

Prevention of Abuse of Older Women in the Post-Migration Context in Canada

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Abstract

Immigrants represent 28% of the Canadian population over 65, and older immigrants – more of them are women – now comprise the majority of the aging population in Canada's large metropolitan cities. Despite ample research about abuse of older adults in general, few Canadian studies have focused on abuse of older immigrant women. This paper reports policy-relevant findings from a project that aimed to develop a shared program of research to prevent abuse of older immigrant women in Canada. The project involved a review of the literature on elder abuse and immigrant women, local meetings with key stakeholders in seven provinces, a public event in Toronto, and a two-day interdisciplinary symposium with provincial stakeholders. Two significant themes emerged from these activities: the value of bringing together professionals representing multiple disciplines and service sectors as well as older immigrant women and the need for changes in social policies to reduce older immigrant women's vulnerability to abuse and support their resilience. This paper examines relevant social policy contexts and highlights the previously-overlooked implications of the ideology of familism within policies concerning prevention of abuse and the importance of intersectoral collaboration.

Résumé

Les immigrants constituent 28 % de la population canadienne de plus de 65 ans. Les immigrants âgés, dont la plupart sont des femmes, représentent désormais la majorité de la population vieillissante des grandes métropoles canadiennes. Malgré de multiples recherches sur les violences

envers les personnes âgées en général, peu d'études canadiennes se sont concentrées sur les violences envers les immigrantes âgées. Ce document présente les conclusions d'un projet visant à élaborer un programme commun de recherche pour prévenir la violence envers les immigrantes âgées au Canada. Ce projet comprenait l'examen des publications existantes sur les violences envers les aînés et les immigrantes, des réunions locales avec les intervenants clés de sept provinces, un événement public à Toronto et un colloque interdisciplinaire de deux jours avec les intervenants provinciaux. Deux thèmes majeurs ont émergé au cours de ces activités : d'une part l'intérêt de rassembler des professionnels représentant de multiples disciplines et secteurs de services, et d'autre part les immigrantes âgées et la nécessité de faire évoluer les politiques sociales afin de réduire la vulnérabilité des immigrantes à la violence et de soutenir leur résilience. Ce document étudie les contextes sociopolitiques pertinents et met en avant les implications auparavant négligées de l'idéologie de la famille dans les politiques relatives à la prévention de la violence, ainsi que l'importance de la collaboration intersectorielle.

Introduction

Canada's population is becoming older and more diverse. Presently, immigrants comprise 28% of the Canadian population aged 65 years or older, and the proportion of older immigrants is larger in major cities (Turcotte & Schellenberg, 2007). For example, of all older adults residing in Toronto and Vancouver in 2001, 63% and 51% respectively were immigrants. Among older immigrants who arrived in Canada in or after 1991, 75.6% belonged to a racialized community. Furthermore, women represent a greater proportion of older immigrants than men (Turcotte & Schellenberg, 2007). Despite this demographic trend, however, little is known about important issues faced by older immigrant women: a key concern is violence against women. Many studies have focused on violence against women and abuse of older adults, but few Canadian studies have considered older immigrant women experiencing abuse and neglect. In our search of literature published from 2000–2010 we found only 6 empirical Canadian studies on this topic.

There are many definitions of abuse of older adults/elder abuse, but an internationally recognized one was formulated by the World Health Organization ([WHO], 2002, p.2) at an international symposium in Toronto, now known as the Toronto Declaration:

Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. It can be of various forms: physical, psychological/emotional, sexual, financial or simply reflect intentional or unintentional neglect.

So as to be accepted by all countries worldwide, this definition purposefully left out some “sensitive” issues such as systemic abuse, violation of rights, or spiritual abuse, which are explicit in some other elder abuse definitions. However, the Toronto Declaration on the Global Prevention of Elder Abuse acknowledges that a “cultural perspective is mandatory in order to fully understand the phenomenon of abuse of older adults – i.e. the cultural context of any particular community in which it occurs” (WHO, 2002, p. 2). It also recognises that certain sub-groups are more vulnerable to abuse, such as women. Within the family context, the rates of abuse experienced by older women (41%) are almost twice as high as those experienced by older men (23%) (Statistics Canada, 2011). Only two population-based studies on abuse of older adults have been conducted in Canada (Podnieks, Pillemer, Nicolson, Shillington & Frizzel, 1990; Statistics Canada, 2000), and the sample size did not permit analyses of gender and ethnicity combined. Therefore, no national prevalence rates of abuse among older immigrant women in Canada are available. In the Canadian context, research indicates that older immigrant women experience various forms of violence from

their husbands, children, and children-in law (Guruge et al., 2010; Kilbride, with Farrell, DiSanto, & Sadeghi, 2010; Ploeg, Lohfeld, & Walsh, in press; Walsh et al., 2007; Walsh, Olson, Ploeg, Lohfeld, & MacMillan, 2011). Nearly 35% of older victims were abused by a family member (Statistics Canada, 2011). However, a study about older immigrant women shows that their experiences of abuse and neglect extend beyond the family domain; their experiences further reflect a convergence of multiple “isms” of oppression, including ageism, sexism, racism, ablism, and classism which make older immigrant women “invisible” and vulnerable (Guruge et al., 2010). In light of this important finding, this paper is written from a feminist intersectional anti-oppressive perspective that takes these societal and structural dimensions of abuse into account.

In particular, familism plays an important role in perpetuating conditions that become the ground for abuse of older immigrant women. Familism, in general, can be defined as a family-centred norm where solidarity of the family as a group supersedes the interests of individual members of the family (Rozario & DeRienzi, 2008). In this context, familism’s central ideal is familial obligations or family duty. Cultural norms to fulfill filial obligations can be challenging for immigrants and ethnic minorities (Koehn, 2009; Ramos, 2004), particularly in light of fluctuations in interpretations (Kobayashi, 2000) and expectations (Matsuoka, 1999) of filial responsibility from one generation and geographical context to the next. The underlying assumptions about family obligations in social policies have been criticized for placing the onus of responsibility on the person in need of care and her/his family (particularly on women), which can render both parties vulnerable to exploitation and abuse (Brotman, 2002; Forbat, 2004).

In social policy, familism has been the hegemonic ideology (Dalley, 1988; Hooyman & Gonyea, 1995; Walker, 1991). The centrality of family responsibilities has been evident since the Poor Laws (Walker, 1991), and ideology of familism has played a pivotal role in the development of social policy in Britain (Williams, 1989). This is also true in Canada (Graham, Swift & Delaney, 2012); it is assumed that filial obligations or family duty will compel families to provide care for ailing older relatives in their homes (Flores, Hinton, Barkere, Franz, & Velasquez, 2009; Silverstein & Parrott, 2001; Walker, 1991). The ideology of familism is inherent in home-care policies for older adults that have been subject to feminist critiques (Dalley, 1988; Hooyman & Gonyea, 1995; McDaniel & Gee, 1993). Walker (1991) argues,

the ideological construction of a particular form of individualist western family organization – with traditional gender division of domestic labour and normative belief systems concerning responsibility for care within the family of procreation and the family of orientation – underlies all contemporary forms of organization of everyday life. (p. 104)

The ideology of familism incorporates ideas of individualism and considers the family to be the foundation of the state, seeing minimal state interference as ideal. Although Mothers’ Allowances in the 1920s, and Family Allowances implemented in 1945, may be considered examples of state support for family solidarity, the ideology of familism nevertheless assumes that state support weakens family solidarity and self-reliance. Thus, familist ideology meshes well with the emerging neo-liberal ideology of individualism and state non-interference.

Literature critiquing the ideology of familism disappeared after the mid-1990s, which coincided with the continuous rise of neo-liberal ideology. In the 2000s the focus of research shifted to psychological analyses of individual beliefs on familism and caregiver stress. For example, Losada et al. (2010) and Sayegh and Knight (2010) found that familial obligations were associated with negative mental and physical outcomes of caregivers. However, the hegemonic discourse of familism must be examined since, as Williams (1989), and Hooyman and Gonyea (1995) elucidate, familism assumes the subordinate status of women and ethnic and racial

minorities and legitimizes patriarchal and racialized structures. In particular, such examination is important with regard to abuse of older immigrant women in Canadian society today, where the so-called “traditional family” hardly exists: Single-parent families and same sex families are not exceptional, two income-earners are common, women are expected to provide both productive and reproductive work, and immigrant families often suffer a plunge in class status following migration to Canada.

This paper presents policy-relevant findings from a recently-completed interdisciplinary collaborative project. We found that significant obstructions to improving policies that could prevent abuse of older immigrant women can be located in the ideology of familism, and that there is a need to examine this fundamental assumption in social policy.

Project Background

The overall goal of the project was to develop a shared program of research to prevent abuse of older immigrant women. Our collective interest in the project evolved from our previous research and professional/practice work with older immigrants, older adults, violence against women, and abuse of older adults. The project consisted of four phases. In Phase 1, we conducted a critical review of research published from 2000–2010. Primary keywords were: intimate partner violence, domestic violence, elder abuse, violence against women, abuse, and Canada. This review identified strengths and gaps in the literature and led to key ideas to be addressed in the next phase. In Phase 2, we held face-to-face meetings with researchers, health, social and settlement service providers, community partners, and policymakers at each of the participating sites to obtain an understanding of practice, policy, and research work already completed or underway in each of the seven provinces involved in this project: British Columbia, Alberta, Manitoba, Ontario, Quebec, Nova Scotia, and Newfoundland. Discussions were summarized and shared with the full team and informed the subsequent discussions in Phases 3 and 4.

Phase 3 involved a public event held in Toronto to raise awareness on abuse of older adults. The focus of the event was to hear from six older immigrant women from six provinces who were able to address key issues that they or other older immigrant women from their communities face in the context of various forms of abuse. These women were selected by the researchers and workers at community agencies as individuals who were willing to speak about these issues in public. We defined older adults as those who are over 55 years old to be inclusive of different understanding of aging. The event was attended by 57 participants including these six older immigrant women, the general public from various age groups and representatives from various health, social service, and settlement agencies, undergraduate and graduate students, educators, and researchers. The goal was to explore potential solutions or ways in which older immigrant women could be supported, and to work towards prevention of abuse. Additionally, a few members of the research team provided background on the topic based on their own work in the area and the local discussions in Phase 2. These presentations generated a dialogue with the event attendees.

Phase 4 involved a two-day symposium in Toronto, to which we invited one researcher, one community partner, and one older immigrant woman from most of the participating provinces. Day 1 included a total of 30 participants (12 multidisciplinary researchers, 8 representatives of social service and settlement organizations, 5 older immigrant women, and 5 students). The goals were: networking, sharing knowledge about the topic, and catalyzing new initiatives for incorporating findings from Phases 1- 3 into practice, policy, education, and research. A “World Café” model was used to guide discussions that stemmed from key ideas identified in Phases 1–3. A total of 22 participants from Day 1 (9 researchers, 6 representatives of social service and settlement

organizations, 4 older immigrant women and 3 students) convened on Day 2 to identify key research gaps based on the above work, and to reach consensus on interdisciplinary research priorities for addressing abuse of older immigrant women. This approach helped to triangulate information gained from the diverse group of stakeholders from the seven provinces and to generate a common set of policy changes that must be implemented to address this complex issue within this group that has received limited attention from policymakers.

Findings and Discussion

Types of Abuse and Neglect

Findings from the four phases captured various types of abuse and control experienced by older immigrant women. These included emotional, verbal, physical, and financial abuse, which are part of the WHO definition; participants also identified spiritual abuse. Older women from some ethno-cultural backgrounds perceived abuse as disrespect, especially when the original language does not have an equivalent word for abuse. They preferred to describe the situation as mistreatment rather than “abuse” as the latter was perceived as “too strong.” The findings revealed that older immigrant women often become unpaid “nannies” or “housekeeper” in the post-migration context. Various types of neglect they experienced included being left in malls or temples all day, or not being provided with meals, medications, transportation expenses, shelter, and/or timely access to health care providers and medical services. Examples of abuse reported include verbal abuse by grown grandchildren, physical abuse by daughters-in-law, and psychological abuse, such as the propagation of rumours in the community. In some cases, abuse that began as intimate partner violence earlier in life continued, but most often older immigrant women experienced abuse in relationships with sons, daughters, sons-in-law, daughters-in-law, and grandchildren.

Factors Contributing to Abuse and/or Increased Vulnerability of Older Immigrant Women

During each project phase, possible factors contributing to abuse were identified. They can be categorized into *micro-, meso-, and macro-level* factors. Discussions during meetings revealed considerable interplay among these factors. Micro-level factors included social isolation of older women and/or their families, language barriers, financial constraints in the family, financial dependency of the older woman on the family, lack of information about rights, resources, and services, caregiver burnout, and changes in status at home and in the community following migration. These are all influenced or created by both meso- and macro-level factors. Meso-level factors were identified across provinces: a lack of culturally- and linguistically-appropriate approaches, services, and information about resources and services, including translation/interpretation services. Participants also identified an absence of inclusive language to address abuse and neglect among older immigrant women, and insufficient culturally- and linguistically-appropriate screening and assessment tools for abuse and neglect. All of these factors are related to a dearth of agency responsiveness and outreach to this particular population. Not only are there insufficient services such as housing, mental health, homecare, respite, and transportation for them, but they also do not have adequate access to shelters, services to address isolation, literacy, and education. Also identified as significant factors were service providers’ knowledge about how immigrant older women perceive abusive relationships (e.g., the substitution of “mistreatment” for “abuse”), as well as inadequate skills, training, and awareness of abuse and neglect or about victims’ rights. All of these factors may result in a lack of trust in service providers among older immigrant women. Differential access to and responsiveness of the agencies in urban, suburban, and rural locations also create a context of abuse and vulnerability. These are all shaped

by macro-level factors. Such factors included insufficient funding, absence of policies supporting older immigrant women and their families, immigration systems that negatively affect the lives of older women and their families, and the intersection of systemic issues such as sexism, ageism, and racism in Canadian society. Changes in macro-level factors could greatly reduce the negative effects of meso- and micro-level risk factors related to the abuse of older immigrant women.

Key Policy Areas for Prevention of Abuse of Older Adults

The following sections focus on five key policy areas for the prevention of abuse of older adults that were identified during the project: immigration, employment/income security, education, housing, and health and social services.

Immigration

Some older immigrant women have spent a long time in Canada; others migrated to Canada more recently through the Family Reunification program. One issue that is seldom addressed in the literature on abuse of older adults, but was made very clear during this project, is the hardship related to or arising from immigration policies, specifically Family Reunification.

Researchers have only recently begun to examine the relationships between immigration policy and abuse of older women (Koehn, Spencer & Hwang, 2010). In Canada, immigration policy falls under federal and provincial/territorial jurisdiction. Under the current Family Reunification program, individuals sponsoring parents and grandparents must support them for a period of 10 years (rather than three years, as is the case for other age groups) during which time they are not eligible to receive social assistance and federal benefits such as OAS and GIS. Ten years is a long time to assume such financial responsibilities, especially during an unstable and unforeseeable employment and economic environment (McLaren, 2006). The assumption underlying this particular policy does not reasonably reflect the current situation for many Canadians and creates an unnecessarily long imbalance in power relationships between older adults and their sponsors.

The numbers of parents and grandparents allowed entry to Canada under the family class has been reduced substantially since the mid-1990s (McLaren, 2006), while the Family Reunification program as a whole has been reduced by 15% and by 25% for grandparents since 2006 (Sullivan, 2011). These changes have lengthened the waiting period for older parents (and grandparents) to longer than five years (Canadian Council for Refugees, 2011). The restriction in sponsorship and a disproportionately-long sponsorship responsibility for the elderly makes these policies age-discriminatory. Observers from local communities in the seven provinces speculated that these changes contribute to growing numbers of undocumented older immigrant women. Not having legal status makes them more vulnerable to abuse, not just within the family settings but also in employment situations. Such policies are based on the ideology of familism – the ideology that family should be responsible for the care and support of older members – and result in negative views of older adults as a burden to society (McLaren, 2006), placing older immigrant women in a much more vulnerable position.

Employment/Income Security

The lower income levels among immigrant older adults compared with Canadian-born older adults have been well documented (Dempsey, 2009; Kaida & Boyd, 2011; National Advisory Council on Aging, 2005). This project identified newcomer older women's financial dependency on adult children and relatives and income insecurity as serious threats to their well-being. The Old Age

Security, Canada/Quebec Pension Plan, and Guaranteed Income Supplements are the main public income security programs for older Canadians, but not for new older immigrants under the Family Reunification program (Elgersma, 2010; Service Canada, 2011). Many of them are not eligible for the universal OAS programs until they meet the 10-year residency requirement, which coincides with the sponsorship period for older parents (see Elgersma, 2010 for more details). To assist their sponsors who face financial constraints, many older women are forced to take up work which is typically low-paid and extremely arduous (Koehn, Spencer & Hwang, 2010). During the symposium participants noted that language barriers, lack of education and qualifications, combined with ageism, sexism, and racism within the Canadian employment system, limit older immigrant women's access to better-paid jobs. Our local meetings revealed that older immigrant women are expected to provide care for grandchildren and/or housekeeping to support their adult children and their families. When such services are no longer needed, they may be seen as a burden both by the family and the state. Participants heard that when older women became eligible for the OAS, some sponsors applied for benefits without their knowledge to help cope with their financial difficulties; when the older immigrant women learned about their rights at seniors' centres and challenged this financial abuse, they were often prevented from gaining further information by the family on the grounds that it was "unnecessary." This is a form of financial exploitation within the family. Familism suppresses such interpretations and provides a convenient rationale for the exploitation of older immigrant women; the unity of the family as a group takes precedence over the individual's interest. Thus, family is viewed as providing much-needed support for older women but in reality it may also be a source of risk. We can argue that familism, which perpetuates patriarchy (Williams, 1989; Hooyman & Gonyea, 1995), in combination with disrespect to older adults within the family, elevates such risks. Financial security based on a market economy with limited universal income security leaves older immigrant women with very little choice but to endure the "mistreatment" they describe.

Education

Participants highlighted two areas in education policies that could be powerful preventative measures for the abuse they faced: (1) education for older immigrant women, and (2) education for professionals, the community, and the public. Ameliorating language barriers to all services for immigrants has been advocated for decades. Newbold and Filice (2006) reported that language barriers prevented immigrant older adults from utilizing health care. All local meetings held during this project identified a lack of linguistically appropriate services as a serious deficit, yet very few communities have English as a Second Language (ESL) classes to help older immigrants access mainstream services. This is a reflection of a political system that maintains immigration policy under federal and provincial/territorial jurisdiction, while identifying settlement services for immigrants as falling under provincial/territorial and municipal responsibility. In parallel with the findings of Kilbride et al.'s (2010) study, participants indicated that language training for older immigrant women helps prevent isolation. Some success stories have also been reported: Taylor, Taylor-Henley and Doan's (2005) study on an ESL program in Manitoba revealed that when language education was available, older adults not only gained self-esteem, hope, and improved mental health, but also became valuable agents for prevention and intervention of abusive situations. These authors concluded that language training did not stop at language development but helped older immigrants develop networks of support outside of their families, obtain information, and prevent isolation. Our participants agreed that language training should be available to older adults, regardless of how long they have been in the country. Presently, language education for older adults is not widely-supported and there seems to be an ageist assumption that older adults

cannot achieve language proficiency; when translation/interpretation is necessary, the family would/should/could provide it. The team heard from the communities that family members may have inadequate language skills and information about services, and in some cases may have conflicts of interest that make older immigrant women even more vulnerable. The unchallenged ideology behind such presumptions is that of familism and needs to be scrutinized.

At our symposium, participants identified education about abuse of older adults to older "immigrant women, the community, the public, children, and professionals as essential to preventing abuse." They emphasized the need for continuous funding to educate health, social, and settlement workers about abuse of older adults. They also highlighted the need to train professionals in the necessary skills and reflective anti-oppressive practices that would help them work beyond stereotypes and misconceptions about the families of older immigrant women, such as: "immigrant families are always happy and respectful of older members," "these families take care of older adults," and "abuse and neglect of older immigrant women does not exist." These speak less to reality than to the unexamined ideology of familism that exists among professionals. These misconceptions, along with policies based on them, must be challenged with a critical understanding of complex interactions of sexism and ageism within families and society at large.

Housing

Our project identified housing as a significant gap in services and provisions for older immigrant women. Often older women have little knowledge of affordable housing, and even when they do, the housing itself is limited and waiting lists are long. Furthermore, navigating the system is complicated and intimidating, especially for those whose first language is neither English nor French, who are newcomers, and who are in abusive situations. When abuse is involved, applicants are placed on the fast track, but even with such provisions, moving to safe and affordable housing takes time. Canadian studies (e.g., Basavarajappa, 1998; Ng, Northcott & Abu-Laban, 2007) have reported that older immigrants are more likely to live with extended families than alone. Older adults who immigrated to Canada later in life tend to lack the skills and resources for independent living (Ng, Northcott & Abu-Laban, 2007) and end up having to depend on familial resources (Lai, 2005; Ng, Northcott & Abu-Laban, 2007). However, for older immigrant women who face abusive situations, any policy assuming compensation by their family resources perpetuates their vulnerability. A recent Ontario study (Kilbride et al., 2010) involving immigrant women sponsored by families clearly identified this risk; older participants in the study wished to live independently, noting that Canadian housing is not appropriate for multigenerational living, and voiced their need for more subsidized housing.

Health and Social Services

Health and social services are considered important for the well-being of older immigrant women, and can provide a space for them to engage and share knowledge with each other. Some forms of abuse and neglect among older immigrant women are related to not receiving needed health and social services. According to our participants, in some cases this was due to neglect, but in others women were intentionally prevented from getting care or medication. Health and social services providers who participated in our project identified barriers related to the "Three As": accessibility, availability, and affordability. Services may not be accessible because information is not available to older immigrant women. Even when they become available they are not necessarily accessible because of language and transportation barriers; and they are not affordable because the women lack resources to pay for medication, arrange translation and transportation, or find the time to attend or to have a family member accompany them (Koehn, 2009). Healthcare practices and

policies, in general, are based on the expectation that families can and should help older immigrant women utilize services; however, not all families can do so and, in some cases, the entire family is facing similar barriers. Feminist literature about caregiving to older adults speaks to the perils of familism in terms of the patriarchal expectations that women typically fulfill. These result in unreasonable demands on families that can compromise the care of older adults and threaten the health and wellbeing of caregivers, who are most likely women (Kim et al., 2007; Losada et al., 2010). Local meetings revealed that when older immigrant women have no choice but to depend on their families, it becomes harder to speak against them.

Recommendations

By examining five key policy areas, our research identified useful approaches to developing and delivering services to prevent and intervene in the abuse of older immigrant women. These include collaboration with a wide range of both private and public community organizations, such as schools, banks, media, social service and recreational agencies; targeting both older immigrant women and perpetrators; approaching issues cross-culturally and inter-generationally; and using multimedia (written, audio-visual, mass media) to deliver culturally and linguistically relevant information about abuse of older immigrant women. These approaches envision community capacity-building to provide supportive environments and additional resources for older immigrant women and differ from the existing policies and programs, which rest on the ideology of familism and expects women's free caregiving labour, dependency on families and perpetuation of patriarchy (Dalley, 1988; Hooyman & Gonyea, 1995).

The project identified difficulties with (and in some situations a complete lack of) intersectoral collaboration in the five policy areas to bring comprehensive and seamless assessment, intervention, care and support, and prevention to immigrant older women; however, intersectoral collaboration holds promise for assisting community capacity-building to counter abuse of older immigrant women. Our consultations, as well as the published findings of team members (Guruge et al., 2010; Koehn et al., 2010; Matsuoka, Clarke, & Murphy, 2010; Tyyskä, 2008; Walsh & Hassanali, 2010; Walsh, Olson, Ploeg, Lohfeld, & MacMillan, 2011), highlight the need to situate prevention and intervention efforts in the context of intersecting social determinants of health, including culture. Solutions will not be found in a single system such as the health system: "Recognizing and effectively leveraging the breadth of knowledge and expertise that exists among community stakeholders will increase the health system's capacity to improve the accessibility and acceptability of the services it offers, such as health promotion and primary prevention programs" (Provincial Health Services Authority, 2011, p. 44). However, as we found, coordinated mechanisms and forums for sharing research evidence and promising practices are badly needed to break down silos and decrease fragmentation. Intersectoral collaboration should include partnerships involving government, business, nonprofits, communities, and the public (Bryson, Crosby & Stone, 2006). Cooperation is necessary between different divisions of provincial governments such as immigrant settlement, education and health, as well as municipal government departments responsible for transportation and community programs. The not-for-profit multicultural and immigrant settlement sector is another vital partner in this enterprise.

For example, collaboration between the BC Centre for Elder Advocacy and Support (BCCEAS) and MOSAIC, an immigrant settlement agency, has introduced older immigrant adults already attending MOSAIC programs to legal topics such as substitute decision-making arrangements, cancelling or revoking agreements, disagreeing with decisions of "incapacity," and wills as they relate to the potential for abuse of older adults (MOSAIC, 2008). Thus, while

BCCEAS provides the necessary legal expertise, MOSAIC facilitates access to this hard-to-reach population of older adults and tailors workshops to their specific needs. They do so by assisting with language barriers and by ensuring that topics are specific and relevant to this group, such as immigrants' eligibility for services and resources, sponsorship breakdown, and other options that might be available if ineligible.

Recognition of abuse of older adults requires collaboration between different disciplines in all community sectors (Podnieks, 2008); and policy to reflect this interdisciplinary nature is emerging. One such example is Québec. In June 2010, Québec introduced social policy related to this issue: It launched the Governmental Action Plan to Counter Elder Abuse 2010–2015 and has invested \$20 million to implement this five-year plan (Government of Quebec, 2010). This groundbreaking policy was led by the Seniors' Secretariat in collaboration with 12 other ministries and government agencies. It views the abuse of older adults not just as a social, medical, or legal problem but as a complex issue that crosses over the responsibilities of several ministries, and is intended to make "better use of our services by better synchronizing them and by focusing on intersectoral efforts" (p. 41). A total of 20 coordinators within 16 regions of Quebec were hired to coordinate prevention, detection, and intervention services and to implement the plan. This approach acknowledges the importance of having an agency responsible for intersectoral collaboration to improve services for older adults. Most of the provincial strategies to combat abuse of older adults promote intersectoral and interdisciplinary collaboration; yet, reports from our local meetings indicate difficulties in such collaboration. It is time for us to push further to work beyond organizational and policy silos in order to address real, complex social issues such as the abuse of older adults.

Conclusions

Our findings suggest that intersectoral collaboration within and among immigration, employment/income security, education, housing, health and social services sectors is important for prevention, and that the existing ideology of familism should be challenged in these vital policy areas to help eradicate abuse of older women in the post-migration context in Canada. The effects of familism on social policy and programs in the field of abuse of older adults are yet to be critically explored. In particular, intersections of gender and age oppression (sexist ageism) within the context of family, community and society at large need to be examined in relation to policy and programs so that services become available, accessible and affordable. Such explorations should offer promising opportunities to develop new theories. The important policy examination is the optimal level of support by the state to immigrant families living with older women that will help maintain family relationships but not undermine the older immigrant women's dignity and respect from their families.

As this paper was being written, the Federal government placed a moratorium on new applications for parents and grandparents to the Family Reunification program for 24 months starting November 5, 2011. During this time, the government announced it would issue a "Parent and Grandparent Super Visa." This multiple-entry visa is valid for up to 10 years and allows an applicant to stay in Canada for 2 years at a time. The government website notes "...instead of waiting for eight years, a parent or a grandparent can come to Canada within eight weeks... applicants will be required to obtain private Canadian health-care insurance for their stay in Canada" (Citizenship and Immigration Canada, 2011, para 6). Immigration Minister Kenney said "We recognize that what parents and grandparents want most is to be able to spend time with their families" (Citizenship and Immigration Canada, 2011, para 9). However, during the symposium we heard that most immigrants' parents come to Canada not merely to "spend time" with relatives but

to contribute to their family by providing necessary domestic work such as childcare, which is difficult to obtain because of the expense. Such economic contributions to the family and society are not recognized and compensated because fundamental assumptions of care policies rest on the ideology of familism, i.e. that the family assumes care responsibilities. Not only is parents' work unrecognized but under the Super Visa, an applicant will never be a permanent resident nor be given rights of residents such as health care. As discussed above, this leaves immigrant older women vulnerable to abuse. If a vital part of Canadian immigration policy is to assist immigrants' settlement process, the government must develop and strengthen programs and policies which do so, including those to prevent older women against the risk of abuse.

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