

2004 Breaking The Cycle of Violence

Preventing Violence against Seniors in the Aboriginal Community

This project looked at violence towards Seniors in the Aboriginal Community. The project was a partnership between the Native Canadian Centre of Toronto and the Ontario Coalition of Senior Citizens Organizations (OCSCO) and funded by a City Of Toronto's Breaking the Cycle of Violence Grant



Abuse of Urban Aboriginal Seniors

The Urbanization of Indian People

Aboriginal people are no strangers to Toronto. Historically, various tribes met in this area to trade. While most relocated during colonization some remained behind and integrated with the greater population. (Bobbiwash, 1997). Many years later, economic and political factors would lead to mass migration of native people to urban areas. Let us begin with the definition of “Aboriginal”.

According to S.35 (2) of the Canadian Charter of Rights and Freedoms, the term “Aboriginal” refers to anyone of Indian (also referred to First nation), Inuit or Métis Ancestry. The population of Aboriginal people in Canada is 730,000; and over 73% of Aboriginal persons live in urban areas (RCAP, 1992). “Prior to World War II virtually all [registered] Indians lived on the reserve, thus allowing the government to deal with them collectively through segregated institutionalized structures such as the Department of Indian Affairs and Northern Development (DIAND) and the Indian Act”. (Hull: 1983: 24 cited in Cyr, A.J., 1997 Unpublished Thesis).

As the population increased on reserves local resources diminished. There was not enough land, no economic base, no housing, no employment and no educational opportunities on reserves. The outcome was migration of Registered Indians to urban areas. “To the DIAND, outward migration was the most expedient way to facilitate the structural integration into the Canadian society, thus reducing the government’s financial obligations to Indian people. Incentives were created to motivate band members to move away such as relocation and housing grants. At the same time federal programs such as health, housing, and education began to deteriorate thus compelling Indians to leave the reserve and accept provincial services” (Boldt: 1993: 81, cited in Cyr, 1997).

“This policy has created a disparity between on and off-reserve members. In today's society, leaving the reserve often results in non-resident band members being isolated from their bands. Very often those who leave the reserve forfeit their cultural ties, kinship relationships and communal benefits such as the right to full participation in the political life of their community (Ibid: 243). Without any type of structural linkages to the reserve, these individuals very often feel that they are less Indian, culturally, socially, and politically than their on-reserve brethren” (Cyr, 1997).

Estimates of the number of Aboriginal people living in the city of Toronto range from 16,000 to 24,000 (Aboriginal Peoples’ Survey, 2001) to 40,000 (Golden, “Taking Responsibility for Homelessness” An Action Plan for Toronto). As only 4% of Aboriginal people live to the age of 65 and over (Health Canada, 2003, “Statistical Health Profile First Nations and Inuit Branch”) this means that there are between 996 and 1,600 Aboriginal seniors living in Toronto. Today’s Aboriginal seniors migrated to Toronto fifty to seventy years ago in search of an education, employment, housing, and a better

life. The two world wars found that those who enlisted in the armed forces could not return to their home reserves as they literally became enfranchised as they marched to save their country. Today Aboriginal migrants to the city of Toronto come from all over Canada albeit mostly Ontario.

The seniors in Toronto today were pioneers in urban migration. Many came as young people to join the armed forces or help in industry created by World War II. Some young women worked as domestics and others in factories. There were also young teachers, office workers and nurses. During these times many native people enfranchised and in so doing lost their Indian status and rights. The migrants had little or no social support to assist in the adjustment to city life with the attendant cultural and social changes they encountered. Additionally, other factors impinged on their settlement such as racism, and shame about their identity which further isolated them. The choice to be invisible was possible in a city as diverse as Toronto. If one was fair enough he/she could pass for white if not there is a myriad of identities one could be assigned to.

This phenomenon is compounded by the fact that the general Canadian population knows very little about Canadian Indians with the majority of their knowledge garnered from Hollywood and other media stereotypes. The residential schools contributed to the loss of pride in the Indian identity and life ways. This resulted in a deep sense of inferiority and shame for Aboriginal people. One can imagine that if one is trying to escape a negative identity in the city one can become very isolated, lonely, and distrustful and alienated. This resulted in the marginalization of native people in this city.

However, Aboriginal people are survivors and as their numbers increased they found one another. With much in common these pioneers set about reviving a dormant culture and reclaiming their place in society as contributing to the enrichment of Toronto.

History of the Native Canadian Centre

The Centre began life in 1951 when a small group of Indian people congregated to form the Toronto Indian Club. These pioneers met in the central YMCA building at the corner of Yonge and College Street. At that time it was estimated that there were approximately 300 people living in the city of Toronto. The Toronto Indian Club was composed of volunteers who drafted a constitution, established by-laws for their organization, and organized dances, film nights, socials, discussions and speaker events as well as a Children's Christmas program (an event still held on an annual basis at the Centre). In 1962, the Centre was officially incorporated as a non-profit community centre, and it is at that time the name changed from the Toronto Indian Club to the Native Canadian Centre of Toronto.

The Centre offers the following programs and services: children's summer camp, craft programs for children, cultural activities (ceremonies, arts, crafts, dance, language), the Visiting Schools Program, a youth program, information and referral services, recreation activities, the community history project, visiting elders program (Dodem Kanonsha), the

Cedar Basket Craft Shop and sales, community newsletter, community development (volunteers and membership) as well as information technology access.

The NCCT has been pivotal in the development of the Aboriginal community in Toronto. As needs were identified organizations such as Native Child and Family Services, Native Men's Residence, Anishnawbe Health, and Aboriginal Legal Services evolved to respond. The Centre's mandate is to preserve native heritage and to document our history through a formal History Project and to disseminate native contribution to the development of Toronto for its members and the citizenship at large. In 1979 Wigwamen Terrace, which is owned and operated by native housing Wigwamen Incorporated, opened next door to the NCCT. Many of the residents already had a relationship with the NCCT. In time these Aboriginal seniors aged and in keeping with 'the tradition of caring for its own' and preserving the autonomy of the Aboriginal seniors the NCCT undertook services to meet this challenge.

At first these seniors participated in social and recreational activities. As they grew older, and as their needs changed, in-home and community supports were implemented. Today, what was originally called the Seniors Program became the Aboriginal Circle of Life Services (ACOLS). The goal of this service is to deliver services designed to preserve, maintain and support/restore the functional and instrumental performance of the activities of daily living. This is an important mandate to ensure that Aboriginal seniors and persons with disability or chronic illness can remain in their own home for as long as possible. All home and community services delivered through the service are community-based and culturally driven. Both the Ministry of Health and Long Term Care and the City of Toronto sponsor the program.

The Health Status of Urban Aboriginal Persons:

The Aboriginal Peoples' Survey (2001) revealed that eighty-three percent of adults reported good to excellent health, while 17% reported poor health. (57% claimed to be in excellent health, 26% in good health and 17% poor health). Fifty-one percent (51.5% had more than one chronic medical health condition (11.4% had diabetes, 18.7% reported a respiratory problem such as asthma, chronic bronchitis, emphysema, 17.4% reported high blood pressure, heart problems or effects of stroke and 2.5% reported a communicable disease such as Hepatitis, TB or HIV/AIDS). Another 30.7% reported other long-term health conditions. It seems that although Aboriginal persons are living with chronic conditions they still view their health as excellent or good. Aboriginal people value their independence, loathe the idea of asking for help or giving out personal information (personal observation).

Abuse of Older Adults in the Urban Aboriginal Community:

Using the term "Elder Abuse" in the Aboriginal community is a misnomer. It seems more appropriate to refer to what is "elder abuse" in the general population as "abuse of old people/seniors" in the urban Aboriginal community. Use of the word Elder has a different connotation for Aboriginal persons. In Aboriginal communities the term "Elder" refers to

valued members of their communities. They are people who are recognized and respected within the community as possessing experience, traditional knowledge and wisdom that can help others. Very often they act as the conscience of the community providing guidance and advice. This term is not limited to age or as stated in the Royal Commission Report on Aboriginal Peoples in 1999, it must be also remembered, “that in First Nations culture not all Old people are Elders and not all Elders are old”. An Elder in the Aboriginal community is not necessarily a senior aged 65 but one who has earned respect for their ability to be a teacher/leader of others. A senior in the Aboriginal community is 55 years and this is related to lower life expectancy (69 years for men and 76 for women) and poor health. (Health Canada, 1998:32 cited in Dumont-Smith, 2002, p.6).

A review of the literature did not produce any studies on the phenomenon of abuse of Aboriginal seniors in urban areas. One paper entitled “Aboriginal Elder Abuse in Canada” extrapolated rates of abuse of Aboriginal Elders based on the generally high rates of violence in the Aboriginal community. The statistics focused on First Nations communities. However, the National Crime Prevention Centre (2000) purports that the rate of violence in the urban Aboriginal community reflects the rate found on reserves. The case in point is the on-reserve rate for violent crime in Saskatchewan is five times higher than for off-reserve. Four percent of Aboriginal seniors live on reserve while there are 3% in urban areas according to the Canadian Centre for Justice, 2001. (Dumont-Smith, 2000, p.7). Sixteen percent of Aboriginal seniors living on reserve are more likely to be living with extended family members than their non-Aboriginal counterparts (7%).

As violence in the Aboriginal communities is high it is assumed that it is also high among Aboriginal seniors. “Aboriginal people are three times more likely to experience violent crime compared to their non- Aboriginal counterparts” (Canadian Centre for Justice, 2002 cited in Dumont-Smith, 2002, p.8). In terms of gender differences regarding abuse of seniors it seems that: “Elder men were proportionately more likely to be victimized by their adult children than by a spouse. In contrast, older women were victimized equally as often by their spouses as by their adult children (Statistics Canada, 1999; in 2003, Lane, P., Bopp, J., Bopp., M., “Aboriginal Domestic Violence in Canada” Aboriginal Healing Foundation).

Among Aboriginal persons “Little is known about the incidence of abuse of older adults, of people with disabilities and of the homosexual population in Aboriginal communities. However, abuse of older adults has been identified as a serious problem in some First Nations communities (Health Canada, 1997). One community study cites mental or psychological abuse, financial exploitation and physical abuse (in that order) as the most prevalent types of abuse of elders (Grier, 1989, in Lane et al 2003, p. 27).

The damage wrought by the cycle of abuse is captured in the following quote: “Once a person has experienced a form of abuse, that person has experienced a loss of control and has felt helpless and hopeless. If that person has not dealt with the emotions of that loss, with the self and will repaired, he or she will get caught in an endless

struggle to regain that control in unhealthy and destructive ways(Van Bibber, cited in Lane et al, 2003, n.d.:5).

The Evidence of Abuse of Aboriginal Seniors in Toronto:

The Native Canadian Centre of Toronto was approached to form a partnership with the Ontario Coalition of Senior Citizens Organization (OCSCO) to identify abuse of Aboriginal seniors living in Toronto. The issue was to break the cycle of violence and to identify strategies to prevent Elder abuse. The opportunity to work on such a project was enticing especially with growing interest of emerging trends of Aboriginal senior abuse such as including:

Secrecy about worker performance:

- There are no concrete complaints from seniors about their Aboriginal workers there is on only innuendo. Aboriginal seniors always preface concerns about a worker's performance with "I don't want anyone to lose their job. He/she does their best. He/she is too busy".
- However, they don't hesitate to tell about other agency workers whose performance is lacking. But they will not report them either.
- Denial by victim/parent of overt neglect.
- Minimizing neglect

Neglect:

- Neglect of personal care.
- Omission of some task
- Neglect of housecleaning of client's apartment
- Neglect of parent
- Poor hygiene of physically and cognitively impaired parent
- Relying on seniors for babysitting and childcare

Housing/ Security:

- Strangers knocking on senior's doors to solicit funds for "charity" or to sell unwanted products.
- Tele-marketers calling and threatening seniors with collection.
- Overcrowding of small senior's apartment with adult children moving in with parent.
- Noisy tenants and visitors.
- Homeless men and women seeking refuge in seniors' building stairways.
- Inebriated intruders threatening seniors.

Systemic Abuse by Health and Social Care Providers:

- Reports of poor treatment by health care professions for example: An Aboriginal senior is taken to the Emergency Room and the personal support worker accompanying her tells the nurse that the woman is not conversant in English and speaks Cree only. The nurse exclaims, “What is that?”

Seniors state:

- “Healthcare providers in hospitals should get to know about First Nations and Métis”.
- “We do not want to be treated like children and
- “We want to spoken to in language we can understand”.
- Anecdotal reports that assistance for old women living with disabled adult children has to come from police, firemen and frontline workers as fellow tenants are unwilling to lend a hand in times of crises.
- For the sake of safety some old, vulnerable individuals leave their door open in case of emergency only to find that other tenants steal food, light bulbs and run up high long distance telephone charges
- Political/Lateral abuse through peer abuse. For example, seniors are deprived of a voice because they cannot form an effective “Seniors Club” as whoever takes on a leadership role is so severely criticized that no one will put their names up for election as president, vice-president or treasurer.

Inappropriate transportation:

- Not enough wheel-chair access or user friendly TTC vehicles for the disabled or frail seniors.
- NCCT needs wheel-chair access transportation vehicle.

Financial Abuse:

- Severe beating of elderly man by younger people, resulting in permanent brain damage in order to get his money
- A woman in a nursing home is missing large amounts of money.
- Another woman is asked by a worker to lend her money and she never gets its back.
- A woman is charged for free services for personal care.
- Adult children threaten parents with physical violence if they do not give them money.
- Money loss by persons with memory problems.
- Dependence of adult children on parent for financial support.
- Peers over-charging lonely or cognitively impaired person for articles.
- Pension day visiting.
- Fellow tenants using elderly person’s telephone and running up hefty long distance charges

- Stealth of necessities from vulnerable persons
- Insufficient income due to the fact that many seniors did not contribute to a pension or to the Canada Pension Plan.
- Lack of knowledge that one must file an income tax return annually to qualify for GAINS (Guaranteed Annual Income for Seniors).

Mental/Psychological:

- Isolation and lack of mental/emotional support from family and other care-givers:
- Seniors want some one to talk to them
- Seniors want recreational and social interaction activities

Abandonment:

- Forgetting about Aboriginal seniors in nursing homes and other institutions

Ageism:

- Treating seniors like children
- Treating old people as if they know nothing or are senile

Recommendations to Break the Cycle of Violence:

- Increase awareness of abuse of old people for all ages
- Public presentation of this study
- Information sessions on violence in the urban Aboriginal community
- Creating a safe environment to talk about abuse
- Creation of a brochure with input from seniors and youth
- Information sessions on senior abuse
- Historical perspective of elders and old people
- Promotion of traditional values of honour, respect, wisdom, honesty, courage, communication and acceptance
- Empowerment of seniors
 - Increase of self esteem
 - Teaching of assertiveness
 - Assertion of rights
 - Promotion of traditional role of the elders
 - Community awareness of the rights of old people
 - Awareness of community services available for the prevention of senior abuse.

Creation of a voice for seniors through:

- Peer support
- Seniors club
- Volunteer activities
- Joining with local seniors groups
- Participating in city of Toronto Seniors Assembly
- Giving input to representatives
- Holding focus groups to generate ideas/activities to strengthen their voice
- Promotion of the model of harmonious group living from the past
- Buddy system
- 24 hour call in Centre where anonymity and confidentiality are guaranteed

Security Information:

- Police information on the prevention of crime and senior abuse
Tenant Association

Awareness and the promotion of the Complaint process and Health Services Review Board

- Reporting Abuse
- Education of Staff
- Cultural Sensitivity Training
- Recreational activities
- Inter-generational programming
- Increase friendly visiting to shut-ins and institutionalized seniors.
- Provision of nutritious meals in institutions, Community Kitchens and In-home meal preparation by homemakers.

Summary:

In general, it is known that rates of family violence are high in both rural and urban Aboriginal communities. What is not known is the extent and kind of violence directed to older people. As providers of home and community supports for Aboriginal seniors in Toronto we have witnessed abuse ranging from physical beating of an old man, extracting money in various forms from old people, threats to the safety and security of seniors including venturing out after dark and systemic abuse.

The Toronto Aboriginal community is geographically spread out and comprised of very diverse Aboriginal groups. The elderly population as a whole is not old, 27% are under the age of 65 and 42% are between the ages of 65 and 75. 18% are between 76 and 85. Most are female and live alone. Although Aboriginal people have many chronic conditions most rate their health as good.

Many of Toronto's Aboriginal seniors came to the city as young adults looking for a better life. In many respects they are survivors. Many do not have financial security in old age, and live in rent geared to income housing and hence are forced into group living. What seems different in the treatment of old people today is that historically they were viewed as valuable teachers for the younger generations and therefore held in high esteem and deeply respected. Today, that role has declined and so has the manner in which Aboriginal seniors are treated. In order to understand the decline in the role of elders one needs to look at the effects of the history of Aboriginal peoples in Canada and the process of colonization including residential schools, racism and ageism.

Coming to urban areas without any kind of social support of the impact of culture shock caused stress for Aboriginal migrants. These pioneers more or less learned by trial and error in everyday life activities and social interaction. Many newcomers came to cities seeking to get lost; this speaks to the shame and denigration associated with an Aboriginal identity by history. Initially, the effects of the migration of native people to urban areas were a loss of identity, spirituality, culture, connection and language. People learned to get by "the white way", which was necessary for survival. There was and remains to be a lack of "community" among Aboriginal inhabitants of Toronto.

Some Aboriginal people began to find one another in the sixties and this connection has flourished to the point of reclamation of culture, spirituality, language and a stronger identity. This collective identity lead to the development of Aboriginal organizations to meet diverse needs, support people and assist in adjusting to the complex changes in urban society. There is more to be done. To complete the circle for Aboriginal people in Toronto, it is imperative that they return to traditional teachings and practice in honouring members across all ages and unite in solidarity. To achieve this is to work together in breaking the cycle of violence, which will be the focus of the next project.