increased under conditions of social isolation.

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Introduction

While there has been considerable interest and much research, particularly in the 1990s, in the area of cross-cultural elder abuse, there have been relatively few attempts at theoretical development.

Most recently, Kosberg, Lowenstein, Garcia, and Biggs (2002) called attention to the challenge of building a conceptual model that could account for both

differences and similarities, within and across diverse cultural groups and countries. Payne (2002) made an argument for an integrated and interdisciplinary model for understanding and responding to elder abuse as a crime.

In this article, based on a study of Chinese home care workers, we aim to contribute to theory building by understanding elder abuse of Chinese Canadians.

Our approach focuses on the social conditions of elder abuse: We examine how abusive behaviours arise within the social context of people's lives. For older Chinese people, this involved considering how their vulnerability to abuse was affected by their experience of social exclusion as members of a racial minority group and of immigrant families. The questions that guided the research were: What forms do elder abuse and neglect take in the Chinese-Canadian community? What social conditions and processes place Chinese elderly persons at risk of abuse?

To explore these questions, focus groups were held with Chinese-speaking home care workers. Understanding elder abuse required the involvement of participants who understood the community, interacted regularly with elderly Chinese and their families, and were in positions that allowed them to acknowledge the existence of elder abuse and to reflect on the phenomenon. First, we review the literature on elder abuse in the Canadian and American context, elder abuse in Chinese and other racial minority communities, and Chinese cultural values, attitudes, and practices.

Constructing the Problem of Elder Abuse and Neglect

Since the days of "granny bashing" in the 1970s in Britain (Burston, 1975), the problem of elder abuse has been constructed in multiple ways in the research literature. It is likely that the variety of perspectives, explanations, methods, and solutions that have been documented reflect the complex nature of the phenomenon, which includes impacts on victims and family members in domestic and institutional settings, as well as on professionals in the criminal justice, social, and health services systems (McDonald & Collins, 2000; Wolf, 2000). At present, there are a variety of elder abuse programs in Canada based on particular constructions of elder abuse. In the late nineties, Harbison and Morrow (1998) assessed three main constructions of elder abuse that dominated the field and informed programs at that time. These were older adults in need of protection, "victims" of domestic violence, and persons subject to illegal acts.

The first construction assumes that elderly people need protection because they are dependent. This rationale echoes that which is used in child welfare protection models. The social construction of old-aged dependency has been a major theme in the critical gerontology literature for over a quarter of a century now (Walker, 1980; Aitken & Griffin, 1996; Whittaker, 1997). Yet we know that elderly persons are not

children; they are not dependent in the same ways, nor do they experience the same types of abuse. For instance, the most prevalent type of elder abuse is financial. It accounted for more than half of cases found in a landmark national survey of elderly Canadians by Podnieks (1990).

The second construction positions elderly persons as "victims" of domestic violence and situates abuse within families that are, by definition, dysfunctional. This construction promotes elder abuse as a private, family matter. Interventions are focused on the family; for example, relieving caregiver stress or mediating among family members.

The third construction recognizes elder abuse as a crime and suggests use of legislative approaches under the criminal code (Griffiths, Roberts, & Williams, 1997). The legal discourse has legitimized the issue of elder abuse as a serious public matter. Operationally, legal remedies, however, are less effective at handling conflicts where opposing parties have familial and relationship ties and where parties may experience differential access to the resources that enable full participation in the exercise of legal rights (Fredman & Spencer, 2003).

While these constructions of elder abuse highlight some aspects of the issue, they downplay others. The interpretations reveal more about societal assumptions that older people are familial dependents than about why and how elder abuse takes the forms that it does. In addition, these formulations rely theoretically on individualistic explanations of abusive behaviour and victimization. Such individualism decontextualizes elder abuse and prevents it from being understood as a phenomenon that occurs within larger social and economic contexts and is influenced by structural factors of ageism, race, gender, and poverty.

Decontextualized constructions of elder abuse do little to increase our understanding of elder abuse of Chinese Canadians because these models ignore the impact of race and racism on this racial minority group. For example, elderly Chinese persons may be dependent, but their dependency in immigrant families is also influenced by racial discrimination and the exclusion that family members experience in labour markets. Even though family members may be economically disadvantaged as members of a racial minority, the family unit and Chinese community can offer strength and support in the context of racism (Collins, 2000). Older members of immigrant families may be more inclined to protect themselves and their families from the racial violence and discrimination experienced outside the family than from abuse that

occurs from within it. As a member of a racial minority, an elderly Chinese person's reluctance to inform authorities or bring cases of elder abuse to court may reflect her/his fear of re-victimization, based on known or anticipated experiences of systemic racism in the social, health, or criminal justice systems.

Research on Elder Abuse in Chinese and Racial Minority Communities

To understand elder abuse of Chinese Canadians, we situate our study within research done on elder abuse in Chinese and racial minority communities. Much of this research has focused on examining similarities and differences, first, in terms of prevalence rates of elder abuse and its various forms, and second, in terms of definitions and perceptions of elder abuse among different cultural groups. For example, in a study that used a non-random sample of 355 Chinese elders in Hong Kong, researchers found an overall prevalence rate for abuse of 21.4 per cent. The authors attributed this relatively high rate to a high rate of verbal abuse (Yan & Tang, 2001). In a recent survey on health and well-being conducted on a random sample of older Chinese in seven Canadian cities, researchers found fairly low rates (approximately 2%) on indicators of elder abuse (Lai, Chappell, Chau, & Tsang, 2003). In a literature review of Chinese elder abuse, Yan, Tan, and Yeung (2002) noted that it is almost impossible to make meaningful comparisons between rates reported within Chinese societies and those reported in other countries, since the studies differ in their definitions and data collection methods.

Studies about the perceptions of elder abuse among racial minority groups uncovered group differences in what people define as elder abuse (Moon & Williams, 1993; Anetzberger, Korbin, & Tomita, 1996; Hudson et al., 1999). In her literature review of research on the perceptions of elder abuse in ethnic minority populations in the United States, Moon (2000) pointed to the importance of psychological abuse and neglect and to their relatively high levels of occurrence in racial minority communities. Indeed, this trend is supported in studies of Chinese communities, notwithstanding methodological limitations (Yan et al., 2002).

Chinese and cross-cultural elder abuse studies make it clear that elder abuse exists in various forms across cultural groups. Studies that used a cultural comparison framework were able to describe how Chinese groups were more likely than non-Chinese groups to identify particular acts as psychological abuse. However, these descriptions of differences cannot explain why or how the differences occur. In fact, after

seeing more similarities than differences in the studies of eight cultural groups, Moon (2000) suggested that examining socio-economic factors rather than ethnicity as explanatory factors might offer more insight into risk and perceptions of elder abuse in ethnic communities. Our study takes up this challenge by examining how social factors interact to create the social conditions of elder abuse from which cultural differences arise.

Chinese Cultural Traditions and Values

We briefly discuss Chinese cultural values on aging and care of the elderly, since it is within the context of Chinese cultural traditions and norms that elder abuse of Chinese Canadians takes place. Chinese people observe the Confucian tradition of filial piety, a fundamental value system informing social life and relationships for all people (Braun & Browne, 1998). Filial piety stresses obedience to one's parents. Sons and daughters are obligated to provide the best possible care to aging parents in return for the care they received as dependent children. Younger people are expected to accord older people respect, treat them with dignity, and give them comfort because old age is associated with rich life experience, knowledge, wisdom, status, and power in the Chinese family system. Growing old is viewed as a harmonious process; younger generations revere the elderly as key, productive members of family and society.

Chinese scholars have debated whether traditional teachings of filial piety and respect for elders are being upheld and practised in contemporary Chinese societies. They have associated various social and cultural trends with declining observance of traditional Chinese values and practices. Younger generations are seen to be adopting the dominant Western cultural view of individualism and a preference for the nuclear family over multi-generational family arrangements. At the societal level, weakened social services systems, inadequate public housing, and decreased access to health care for elderly persons also make it difficult for younger generations to fulfil their responsibilities to care adequately for their elders according to traditional values and beliefs (Kwan, 1995; Chiu & Yu, 2001; Yan et al., 2002).

This "decline of traditional values" argument suggests that the Chinese cultural norm of filial piety protects the elderly against abuse and that, with its decline, elderly people experience negative emotional effects and an increased risk of abuse. Even though studies confirm that Chinese-Canadian elderly do experience poorer mental health than their older Canadian counterparts (Lai, 2004) and that they are more likely to assess their lives in old age positively if

they have experienced some involvement in traditional Chinese culture (Chappell, 2005), explaining Chinese elder abuse as a decline in traditional values does not account for some key observations. First, the value of respect for elders still remains influential in most East Asian societies (Chow, 2004). It is likely that the practices and forms of showing respect are simply changing to accommodate inter-generational relationships that are more egalitarian and less authoritarian than they were in the past. For example, listening to elderly people has recently become meaningful as an alternative to the traditional form of obedience (Sung, 2000). Second, most Chinese elderly individuals are not abused. What makes some Chinese elderly individuals more at risk of abuse than others cannot be fully explained by an overall decline in traditional values. Finally, and perhaps most obviously, even if there has been a decline in traditional values, the fact is that elder abuse occurs and has occurred in Chinese communities where, culturally speaking, elder abuse is inconceivable and intolerable. This suggests that, while we still need to consider the influence of Chinese values, cultural values alone are insufficient to explain Chinese elder abuse or how and why elder abuse occurs.

Methodology

This study used a qualitative research design. Data were collected using focus groups. Focus groups are known to provide insight into the attitudes, perceptions, and opinions of study participants as they develop from group discussion and interaction (Kreuger, 1988). The participants in this study were Chinese home care workers from a community-based, multi-service agency serving Chinese seniors in a large metropolitan area. Four focus groups of home care workers and one group of program coordinators were held early in 2002. Altogether, there were 40 participants, with 7 to 10 participants in each focus group.

We justify studying home care workers based on our research questions and focus on the social conditions of Chinese elder abuse.¹ For our purposes, the perspectives and views of home care workers are particularly valid because their work takes them into private homes where they regularly interact with and also witness interactions between Chinese elderly people and their family members. In the midst of carrying out routine personal care tasks, such as cleaning, bathing, and feeding, home care workers develop trusting relationships with their clients. Disclosure of abuse has been known to occur in these types of professional relationships (Aronson & Neysmith, 1996). Home care workers detect and make

interpretations of abuse based on what is and is not appropriate within the Chinese cultural context as they know it because they themselves are Chinese.

We did not select Chinese elderly people experiencing abuse to participate because, even if they could be identified, they would have to be able and willing to talk explicitly about this highly sensitive and taboo topic. Selecting elderly participants from the Chinese community at large might have revealed general opinions and perceptions about elder abuse. However, the perspectives of Chinese seniors may not necessarily expand beyond individualistic conceptions of abuse (cf. Erlingsson, Saveman, & Berg, 2005 for the kinds of responses given by older Swedish persons from the community). While we argue that Chinese home care workers are appropriately positioned to provide data to address our research goals, we recognize that this is a study of the perspectives of this particular group.

The agency's program managers encouraged home care workers and program coordinators at team meetings and through regular staff communication to participate in a focus group if they had had experience with cases where they suspected a client was being harmed or mistreated in any way. This broad criterion of experience with suspected mistreatment was used because we were concerned that specifying experience with elder abuse would have restricted the range of examples to the few cases that actually got formally reported. Staff members who did not have a direct supervisory relationship with the participants in the group conducted the focus groups in Cantonese. The discussions lasted approximately 2 hours each. Participants were paid their regular wages by the agency for their time. They signed a standard consent form and were assured of the confidentiality of their responses. The focus groups were audiotaped, translated, and transcribed with assistance from staff members.

In total, 33 Chinese home care workers and 7 Chinese program coordinators participated (38 women and 2 men). On average, the home care workers served 7 elderly Chinese clients a week; however, their weekly caseload ranged from 2 to 15 clients. They spent approximately 3 hours a week with each client. Home care workers averaged 4 years of work experience with seniors. The program coordinators worked in a variety of seniors' programs and services, including home care, recreational activities, housing support, case management, counselling, education, and outreach. They also had an average of 4 years of experience working with Chinese seniors. The perspective of the program coordinators was seen to complement that of the home care workers. Being in

contact with large numbers of seniors and their families, often on an ongoing basis, they were encouraged to elaborate on patterns over a larger number of cases. Their responses were incorporated into the themes that emerged from home care worker groups.

All focus group participants were asked to describe their experiences with cases of suspected elder abuse, suggest causes of elder abuse in Chinese and non-Chinese communities, and identify barriers to prevention and reporting of elder abuse for Chinese seniors. Data were coded and thematically analysed using NUD*IST, a qualitative data analysis software package. In the analysis, we used a social exclusion framework to consider how the themes and patterns that emerged from the data revealed the nature and character of abuse of Chinese elderly persons in the Canadian context.

Findings

Cases of Disrespect

The concept of *disrespect* was used to capture actions and attitudes that violate basic Chinese cultural norms of behaviour and the values that underlie them. Disrespect figured prominently in an international study on elder abuse and neglect conducted by the World Health Organization (WHO) and the International Network for Prevention of Elder Abuse (INPEA) (2002) in eight countries, including Canada.² When WHO researchers asked older adults in ethnically mixed focus groups to define abuse, examples of disrespect were more pervasive and encompassing than other forms of abuse. Disrespect was viewed as the result of negative ageist attitudes, functioning both as a cause of abuse and a form of abuse itself. In our investigation of the Chinese-Canadian community, disrespect was a significant form of elder abuse that emerged in our findings.³

Home care workers described disrespect in a variety of ways in cases they considered as elder abuse. Two passages from focus group transcripts are provided to illustrate how various aspects of disrespect come together to humiliate the victim.

I was the PSW [Personal Support Worker] for an old lady, 90-something years old... I saw that the granddaughter was mistreating the old lady. But I'm not sure whether it was abuse. I couldn't tell what kind of abuse it was. But I felt uncomfortable and upset about it. I was doing home cleaning for the client. The client was sitting in the living room when the granddaughter came home. She spoke very loudly to her grandmother, with a very bad attitude. I didn't know whether it

was the regular way she communicates, but I thought she was rude. She shouted at the woman, telling her to "Go up to your room! Go up the stairs to your room! Don't stay in the living room!" I didn't say anything. I looked at the senior, sitting there, not wanting to move. The granddaughter starts shouting again, almost chasing the senior up to her room. The old woman could still move up and down the stairs by herself; she probably didn't want to stay cooped up in her room. I felt very bad. I know some seniors have hearing problems so family members have to speak very loudly to them, but this senior was not deaf. And besides, you can raise your voice without shouting. (focus group 1)

[My client] had two daughters who work during the day. My client wanted to talk when they came home, [but] the daughters just said, "You are very annoying, please don't say too much. I know, I know, I understand, I understand." The client could not communicate with the daughters. [The daughters] felt the client was annoying. This situation went on. When the client wanted something like bread, the daughters would bring home packages of bread. The daughters would buy the client whatever she wanted to eat, but they would not care about her. In general, they would not communicate with the client. And I felt sad for the family. They never sat down to have meals together. (focus group 3)

There were various types of verbal exchanges that home care workers described as disrespectful. Other aspects of disrespect involved family members being excessively "bossy" or "rude". They included abrupt and unreasonable commands, as in the first case, and dismissive comments, as in the second. Similar to the first example, another home care worker witnessed a daughter ordering her father to a different room for no apparent reason. In both cases, the elderly client was already settled in the room. Considering the mobility restrictions of the older gentleman, the home care workers noted that it would have been less disruptive for the daughter to move if she wanted privacy. Many of the home care workers described as abusive unnecessary scolding and nagging that their clients endured.

The things that were thought to be disrespectful included mis-naming (see a later example in this section, where a daughter addressed her mother, as "Mrs. ____" rather than "Mother") or name-calling. One man referred to his mother-in-law, whom the family kept locked in her room, as a dog in a doghouse; family members described an older man as "useless". In another case, family members threatened to send an elderly man to a nursing home against his wishes. In some families, home care workers noted that relatives talked unkindly about

death or joked about it. In one case, an elderly husband, whom the home care worker characterized as abusive, was heard directly taunting his wife with Parkinson's disease, asking her, "Why don't you just die now? How come you're still alive? You should be dead by now."

Exchanges characterized by a lack of direct communication with the older person were also considered disrespectful. Other home care workers mentioned cases similar to the second example, where their clients were seated separately from the family during meals. In other instances, clients were totally ignored or not allowed to make dinner conversation.

Disrespect was also revealed through space and movement restrictions. In one case, an older man, who had mobility and verbal limitations as a result of a stroke, was given a small solarium as a bedroom. The home care worker noticed that the temperature fluctuated drastically in the room, during the day and with the change in seasons. The family also stored things in the room, while the client's clothes got bundled up in plastic bags. The area was so cramped that the home care worker could not move the client's wheelchair to clean the space. When the homemaker mentioned how small the space was and how hard it was for her to manoeuvre, the daughters readily agreed but then did nothing about it.

One woman with Alzheimer's disease was kept in a room on the third floor, behind a locked gate, and called downstairs only for dinner. In another case, an older woman client's movements were restricted: "[The client] cannot go out of the designated area, cannot touch anything in the kitchen, cannot watch TV; just like a prisoner in her own room; no one in the family bothers to pay attention to her" (focus group 2).

In a couple of other cases, older women clients were told to stay in their rooms. These examples were doubly disrespectful, since seniors were not only made to feel unwelcome in common areas, they were also not able to have meaningful conversations or interactions with family members.

One home care worker talked about a client who did not even have her own space. The client lived with both her daughter and her son but did not seem to have a bed at either place. In the second focus group, the home care workers commented on a trend where the older person was a "ball being kicked around" among relatives. The workers thought that living in more than one place was unsettling for the older person, even though this was the way children could share the responsibility for their care.

A final aspect of disrespect centred on how relatives provided only the necessary food and shelter to the elderly clients but not much else—no comfort foods, no Chinese television and radio, or no hair-cuts. For example,

My client is an elderly woman who lives alone in her apartment. After her stroke, her daughter comes to visit almost every day. All the food is prepared and bought by the daughter. It looks like it's adequate because the meals contain meat, fish, vegetables, and fruit. But all the portions are carefully packaged and wrapped, so if she wanted to, the senior couldn't have any more [than the allotted amount]. The daughter comes most nights to cook dinner for herself and her mother. When they eat, they sit at the same table, but not facing each other; they never talk. The daughter has her back to her mother when eating. The daughter's manners are unacceptable.... The daughter doesn't speak to her; sometimes, she even addresses her mother as "Mrs. _____" instead of "Mother". There are big windows in the apartment, so it's very hot in the summer when the sun comes in. I see that the old woman's hair is very long, on her shoulders. I suggest she ask her daughter to take her to the hairdresser, but the client said her daughter only takes her when she feels like it; otherwise, there's nothing she can do... [The client] is a big woman, so it's hot and uncomfortable having hair down to her shoulders. She had a stroke, so she can't go anywhere without the daughter. I couldn't stand it, so I cut her hair, even though I'm not supposed to. It's such a relief for her. Her neck had a rash.... The daughter only gives her mother the bare necessities, food and rent. Keeps the mother alive—but that's all; she doesn't care about her mother's emotional or psychological needs. (focus group 1)

Home care workers observed a number of cases like the one above. In one case, a home care worker thought it was cruel that a daughter deprived her father of durian, his favourite Southeast Asian fruit, before he was scheduled for surgery, since she knew he would not be able to eat solid foods for some time afterwards. In other cases, some senior clients were found eating unbalanced, non-nutritious, or repetitive meals like rice with tomato sauce but without meat, pickled-over preserved cabbage with bread, a single soft-boiled egg, or plain rice flavoured with saltines.

Home care workers indicated that they felt upset or uncomfortable when witnessing disrespectful acts, which they identified as abusive, targeted at their clients. We noted in the two excerpts below, and in the very first case above, how home care workers occasionally expressed hesitancy about how their examples fit with established categories of elder

abuse or whether the examples of disrespect that they were describing could even be considered elder abuse. We pursue an analysis in the discussion section of this uncertainty as to what constitutes *elder abuse* as directly related to understanding disrespect as a culturally specific form of abuse.

I feel that Chinese take a different attitude to the word "abuse", not the same connotation as for Westerners... Just one of the examples given earlier, the son bought his mother candies and the way he remarked that they were too expensive ["I brought these candies for you, real expensive candies, the whole family would not have spent money to buy it ourselves but we bought them for you"]. He did not consider [this act] as... in any way abusive. We view some acts more easily as abuse, [like] speaking extremely foul language, swearing about death to others, physical beatings, etc.... (focus group 4)

I'm sometimes confused because what's considered abuse is not seen as such by the senior. The seniors rather live with the family, even though they get shouted at or scolded; it's much better than if they were deserted or thrown out on the street. In a way, the senior is content, even though it's a poor environment, with little space, but still, they're with the family. Their room is only a couple of meters across; they sleep on a makeshift bed only 3 feet wide. I may consider it abuse because the family shouts, scolds, and mistreats the seniors, but she doesn't. (focus group 1)

Isolation as a Social Condition of Elder Abuse

Home care workers identified multiple factors associated with the socially isolating circumstances of their clients. Focus group participants talked about how older Chinese immigrants arriving in a new country were isolated as a result of being dependent on their children in many ways. According to home care workers, some of their clients were retired and financially dependent. As newcomers, they would not be eligible for pensions, old age security, or welfare. However, dependence was not only financial, since some older Chinese people received income support and some clients were even known to "help out" with mortgages and other family expenses. An elderly immigrant's dependence on family members was also affected by his or her English language proficiency. Home care workers noted that a low level of English was a major barrier to older clients' leaving the home or using public transportation to access programs and services on their own. Some clients, with their child as their sponsor, did not know about their rights as immigrants in sponsorship relationships or about what to do when abuse occurred, and thus felt they had to do as they were told and endure mistreatment.

Home care workers acknowledged that immigrant caregivers express frustration or impatience with their dependent elderly relatives, which could escalate to abuse. However, they also recognized that the source of frustration might result from the accumulated pressures and stress of balancing hectic work and family schedules. They accepted that many family members worked long hours in multiple and/or low paying jobs. In the words of one worker, "Everyone is so busy; it's not that they don't care, but they're too tired."

Home care workers perceived clients' loneliness and depressive symptoms as resulting from isolation. For instance, being socially isolated was a huge change, for one client, from the life she led in Hong Kong, where she had a large network of friends, family, and neighbours. In Canada, she relied solely on her daughter and son-in-law to get around. One worker talked about how clients were sad to see her finish her work and asked when she would be back. Another worker served a blind woman who, left alone at home during the day with nothing to do, was often crying. A couple of workers talked about how their clients seemed to be "waiting to die". In some cases, brooding thoughts indicated an extreme level of despair, with two clients talking openly about suicide and one about running away. Another client told her worker that she thought of committing suicide by jumping off the roof of her two-storey home, but her relatives joked that if she did not die after jumping, she would be worse off.

Home care workers saw the traditional values held by Chinese seniors as a factor in understanding elder abuse. They confirmed that Chinese seniors generally wanted to "keep their own ways" and were reluctant to change, which home care workers saw as the basis for misunderstanding and family arguments. Chinese clients still expected their sons and daughters to take care of them in their old age, and when that did not happen or did not happen to their satisfaction, the resulting conflict was thought to lead to "a type of mental abuse where clients feel lonely and depressed". Home care workers said that their clients preferred to "live together under one roof" with their families, that older Chinese people were "family-focused" but perhaps too much so for Western society. Throughout the focus groups, home care workers repeatedly mentioned how, in keeping with their desire for family togetherness, Chinese seniors did not want to live in nursing homes. There was at least one participant in every focus group who verified that elderly Chinese persons preferred to stay in their homes with their families. Clients told workers and a staff member that they would rather die than be sent to a nursing home or institution.

Discussion

Disrespectful acts are abusive because they transgress the Chinese value and norm that dictates respect for elders. In order to understand why the actions in the examples given were disrespectful, we clarify their meaning and significance by showing that they contradict norms of filial piety, using Sung's (2001) categories of elder respect. In total, Sung proposes 14 different forms of elder respect from his review of research; the forms directly violated in our examples were *care respect*, *victual respect*, *linguistic respect*, and *spatial respect*.

In terms of care respect, elders are supposed to be cared for and provided with personal care, nourishment, home making, and health and social services; beyond this, they should be made to feel happy and comfortable. The home care workers noted elder abuse in cases where elderly clients were provided for in terms of basic care needs but where emotional care was absent, where the family "didn't seem to care". Victual respect requires that family members serve foods and drinks that the older person likes and requests. The examples where special or nutritious foods were denied obviously violated victual respect. Linguistic respect, using respectful language when speaking to and addressing elders, was violated in the examples of name-calling and "rudeness". Given that there are rules of naming to signify hierarchical relationships in Chinese culture, calling your mother anything but "Mother" definitely breaks cultural customs. Finally, the examples of movement and space restriction contravened spatial respect, which dictates that elderly people be given seats or places of honour, quiet rooms, and adequate living quarters.

To assess fully the impact of disrespectful acts, we must also locate them within a broader social context in which Chinese elderly are experiencing settlement in a foreign country. From this perspective, being deprived of relatively trivial items like Chinese TV and radio or familiar foods or candy indeed breaches cultural expectations of keeping elders happy and comforted. In fact, experiencing familiar things may be even more important so that seniors who are newcomers can feel at ease in their new Canadian life.

Some readers might suggest that cases of disrespect are simply examples of psychological or emotional abuse and neglect. Indeed, there may be common signs and symptoms that signify the occurrence of abuse; however, the acts themselves are subtly distinct from typically reported examples of psychological abuse or neglect. For example, in the cases of verbal abuse reported, the abuser did not threaten the elderly person to his or her face with physical violence or bodily harm; rather most name-calling occurred in the

third person, in an indirect manner. Rather than yelling and insulting the older person, the abuser in our examples was seen to scold and nag the victim excessively. Home care workers articulated the distinction between disrespect and other types of elder abuse when they said that they felt uncertain whether the disrespectful acts they described were, in fact, elder abuse or, if they were, what type of abuse they were. In the second-to-last passage quoted above, the home care worker suggested that the Chinese had a "different attitude" towards or connotation for the word "abuse". Later on, she had trouble defining "lesser acts" of disrespect as abusive in comparison to the ones she named easily. Not being able to name or categorize disrespectful acts as abuse occurs because disrespect is not captured by categories established using Western standards; yet, within the Chinese context, they are considered abusive.

To categorize disrespect as psychological abuse or neglect misses its meaning and significance as a culturally specific form of abuse. Disrespect is a powerful form of abuse because it is hidden in a Chinese cultural context, where the value of elder respect does not have a meaning equivalent to that in Western society. Similarly, Tomita (1998) found that silence functioned as a form of abuse for the Japanese; it was used to shut out elderly people in a culture where free expression of emotion is intolerable. While Chinese people may recognize disrespect as unacceptable, it remains invisible under generic categories of elder abuse. Even though victims themselves may not articulate the acts as elder abuse (see last quotation), we surmise that they experience tremendous harm, given that disrespect means the rejection of cherished values by close family members.

In addition to determining the form of abuse, we also wanted to assess the social conditions under which abuse occurred. A social exclusion framework informs this analysis. Social exclusion is a multidimensional approach to understanding how people become marginalized as a result of constrained participation in key areas of social life, often due to a lack of material resources but also in other ways, including discrimination, chronic ill health, geographic location, or cultural identification (Littlewood & Herkommer, 1999; Burchardt, Le Grand, & Piachaud, 2002).

Home care workers articulated different aspects of disadvantage related to being an older Chinese immigrant that influenced their risk of abuse and neglect. Focusing on financial and language barriers and related immigration and settlement issues, the dependent relationships elderly Chinese immigrants experience are seen as a result of exclusionary processes that limit or prevent their access to

appropriate resources and services. On the one hand, having less access to, or knowledge of, available resources, programs, and services increases elderly Chinese persons' risk of being socially isolated and dependent on family members to meet all their needs. On the other hand, family members who struggle to make ends meet may also be experiencing social exclusion as members of racial minorities in the workforce. Their exclusion further intensifies the marginalization of older Chinese immigrants. This analysis in no way excuses abuse, but it does locate abuse outside of a family-conflict model that assumes that one person abuses and the other one loses and leaves little room for considering the losses to and impacts on both as a result of exclusion from social and economic systems.

Social isolation was an important feature in the cases of elder abuse described by home care workers. Isolation is a form of social exclusion that involves restrictions and circumscriptions of social contact and social relations (Littlewood & Herkommer, 1999, p. 15). Being socially isolated, older victims have fewer opportunities to disclose what is happening to them. Isolation is the social condition that allows abuse to be effectively hidden. One of the program coordinators observed that less isolated clients, who had larger social networks and connections with church, community centres, or other family members, were better able to cope in times of crisis than those with smaller social networks.⁴ Citing international research, Brownwell and Podnieks (2005) corroborate the importance of isolation as a factor in elder abuse and neglect. Ending social isolation of seniors was recommended by international participants in this research as a viable prevention and intervention strategy (WHO/INPEA, 2002).

Understanding the marginalization of older Chinese people means assessing both their lack of resources and their experience of processes and structures that relate to their sense of personhood (Blackman, 2001). For an older Chinese immigrant in a new and unfamiliar place, her/his sense of personhood might be associated with involvement in and fulfilment of cultural traditions and values. These beliefs may be especially meaningful if an older Chinese person experiences a type of cultural exclusion in Canada where s/he has relatively low levels of influence and power in her/his family and in a society where institutions do not support Chinese values. Often, expressed hostility to nursing homes is attributed to an elderly person's cultural preference for family togetherness, whereas the rejection of institutions, programs, and services may have more to do with their reputation of being culturally inappropriate or insensitive. In fact, local nursing homes that cater to a

Chinese clientele are in very high demand. One home care worker from the study mentioned how families were willing to wait for several years for space at one of a few Chinese nursing homes where, compared to other homes, the waiting lists for placement were significantly longer.

Conclusion

Based on this study, disrespect is the key form that elder abuse takes in the Chinese-Canadian community. Disrespect is a culturally specific and particularly lethal form of abuse because it contradicts the value of elder respect, which has added meaning for older Chinese immigrants who are becoming accustomed to a new life and a foreign culture. Based on our finding that elder abuse takes a different cultural form in the Chinese context, we recommend that researchers be cautious about applying elder abuse categories derived from a Western cultural perspective to understand or account for abuse in other cultures.

Examining the impact of multiple processes of social exclusion on older Chinese immigrants and their families enabled us to understand the dynamics of elder abuse under the condition of social isolation. Instead of focusing on individuals, this perspective draws attention to how isolation results from a lack of access to resources and/or culturally appropriate programs and services. Recognizing that elder abuse occurs to Chinese Canadians as elderly members of racial minorities living in immigrant families requires that we consider their position in power relations that structure their vulnerability to abuse. We concur with feminist scholars (Aronson, Thornewell, & Williams, 1995; Neysmith, 1995; Aitken & Griffin, 1996; Whittaker, 1997; Wilke & Vinton, 2005) who have long argued for incorporating an analysis of power into an understanding of elder abuse and its connection to other types of violence.

Notes

- 1 For a discussion of purposive sampling in qualitative research, see Long and Godfrey (2004, p. 184).
- 2 Argentina, Austria, Brazil, Canada, India, Kenya, Lebanon, and Sweden.
- 3 This article focuses on examples of disrespect. Study participants also described a wide variety of financial, physical, psychological elder abuse and neglect cases that were both similar to and different from those documented in previous research. Many of the cases featured multiple forms of abuse, raising the question about the usefulness of currently used typologies. Abuse occurred across different relationships, with perpetrators and victims displaying a variety of characteristics. For details of complete findings,

see Carefirst Seniors and Community Services Association (2002).

- 4 For a discussion of similarities and differences between social and care networks, see Keating, Otfinowski, Wenger, Fast, & Derksen (2003).

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