HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Standing Committee on the Status of Women

FEWO • NUMBER 007 • 1st SESSION • 41st PARLIAMENT

EVIDENCE

Thursday, October 27, 2011

Chair

Ms. Niki Ashton

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● (1555)

[*English*]

The Chair (Ms. Niki Ashton (Churchill, NDP)): In the interests of time, maybe we can get things started.

On behalf of our committee, I'd like to welcome Assistant Professor Dr. Silvia Straka from the University of Manitoba, who is presenting to us as an individual, but I know her association with my home province, and also, by video conference, Dr. Marie Beaulieu,

[*Translation*]

…from Sherbrooke, Quebec. I'd like to welcome both our witnesses.

[*English*]

I'd also like to bring to the attention of the committee the fact that we do have 15 minutes to ask our witnesses questions after their presentations. To give a chance to all of us, given that we have to go through the subcommittee report, I'd like to give each party the option of having five minutes to question these witnesses. Otherwise, it's looking like a pretty limited situation, the way it stands right now.

Are we okay with that idea? I see some nodding heads.

Mr. Holder.

Mr. Ed Holder (London West, CPC): You mean five minutes in the same order that we normally follow?

The Chair: Yes.

Mr. Ed Holder: Okay.

The Chair: I'm sorry. Actually, my suggestion was Conservative, NDP, and Liberal, in the interests of equity in the 15 minutes that we have. Are we okay with that? We won't have a subcommittee report to pass every time, but this might be the chance to hear from everybody.

Mr. Ed Holder: Again, Chair, I apologize. How long will these folks have to present? I don't want to take much more time on this.

The Chair: We'll have 15 minutes. They'll each have 10 minutes to present to us.

Mr. Ed Holder: So that gets us until a quarter past.

The Chair: Yes. We'll have 15 minutes, so what I'm suggesting is five minutes each. I saw some nodding heads.

Mr. Ed Holder: That gives 35 minutes to this group and one hour to the last group. Is that what your suggestion is?

The Chair: Yes.

Mr. Ed Holder: Why wouldn't we equal it out?

The Chair: We could try. I don't know if the witnesses are available.

Dr. Silvia Straka (Assistant Professor, As an Individual): I have to catch a flight. I was told that it would be finished at 4:30 p. m.

The Chair: Maybe with that timeline in mind, we could.... I saw some heads nodding to that idea. Are we okay with splitting it? That sounds good.

Maybe we can begin by listening first to Dr. Straka.

Dr. Silvia Straka: Thank you.

Madam Chair, honourable committee members, ladies and gentlemen, thank you very much for inviting me here to talk about this important issue.

As you no doubt already know, intimate partner abuse against older women is a problem that falls between two major areas. There are two different resource networks. One we can call elder abuse; the other, domestic violence. There have been,up until very recently, two very distinct bodies of research, two bodies of knowledge, and two very different ways of conceptualizing the problem and therefore its solutions.

I came to research this issue when I was asked by an expert elder abuse intervention team, a social work team in a Quebec CLSC, to help them develop a model of intervention for intimate partner abuse. They recognized that, despite their expertise, they were really struggling with these scenarios, and that these scenarios were different in nature from other forms of elder abuse.

I interviewed 30 social workers from Quebec CLSCs working in home care, asking them to bring to me and to our research team their most difficult and complex cases and to discuss them. Then we held some focus groups.

Out of that came some interesting new things that I hadn't thought about. One is that they all brought to us cases that had extended for many decades. I realize that it can start later in life, but the cases the workers brought sometimes had gone on for as long as 60 years. They talked about intimate partner abuse over the lifetime as having a life of its own and said that it changes shape at different points in the couple's life. It can escalate, it can get more physical, it can get less physical, and it can appear to go underground for a short period of time, but it's always there.

In particular, retirement seems to be a trigger. It's a point where husbands are now in the home all the time. The workers really highlighted how now they micromanage and have ultimate control over a woman's life from the moment she wakes up till the time she goes to bed.

Another trigger that appeared to be important was health changes—changes in the health status of one member or the other or both.

The cases they brought to us were across a real spectrum, from healthier young or older women to older women who were very sick and very old. I just want to talk about a few recommendations; you'll see how that spectrum manifests a little bit.

In terms of the healthier women, let's say, for example, that it's the case of a woman in her mid- to late-sixties who is relatively healthy. She actually comes to the social worker wanting to talk about the abusive relationship and make some decisions about it. That kind of case was a minority of the cases encountered in the aging system.

But the issue there was that the social workers in the aging system need to have a better understanding of the dynamics of intimate partner abuse, because in some of the cases what we saw was that they tried, with the best of intentions, to help empower women to be more assertive and stand up to their husbands, and it backfired. If you're looking at a situation where there are dynamics of power and control, then the reaction is that men need to exert more strategies of control, which can result in escalating violence, and that creates a much higher risk scenario.

So the lack of that knowledge can at times put women at risk, and I think it's important that workers in that intervention system have that kind of knowledge.

In terms of the intimate partner abuse systems, the women's shelters, and the services around that, I think what they have lacked has been an understanding of some of the dynamics of intimate partner abuse after retirement. We don't know a lot about some of those triggers yet. We need to learn more, and the workers need to understand how it manifests in the later years of life so that they can be more helpful. They need to also understand how to adapt services to the concerns and needs of older women, which are different from those of younger women in some ways. I think the case that I described could have been well dealt with in either system, with those caveats.

● (1600)

The second type of scenario happens when there are more serious health concerns involved. Physical issues, mobility problems, or maybe somebody had a stroke...these types of cases tend to come into the aging network, and they come in because of the health issue. They don't come in as a relationship or abuse issue, but as a request for services.

If you have such a case come in as a request for home care services, you may end up with two clients with competing needs and intervention priorities. You might end up with an older man who needs some home care services but is abusing the older woman.

So who is your client and what is the ultimate priority? Is it to help keep the man living in the community? That may require keeping his wife with him because she's helping him with his day-to-day living. Or is it to take care of the problem of intimate partner abuse? That would prioritize the woman's needs, but it might end up with him placed in long-term care. It gets a lot more difficult when you have complex health issues entering the picture. We had some cases that were at the extreme end of complex health issues. These come in through the aging system, and it's a whole different ballpark from the first type of situation I talked about.

For example, there was the case of a woman in her late eighties, an immigrant who spoke neither English nor French. She displayed strong evidence of dementia, but had not been legally declared incompetent, and was physically ill as well. Her husband was keeping her isolated in the home. There was a nurse coming in occasionally, and a home care aide, but the husband never left them alone for a second. There were bruises and other evidence of physical abuse. He was not allowing her to have proper medical care. Because she had not been declared legally incompetent, it was extremely difficult for the health care team to adopt a more protectionist approach that would draw on the legal system. The laws vary from province to province, and they're part of the ethical and legal issues that complicate the health and the abuse issues.

It's little wonder that many of the workers we interviewed expressed great feelings of powerlessness. One of them asked how we could unravel 60 years of abuse. I felt this was something that needed to be addressed. We need to consider the structure of practice and the ways these workers are supported and equipped.

I have a couple of recommendations. They're interconnected. As social workers, we're the health care professionals who are most specifically mandated to promote the self-determination of the client, so there's a real tension here between a risk-and-protection scenario versus an empowerment scenario.

For example, in the latter case that I mentioned, it's quite clear that there's a fair bit of protection needed. But do we need to take away an older woman's voice or her right to make her own decisions?

Based on our practice with younger women, we tend to think that the only way to resolve some of these problems is for the woman to leave. That has been discussed through some reports and research, and I think we need to rethink that. I think we need to listen a lot to older women. We've heard very little from older women about how they understand this problem, about what their experiences are, and what their choices would be in these situations.

We need more conversations across resource networks. Had I remained in Quebec where the research was done, I was hoping to do a next step, which was to bring women's shelters and CLSCs into conversation with each other, and to bring policy-makers and older women into that conversation. I think we need to do that. That kind of conversation would allow us to develop research questions that will help us to form a response. I don't think there is a one-size-fits-all response for this whole gamut of situations.

It is important that this whole research and intervention agenda be driven by the voices of older women, as opposed to being driven by the voices of professionals and policy-makers.

Thank you.

● (1605)

The Chair: Thank you, Dr. Straka.

Now we turn to Madame Beaulieu, from Sherbrooke, who is joining us on video conference.

[*Translation*]

Good afternoon, Ms. Beaulieu. Can you hear us?

Ms. Marie Beaulieu (Tenured Professor, As an Individual): Yes, I can hear you.

The Chair: Excellent. We're ready for your presentation.

Ms. Marie Beaulieu: With pleasure.

Madam Chair, committee members, thank you for inviting me to discuss the issue of the abuse of seniors, particularly older women.

I think you are looking at a major social issue, considering two fundamental aspects. Obviously, there is the aging population of Canada, which is very important, and the growing recognition of the abuse of seniors, which comes as a result of work that initially focused more on violence toward children and spousal abuse.

I would like to talk to you about how the abuse of older women is different from those two major areas.

I'll introduce myself very quickly, which will help you understand where I'm coming from. I'm a criminologist by training, a professor in social gerontology and social work at the *Université de Sherbrooke*, but for the past year, I have also been a research chair on the abuse of seniors. This research chair is funded by the Quebec government's department of the family, seniors and the status of women.

According to Gloria Gutman, president of the International Network for the Prevention of Elder Abuse—or INPEA—it's the only chair of its kind in the world. So I'm basing my comments today on 25 years of research, during which I have worked closely in the areas of practice and have very relevant experience because I have worked with the Government of Quebec as a scientific expert in developing the Governmental Action Plan to Counter Elder Abuse, the plan for 2010 to 2015.

In the next few minutes, I would like to discuss five points that I feel are fundamental for continuing your work. These are things you have already started working on, I'm sure, but I will shed new light on them.

My first point is the issue of gender. It is recognized demographically that there are more women than men because women have a longer life expectancy than men. So the fact that you would choose to focus more specifically on women is entirely justified from that perspective.

We also know that some specific forms of abuse are linked to gender. So they are going to require interventions that are also gender-specific. I'm thinking of a conference I attended just last Saturday morning when I was in Ottawa. It was for the Canadian Association on Gerontology. Someone from Mexico talked to us about the age of abused seniors. The youngest older women, so women who were between 60 and 70 years of age, were more often the victims of spousal abuse than the older women. This was explained by the fact that the spouse was still alive, whereas later on, the spouse had died.

I think it is very important to take an interest in the abuse of women, not only in the spouse or family environment, but also more generally.

I'll come to my second point—trusting relationships—in a minute. We must not lose sight that older women, like all older people, are not a homogenous group and focusing on older women means taking into account the particularities aside from chronological age, such as the person's life, socio-economic conditions and access to services.

We must also not fall into the trap of focusing only on people we feel are objectively more vulnerable, because it has been clearly shown in the study of abuse that, on one hand, there is the vulnerability of the victim—their own characteristics—and on the other, the issue of risk factors associated with the environment. The abuser is often part of that network. So it's important to take a balanced look at the vulnerability of the victim and the risk factors to realize that in some cases we may have someone who is very vulnerable but who will never be abused because that person's environment doesn't present any risk factors. Meanwhile someone who would objectively be not very vulnerable or not vulnerable at all could be abused because the environment presents risk factors.

● (1610)

My second point involves understanding the abuse in all its forms. Very often we use the definition of the WHO, which includes both violence and negligence in a trust-based relationship. We also say that abuse causes harm and distress to seniors. As you know, the issue of abuse is an umbrella, or global, concept that includes both spousal abuse, which ages with the couple, and family relationship issues. For example, there may be an adult child with social problems who lives with a parent. To some degree, it may be very helpful to the older mother, but it may also become very abusive at times. It is very interesting to see that the son or daughter may depend on the older mother.

So in addition to the issue of abuse at home that we are talking a lot about, we must not lose sight of the abuse of older women in seniors' residences, which is often less studied because it is harder to have access to. Older people in those residences are people who are the least independent. They are mostly older women.

My third point is at the heart of my presentation. I'm talking about the importance of measures relating to the extent of this phenomenon of abuse. Last Friday, we attended a seminar in Ottawa where we presented the results of a first national study, conducted in French and English, that measured the scope of abuse toward older people, at home and in seniors' residences. I think that Ms. Lynn McDonald had the opportunity to talk to you about it last week.

I was responsible for the francophone component. We now have a questionnaire that is ready to be administered. It is important to fully understand the situation, but we often—and I would say unfortunately—have to provide numbers to draw attention to the fact that people are being abused. The two population studies that we used to provide approximate data on the extent of this phenomenon are fairly old. The first dates from the 1980s. It shows that at least 4% of seniors living at home are abused by their family. The second, which was done as part of the General Social Survey, so by Statistics Canada, in the late 1990s, reveals that the proportion had reached 7%. So those two studies show us just the tip of the iceberg, given that only seniors able to answer the telephone could answer the questions. That means that someone who could not answer the telephone, someone who was less independent or who was near the abuser, could not answer.

If these 7% are just the tip of the iceberg, it's time we collected some new data. In the questionnaire that we proposed to Human Resources and Skills Development Canada, we clearly showed that it is important to use objective and subjective measures in the case of abuse. For example, if we ask people if they feel neglected, they might say no, but for specific questions, such as whether they have received all the help they need to take a bath or go to the bathroom, they say they haven't received that help. In other words, there is a dichotomy between what people experience and what they feel. So it's important to show the objective and subjective aspects of victimization.

My fourth point deals with the importance of the impact of abuse on the lives of seniors. An American study showed that abused individuals die at a much younger age and have more illnesses than others. It would be important to find out whether the situation is the same in Canada, so to properly measure the repercussions of this abuse.

My last point is about the role of the federal government. Canada has 13 jurisdictions: 10 provinces and three territories. What can bring us together is criminal law, but also reflection on the conditions that may be connected to financial transfers to the provinces. I think it's important that each province take into account the situation of the abuse of older women and that this results in not only political statements but also implementation, which will allow us to follow up in this area.

Thank you.

● (1615)

The Chair: Thank you very much, Ms. Beaulieu. You had two seconds left. You really were right on.

So, thank you to the two witnesses.

We are now going to move on to the questions.

Ms. James, you have the floor.

[*English*]

Ms. Roxanne James (Scarborough Centre, CPC): Thank you. I will be splitting my time with my colleague from Winnipeg South Centre.

Welcome to the two doctors who are witnesses today.

There's been a common thread in all of the discussions up until now,with all of the witnesses to date and also with the two doctors who are here. I keep hearing the words “vulnerability” and “vulnerable members”. I think that as a society one of the greatest things we can do is make sure that we protect the most vulnerable members of our society. I think one of the greatest responsibilities of any government is the safety and security of its citizens.

I just want to get acknowledgement that we agree: that as they age, elder seniors—and that doesn't necessarily mean just women, but also men—become more vulnerable, whether that means physical abilities or possibly mental capabilities as well.

I want to direct this question to Dr. Straka first. Do you believe that seniors are in that group that's deemed to be vulnerable? I have heard you mention that, so I just want to get confirmation that you agree with that statement. We've heard it in almost every committee meeting to date.

Dr. Silvia Straka: Being an academic, it's hard for me to give a black and white response. I don't think seniors in and of themselves are vulnerable. My parents are 85 years old. I think they would really resent it being said that they were vulnerable.

Ms. Roxanne James: But in terms of an abusive action against a senior who may be 85 years old.... I'm certainly not soliciting action against me, but in an abusive situation, with something done against me versus something done against an 85-year-old woman, the severity of the injuries is going to be much greater for the 85-year-old. They're going to need to have more time to recuperate, both mentally and physically. I don't think anyone here could argue with that.

So age is definitely a factor when it comes to the terms of rehabilitation, recuperation, and getting back up on their feet. Would you agree with that statement?

Dr. Silvia Straka: Not all abuse against older women is physical. I think it's a minority—

Ms. Roxanne James: My question is actually regarding abuse, though, physical abuse. Would you agree with the statement that the abuse of elder women has a more severe impact than for people in their thirties or forties—physically—with regard to bone density and everything else that we talk about?

Dr. Silvia Straka: I'm a social worker, not a doctor or nurse.

Ms. Roxanne James: But in your opinion...? The point that I'm trying to get across is.... The witness we had in a prior committee, the national director for the Canadian Centre for Elder Law, was shocked, actually, and said what they found was that the age of the victim was rarely mentioned in terms of decisions about appropriate sentencing. That was the biggest surprise for us. The person from this centre was actually very concerned that age was not a factor in sentencing.

Actually, I would like to ask Dr. Beaulieu as well what her comments on that would be. Would you consider that a senior woman, being older in regard to physical health and well-being, would be a more vulnerable person compared to someone who is maybe in their thirties or forties and who is a victim of an abusive situation? Would you classify them as being vulnerable members of our society?

● (1620)

[*Translation*]

Ms. Marie Beaulieu: As I just said, the issue of vulnerability should always be put in parallel or balanced with risk factors.

I think what you're talking about are the possible issues of the loss of independence associated with aging. Right now, it's less a question of chronological age than a question of biopsychosocial conditions. We can put two 60-year-olds or 80-year-olds side by side and they will seem relatively different.

But you are focusing on something that I think is important. In situations where people are losing their independence…

[*English*]

Ms. Roxanne James: I apologize for cutting you off, but time is of the essence here.

I just want to make mention—

The Chair: I understood that you were sharing your time with Ms. Bateman.

Ms. Roxanne James: Oh, okay.

The Chair: There's one minute for Ms. Bateman to ask a question.

Ms. Roxanne James: I apologize for that.

The Chair: No worries.

[*Translation*]

Ms. Joyce Bateman (Winnipeg South Centre, CPC): Thank you.

Welcome to everyone.

[*English*]

Dr. Straka, you mentioned a couple of pieces that I will abbreviate. *Je m'excuse*.

You spoke of the complexity of health issues.

By the way, welcome from Manitoba.

Could you expand on that? I think that's an area we are starting to hear about from our witnesses in regard to the complexity, the difficulty that people have at a certain age with more complex issues.

You alluded to that in your comments. Could you expand, please?

Dr. Silvia Straka: It's hard to do that in one minute.

But I think that even without abuse we're looking at interventions with people in situations in which you may have an older couple with, as Dr. Beaulieu mentioned, other factors in the environment, either supportive factors, or problem factors that increase risk. Also, you're talking about cognitive, physical, and family issues and all of that.

These are very complex social work and health care interventions to begin with. When you add abuse and add a health care system that is not set up to intervene with abuse, you then have a situation that is incredibly complex.

I'm sorry that I can't speak more to it in the time we have.

The Chair: We're past the time now.

Maybe, Dr. Straka, you will want to come back to touch on that point.

We will go to Ms. Borg and Ms. Freeman.

[*Translation*]

Ms. Charmaine Borg (Terrebonne—Blainville, NDP): Thank you very much for being here today. It's a pleasure to hear your presentations.

My first question is for Ms. Beaulieu.

I know you are somewhat familiar with the situation of the residential and long-term care centres in Quebec. You know that there is a lack of standards governing the care offered in private and public facilities. Do you think one way to resolve the problem would be to adopt standards in the long-term care facilities?

Ms. Marie Beaulieu: You are touching on a complex problem, in other words the issue of housing for older people where public services are increasingly reduced and there are more and more private residences that offer housing, care and services to seniors.

Quebec is currently certifying these various facilities so that they have minimum standards. This certification process is taking much longer than expected.

But I fully agree with you that there is a real need to have quality services in all facilities, whether they are public or private, to ensure that we are properly meeting the needs of seniors.

I think preventing abuse is not just a matter of the quality of care. It's much more global. It's about quality of life in those environments.

Ms. Charmaine Borg: Exactly.

My second question is also for you, Ms. Beaulieu.

One of the reasons why the provinces can't receive federal funding under the Canada Health Act is that care for seniors is not considered medically necessary.

Should we improve or change that?

Ms. Marie Beaulieu: You are touching on a fundamental point. I think the loss of independence, so all the degenerative illnesses that may occur in the aging process, is a well-documented reality, not only in geriatrics, but in social gerontology as well. I think considering the eventual need for care for seniors is a fundamental issue.

At the same time, since I'm from a social background, I wouldn't want us to consider abuse only as a medical problem. There are biopsychosocial components and the psychosocial is really crucial when it comes to intervention because assistance more often comes through the psychosocial aspect than the medical one.

● (1625)

Ms. Mylène Freeman (Argenteuil—Papineau—Mirabel, NDP): Thank you very much, Ms. Beaulieu.

[*English*]

I have questions for Dr. Straka.

You talked about older persons' empowerment. How can we bring empowerment to elders as a harm reduction approach, as opposed to something such as criminalizing, etc.?

Dr. Silvia Straka: One of the things I mentioned is that we need to hear more from older women themselves, from groups that represent older women.

The second thing is that while I very much appreciate the concern with protecting—that has to be there, because for some of these older women there are some very important vulnerabilities—we also have to be very concerned to balance that with not thinking that we can always protect them. Their wishes may be to make choices that put them into situations of risk, and that's every woman's choice to make, assuming that she has the cognitive capacity to do so.

Ms. Mylène Freeman: Right. So we are talking about not stigmatizing the victim—and the perpetrator, who may be a family member.

Dr. Silvia Straka: I am also talking about the ageism that permeates our society, even in the health care services. There is research documenting it.

Ms. Mylène Freeman: How can we do that? What kinds of services can we offer for that?

Dr. Silvia Straka: I'm not sure specifically which services, but it's about the principles by which we provide services and the ways we understand the complexity of that tension between protection and empowerment. In some situations it's going to go more towards one side, and in other situations more to the other.

This is something social workers face in their everyday practice with aging. We're the ones who will advocate more for the empowerment side. It's often a very difficult situation to be in.

Ms. Mylène Freeman: Thank you.

I have a quick question for

[*Translation*]

…Ms. Beaulieu.

Can the age-friendly cities movement and other similar initiatives help reduce the abuse of seniors? Would they give seniors more independence?

The Chair: You have 20 seconds to respond.

Ms. Marie Beaulieu: I didn't understand the beginning of your question, but I see that you are getting me back to the topic of independence.

Ms. Mylène Freeman: I was talking about age-friendly cities.

Ms. Marie Beaulieu: I think it's complementary. Age-friendly cities are based on the principle of the social involvement of seniors and the information of seniors. The basic principle is that an age-friendly city provides a balance between the health, social involvement and safety of seniors. I think it's really fundamental. From that perspective, an age-friendly city is friendly for all ages. It is organized so that there are important ties and relationships between the generations.

The Chair: Thank you very much, Ms. Beaulieu.

[*English*]

Ms. Sgro, you have the floor.

Hon. Judy Sgro (York West, Lib.): Thank you very much. I'm watching the clock, so I'll try to be brief.

Dr. Straka, just listening to both of the witnesses doesn't give us a lot of hope for the future at the rate we're going. It sounds like a pretty depressing future when you think about the numbers of women who, as young women and as women of middle age, are vulnerable all the way through on financial issues, health issues, and so on. All of those just get worse.

How big a problem is it in comparison with what you found in the work you did for the WHO? Within our own country, in Canada, how big an issue is it? How much more support do we need to flag this issue? We need to know how big an issue it is.

As to the work you did through WHO, if it's a big issue in Canada, I can't help but feel that it's a big issue in many countries. How is it in Sweden in comparison with Canada? Did you talk to them in your research?

Dr. Silvia Straka: I can't speak to those prevalent statistics about abuse against older women because we really don't have them in a way that's comparable.

However, I agree with your concern about Canada and the need to continue to look at health issues and social issues with a gendered lens rather than just look at generic people. And it's not just a gendered lens: we also need to look at other dimensions of marginalization in our society. I can't speak to the numbers because they're really not available in a way that's comparable.

● (1630)

Hon. Judy Sgro: Thank you.

The clock is at 4:30, Chair, and I don't want to put the rest of you out.

Thank you.

The Chair: Okay.

Thank you very much, Ms. Sgro.

Thank you very much, Dr. Straka.

[*Translation*]

Thank you very much, Ms. Beaulieu. Thank you for being brief.

[*English*]

Thank you very much for being to the point.

Ms. Freeman.

Ms. Mylène Freeman: I have a really quick comment in the spirit of Ed Holder: could we get the speaking notes you had at the beginning published?

Voices: Oh, oh!

Ms. Mylène Freeman: Thank you.

The Chair: We'll ask Dr. Straka and Madame Beaulieu, if they would, to send these notes to the clerk of our committee.

Thank you very much for joining us today.

We'll do a quick switch and ask the other witnesses to come in.

● (1630)

(Pause)

● (1630)

The Chair: I'd like to call everybody back to their seats. We can get started with our next round of witnesses, who seem to be ready to share their wisdom with us.

For this second panel, I would like to thank the two witnesses who are joining us this afternoon. From the Native Women's Association of Canada, we have Ms. Claudette Dumont-Smith, the executive director, and we also have with us Dr. Christine Walsh, associate professor at the University of Calgary.

On our list, we have Ms. Claudette Dumont-Smith first.

Each of you will have 10 minutes.

We'll start with Ms. Dumont-Smith.

● (1635)

Ms. Claudette Dumont-Smith (Executive Director, Native Women's Association of Canada): Thank you.

Good afternoon, ladies and gentlemen. Thank you for the invitation to offer testimony today towards your study on the abuse of older women and, in particular, your interest in the experience of older aboriginal women.

My name is Claudette Dumont-Smith, as Ms. Ashton just said. I'm Algonquin, from the Kitigan Zibi community, which is just 90 miles north of here on the Quebec side.

Welcome to Algonquin territory.

I'm a registered nurse by profession, but I've been in the management field for quite some time now.

I'd like to begin speaking on this issue by going back to 1993, when I was a member of the Aboriginal Circle on the Canadian Panel on Violence Against Women. Through the work carried out by the panel, extensive research was carried out on the issue of violence against women, including the aboriginal female population. It was documented in the panel's final report in 1993 that there was a serious lack of research on aboriginal elderly women who are victims of violence and abuse.

Moving forward to 2002, I carried out research for the Aboriginal Healing Foundation on the issue of elder abuse in Canada. My research again indicated the lack of data on elder abuse in Canada in general, and even less data specific to the aboriginal population. In 2007, as the health director of the Native Women's Association of Canada, I prepared a proposal to examine elder abuse specific to aboriginal women and once again realized the scarceness of data in this area.

I would suggest that the findings of the research paper of 2002 would still hold true today, because there just isn't any research out there. That paper focused on domestic abuse, which is defined as “any of several forms of abuse or maltreatment of an older person by someone who has a special relationship with the elder”. The three most frequent forms of abuse towards the elderly are the physical, psychological, and financial forms, including neglect.

Although there is a lack of statistical evidence to indicate that the rate of abuse and neglect of aboriginal female seniors is greater than that for the mainstream population, it is highly unlikely or even implausible to think that the rates would be similar or even less in light of their living conditions. Every indicator of violence, or known contributing factors, raises the risk of violence for aboriginal women, and makes the rate greater.

For example, aboriginal people experience higher rates of domestic violence overall. Drugs and alcohol dependency are serious issues. Overcrowding is common with the extended family, that is, the older members living with younger families. The loss of a role in the aboriginal society due to the impacts of the Indian residential school system, along with poorer socio-economic conditions, indicate that they live in very high-risk conditions in regard to violence and neglect.

I would like to inform the members of this standing committee that the Native Women's Association of Canada has been addressing this issue since 2007, but first I would like tell you about the Native Women's Association of Canada. It has served aboriginal women in Canada for 37 years, with the goal of enhancing, promoting, and fostering the social, economic, cultural, and political well-being of aboriginal women of all ages.

As mentioned above, a proposal was submitted to the new horizons for seniors program to examine this issue. Through the funding that was received, NWAC was able to carry out its very successful 22-month project entitled "Grandmother Spirit." I'd like to speak on that project now.

The Grandmother Spirit project was undertaken to raise awareness of senior abuse, safety, and well-being for senior aboriginal women in Canada. The project was based on the belief that grandmothers, senior aboriginal women, hold tremendous life experience and wisdom, and that they should guide work carried out on the issues of senior abuse, as well as identify what needs to be done to help ensure that senior aboriginal women are safe and well in their communities.

This honours the spirit of our grandmothers, of the roles our grandmothers held prior to colonization, and also the need to restore recognition and respect of these roles in our communities and Canadian society today.

● (1640)

The project was guided by an advisory committee composed of elders, community members, service providers, and academics—and it even included youth. The advisory committee served to ensure that this project was carried out in a good way, by helping to develop the approach to research and consulting on issues of ethics, sampling, and how to share the knowledge that was gathered.

The Grandmother Spirit project used an aboriginal approach to research, gathering together grandmothers from across the country in research circles to collect their stories and learn from their life experiences and wisdom. The grandmothers were asked to share what they knew or were taught about the care of seniors/grandmothers, what they felt impacted safety and well-being, including issues of senior abuse, what was happening or already existing in their communities that helped to address issues of safety and well-being, and what they felt was needed, but more importantly, their visions for moving forward.

The grandmothers shared that there was a general lack of respect toward grandmothers and grandfathers, which contributes to the invisibility or acceptability of senior abuse in our communities. Actively revitalizing respect for our seniors and elders and for all our community members is an important action towards preventing the mistreatment and abuse of seniors and elders from becoming normalized.

The grandmothers were able to describe many factors, which also came out in the 2002 study, that they see as contributing to or holding senior abuse in place, including: fear, silence, isolation, poverty, the need for more engagement of seniors and elders by political leadership, and the challenges of addressing issues of abuse in smaller communities. Further, they described a range of abuse they had witnessed or experienced in their own communities, including: neglect; emotional, psychological, sexual, financial, and material abuse; and abuse relating to medication.

The abuse relating to medication was very commonly discussed and included a range of abuses, from the theft of a grandmother's medication for use or sale by a family member, to the abuse of medications to have grandmothers sedated such that family members could more easily access their home, their belongings, or their money.

Institutional abuse is an emerging category that was identified through the Grandmother Spirit project and it should be further explored in future research exploring issues of senior abuse. Here, institutional abuse refers to harm to seniors or violation of their rights resulting from institutional or government policies or practices.

One of the key examples would be the barriers for many aboriginal seniors to age in place—that is, to remain in their own communities—due to lack of services, resources, or facilities. Many reserve-based communities have complained of the difficulties of trying to secure funding to build, maintain, and offer long-term care and/or assisted living centres.

For some seniors, accessing needed care means they are moved several hundred or more kilometres away from their home communities, their family members, and land. The resulting isolation, often paired with care provided in English instead of their own language, and care that is not culturally sensitive, was directly linked by the grandmothers to the experience of being ripped away and placed in residential schools. The category of institutional abuse underlines the need to address systemic issues that can re-enact trauma or compound the social exclusion experienced by aboriginal peoples in Canada.

At the same time, the grandmothers also identified things they saw in their communities that were helping to raise awareness of, to stop, or to prevent senior abuse. For example, one grandmother had started a local radio show to raise awareness and talk about issues of senior abuse. In one on-reserve community, we learned about an innovative program in which local RCMP officers visit and have tea with elders who the community or community health staff have identified as vulnerable or who they think may be experiencing abuse but not reporting it.

Another example of a positive approach to promoting the safety and well-being of grandmothers is embodied in the work of the Aboriginal Senior Resource Centre of Winnipeg. The centre offers a broad range of programs and services that continue to evolve in response to the needs of the seniors served by the centre. It provides assisted living units for aboriginal seniors and opportunities for seniors to socialize, speak their own language, share their knowledge, develop new skills, volunteer, and participate in the local community, all of which can be understood from a holistic approach as contributing toward safety and well-being.

● (1645)

We asked the grandmothers who participated in our project to share what they feel is needed to keep grandmothers safe and well in their communities. This includes emphasizing the importance of cultural values and family and community relations, as well as addressing broader structural issues of chronic underfunding for aboriginal community services. Reflecting on the knowledge of the grandmothers' efforts to address issues of senior abuse, safety, and well-being requires a culturally driven, long-term, holistic view that engages all members of our communities from young to old.

NWAC will continue to pursue funding to develop meaningful resources, programming, and policy analysis to support aboriginal women, their families, and communities in addressing senior abuse, safety, and well-being, based on the recommendations of the grandmothers who participated in our project. This includes a heavy emphasis on fostering cultural connections, including relationships between the youth and the seniors, developing educational and workshop materials for the community, assisting aboriginal women, and advocating for needed change in policies related to inadequate funding support for on-reserve or aboriginal-specific long-term care, home and respite care, and home improvement programs to help grandmothers modify their homes so they can age in place in their homes.

It should be noted that NWAC has held a seat on the advisory committee for the National Initiative for the Care of the Elderly, NICE, a project that is developing a national definition and measurements of the abuse of older adults. NWAC continues to advocate for attention to issues of cultural relevance and sensitivity in how these definitions and measurements may be used.

We look forward to continuing to work with all stakeholders in the field of senior abuse to ensure that the unique needs, concerns, and circumstances of senior aboriginal women are addressed.

Thank you.

The Chair: Thank you, Ms. Dumont-Smith.

We'll now move to Dr. Walsh.

Dr. Christine Walsh (Associate Professor, As an Individual): Thank you. I'm very pleased to present to the House of Commons Standing Committee on the Status of Women.

In my remarks today, I will examine some of the background information relevant to a study of violence against older women. I will also prioritize the voices of marginalized older women by sharing the experiences of two women, Mei and Darlene, both of whom have experienced elder abuse. Their names and some other critical information have been changed.

I will close with some key messages.

Violence against girls and women is ubiquitous. For females, exposure to violence occurs across the lifespan, beginning in childhood and extending into adulthood and, indeed, old age. Young girls in Canada are at the greatest risk for all forms of child abuse and neglect compared to boys, according to the best available evidence. The gender difference is particularly dramatic in the incidence of child sexual abuse, with a three-fold difference observed. This gender difference is also noted globally.

The General Social Survey of Canada reports similar rates of victimization between men and women in adulthood. These studies, however, fail to account for the context or the outcome of violence. DeKeseredy and Dragiewicz argue that the characterization of violence as sex-symmetrical is unwarranted, because of the magnitude of men's violence against intimates as well as the gendered cultural environment that propagates violence against women.

Despite the limitation in existing statistical evidence, there is much to say that in Canada women are more likely than men to be victims of the most severe forms of spousal assault, as well as spousal homicide, sexual assault, and criminal harassment. Women are five times more likely to be killed by intimates than are men, whose greatest risk of homicide is from strangers or acquaintances.

The disproportionate rates of violence against women are also reported internationally. A World Health Organization study concluded that one of the most common forms of violence against women is that performed by a husband or a male partner.

Canada's population is rapidly aging. Consequently, issues related to older adults, such as violence against older women, must be a priority. The importance of elder abuse research is justified by the serious psychological, physical, and economic consequences of elder abuse, which have been estimated at more than $500 million a year.

A growing body of evidence suggests that different types of violence, from childhood to older age, share similar etiologies, risk, and protective factors. Victims of one form of violence are at greater risk of experiencing another form. Different forms of violence may occur simultaneously in the same family or in the same person. The presence of one form of violence may be a strong predictor of the existence of other forms in that setting.

Many definitions of elder abuse have been offered, none of which have been accepted universally. Recent definitions have taken more of a human rights approach in looking at the violence against older adults. A recent analysis of the prevalence rates of spousal abuse for older adults using the General Social Survey data found no difference based on gender. However, once again, these studies suffer from flaws, as previously outlined.

The World Health Organization identified populations of older adults at increased risk for abuse. These include women, those living in poverty, the very old, and individuals with limited functional capacity. Race and ethnicity have also been implicated.

In this next section, I will provide some information on two of these populations, with an illustrative case for each.

The first is immigrant women. As the Canadian population ages, it is also becoming increasingly ethnoculturally diverse. Presently, immigrants represent a considerably large group among older adults in Canada, with women comprising the greater proportion of older immigrants.

Despite this demographic trend, little is known about the key issues facing older immigrant women. A key concern for women across their lifespans is violence against women. While considerable research is emerging on violence against women and on abuse of older adults, a dearth of Canadian research exists on older immigrants' experience of violence.

Now I'm going to talk about Mei. After she was widowed at age 68, Mei emigrated from Hong Kong to Calgary as a family class sponsored immigrant. Sponsored by her son, she was initially happy to be reunited with him, his wife, and their two young children.

● (1650)

She soon realized that her role as esteemed elder and head of the household was not recognized in this new setting. Instead, her role was to cook, clean, and care for her grandchildren. She also turned over her substantial assets to help her family. She was often chastised for her inability to care for her grandchildren. They didn't listen to her and she could not communicate with them. She spoke only Mandarin; they spoke only English.

The relationship between her and her daughter-in-law deteriorated. It seemed as if Mei could never do enough or do it right. Her son did not want to take sides, and she was reluctant to speak to him about these issues. Her son decided to invest her money in a condo in Chinatown. Initially Mei was supportive of this, as she thought it would be a good investment. When the tension between Mei and her daughter-in-law continued to escalate, her son moved her into the condo. The condo was without furniture; she had a mattress to sleep on.

Mei found out that she was not on the lease, which was solely in her son's name, and all of her assets had been used by her son. She thought of returning to Hong Kong, but had no means of doing so. She had no one to turn to. Despite her shame and despair, she sought help from an immigrant-serving agency. There was little they could do. She was not a landed immigrant and thus fell through the cracks in terms of service.

The settlement worker had been helping her with gift certificates to buy food. When the worker offered to speak to her son, Mei refused. She did not want to bring dishonour to her family. He was not to know that she had told anyone.

The second population is aboriginal women. In 2009, 13% of all aboriginal women aged 15 and older had been violently victimized. This is almost three times the rate for non-aboriginal women. Less is known about the violence against older aboriginal women specifically.

The high rates of violence experienced by aboriginal women must be put in the context of the legacy of marginalization and oppression due to colonialism, patriarchy, and the effects of Euro-Canadian governance on their lives. Residential schools have also left a permanent mark on survivors. Aboriginal persons who attended residential schools were unable to learn and model healthy gender roles, and frequently experienced all forms of abuse.

Currently, aboriginal women in Canada are disadvantaged by social factors and structural inequities that pose barriers to their optimum wellness. Overcrowding and inadequate housing, under- and unemployment, poverty, addictions, violence of all forms, and limited supports are characteristics of the lives of aboriginal women.

Now I'm going to share the story of Darlene. Darlene is a 65-year-old Cree woman who lives on a small reserve in northern Ontario. She describes herself as a traditional woman who took a long time to find her path. She says the residential school beat it out of her. She currently lives alone in a small house that she describes as just held together by a couple of nails. But it is her home and she is proud of it. She lives on a pension. Darlene says she doesn't have much, but she gets by.

She worries a lot about the people in her community, especially her grandchildren. When she gets her pension cheque each month, she knows that her grandchildren and their friends will come to visit. Sometimes this is okay; she feeds them and talks to them and they have a good time.

Most times, it's not okay. Sometimes they demand money, especially when they have been drinking. If she says no, sometimes they push her and take her purse anyway. Darlene worries a lot about money. Will she have enough to last until the end of month? Will she be able to get her medication? She doesn't really blame her grandchildren. She says that she wasn't always a very good mother. How could she be? She never saw her own parents after she was six years of age.

Darlene thinks sometimes that if she just tries to help her grandchildren and the other kids in the community, things will be better. She talked to the community health representative about the situation. When the representative talked about calling the police, Darlene got scared. Now she doesn't want to talk to anyone. She doesn't want her grandchildren to have to go through what she did.

The family violence literature is replete with examples of failure to recognize, detect, and appropriately intervene in cases of abuse. Problems in recognition and reporting of elder abuse have been noted in the literature, as well as the fear of retaliation, loss of family relationships, shame and embarrassment, and a lack of knowledge about or access to services. This may be higher in some ethnocultural communities.

The key recommendation to the Canadian government for research directions in support of elder abuse policy work was the need to collect data on the prevalence and incidence of elder abuse through large-scale and small-scale surveys of older adults residing in the community and in institutional settings. This data is necessary because, as Johnson argues, “decision-makers require clear understanding of the nature and severity of the social problems in order to develop effective responses”.

I have four key messages.

● (1655)

Older adults in Canada have the right to live in safe and secure environments that optimize their ability to have maximum control in making decisions about their lives. In Canada, there exists a critical need for data on the prevalence of violence against older adults; this knowledge is necessary to inform policy and programming initiatives aimed at reducing violence and ameliorating the associated harms. Research is currently under way with the National Initiative for the Care of the Elderly to clarify definitions and measurement issues concerning elder abuse and neglect. This work provides the foundational knowledge to conduct rigorous and methodologically sound prevalence and incidence studies.

Attention to the accurate assessment of violence against older adults should also attend to populations defined as “heightened risk”, including the old, very old women, the disabled, aboriginal persons, and immigrants. Researchers across Canada have done some of the preliminary work required to develop a program of research on the prevention of abuse and neglect among older immigrant women. This work could be useful in developing measures and tools that are culturally appropriate.

The Chair: Thank you very much, Dr. Walsh. We'll go to our first question.

Ms. Truppe.

Mrs. Susan Truppe (London North Centre, CPC): Thank you.

I'm going to be splitting my time with my colleague, Madam O'Neill, so if you can let me know when I'm at three and a half minutes, I'd appreciate it.

This question is for Madam Dumont-Smith.

In your opening statement, you mentioned the new horizons for seniors program. It's a great program that many people have received money from. On October 14, the Minister for State for Seniors announced that the government is seeking applications for elder-abuse prevention projects under this particular program. Would you agree that this initiative will be helpful in curbing elder abuse? If so, why?

Ms. Claudette Dumont-Smith: I think anywhere we can get funds to develop our own projects or proposals we know will help to raise that issue amongst our women. The work that we will do, of course, will be to prevent the abuse of aboriginal female seniors. I would agree that all these kinds of programs are good.

Mrs. Susan Truppe: That's great. Thank you.

I know that your organization is a really active organization. Of all the projects that you've received funding for, including Evidence to Action II, for example, with the announcement of $1.8 million over three years, I was wondering if that money is also used for seniors or how else you reach seniors through these projects.

● (1700)

Ms. Claudette Dumont-Smith: Evidence to Action is specifically about missing and murdered women, all of the over 500 missing or murdered women found through our research under the SIS initiative, which was the precursor of Evidence to Action. There were no older women. I'm not saying that older women are not missing or murdered, but we didn't find any. Evidence to Action is focused on that population; it's not at all focused on senior aboriginal women.

Mrs. Susan Truppe: Thank you.

Do you work with other aboriginal organizations in regard to the elder abused?

Ms. Claudette Dumont-Smith: Well, we have our 13 provincial and territorial member associations that belong, so to speak, to NWAC. They're cognizant of the work we're doing, so in that sense we do work with them. We all work individually, but we try to work in partnership with the Assembly of First Nations, for example. We all do our specific things because we have our own different constituents, so to speak.

Mrs. Susan Truppe: Thank you.

Tilly.

Mrs. Tilly O'Neill Gordon (Miramichi, CPC): First of all, I want to welcome both of you here this afternoon and thank you for taking time to be with us.

In our recent studies, we have certainly seen that women face many challenges, and we have spoken about the challenges that are different from those faced by the ladies on the reserve in comparison to what would be expected in a regular community. I'm wondering if you'd elaborate on that, please.

Ms. Claudette Dumont-Smith: Well, there are very limited resources in communities, as my research showed, and that's also what the grandmothers told us in the Grandmother Spirit project. There's also always a limitation of funds, and we don't have the same services as you would have in off-reserve settings.

Funding for services on the reserve is provided by the federal government. These are different from services that are provided to the mainstream population, such as in the provinces or even in the territories. It's not at all the same. It's very much lacking, especially in programs for the abuse of aboriginal senior women. I've come across nothing that has been put in place, except for what we heard from the grandmothers: that one is speaking on the radio and one is with the RCMP.

But I'm sure there are very, very few of those, and there are no funds to access from the funding source for reserves, which is the federal government's way to address this issue.

Mrs. Tilly O'Neill Gordon: This topic is very dear to our hearts. We know that since our government took office the Status of Women alone has committed over $6.7 million to the Native Women's Association of Canada. What programs is that money going to?

Ms. Claudette Dumont-Smith: What we're receiving from Status of Women Canada is as your colleague said. Evidence to Action is more action-oriented than Sisters in Spirit, which was the five-year initiative. The difference between the two is that Sisters in Spirit funded research and advocacy.

Evidence to Action does not have those two pieces, so it will be about raising awareness, about having vigils for the families of missing or murdered women. We will have family gatherings, we will speak to police services, but again, it's not specific to senior women.

Mrs. Tilly O'Neill Gordon: But it's still of benefit to the community?

Ms. Claudette Dumont-Smith: Oh, yes. It is of benefit for sure.

Mrs. Tilly O'Neill Gordon: To the women of the area.

Do I still have time?

The Chair: Yes. You have a minute and a half.

Mrs. Tilly O'Neill Gordon: We also are aware of many women who go into transition homes for a certain period and who then, after that period is done, usually return to their own homes, either because they have to look after their own children or for some other reason. Do you think that women should have the right to benefit from matrimonial property? If they did, would this reduce abuse of senior women?

Ms. Claudette Dumont-Smith: The matrimonial real property that's going before the legislation...?

● (1705)

Mrs. Tilly O'Neill Gordon: Yes.

Ms. Claudette Dumont-Smith: Will it benefit the senior women? I cannot answer that because we don't have the data. I explained that in my presentation today. We don't have current stats, really, on the abuse of aboriginal female elders, so I would be speaking in the air, so to speak. I think we need research dollars to really identify the prevalence and types of abuse. We don't have that data so I really can't answer that question.

Mrs. Tilly O'Neill Gordon: Do you have any information on that, Christine?

Dr. Christine Walsh: Not specifically, but I can say that the other area I do research in is homelessness. We are finding that more and more women are becoming homeless through losing a partner or losing a job. They are ending up in absolutely homeless conditions. This is really the first time we're seeing that. We do know that poverty and homelessness are tremendous risk factors for abuse, so we have another population that is hidden and is at risk for heightened abuse.

The Chair: Thank you very much.

We'll now to move to Ms. Freeman, who is sharing her time with Ms. Borg.

Ms. Mylène Freeman: Thank you so much for being here, Ms. Walsh and Ms. Dumont-Smith.

I'm going to start with Ms. Dumont-Smith.

We know that aboriginal adults account for around 20% of people admitted to sentenced custody but represent only 3% of the population. Given that aboriginals are targeted by law enforcement and are in prison disproportionately, do you feel that harsher laws are going to be the key to solving senior abuse?

Ms. Claudette Dumont-Smith: I don't think that increasing the number of aboriginal people in jail is going to resolve the problem. I think it'll be more problematic for correctional institutions to house all these people.

We have to address the underlying issues of why the rates of abuse against women in general are so high. I think the contributing factors are poverty, socio-economic conditions, and overcrowding, and as long as these situations are not addressed, the status quo will remain.

Also, I think there's a lack of awareness, and this I know for a fact from my community. People don't even know.... Well, they know that if they hit somebody, that's physical abuse. But as for emotional or financial abuse, neglect, or leaving the grandparents with the grandchildren to raise, they don't even realize those are forms of neglect and abuse. We have to embark on an education and awareness prevention campaign. That hasn't been done, to my knowledge.

Ms. Mylène Freeman: Thank you.

I agree. Also, it's the lack of access to health care and services. How does that affect the abuse of aboriginal people in general and of senior aboriginal people, both in terms of culturally specific access and general remote access not actually being available in communities...?

Ms. Claudette Dumont-Smith: I think the whole issue of the abuse of aboriginal females is not brought to the fore. I know it happens. It's not being talked about in the communities. I think it's kept underneath. It's invisible, but it's there, and we have to do something to bring it to the fore.

I come from a community of about 2,500 people. I'm sure there are a few aboriginal elders there who are abused or neglected, but the issue has never come forward. It's a silent issue. It's an invisible issue. That, I think, is one of our greatest obstacles, and it's something that we have to address.

For example, when you look at smoking or HIV, you see that the government has put a lot of money into campaigns about those. Everybody knew about them. I think that effort also has to be put in regarding issues of violence. Until that's done, nothing is going to change.

Ms. Mylène Freeman: The government has just completed this federal elder abuse initiative, which was about awareness of the abuse of older people. I spoke to Ellen Gabriel, who's in Kanesatake, which is in my riding, and she said there was never any survey or any awareness program and there were never any designated services for older people who are abused. Why hasn't this reached aboriginal communities? Are we not providing specific—

● (1710)

Ms. Claudette Dumont-Smith: I wish I could tell you why it hasn't reached them. Maybe it's because there has to be a call for proposals or something.

There's not only the Native Women's Association of Canada. We have the Aboriginal Nurses Association of Canada. We have the physicians, and there are social workers. We have to get them on board about this issue so that we can address it properly. I think if the call isn't put out specifically to them, it becomes lost or generalized, and perhaps they feel it's not for them.

I would have to say there has to be outreach to these groups at the national level and at the provincial level to really begin to seriously look at this issue.

Ms. Mylène Freeman: Thank you.

I'm going to pass this on to Ms. Borg.

[*Translation*]

Ms. Charmaine Borg: Thank you for being with us today.

My first question is for Ms. Walsh.

You spoke about the lack of research in aboriginal communities and immigrant communities, basically minority communities. Since we cannot address the problem without doing sufficient research in advance, how can the research be done efficiently?

[*English*]

Dr. Christine Walsh: If I understand your question correctly, it's about how to conduct research effectively and efficiently within those communities.

I think the communities themselves have to be the ones to conduct the research or to partner with researchers to enable them to conduct the research, I think because communities are most sensitive to what the issues are. Both of the communities I've outlined, as well as other communities that are less frequently heard in terms of research, have many issues that outsider researchers aren't aware of.

So I think it's challenging to do, but it's fundamentally important to do, because we talk about them as minorities, but in terms of the cultural fabric of Canada there are many people whose voices haven't been heard and whose victimization hasn't been adequately recognized or addressed. I think we need to capture that information in ways that are appropriate and relevant and that will lead directly to interventions that are meaningful for those communities.

The Chair: Thank you very much.

We will now move on to Mr. Holder.

Mr. Ed Holder: Thank you, Chair.

I would like to thank our guests for attending today. Your comments are very helpful for what we are considering.

You will find in this committee that some of us—and perhaps all of us—will ask questions in a pointed way to try to get our agendas on the table. I'd like to go a little broader than that if I can, please, because I think what we are trying to do is have an objective sense of it.

I'm always concerned by those who have the view that there isn't a situation they can find where throwing money at it won't solve the problem. If it were that simple.... Frankly, I think it's much deeper, and I think that if there is anything I've taken from the testimony that you've provided today, it's exactly that. There are other deep-rooted issues.

Respectfully, Ms. Dumont-Smith, what I find very interesting between your testimony and that of Ms. Walsh, as we have heard from our witnesses before, is that it may matter or be different by degree. But when you talk about some of the very serious issues in terms of elder abuse.... I'm mindful, by the way, that when I say that with respect to our aboriginial communities, I mean elder in the sense of older person abuse, if you'll forgive me for just using that as a reference.

Many of the issues—in fact, if I might be this bold, all of the issues—are the same, maybe not by degree, but in terms of physical, emotional, financial, and various kinds of abuses that we all know. There may be some areas in which the degree is different for some of the things you have told us today. That might well be true. I'm just compelled by the similarities. I think that is very interesting.

There is something that did work with your community and that you talked about, Ms. Dumont-Smith. I would like to get a better insight into it, because when things work, I am really interested. You talked about the Grandmother Spirit project. Forgive me, but was that a new horizons program?

● (1715)

Ms. Claudette Dumont-Smith: Yes, we applied for that. We wrote the proposal in 2007. It lasted 22 months. I think it ended last March.

Mr. Ed Holder: I have already said that money isn't always the issue, but do you recall how much the funding was for that?

Ms. Claudette Dumont-Smith: It was about $250,000. It was supposed to be a 24-month project.

Mr. Ed Holder: So it almost got you there. Was that for your specific community or was it broader?

Ms. Claudette Dumont-Smith: No, it was for the Native Women's Association of Canada.

Mr. Ed Holder: You talked a bit about the study group. Please touch on this. How big was your study group?

Ms. Claudette Dumont-Smith: In the grandmothers group, there were—I'm just trying to think, because I went to the first meeting, but I didn't go after that—about 12. Most of them were female elders, but there was one male elder too.

Mr. Ed Holder: I feel that I can empathize with that.

Voices: Oh, oh!

Ms. Claudette Dumont-Smith: There were about 12 to 15 who would come to meetings and steer our main researcher on the project.

Mr. Ed Holder: Did you think it was a success?

Ms. Claudette Dumont-Smith: Yes, I think we got good, valid information from the elders themselves.

Mr. Ed Holder: How did you deem it a success?

Ms. Claudette Dumont-Smith: There was a video produced. It's online on our website. I can get it for you. I didn't include it here, but we did have a public announcement developed from the research. We disseminated it in various ways. It's a public announcement. That was successful.

But it was the first study that was done in this area, and a lot more has to be done. The provincial groups—the provincial and territorial member associations and the Native Women's Association of Canada—could do something similar within their provinces and territories. This was done nationally. When you do something nationally, you don't know what the trickle-down effect is.

Mr. Ed Holder: Were the issues of healing circles tied into that as part of the review?

Ms. Claudette Dumont-Smith: They came together and spoke in talking circles, but healing circles.... No, they didn't.

Mr. Ed Holder: Only politicians talk in circles, just so you know.

Voices: Oh, oh!

Ms. Claudette Dumont-Smith: Talking circles were how the elders came to share their stories about elder abuse. But this project was not to heal the advisory committee members: it was to get their advice and information and all they know. They were very respected elder community members that were called in to attend to this project.

Mr. Ed Holder: That tied in with the RCMP visiting the elders as well. Was that all part of that as well? Or was that an outcome?

Ms. Claudette Dumont-Smith: That was a story told by one of the committee members who brought in a success story, as well as what was happening in Winnipeg. These were pieces of information that were brought to the project.

Mr. Ed Holder: You talked earlier about the case of missing aboriginals. Some moneys went into a study relating to that. Our hearts and empathy, and obviously our sympathy, have to go to any family that has been affected by that.

I tied the reference into healing circles because.... Can I just be blunt? Are there ever any times when aboriginals should be in jail?

Ms. Claudette Dumont-Smith: Well, yes. If there is a serious crime committed, yes, but what I know about this is that a lot of aboriginal people—men and women—are in jail because of crimes that are not that serious.

Dr. Christine Walsh: Crimes of poverty—

Ms. Claudette Dumont-Smith: Exactly, so I have to differentiate. If there is a serious crime committed, yes, but not for the total population.

Mr. Ed Holder: All right. Thank you for that.

Ms. Walsh, if I may share some time here, would you feel the same? Would you feel that there are some circumstances where jail is the answer?

● (1720)

Dr. Christine Walsh: I have a hard time saying that jail is the answer.

Mr. Ed Holder: Ever...?

Dr. Christine Walsh: Yes, I guess ever. What I'm saying is looking at some of the root causes of why people are in jail, especially aboriginal people...we've just talked a lot about structural inequities and poverty, and jail may not be the answer for most people; it may be the answer for some people.

Mr. Ed Holder: As a final comment, if I may say so, it has been my experience with many of our guests thus far that the discussion of having sufficient funds for various things has come into play. Mostly it's about studies. Some—and I appreciate Ms. Dumont-Smith—are about education, both culturally and on the kinds of things that are specifically necessary. But it's actually mostly about studies.

I wonder at some point. I asked this of various needy and very worthwhile organizations in my own community: what happens if the money runs out? I'm not suggesting that's our case here. That is not the case. We have unlimited taxation in this place—

The Chair: I'm sorry, Mr. Holder, but I have to ask you to wrap up. We're way past time.

Mr. Ed Holder: I apologize.

We'll have to chat again. I thank you for your thoughtful testimony. I think this was helpful.

The Chair: Thank you very much.

We'll move on to Ms. Bateman for five minutes.

Ms. Joyce Bateman: Thank you very much, Madam Chair.

Ms. Dumont-Smith, I'm so thrilled to hear that the new horizons funding for the Grandmother Spirit project was a success for the community and a useful tool to launch meaningful dialogue. That's wonderful to hear.

You spoke, though, about abuse relating to medication. I want to hear a little bit about that. To me, this is a health issue. This is an issue where, as taxpayers, we're spending a lot of money on medication, and clearly you have evidence that it is being misused.

Ms. Claudette Dumont-Smith: Well, when I first did that paper on abuse of aboriginal elders in 2002, that never came about. We only discovered that through our Grandmother Spirit project. It was the elders who were part of that advisory group who told us this was happening in their communities.

Ms. Joyce Bateman: You only discovered that through the new horizons project?

Ms. Claudette Dumont-Smith: Yes, that's very recent data, and that's from the elders themselves.

Ms. Joyce Bateman: Okay. How are you going forward with that piece?

Ms. Claudette Dumont-Smith: Well, the funding for this project has ended, and I'm hoping.... Our health staff are always looking for new project funding so we can address these issues, so yes—

Ms. Joyce Bateman: But with project funding, my understanding is that the abuse of.... Give me an example of medication abuse. From your previous comments, I can't get it. Is somebody drugging grandma so they can empty her bank account, perhaps?

Ms. Claudette Dumont-Smith: Yes—or take her things. The problem of alcohol and drugs—especially drugs—in the communities is no secret. It's rampant. It's not the street drugs now; it's the prescription drugs.

I was at a meeting last week in Quebec and it's a problem everywhere. It's mostly the young folk who are consuming any kind of medication they can to get high. OxyContin is one that's at the fore, and there are all the other medications. That's what's happening. That's the reality in 2011 in our aboriginal communities. They're stealing money to get the drugs—

Ms. Joyce Bateman: And then they're stealing the drugs, because there might be an individual who is an elderly person and who needs the OxyContin for a particular reason. I just don't understand how a study is going to help solve that problem. Could you help me understand that?

Ms. Claudette Dumont-Smith: Well, I don't think I was saying.... I'm saying that we have to raise the awareness of aboriginal elder abuse in communities. We need money to do that. We need money to have campaigns—

Ms. Joyce Bateman: I hear you, but we had a number of testimonials from various witnesses last year. I'm sure you're aware that in 2008 the Government of Canada launched the federal elder abuse initiative, and we invested $13 million in a successful multi-departmental initiative for enhancing and increasing the awareness.

We heard testimony last week and the previous week from people who were saying holy smokes, when those advertisements came out on television, they couldn't handle the demand on the lines for help, which speaks to the fact that there's a large problem out there, one that we're trying to grapple with and determine, and it's not just in the aboriginal community. There's a lot of elder abuse. It also speaks to the impact of that advertising campaign.

● (1725)

Ms. Claudette Dumont-Smith: Well, I have no doubt that the campaign worked, but did it work in the aboriginal community? That's my question.

Ms. Joyce Bateman: Okay.

Ms. Claudette Dumont-Smith: I don't know that. Maybe it was very effective in a non-aboriginal.... Did it work? We don't know that.

Dr. Christine Walsh: May I make a comment?

I think raising awareness does not mean that you've prevented the problem. People are coming forward, and you're able to intervene, but you're not—

Ms. Joyce Bateman: They're able to ask for help.

Dr. Christine Walsh: Yes, but it doesn't mean that you've measured the extent of the problem or that you've put in interventions that do reduce the problem.

I think it's a great campaign—that it's finally on the agenda of most people, or that they have some greater understanding. Because, like my colleague said, many people in general—or older people—don't even understand what elder abuse is. That's one thing that was really important with that campaign: people are more able to recognize it.

The Chair: I'm sorry, Ms. Bateman. That's the end of the five minutes. In fact, we've gone a few seconds over.

We'll go on to Ms. Borg.

[*Translation*]

Ms. Charmaine Borg: Thank you very much.

My question is for both of you, but in different ways.

I would like to know how this government can address the root causes that make seniors in cultural minorities and aboriginal seniors more vulnerable to abuse. Because I think it's important to address them differently, given that their realities are different. I'm thinking about poverty, among other things.

[*English*]

Dr. Christine Walsh: I would say the first thing that needs to be done is what we've said quite clearly, and I'm sure you've heard other testimony on it: that we don't know the incidence and prevalence of elder abuse in Canada. Along with that is gathering information on risk factors, protective factors. It is necessary to understand who's at risk for elder abuse, what places them at risk, and how you can effectively intervene. That goes for the entire Canadian population, plus some of the special populations that we've talked about. We need those kinds of measures to determine the extent and the nature of the problem in order to develop interventions to prevent the problem.

[*Translation*]

Ms. Charmaine Borg: Ms. Dumont-Smith, did you want to add something?

[*English*]

Ms. Claudette Dumont-Smith: Yes, as we mentioned, and as research shows, there is a loss of culture and a loss of culturally appropriate services in the communities. Poverty is an issue. Education is an issue. All these things have to be addressed.

I've been involved for some 30 years in the field, and it was the same back in the 1970s as it is now. We're not making much headway. In fact, I would say that the rates of abuse and the rates of drug addiction are getting worse. There are more aboriginal people in jails.

I mean, where are we going with all of this? More victims...? Those problems are not addressed.

Ms. Mylène Freeman: Thank you.

I agree.

Ms. Walsh, given that senior care isn't currently considered a medically necessary thing, could we talk about the service-providing problems that are cross-culturally specific?

Dr. Christine Walsh: It's not really my area of expertise, but I would say we all recognize that the population is aging. With increasing age, especially of the very, very old, we will require more and more medical interventions. Those services need to be in place and they need to be in place in culturally appropriate ways for these specific communities.

As older people age, they often lose their ability to participate, particularly in their second language, and they go back to their indigenous languages. If we're not able to serve them, to go back to this topic, then they're more at risk for isolation and inability to access service, and it places them at more risk for abuse.

● (1730)

The Chair: We're at the end of our scheduled time.

I'd like to thank our witnesses very much for joining us.

Ms. Claudette Dumont-Smith and Dr. Walsh, thank you very much.

We'll see everybody on Tuesday. Have a good weekend.

The meeting is adjourned.

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