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## EXECUTIVE SUMMARY

The development of tools and resources to aid frontline health service providers in the area of elder abuse has largely overlooked the unique nature of the problem among Inuit living in Canada. Resources developed for non-Aboriginal peoples are not always appropriate for Aboriginal communities and those that are developed for First Nations and Métis populations are not culturally appropriate for Inuit. Accordingly, Pauktuutit has prepared this report to inform policy-makers and those developing tools for frontline workers about the cultural, historical, and socio-economic conditions relevant to elder abuse in modern Inuit society. This report also seeks to better inform and locate the problem of elder abuse among agencies and policy-makers working in the Inuit regions.

Preparation of this report involved a literature review and key informant interviews. The literature review focused on the available and relevant screening and assessment tools. Three Aboriginal-specific tools are reviewed in detail:

1. *Re:Act: Preventing and Responding to Abuse in First Nation Communities* manual (Vancouver Coastal Health);
2. *Being Least Intrusive: An Orientation to Practice for Front Line Workers in Responding to Situations of Abuse and Neglect of Vulnerable First Nations Adults* (National Initiative for the Care of the Elderly); and
3. *Family Care Conference: An elder-focused, family-centred, community-based intervention for the prevention and mitigation of elder abuse.*

The report provides background information about the Inuit population in Canada, including a brief historical profile and more detailed regional information about the number of Inuit seniors, available housing, language use, income levels, and crime rates. Much of this latter information is supported with tables adapted from Statistics Canada Census reports.

The problem of Inuit elder abuse is largely hidden, manifested in complex social relations that are, in part traditional, and in part in terms of modern socio-economic realities. The problem is widely recognized as financial abuse perpetrated by grandchildren. Poverty and lack of housing are important contributing factors. The RCMP and others identify drug and alcohol abuse as critical factors. Underlying the abuse is unresolved intergenerational trauma rooted in the residential school experience that has normalized violence and undermined traditional Inuit values.

Elders are not willing to sever ties with their children and grandchildren so there is a need to raise awareness among Inuit elders about the problem of abuse and to promote the idea that Inuit traditions and values do not justify or compel them to accept or tolerate an abusive situation. There is a need for dialogue and a need for elders to know that they can speak out when they are the victims of abuse. The long-term goal may be to heal relationships rather than to punish an offender. Non-confrontational mediation is consistent with Inuit values.

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The challenges of staff recruitment and retention of health professionals in the North limits the utility of screening and assessment tools designed to be administered by trained professionals. Additionally, many Inuit communities lack the social support services required to address various forms of violence and abuse, substance abuse, and socio-economic problems. Without this support, it may be too premature to emphasize the clinical identification of Inuit elder abuse. Identification will be thwarted if Inuit elders are unwilling to admit to the problem and the community is unwilling or unable to engage in a healing dialogue. Accordingly, this report presents a number of recommendations on how best to proceed with the problem of elder abuse among Inuit.

### **Historical and Demographic Considerations**

The majority of Inuit live in the four Inuit regions known collectively as Inuit Nunangat — Nunatsiavut in northern Labrador, Nunavik in northern Québec, the territory of Nunavut, and the Inuvialuit region of the Northwest Territories. While Inuit in each region share a common culture and many traditions, each region varies in terms of linguistics, geographic diversity, political history, governance, and legislation. Most Inuit live in Nunavut (49 percent) and in Nunavik (19 percent). The Inuit population is very young — 10 percent or less are aged 55 years and over.

Over the last four to five decades, Inuit society has witnessed a dramatic transformation from life on the land to life in permanent settlements. Inuit culture is irrevocably linked to the land and some Inuit elders still recall a time when life was guided by daily survival in one of the world's most challenging environment. Some older Inuit are survivors of the residential schools and some endured high Arctic exile. These traumatic experiences are relevant to the problems of elder abuse experienced today. Housing shortages, overcrowding, high unemployment, the high cost of living, and violent crime rates are important contributing factors.

### **Regional Legislative Differences**

Legislation that is relevant to elder abuse varies between the four Inuit regions and should be considered when developing screening and assessment tools for frontline workers. Nunavut, NT, and Newfoundland and Labrador have family violence laws that offer Emergency Protection Orders. Importantly, Nunavut offers Community Intervention Orders that encourage traditional counselling between the victim and abuser. The only relevant law in Québec is the *Charter of Human Rights and Freedoms*. Article 48 states every aged person and handicapped person has a right to be protected against any form of exploitation.

### **Inuit-Specific Strategy**

This report presents a brief introduction to Pauktuutit's *National Strategy to Prevent Abuse in Inuit Communities and Sharing Knowledge, Sharing Wisdom: A Guide to the National Strategy*. The strategy highlights important differences between Inuit and First Nations models of healing and wellbeing. Fundamental to an Inuit understanding of individual, family, and community health are six overlapping but independent principles. These should be incorporated into any Inuit-specific screening and assessment tools in place of any First Nations models or themes. The six principles are summarized as follows:

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1. *Piliriqatigiinngniq* - Working together for the common good;
  2. *Avatikmik Kamattiarniq* - Environmental wellness;
  3. *Pijittsirarniq* - Service to others and leadership;
  4. *Pilimmaksarniq* - Empowerment;
  5. *Qanuqtuurunnarniq* - Resourcefulness and adaptability; and
  6. *Aajiiqatigiinngniq* - Cooperation and consensus.

### **Literature Review**

A review of the literature confirms there is little in the way of Inuit-specific material related to elder abuse. Some sources discuss Aboriginal concerns in general or emphasize the need for health care providers to be aware of cultural diversity and to exercise some degree of cultural competency. The elder's values, abilities, and life experiences are important in the context of screening, assessment, and helping. Screening tools and follow-up protocols need to be culturally sensitive and appropriate — Aboriginal elders may have limited health literacy and may require information material in traditional languages.

Literature that considers risk factors relevant to Aboriginal communities is presented. Research suggests abuse and neglect of elders is considered to be dysfunctions of the whole community — poverty, weakened kinship systems, acculturation stress, financial dependency of adult children, poor health of elders, the shift away from the value of elders' wisdom, and changes in community leadership. Overcrowded housing, lack of social services, alcohol and drugs, the rural/urban divide, and intergenerational transmission of trauma are additional risk factors.

A review of the literature suggests most screening and assessment tools have been developed from the perspective of white, middle class professionals to be used by health professionals who have received proper training. Within Inuit communities, however, the problem of staff recruitment and retention is a major problem and a factor that limits the deployment of screening and assessment tools. Other factors that limit the ability to engage in screening and assessment include language barriers, limited access to Inuit elders in the home, the acceptance of abuse or neglect by elders as normal, a value system that does not want to criticize or punish the abuser, concern about being socially ostracized, and fear of reprisals. Though Inuit community members may be aware of domestic violence, they may not talk about it. This serves as a major barrier that prevents health professionals from engaging Inuit elders in screening and assessment.

Besides the need to identify elder abuse, there is a need to establish the community resources to address and prevent the problem. Screening and assessment tools do not replace the need for resources, education, training, and support. This is an issue in the North where community support services are lacking. Ultimately, housing, employment, health, and social support services are needed before social norms about violence, neglect, and other crimes will change.

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## Key Informant Interviews

Interviews were conducted with a wide variety of informants either by telephone or in person. The effort was to learn from those working within the Inuit regions about their organization or agencies activities in the area of Inuit elder abuse and to learn about their knowledge, experience, and insights. Informants agreed that elder abuse is common among Inuit but it is largely hidden. It was suggested elders have learned to keep secrets, something they learned in the residential schools.

Informants identify two sets or age groups of Inuit elders: older Inuit who hold values that are more traditional, and younger elders who are more likely to be survivors of the residential schools and who have lived most of their lives in permanent settlements. The age range of elder victims is from 40 to 70-plus years. Informants suggested there was a degree of disconnect between the two groups of elders.

Anecdotal evidence indicates that many abusers are grandchildren who are seeking money for drugs, alcohol, and cigarettes. Among Inuit today, it is not unusual for an elder to raise their grandchildren. Often, teen mothers may not be prepared to raise their children, so the child's grandmother takes on the role and may even adopt the grandchild. As a result, grandchildren approach their grandparents — usually on the day pension cheques arrive — in the same way others may approach their parents for money. Some Inuit regions have rates of suicide up to nine times the national average. Some grandchildren have been known to threaten to commit suicide if their grandparent does not give them what they are asking for. This can cause tremendous emotional trauma for the grandparents. Inuit values of sharing and caring for the entire community may mean that elders are not looking after their own basic needs.

Lack of housing has resulted in overcrowding in many Inuit communities and this drives a form of financial abuse based on unpaid rent and free food. Elder Inuit often are the leaseholder of subsidized public housing and are being driven into debt by their adult children who move in but do not contribute to household costs.

Informants identified a number of additional contributing factors for Inuit elder abuse. The RCMP and justice officials tend to emphasize the role of drugs and alcohol and the lack of support services in the community. Some suggested that mental health issues (schizophrenia and FASD) are relevant along with the lack of diagnostic and treatment facilities. The legacy of the residential schools and intergenerational trauma has led to a lifetime of abuse where elder abuse is part of a continuum of abuse that has become normalized. Poverty and the cost of living are undermining basic Inuit values of sharing and respect for elders. The Inuit society is in transition from a culture of sharing to one involving a wage economy and individualism. Often an elder's principles of sharing make them vulnerable to exploitation. Their sense of family integrity prevents elders from speaking out about abuse and identifying abusers. Elders may not want to report an incident because they fear losing their grandchildren, fear retaliation, or fear losing their lease on their rented home.

Informants consistently noted the lack of support services in Inuit communities. Most indicated they were unaware of any northern-specific tools for frontline health workers or the public.

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One suggested there was no harm in having a toolkit for screening and assessment but with no groundwork or facilities to respond, the toolkits may offer only limited benefits. Informants from Nunavut suggested outreach within the community is difficult. Elders will not talk about abuse in public. Most Informants agree, however, that greater awareness and dialogue is needed.

### **Existing Tools, Guides, and Strategies**

This report considered in detail three tools relevant to elder abuse in Aboriginal communities. The First Nations version of the Vancouver Coastal Health's *Re:Act Manual* is reviewed for relevance and adaptability to Inuit communities. Differences in legislation between BC and the Inuit regions are an important consideration. The *Re:Act Manual* emphasizes the role of community response networks, but equivalent networks have not been established in the Inuit regions. The manual also contains strong First Nations themes that need to be revised for use among Inuit. Overall, the tool is considered useful and adaptable for use in Inuit communities.

*Being Least Intrusive* is an orientation to practice for frontline health and social workers who are responding to situations of abuse and neglect of vulnerable First Nations adults. It outlines in broad terms what non-Aboriginal workers need to think about and do when working with First Nations communities — being more respectful, sensitive, and reflective of Aboriginal culture, values, and worldviews. The tool is applicable or adaptable to most Aboriginal communities in Canada. However, it offers nothing about the screening and assessment of elder abuse or how a clinician should go about learning Aboriginal cultural identity, values, language, spirituality, and worldviews. This knowledge is not readily available in books. The requirements, therefore, are demanding and academically challenging and may limit its wider use, especially in the North where there is a high turnover of professional staff. Those filling locum positions may be unable or unwilling to engage in the paradigm shifted advocated by the tool.

The *Family Care Conference* is an elder-focused, family-centred, community-based intervention for the prevention and mitigation of elder abuse. It has been piloted in a U.S. Native American community. Rather than highlight the abusive act, the intervention is an indirect approach that builds on the strengths of extended families and promotes strategies to support them. Though the model is framed within general Aboriginal value systems of respect and the role of the family, it does not emphasize First Nations-specific themes or components, and can be delivered by local paraprofessionals living in the communities. In light of Nunavut's Community Intervention Orders, this model is adaptable to Inuit communities. The referral process is broad-based and is not limited to legal authorities or health professionals. This may prove particularly useful within Inuit communities where elder groups or societies, domestic violence programs, concerned community and family members, and paraprofessionals can propose mediation.

### **Recommendations**

1. Elder Engagement: There is a need to raise community awareness and to engage Inuit elders in a dialogue about elder abuse. Inuit at the community level need to begin learning

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about what constitutes elder abuse and to begin learning to speak out. Through elder engagement, Inuit-specific solutions can be identified.

2. Inuit Version of the *Re:Act Manual*: The Vancouver Coastal Health's First Nations version of the *Re:Act Manual* is a useful tool to assist health care and social workers confronted with possible cases of adult abuse, neglect, and self-neglect. A culturally and geographically appropriate Inuit version of the manual should be developed that includes the principle of being most effective and least intrusive and supports the engagement of a diverse network of concerned community members, service providers, and others in a coordinated response to cases of abuse.
3. Family Level Interventions: The Family Care Conference model should be explored in more detail with respect to its suitability within Inuit communities. The important role of Community Health Representatives in conducting the interventions is a practical consideration given the recruitment and retention problems of health professionals in Inuit communities.
4. Tools that Target Paraprofessionals: There is a need to build resident capacity within Inuit communities by training frontline paraprofessionals about elder abuse. Paraprofessionals live and work in the communities, know the language, know the peoples and traditions, and have trusted access into the homes of elders. This is a practical and sustainable response to the problem of professional staff recruitment and retention.
5. Tools that Target Victims and Families: Continual public awareness about elder abuse is needed. This should be culturally appropriate and available in various Inuktitut dialects.
6. Financial Abuse Prevention: Though it is a multifaceted problem, Inuit elders need options when they face financial abuse. They, more than any other person, must be able to act to either report the problem or instigate change. Since receipt of pension cheques is a primary event that leads to abuse, Inuit-specific Inuktitut language information about financial abuse could be included with the cheques.
7. Public Housing: Access to housing is a critical problem within Inuit communities and the position of elders as leaseholders in public housing seems to raise their exposure to abuse. It may be useful to focus immediately on elders living in public housing since they are likely paying subsidized rent and are more likely living in overcrowded conditions.
8. Inuit Principles of Healing: Tools that target Aboriginal audiences or health professionals working within Aboriginal communities need to be culturally appropriate. There is a need to examine the six Inuit principles of healing and integrate this model widely.
9. Crisis or Call Line: Though Inuit elders may not utilize a crisis line, a call service that encourages family members, community members, and service providers to report potential cases of elder abuse would be useful. In many cases, laypersons do not know who to call or know what options are available. A call service could serve as a clearinghouse for information and focal point for mobilizing service providers.
10. National Indian Council on Aging: The National Indian Council on Aging (NICOA) is the U.S.A.'s foremost advocate for American Indians and Alaska Native Elders. Pauktuutit and other Inuit, First Nations, and Métis organizations should consider participating in the

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September 2012 conference dedicated to advocacy and information sharing in order to learn more about possible models and promising practices relevant to elder abuse.

# 1 INTRODUCTION

*Just one look at a house can show abuse. A healthy, safe home is cared for, welcoming, and has open curtains. An unsafe home may have a neglected appearance and the curtains are always closed (NWT Seniors' Society 2009).*

## 1.1 Overview

The concerns about elder abuse and the development of tools and resources to aid frontline service providers have largely overlooked the unique nature of the problem among Inuit living in Canada. Resources developed for non-Aboriginal peoples are not always appropriate for Aboriginal communities and resources developed for the latter must recognize the unique historical and cultural dimensions of life among Inuit seniors. As a rule, tools developed for First Nations and Métis populations are not readily transferrable to Inuit.

Among First Nations, Métis, and Inuit, the term 'elder' refers to individuals who are 55 years of age and older, as opposed to the Canadian guideline that determines an older person or senior as someone 65 years or older (Dumont-Smith 2002:1).<sup>1</sup> However, the Inuvialuit Regional Corporation considers those aged 50 or over as persons eligible for 'elder payments' (Collings 2001: 131). Among First Nations, Métis the term 'Elder' is capitalized to denote honour or a title— it refers to those individuals who are respected in their community for their cultural knowledge or wisdom, their spiritual guidance, and/or their political position. This may also include their ability to communicate with younger people. In the Eastern Arctic, the term 'isumataq' refers to "someone who knows things" and traditionally referred to a man and his wife when they became the camp bosses and principal figures of the extended family unit (Collings 2001). The identification of 'elders' as culture-bearers, therefore, is not simply a matter of chronological age, but a function of the respect accorded to individuals in each community who exemplify the values and lifestyles of the local culture (Owlijoot 2008).<sup>2</sup> In this report, the term 'elder' refers to those Inuit who are 55 years and over.

In many cases, the Western approach to elder abuse is to criminalize the abuser. These approaches are direct in nature; they emphasize the abusive behaviours and encourage reporting of the perpetrator to the appropriate authorities or agencies. Some have argued that rather than highlight the abusive acts, it may be better to adopt less adversarial methods within Aboriginal communities. The long-term goals of interventions for elder abuse may better be "to heal relationships and to teach others in the community appropriate behaviours rather than to 'punish an offender'" (Carson and Hand 1998: 92). This is consistent with the Community Intervention Orders available through Nunavut's *Family Abuse Intervention Act*, the Rankin Inlet

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<sup>1</sup> The Canadian Centre for Elder Law recognizes that a person younger than 65 years can be a victim of elder abuse (2011: 7).

<sup>2</sup> According to some informants, Inuit traditionally accord respect to someone older than themselves, even if they are not yet a senior citizen. Among First Nations, respect for an Elder is based, in part, upon that individual's continued practice as an exemplarily community member. Such members must continue to deserve or earn respect.

Spousal Abuse Counselling Program, and the federal Department of Justice's Aboriginal Justice Strategy. This idea will be explored in more detail in this report.

The intent of this report is to describe the unique nature and circumstances of Inuit elders living in Inuit Nunangat, an area that encompasses the land, water, and ice in the four Inuit regions of Nunavut, Nunavik, Nunatsiavut, and Inuvialuit. Where possible, the report will present regional differences. The objective is twofold:

- To inform policy-makers and those developing tools for frontline workers about the unique nature and circumstances of Inuit and Inuit elder abuse. There is a current lack of knowledge about Inuit elder abuse and neglect that is a barrier to the development of effective screening and assessment tools and appropriate responses and resources; and
- To better inform and locate the problem of elder abuse among agencies and policy-makers working in the Inuit regions. As such, some effort has been made to describe what constitutes elder abuse and to identify relevant legislation in each Inuit region.

It is hoped the exercise will provide the groundwork with which to develop culturally appropriate tools and resources to address the problem of elder abuse within Inuit communities.

This report will not present in detail what is commonly understood as elder abuse or review in detail the growing literature available on the subject. Up to date reviews of the literature are already available (see, for example, Spencer (2010) and Struthers *et al.* (2009)). Of interest, is the specific nature of elder abuse among Inuit. Specific literature is lacking, so this report relies heavily upon key informant interviews with various frontline workers, policy makers, and others. As this report will point out, it is very difficult to garner information about abuse directly from Inuit elders. It is a very delicate topic embedded with cultural nuances which requires a research methodology beyond the scope and capacity of this project. Nonetheless, the information presented in this report will better locate the problem and offer recommendations and directions for resource development and future research.

Very few elder abuse-related tools and strategies have been developed for Aboriginal populations. None has been developed specifically for Inuit. However, the National Inuit Strategy for Abuse Prevention developed by Pauktuutit Inuit Women of Canada identifies six strategic priorities to promote the development of effective, culturally appropriate, and co-ordinated responses to all forms of violence within Inuit communities.

The following Aboriginal-specific tools that address elder abuse will be considered in this report.

- **Re:Act:** Preventing and Responding to Abuse in First Nation Communities manual (Vancouver Coastal Health);
- **Being Least Intrusive:** An Orientation to Practice for Front Line Workers in Responding to Situations of Abuse and Neglect of Vulnerable First Nations Adults (National Initiative for the Care of the Elderly); and
- **Family Care Conference:** An elder-focused, family-centred, community-based intervention for the prevention and mitigation of elder abuse.

## 2 METHODOLOGY

The core of this report rests on the results of key informant interviews conducted in person and over the telephone between January and March 2011. A literature review of Internet and printed source was conducted and a review of statistical and survey data was undertaken to develop an understanding of the demographics describing Inuit elders. A search for Inuit elder- and Inuit abuse-related research was undertaken using the PubMed online database and the Arctic Science and Technology Information System (ASTIS) online database (maintained by the University of Calgary).<sup>3</sup> The search confirmed that very little published material is available that is specific to Inuit elder abuse. Additionally, an archival search of Nunatsiaq News ([www.nunatsiaqnews.com](http://www.nunatsiaqnews.com)) was conducted in search of relevant stories about elder abuse. Most stories related to the celebration of World Elder Abuse Awareness Day, relevant legislation in Nunavut, and to stories about residential facilities available to Inuit elders.

Potential key informants were identified with the support of Pauktuutit staff, through word of mouth, reviews of various departmental telephone directories for the governments of Northwest Territories, Nunavut, Nunavik, and Nunatsiavut, and through Internet searches. Appendix 1 presents a list of informants contacted for this project.

A semi-structured interview style was used to guide the informal discussions with key informants. The effort was to cover key topics but within a conversational format that allowed the key informant to introduce anecdotal evidence and personal perspectives.

Additional information was gained from the report of the 2009 Workshop on the Abuse of Older Adults held in Inuvik (NWT Seniors' Society 2009), and from the trip report of Pauktuutit's 2010 Elders On the Land Project.<sup>4</sup>

This report also presents a selection of statistical information garnered primarily from Statistics Canada. In some cases, data about Inuit located in Nunatsiavut, Nunavik, and Inuvialuit are difficult to locate because available provincial and territorial data are not ethnic-specific. Crime statistics, for example, are not broken down in terms of Aboriginal identity. As a result, certain generalizations about Inuit are made based on information from Nunavut alone where 85 percent of the population are Inuit.

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<sup>3</sup> PubMed is available online at: <http://www.ncbi.nlm.nih.gov/pubmed/> (accessed January 2011) and the ASTIS database about Arctic research is available at: [www.aina.ucalgary.ca/astis/](http://www.aina.ucalgary.ca/astis/) (accessed January 2011).

<sup>4</sup> The Pauktuutit Elders On the Land Project was conducted in partnership with Qikiqtani Inuit Corporation and the Department of Justice (Nunavut) and was funded by Status of Women Canada.

### 3 INUIT HISTORY

Fundamental to understanding the nature of elder abuse in Inuit communities is the need to understand certain historical events that distinguish Inuit from First Nations and Métis communities. Inuit share a common language, culture, and history — with important regional differences — that is not characteristic of First Nations communities. Within the living memory of some Inuit elders, life was lived on the land; life was guided by daily survival in one of the most challenging environments in the world. Inuit culture is irrevocably linked to the land.

During the 1940s and 1950s, Inuit maintained their traditional way of life, but were increasingly acculturated through contact with people from southern Canada and by American military personnel stationed in the North (Bonesteel 2008). Prior to settlement in permanent communities in the 1950s and 1960s, the family was the model of Inuit governance.<sup>5</sup> Respect is a core value of traditional culture: respect for the land, for elders, and for each other. Every member of the family had a critical and complementary role to play. This division of labour formed the basis for the essentially egalitarian society. Changes, however, have been incredibly profound and unimaginably swift. Within the lifetime of some Inuit elders, life has shifted from living on the land to permanent communities. Participation in the wage economy has grown out of necessity and with it, market values and consumerism. Harvesting activities, however, and the cultural practice of sharing remain integral elements of Inuit culture that continue today and complement the wage economy. While life on the land was never easy, Inuit still remember the autonomy and self-sufficiency that were lost when families moved into settlements (Qikiqtani Truth Commission 2010: 8).

Another critical historical episode is the residential school experience. Beginning in the 1830s, residential schooling was a favoured approach by Christian missionaries to “civilizing” Aboriginal children. The *Indian Act* of 1876 removed the rights of Aboriginal parents to raise their own children, giving the government control over the children. In 1892, residential schools became the official system of schooling for Aboriginal children. Prior to 1955, the Arctic residential schools were operated with federal subsidies by the Anglican and Roman Catholic churches. Between 1955 and 1970, the Inuit schools and hostels were operated under federal authority. Later, they came under the authority of the government of the Northwest Territories. The last residential school closed in 1996 (Aboriginal Healing Foundation 2006: Vol. I, 253-7).

The residential school experience has had a huge impact on the lives of many Inuit. The effects of the abuse and neglect they suffered have followed them into adulthood and often have adversely impacted future generations within their families. Research has shown that suicide, addictions, depression, eating and sleeping disorders, and chronic physical illness are common to the residential school survivors. As well, there is often a loss of cultural identity. These outcomes contribute to putting older Inuit elders at risk for abuse. The Royal Commission on Aboriginal Peoples (1996: 57) noted that the victims of residential school abuse have often become the abuser. In the end, those residential school survivors who are now aged 55 and

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<sup>5</sup> Inuit were encouraged to move into permanent settlements with assurances that life would be better. For the federal government, a more centralized population fostered the administration of social assistance, health care, justice, and assimilation.

over have experienced life profoundly different from the more senior Inuit who never attended the schools. Those who had endured the residential schools still remain quiet probably due to the pain it will open (Owlijoot 2008).

Research undertaken by the Legacy of Hope Foundation indicates that communities that have implemented Aboriginal community-based healing projects identify the need for greater community awareness about the residential school experience. The lack of community knowledge and understanding about the legacy is a barrier to healing. The processes established under the 2006 Indian Residential Schools Settlement Agreement and the establishment of the Truth and Reconciliation Commission of Canada will inevitably compel many to face their traumatic past. Accordingly, the Indian Residential Schools Resolution Health Support Program was established by Health Canada to provide mental health and emotional support services to survivors and their families. This program, however, is a shift away from the community-based healing promoted by the Aboriginal Healing Foundation to a focus on healing the individual (Bird 2011).

Another historical event is the case of the High Arctic Exiles — those Inuit who were relocated in the 1950s by the Canadian government to new communities at Grise Fiord and Resolute Bay in order to further establish Canadian sovereignty in the Arctic. These individuals suffered tremendous hardships in a region without game. Informants suggest that the men resorted to violence as a way of coping with their dire circumstances and that their children have normalized this behaviour. Violence in Inuit communities is a critical issue with violent crime in Nunavut in 2004, for example, as much as eight times the national rate (Canadian Centre for Justice Statistics 2005: 18).

The different life experiences among Inuit elders may be relevant to how some respond to abuse. Some elders continue to have strong links to their past, their perceived roles and sense of obligation are traditional. In the past, for some Inuit groups, the nuclear family was the fundamental unit of social and economic organization. For others, the extended family formed the basic unit. The nuclear family could be supplemented with other members of the extended family depending upon the tasks at hand. Even non-related affiliates could be 'adopted' by the group. The harmony and survival of the group was paramount. Sharing and co-operation was held to be of utmost importance. Hospitality was important. Within the complex bonds of kinship existed many rules about sharing (Mitchell 1996: 31-3).

Though Inuit society promotes the valued role of Inuit elders, most of them have to relearn their respective roles in society. As Owlijoot (2008: 5) notes:

*The impacts of colonization have impaired them, and they need to regain their positions as guides and teachers of the younger generations. This was always their role. Despite the massive changes that have at times threatened to overwhelm Inuit society, they have endured to keep their basic values.*

Younger generation of Inuit now have vastly different life experiences than the older generations. A tension exists between the values and responsibilities of the past and the values that come with modern life in the North. Ultimately, it is the destabilizing effects of colonization

that have undermined Inuit society. The symptoms are manifested in terms of violence, substance abuse, and rifts between generations.

## 4 INUIT DEMOGRAPHIC PROFILE

A demographic profile of Inuit living in Canada will contribute to a better understanding of the social and economic factors that contribute to the problem of elder abuse within Inuit regions. It is important to know how many Inuit elders there are, where they live, and what are their social and economic circumstances. A limited profile is presented below.

### 4.1 Inuit in General

Results from the 2006 Census indicate almost 50,500 Inuit live in Canada, representing four percent of the 1,172,790 people who identified themselves as an Aboriginal person.<sup>6</sup> The Inuit population increased significantly between 1996 and 2006 compared to Canada's non-Aboriginal population (26 percent and 4 percent, respectively). The majority of Inuit live in the four Inuit regions known collectively as Inuit Nunangat — Nunatsiavut in northern Labrador, Nunavik in northern Québec, Nunavut, and the Inuvialuit region of the Northwest Territories. While Inuit in each region share a common culture and many traditions, each region varies in terms of linguistics, geographic diversity, political history, and governance.<sup>7</sup> Table 1 provides a regional breakdown of the 2006 Census population within these regions.

**TABLE 1:  
PROFILE OF INUIT REGIONS — REGIONAL PROFILE OF INUIT POPULATION (2006)**

	Nunatsiavut	Nunavik	Nunavut	Inuvialuit
Count	2,160	9,565	24,635	3,115
Percent of Total Inuit Population	4%	19%	49%	6%
Population Increase Since 1996	3%	25%	20%	- 3%

Source: Statistics Canada (2008). *Aboriginal Peoples in Canada in 2006: Inuit, Métis, and First Nations, 2006 Census*. Catalogue no. 97-558.

Table 1 indicates most Inuit live in Nunavut and Nunavik and that these two regions have witnessed the greatest growth in population. Growth that is much more moderate took place in Nunatsiavut and the population in the region of Inuvialuit actually declined between 1996 and 2006. The vast majority of Inuit live in Nunavut.

<sup>6</sup> These figures are based on single responses to the question of Aboriginal identity. Multiple responses are possible, allowing some individuals to be counted more than once as either First Nations, Métis, and/or Inuit. Additionally, some Statistics Canada data on Aboriginal peoples describe those claiming single and multiple responses to the question of Aboriginal ancestry. These figures tend to be higher than those claiming Aboriginal identity — someone can claim Aboriginal ancestry but not claim Aboriginal identity.

<sup>7</sup> See Appendix 2 for a brief summary of the Inuit regions and a map.

## 4.2 Seniors

The Inuit population is young, with a median age of 22 years in 2006. In comparison, the median age of the non-Aboriginal population in Canada was 40 years. The difference is largely driven by the higher fertility rate among Inuit women. As a result, only four percent of the Inuit population consisted of seniors aged 65 and over, compared with 13 percent of the non-Aboriginal population. As the life expectancy of Inuit increases so has the growing percentage of Inuit who are 65 years and over. In 2001, the estimated life expectancy for Inuit was 63 years for men and 72 years for women. In comparison, for the total Canadian population, the life expectancy for men was 77 years and 82 years for women (Statistics Canada 2008).

**TABLE 2:  
PROFILE OF INUIT REGIONS — TOTAL INUIT SENIOR POPULATION (2006)**

	Inuit Area of Residence*	Inuit Nunangat **	Nunatsiavut	Nunavik	Nunavut	Inuvialuit
Total 55+ Years	3975 (0.0%)***	3005 (6.4%)	250 (10.5%)	665 (6.4%)	1755 (6.1%)	335 (6.0%)
Male 55+ Years	1995 (0.0%)	1590 (3.4%)	145 (6.1%)	340 (3.3%)	930 (3.2%)	170 (3.0%)
Female 55+ Years	1985 (0.0%)	1415 (3.0%)	110 (4.6%)	315 (3.0%)	825 (2.9%)	155 (2.8%)
<p>* 'Inuit Area of Residence' includes all Inuit regions, urban areas, census metropolitan areas, and urban non-census metropolitan areas in Canada. Regional figures have been rounded to the nearest 5 so the total in this category may not add correctly.</p> <p>** 'Inuit Nunangat' refers to the Inuit regions of Nunatsiavut, Nunavik, Nunavut, and Inuvialuit.</p> <p>*** The percentage values are calculated according to the proportion of elders aged 55+ within each region.</p> <p>Source: Adapted from: <i>Inuit area of residence, Aboriginal identity, Age Groups, Sex and Selected Demographic, Labour Force, Educational and Income Characteristics, for the Total Population of Canada, Provinces and Territories, 2006 Census - 20% Sample Data Statistics Canada - 2006 Census</i>. Catalogue Number 97-564-XCB2006003.</p>						

Among Inuit, individuals over the age of 55 are commonly considered seniors or elders. Table 2 presents the Inuit regional profile of resident Inuit seniors over the age of 55 years. For all Inuit regions except Nunatsiavut, about six percent of the population is aged 55 years and over. The proportion of seniors is higher in Nunatsiavut, but the actual numbers are low — only 250 individuals.<sup>8</sup>

## 4.3 Housing

Crowding — defined as more than one person per room — is a major issue among Inuit living in Canada. In 2006, about 15,600 Inuit, or 31 percent of the Inuit population, lived in crowded homes compared to only three percent among Canada's total non-Aboriginal population. Further, 12 percent of this Inuit population lived in homes with an average of 1.5 persons or

<sup>8</sup> More up to date estimates (2009) from the Government of Nunavut indicate the elder population (both Aboriginal and non-Aboriginal) in the territory is proportionately higher: 8.8 percent of the population is 55 years and over (9.2 percent among males and 8.4 percent among females) Source: Statistics Canada, Demography Division, CANSIM table #051-0001 and Special tabulations prepared by Nunavut Bureau of Statistics, March 15, 2010.

more per room, compared with only one percent of the non-Aboriginal population. Within the four Inuit regions, the figures are more extreme. In Nunavik, almost half of Inuit residents (49 percent) lived in crowded conditions, as did 39 percent of those in Nunavut, 19 percent in Inuvialuit, and 13 percent in Nunatsiavut.<sup>9</sup> In comparison, only about five percent of all non-Aboriginal residents in the Inuit regions lived in crowded conditions. Fortunately, there has been a declining in overcrowding since 1996 (Statistics Canada 2008: 24).

Importantly, Inuit are nearly five times more likely than non-Aboriginal people to live in multiple family households. In 2006, 18 percent of Inuit lived in a household with more than one family, compared with only four percent of the non-Aboriginal population. This rate is highest in Nunavik (26 percent of Inuit), followed by Nunavut (22 percent), and then Nunatsiavut and Inuvialuit (11 percent and 10 percent, respectively). Notably, this is not culturally inconsistent — Inuit have traditionally lived in family groups. Among Inuit, seniors aged 65 years and over, 16 percent live alone compared to 28 percent of non-Aboriginal seniors (Statistics Canada 2008: 26).

Data collected in Nunavik in 2005 show that 96 percent of houses occupied by elders (aged 60 and over) are rented, with an average of five persons living in the home. Over half of elder households are considered overcrowded; approximately 10 percent of elder households had 10 or more individuals. Significantly, 83 percent of elders indicated they had dependant children (Bernard 2005).

The lack of affordable housing is a key to understanding abuse in Inuit communities and to understanding how Inuit victims respond to some forms of abuse. In Nunavut, up to 90 percent of Inuit live in public housing. Rent is based on household income and can be as low as \$35 or \$60 dollars for an elder on a limited income. However, adult children may move in with their parents but contribute little or nothing towards rent and household expenses even though they may have an income. Rents increase due to the combined household income but the financial burden falls on the elder leaseholder who then goes into debt and arrears. Visiting family members may become unwelcome. However, an elder will not turn out their children knowing there is no place for them to go. Additionally, traditional family values of support and sharing will prevent an elder from complaining. The lack of housing drives overcrowding but also contributes to what may be a pattern of non-violent non-coercive financial abuse. Elders go into debt because they are supporting family members who are literally “eating them out of house and home.” Concomitant to this is the growing tendency among some Inuit elders to hoard or to hide money and food from unwelcome family members. This is not consistent with the elder’s traditional set of values but arises out of necessity.

Most First Nation and Inuit communities do not have long-term care facilities. As a result, seniors needing institutional care may be placed in provincial/territorial facilities located away from their home communities. The facilities may isolate the elder from family and friends, may not offer culturally appropriate care, may isolate the elder because of language barriers, and may sever the social role of an elder from the community (National Aboriginal Health

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<sup>9</sup> In Nunatsiavut Inuit living in crowded homes declined from 37 percent to 13 percent between 1996 and 2006 as a result of new housing construction funded by the government of Newfoundland and Labrador.

Organization 2006). According to the National Indian and Inuit Community Health Representatives Organization (NIICHO), leaving the family and community or creating age-specific housing or institutions is a foreign concept. Typically, traditional extended Aboriginal families cared for aging members in place. Within the Inuit regions, there are very few elder residential facilities (see Table 3).

**TABLE 3:  
INUIT ELDER RESIDENTIAL FACILITIES**

<b>Region</b>	<b>Elder Residences</b>
Nunatsiavut	Happy Valley-Goose Bay Long Term Care Home
Nunavik	<ul style="list-style-type: none"> <li>• Uvatitut Apts. (Puvirnitug)</li> <li>• Qilangnguanaaq Assisted Living Centre (Kuujuuaq)</li> <li>• Tusaajaipik Elders' Home (Kuujuak)</li> </ul>
Nunavut	<ul style="list-style-type: none"> <li>• Pairijait Tiguminik Society (Iqaluit)</li> <li>• Andy Aulatjut Centre (Arviat)</li> <li>• Martha Talirug Centre (Baker Lake)</li> </ul>
Inuvialuit	<ul style="list-style-type: none"> <li>• Joe Greenland Centre (Aklavik)</li> </ul>

#### **4.4 Home and Community Care**

Though actual numbers are difficult to assemble, there is a heavy reliance on family caregivers in the North. It is an expected way of life as Inuit all want to keep family members in their home communities for as long as possible. There is concern, however, that family caregivers may not have the necessary training, may receive little or no support, and may only receive respite when they are stressed to the maximum. For some, respite is seen more as a failure than the right of every caregiver.

Within all Inuit regions, formal home and community care services are offered. Generally, home care nurses are non-Inuit and the supporting home and community care workers are Inuit. The high staff turnover of nursing staff and the trend towards hiring agency nurses who only stay for a limited time, limits the commitment a health professional will make to a community. Without getting to know a community and developing trust and respect over time, home care nurses are likely to see only physical signs of elder abuse in the home.

#### **4.5 Language**

The use of Inuktitut is an important consideration for public outreach and the preparation of public information and communication material. The proportion of Inuktitut-speakers is on the decline; in 2006, over 32,200 of Inuit (64 percent) reported Inuktitut as their mother tongue, down from 68 percent in 1996. Half of Inuit reported speaking Inuktitut most often in the home. Overall, almost 70 percent of Inuit reported understanding the language well enough to carry on a conversation. Importantly, Inuktitut was spoken equally by Inuit in all age groups (Statistics Canada 2008).

In 2006, almost all Inuit in Nunavik could speak Inuktitut in conversation and in Nunavut over 90 percent could do the same. In both Nunatsiavut and Inuvialuit, the rates were much lower, 27 percent and 20 percent respectively.

## 4.6 Income

Financial abuse is an important characteristic of abuse among Inuit elders. As a baseline, the following two tables provide regional profiles of income levels and income sources among Inuit seniors. It should be noted that in the North, the cost of living and unemployment are extremely high making poverty an important contributing factor for abuse. For example, the unemployment rate among Inuit is more than three times the Canadian average of seven percent, and in Nunavut, the cost of living may be 2.5 to four times higher than in the south, depending upon location. For the year 2000, a household in Nunavik may have spent upwards of 44 percent of household income towards food, compared to only 12 percent in Québec City. The average income of elders in Nunavik, however, was 13 percent lower than the rest of the province.

**TABLE 4:  
PROFILE OF INUIT REGIONS — AVERAGE AND MEDIAN INCOME AMONG INUIT (2005)**

		Inuit Area of Residence*	Inuit Nunangat	Nunatsiavut	Nunavik	Nunavut	Inuvialuit
Total Population**	Average Income	\$35,498	\$33,268	\$24,609	\$30,476	\$34,182	\$37,407
	Median Income	\$25,615	\$21,715	\$18,763	\$21,981	\$20,982	\$28,006
All Inuit	Average Income	\$25,461	\$25,233	\$21,902	\$26,202	\$25,193	\$25,190
	Median Income	\$16,969	\$16,669	\$16,576	\$18,994	\$15,939	\$16,944
55 – 64 Years	Average Income	\$29,523	\$30,880	n/a	\$35,807	\$30,190	n/a
	Median Income	\$19,462	\$20,877	n/a	\$27,200	\$19,477	n/a
65 + Years	Average Income	\$20,329	\$20,484	n/a	\$22,982	\$20,170	n/a
	Median Income	\$15,842	\$15,593	n/a	\$16,544	\$15,592	n/a
<p>* 'Inuit Area of Residence' includes all Inuit regions, urban areas, census metropolitan areas, and urban non-census metropolitan areas in Canada. Regional figures have been rounded to the nearest 5 so the total in this category may not add correctly.</p> <p>** Total Population includes all Aboriginal and non-Aboriginal identity residents who are 15 years and over.</p> <p>Source: Adapted from: Inuit area of residence, Aboriginal identity, Age Groups, Sex and Selected Demographic, Labour Force, Educational and Income Characteristics, for the Total Population of Canada, Provinces and Territories, 2006 Census - 20% Sample Data Statistics Canada - 2006 Census. Catalogue Number 97-564-XCB2006003.</p>							

In Table 4, complete income data is not available for Inuit in the 55-64 and 65 and over age groups. In general, incomes are lower for all Inuit in comparison to the average earned by all adults living in Inuit regions and in other larger urban and census areas where Inuit live. In some cases, the difference is between \$10,000 and \$12,000. Where data is available for 2005, Inuit aged 55-64 averaged higher incomes than the average for all Inuit. Those living in Nunavik averaged higher incomes than all Aboriginal and non-Aboriginal adult income earners in the region. These higher income levels are not surprising in terms of wages paid to senior and experienced individuals in the workforce. By the time they reach 65 years and over, Inuit

witnessed substantially lower average incomes. These individuals tend to be leaving the workforce and gained their income from pensions and investment incomes, etc. The different income levels and different income sources may be important factors in how the two age groups of 'seniors' experience elder abuse.

**TABLE 5:  
PROFILE OF INUIT REGIONS — PERCENT OF INCOME FROM SELECTED SOURCES FOR INUIT SENIORS (2005)**

		<b>Inuit Area of Residence*</b>	<b>Inuit Nunangat</b>	<b>Nunatsiavut</b>	<b>Nunavik</b>	<b>Nunavut</b>	<b>Inuvialuit</b>
Retirement pensions, superannuation and annuities	55-64 Years	2.6%	1.8%	3.7%	1%	1.8%	1.8%
	65 + Years	10.9%	5.3%	5.8%	4.9%	4.9%	5.7%
Other money income	55-64 Years	1.3%	1.2%	2.2%	1.1%	1.1%	1.2%
	65 + Years	1.3%	0.8%	0%	0.8%	0.8%	1.7%
Government transfer payments (Total)	55-64 Years	16.1%	15.2%	21.3%	12.7%	15.5%	15.6%
	65 + Years	66.7%	67.8%	73%	58.3%	70.5%	66.5%
Old Age Security pensions & Guaranteed Income Supplement	55-64 Years	1.5%	1.5%	2.3%	0.6%	1.9%	1.1%
	65 + Years	41.9%	42.7%	53.3%	33.7%	44.9%	44%
Canada/Quebec Pension Plan benefits	55-64 Years	3.5%	3.2%	5.2%	3.4%	2.8%	4%
	65 + Years	15.9%	13%	13%	13.9%	11.9%	15.1%
Child benefits	55-64 Years	2.7%	3.3%	0.9%	4%	3.5%	2%
	65 + Years	2.2%	3.2%	0%	3.9%	3.5%	1.1%
Employment Insurance benefits	55-64 Years	2.3%	2%	10.4%	1.4%	1%	4.4%
	65 + Years	0.5%	0.6%	0%	0%	0%	0%
Other income from government sources	55-64 Years	6%	5.1%	2.8%	3.1%	6.3%	4.8%
	65 + Years	6.5%	8.2%	4.1%	5.5%	10.1%	7.7%
<p>* 'Inuit Area of Residence' includes all Inuit regions, urban areas, census metropolitan areas, and Urban non-census metropolitan areas. Source: Inuit area of residence, Aboriginal identity, Age Groups, Sex and Selected Demographic, Labour Force, Educational and Income Characteristics, for the Total Population of Canada, Provinces and Territories, 2006 Census - 20% Sample Data Statistics Canada - 2006 Census. Catalogue Number 97-564-XCB2006003.</p>							

Table 5 clearly verifies that the age group 65 years and over relied on pensions and benefits for their income. Various government transfer payments dominated — primarily Old Age Security pensions and Guaranteed Income Supplement and Canada/Quebec Pension Plan benefits.<sup>10</sup> The highest level of support was provided in Nunatsiavut where 73 percent of the income for Inuit elders 65 years and over was from government transfers, followed by Nunavut (70.5 percent of income), Inuvialuit (66.5 percent of income), and finally Nunavik (58.3 percent of income). Notably, child support payments still constitute a portion of the income in Nunavik (3.9 percent of income), Nunavut (3.5 percent of income), and Inuvialuit (1.1 percent of income). Together, these income sources suggest a possible vehicle or means to deliver outreach information about elder abuse to the older Inuit elders.

<sup>10</sup> Bernard (2005) notes that for Nunavik elders, government security benefits are determined according to Québec and Canadian standards with no reference to the price of consumer goods. Accordingly, Nunavik elders are at a relative disadvantage compared with seniors in the country as a whole.

## 4.7 Crime

Within Inuit regions, elder abuse cannot be separated from crime rates. The pervasive rate of violent crime distinguishes Inuit communities from other jurisdictions in Canada and tools and guides that address elder abuse must account for this difference. Crime is not inherent in Inuit society but likely stems from poverty, unemployment, and the legacy of the residential school experience.

**TABLE 6:  
CRIME RATES (PER 100,000) BY TYPE OF VIOLATION, AND BY SELECTED PROVINCE AND TERRITORY (2009)**

	Canada	Nunavut	N.L.	Quebec	N.W.T.
All <i>Criminal Code</i> violations (excluding traffic)	6,405.82	37,759.07	6,473.06	5,015.90	42,079.70
<i>Relative Rate</i>	1.0	5.9	1.0	0.8	6.6
Violent <i>Criminal Code</i> violations	1,313.83	9,355.87	1,497.67	1,086.99	8,586.75
<i>Relative Rate</i>	1.0	7.1	1.1	0.8	6.5
Homicide <sup>1</sup>	1.81	18.64	0.2	1.12	4.6
<i>Relative Rate</i>	1.0	10.3	0.1	0.6	2.5
Attempted murder	2.39	24.86	..	2.71	4.6
<i>Relative Rate</i>	1.0	10.4	..	1.1	1.9
Sexual assault (levels 1-3)	62.03	655.62	68.38	54.93	428.18
<i>Relative Rate</i>	1.0	10.6	1.1	0.9	6.9
Assault <sup>2</sup>	746.86	6,752.01	862.62	585.44	6,001.52
<i>Relative Rate</i>	1.0	9.0	1.2	0.8	8.0
Uttering Threats	232.39	1,146.57	356.44	220.87	1,190.17
<i>Relative Rate</i>	1.0	4.9	1.5	1.0	5.1
Other violent violations <sup>3</sup>	112.61	609.02	143.05	76.4	801.12
<i>Relative Rate</i>	1.0	5.4	1.3	0.7	7.1
Property crime violations	4,080.92	16,825.65	4,023.78	3,387.71	19,724.21
<i>Relative Rate</i>	1.0	4.1	1.0	0.8	4.8
Breaking and entering	609.69	1,973.09	566.1	744.45	1,650.59
<i>Relative Rate</i>	1.0	3.2	0.9	1.2	2.7
Other <i>Criminal Code</i> violations	1,011.07	11,577.54	951.61	541.2	13,768.73
<i>Relative Rate</i>	1.0	11.5	0.9	0.5	13.6
Drug violations	289.46	826.53	238.56	255.67	1,326.01
<i>Relative Rate</i>	1.0	2.9	0.8	0.9	4.6

.. : Not available for a specific period of time.

- Homicide data is extracted from the homicide survey (<http://www.statcan.gc.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=3315&lang=en&db=imdb&adm=8&dis=2>)
- Total assault includes assault level 3 aggravated, assault level 2 weapon or bodily harm, assault level 1, assault peace officer, assaulting with a weapon or causing bodily harm to a peace officer, aggravated assault to a peace officer, total other assaults.
- Total other violent violations include total other violations causing death, total sexual violations against children, total firearms (use of, discharge, pointing), forcible confinement or kidnapping, total abduction, extortion, threatening or harassing phone calls, total other violent violations.

Source: Adapted from Statistics Canada, *Crimes, by type of violation, and by province and territory*. Catalogue no. 85-002-X. URL: <http://www40.statcan.gc.ca/l01/cst01/legal50a-eng.htm> (accessed March 2011).

Inuit-specific crime statistics are difficult to isolate from the aggregate provincial/territorial rates which do not distinguish ethnic identity. Nunavut, therefore, becomes the benchmark to measure crime rates since 85 percent of the population are Inuit.

Table 6 provides a comparative listing of 2009 selected crimes rates in jurisdictions where Inuit reside. In Nunavut, crime rates consistently exceed those for all of Canada. Rates for violent crimes, homicide, attempted murder, sexual assault, assault, and uttering threats are of notable concern. In other categories, only the rates in NT exceed the rates for Nunavut.

Nunavut's 2006 Crime Severity Index is the highest in Canada, ranking almost four times higher than the rate for all of Canada (336.9 compared to 87.2 for Canada). NT follows closely with an index measure of 323.3. In comparison, in jurisdictions where Inuit constitutes a small part of the population, the rates are much lower — 72.1 for Newfoundland and Labrador and 82.0 for Québec. The Violent Crime Severity Index for Nunavut is over five times the national rate (485.5 compared to 93.7). In NT, the index is 3.5 times higher than for all of Canada, and for Newfoundland and Labrador and Québec, the indexes are less than the national measurement (Statistics Canada 2010).<sup>11</sup>

## **5 ELDER ABUSE IN GENERAL**

*Although older adults are mistreated by strangers and con artists, elder abuse and neglect often occurs in the context of a relationship. Older adults can be abused and neglected by family, friends, spouses, volunteer caregivers, legal guardians, care facility staff and professionals such as doctors, nurses and lawyers (Canadian Centre for Elder Law 2011: 6).*

### **5.1 Defining Elder Abuse**

To better locate the issue of elder abuse among Inuit, it is useful to present a brief overview of what is generally understood to be the issue. It should be noted that what is considered abusive behaviour can vary between cultures. In some societies, abuse is not discussed or considered a concern. However, most cultures regard disrespect and poor treatment of older persons to be unacceptable but there may be cultural nuances. Laws and definitions may vary, but elder abuse is a term that generally refers to acts by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. A widely referenced definition is provided by the World Health Organization (WHO), it defines elder abuse as:

*a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. Elder abuse can take various forms such as physical,*

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<sup>11</sup> Both the Crime Severity Index and Violent Crime Severity Index are calculated using the Incident-based Uniform Crime Reporting Survey.

*psychological or emotional, sexual and financial abuse. It can also be the result of intentional or unintentional neglect.*<sup>12</sup>

According to the Department of Justice (Canada) the abuse of elders refers to violence, mistreatment, or neglect experienced in private residences or institutions at the hands of spouses, children, other family members, caregivers, service providers or other individuals in situations of power or trust (Department of Justice 2009: 1).

The 2002 WHO *Toronto Declaration on the Global Prevention of Elder Abuse*<sup>13</sup> presents a call for action that includes a number of points relevant to this study:

- The abuser is more often than not well known to the victim, and it is in the context of the family and/or the care unit that most of the abuse happens;
- Primary health care workers have an important role as they regularly deal with elder abuse though they may fail to recognise it;
- Cultural and gender perspectives are mandatory in order to fully understand the phenomenon of elder abuse;
- Education and dissemination of information are vital; and
- There is a need to identify not just elder abuse but to develop the structures that will allow the provision of services and prevention of the problem.

## **5.2 Forms of Elder Abuse**

There are a number of commonly cited forms of elder abuse. These generally include:

- **Physical:** Any act carried out (with the intention or perceived intention of) causing physical pain or injury to another. For example, shoving, pinching, slapping, restraints, forced feeding, or withholding physical necessities.
- **Psychological (emotional):** Any action intended to impose emotional pain or mental anguish. This can include humiliation, intimidation or fear of violence or isolation, threats, and verbal assaults. This kind of abuse can diminish the identity and dignity of the elder. Examples are harassment, shouting, insults, provoking fear, intimidation, or coercion, humiliation or ridicule, ignoring or isolation, or treatment like a child.
- **Sexual:** Any sexual contact resulting from threats or force or the inability of a person to give consent. This includes rape and other physical acts, inappropriate sexual remarks or sexual innuendo, sexual harassment, unwanted sexual touching or fondling, and lewdness.

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<sup>12</sup> See the World Health Organization (2011) Ageing and Life Course, Elder Abuse. URL: [http://www.who.int/ageing/projects/elder\\_abuse/en/index.html](http://www.who.int/ageing/projects/elder_abuse/en/index.html) (accessed March 2011).

<sup>13</sup> The *Toronto Declaration on the Global Prevention of Elder Abuse* is endorsed by the WHO, the University of Toronto, Ryerson University, and the International Network for the Prevention of Elder Abuse. The event that resulted in the Declaration was sponsored by the Ontario Government November 2002. The Declaration is available at: [http://www.who.int/ageing/projects/elder\\_abuse/alc\\_toronto\\_declaration\\_en.pdf](http://www.who.int/ageing/projects/elder_abuse/alc_toronto_declaration_en.pdf) (accessed March 2011).

- **Financial:** The exploitation, misappropriation, or misuse of funds, assets, and resources belonging to an elderly person. This may include theft, not repaying a loan, overcharging, unauthorized withdrawals, coercion, exchanging care for financial control. Financial abuse is considered the most common form of abuse of older adults (Struthers *et al.* 2009: 41).
- **Neglect or Abandonment:** The failure to provide a dependent older adult with such basic needs as food, shelter, and safety constitutes neglect. This failure to meet the needs of an elder can be either intentional (active) or unintentional (passive). Examples are the inadequate provision of food, hygiene, clothing, physical aids, proper medication, proper supervision and safety, and desertion or abandonment. Self-neglect, spiritual abuse, and violation of rights also have been identified as forms of elder abuse.
- **Other Forms of Abuse:** Institutional abuse is identified by some sources as a distinct form of elder abuse. It may take the form of physical, sexual, or financial abuse or neglect within a care facility. It is considered an active form of victimization (NICE 2010). The Canadian Centre for Elder Law identifies over- and under-medicating a person, invading privacy, unlawful confinement, and social isolation as additional examples of elder abuse (2011: 8-9).

Ageism is a negative social attitude towards older adults. It is based on negative beliefs about aging and assumptions that older adults are weak, frail, or incapable. A lack of respect for an elder's personal values and beliefs can lead to abuse (Canadian Centre for Elder Law 2010). However, this attitude is not consistent with traditional Inuit values of respect towards elders, respect that is incorporated into a number of social policies and programs in the North. The Nunavut Government, for example, has a mandate to protect Inuit culture and lifestyle, thus Inuit communities tend not to devalue respect for elders. For example, in a recent *Globe and Mail* special report about Nunavut, it was noted that despite violence, dysfunction, and the collapse of social norms in Nunavut's communities, there is "...a culture of silence in which problems are denied, or reflexively answered with an appeal to the traditions of the elders" (White 2011). This reliance on the tradition of elders is apparent in Nunavut's Family Abuse Intervention Act (2006) (see: Section 6.3: Laws in Nunavut, page 18).

Some commentators have noted the overlap in research with respect to family or domestic violence and the abuse of older adults. Struthers *et al.* (2009: 9) note that elder abuse is subsumed in the WHO's typologies of violence as a form of interpersonal violence. However, the characteristics of family violence in Aboriginal communities differ from that found within a non-Aboriginal context. The difference is linked to the intergenerational legacy of the residential schools and to the socially disruptive impact of colonialism. This raises the question whether the current array of tools specific to identifying and assessing elder abuse are applicable or appropriate within an Aboriginal context? These tools may be ambiguous in how they identify and respond to domestic violence. It is suggested domestic violence extends into later years thus elder abuse may be a reflection of the power and control issues seen in other areas of domestic violence (Spencer 2010: 47). Bent (2009) notes, however, that programming in the area of violence against women is most often aimed at younger women and children.

Rates of domestic violence within Inuit communities are high. In Nunavut, the rate of family-related homicide is over 10 times the national average (Statistics Canada 2011). Rates of

domestic violence are likely to be under-reported because of a minimum police presence (Billson2006).

Current assessment tools for domestic abuse may not be sensitive to the issues of impairment, co-dependency, and other age-associated dimensions of an elder's situation. The focus may emphasize physical violence, the least common form for older adults. As a result, Spencer (2010) concludes non-violent abusive behaviours may not be well captured or predicted by domestic violence tools instruments. Yet the issue remains that domestic violence is qualitatively different within Aboriginal communities and the link to elder abuse needs to be considered in more detail. For example, assessment tools that include the abuser or victim's residential school experience may prove important.

Additionally, there is little or no support services to address elder abuse, neglect, and self-neglect within Inuit regions. The assembly of a comprehensive and up-to-date regional listing of resources proved difficult. This was confirmed by a number of informants who could not verify the existence or role of some services identified for this report. In practical terms, the services relevant to domestic violence, child sexual abuse, and support for alcohol and drug abuse are the only real options in the North. Elder abuse assessment tools for use by frontline workers working in the North will inevitably need to direct them to these types of services.

## **6 ELDER ABUSE AND THE LAW**

In Canada, most laws that apply to health, social services and adult guardianship are provincial and territorial. There are no laws that apply exclusively to adults who are 65 years or older. There is no such thing as an "elder abuse law" in Canada (Canadian Centre for Elder Law 2011: 16). Under the *Criminal Code*, people who commit crimes that involved elder abuse can be charged with:

- Physical assault (section 265);
- Sexual assault (section 271);
- Uttering threats (section 264.1);
- Unlawful confinement (section 279);
- Failing to provide the necessaries of life (section 215);
- Theft (section 334); and
- Fraud (section 380).

Discrimination based on age (ageism) is illegal under federal and provincial human rights laws. The *Canadian Charter of Rights and Freedoms* also states that it is illegal for a person to be discriminated against because of age (Canadian Centre for Elder Law 2011: 10-11).

Adult protection, guardianships, and trustee laws vary by province and territory. Generally, the focus of adult protection laws is to help the abused person and not to prosecute the abuser.

Guardianship laws allow a person to manage financial and health care decisions on behalf of an individual who lacks the mental capacity. The potential exists, however, for a guardian to inappropriately dispose of financial assets or make inappropriate health decisions without the consent of the elder. Trusteeships are similar to guardianships where the trustee acts in the financial best interests of the older adult by safeguarding and preserving assets (Zaidi 2006: 8).

## **6.1 Laws in Nunatsiavut (Northern Labrador)**

The Nunatsiavut Government has not yet assumed jurisdiction for community justice. However, Nunatsiavut Affairs provides general support to beneficiaries with criminal issues; has representatives on local and regional justice committees and boards; and maintains on-going relations with the provincial Department of Justice.

According to the *Neglected Adults Welfare Act* (NAWA) (1990), provisions established under the *Labrador Inuit Land Claims Agreement Act* take precedence over the NAWA. The legislation establishes a procedure to identify adults incapable of properly caring for themselves by reason of physical or mental infirmity or who are not receiving proper care and attention.<sup>14</sup> The primary focus of the Act is neglect within institutions and residential facilities. Section 4 of the NAWA imposes mandatory reporting obligations for protecting persons subjected to abuse and neglect. This is the only jurisdiction among the four Inuit regions with this obligation. Under the NAWA, the Department of Health and Community Services' Director of Neglected Adults may undertake investigations and make applications to the provincial courts to declare the person a 'neglected adult.' The court may determine the need for alternative care arrangements and then decide where, and with whom the neglected adult may reside. A neglected adult also may be declared a 'dependent' which allows the Director or another caregiver to apply for support pursuant to the *Family Law Act*. Amendments to the NAWA in 1990 revised the Act to include instances of abuse. The NAWA differs from other Canadian jurisdictions by permitting social workers to assist a victimized older adult (Zaidi 2006: 39).

The *Family Violence Protection Act* (2005) helps adult victims of family violence and their children in emergency situations in the form of emergency protection orders (EPOs). These are provincial court orders that can place various restrictions on the respondent/abuser. Each EPO is considered individually and is intended to offer immediate relief for a maximum of 90 days. The EPO application is normally made by the police with the victim's consent but can be made directly to the provincial court by the victim in person. An eligible applicant must live or have lived with the respondent/abuser in a conjugal relationship (regardless of marital status and including same-sex couples), or have one or more children with the respondent/abuser regardless of whether they have lived together.

The Newfoundland and Labrador Human Rights Commission upholds the provisions of the *Human Rights Act* (2010). The Act does not explicitly reference the terms 'senior', 'elder', and 'older adult.'

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<sup>14</sup> Under the NAWA, a neglected adult refers to persons not covered by mental health legislation, not receiving care or attention, and refuses care.

## 6.2 Laws in Nunavik (Northern Québec)

There is no obligation in Québec law to report abuse of elders. The matter is addressed in Québec's *Charter of Human Rights and Freedoms*. Article 48 states every aged person and handicapped person has a right to be protected against any form of exploitation. Family members or persons acting on their behalf are expected to provide this protection. The Canadian Centre for Elder Law (2011: 30) notes the meaning of the term "exploitation" has been refined by the courts to include different types of abuse including financial, physical, psychological, social, and moral. A person or organization who witnesses abuse may file a complaint with the Charter's Commission des droits de la personne et des droits de la jeunesse. Written consent is not required in cases involving the exploitation of aged persons or handicapped persons. Elders who have been exploited may file a group complaint and seek mediation or, if enforcement measures are necessary, be referred to a court with appropriate jurisdiction. The Commission may also initiate its own investigations (Canadian Centre for Elder Law 2011: 31).

In Quebec, curatorship (guardianship) may be imposed in emergency situations to protect an adult's property, but is not available to protect the person.

Long-term elder care residences in Québec are covered by the provincial *Charter of Human Rights and Freedoms* and *An Act Respecting Health Services and Social Services*. Complaints can be directed to a regional agency of health and social services. As well, the Protecteur du citoyen (Quebec Ombudsman) can review complaints regarding elder residences. However, there are no powers of enforcement.

## 6.3 Laws in Nunavut

In Nunavut, the *Family Abuse Intervention Act* (FAIA) is the primary legislation relevant to elder abuse; elder abuse is considered a form of family violence. The preamble to the Act recognizes that family abuse continues to be a serious problem in Nunavut and recognizes two of the six principles of Inuit healing that guide Pauktuutit's *National Strategy to Prevent Abuse in Inuit Communities* (2006):

- *Pijittsirarniq*: Service to others and leadership;
- *Qanuqtuurunnarniq*: Resourcefulness and adaptability;

The *Act* is relevant to cases where abuse has taken place and there is a need to protect the victim from the abuser and/or to proceed with a community intervention order that compels the victim and abuser to engage in counselling. Counselling may be provided by an Inuit elder. The *Act* recognizes abuse that occurs within a spousal, intimate, family, or care relationship. These may be by blood, marriage, adoption, or dating and are not limited to cases where the victim and the abuser live together. A key element of the FAIA is the EPO (restraining order) that a designated justice of the peace issues at the request of a victim, family member, friend, lawyer, RCMP (with the victim's consent), or community justice outreach worker. The justice of the peace must be convinced that abuse has occurred, and will likely happen again to

approve an order. This order may grant the applicant exclusive occupancy of the shared residence for up to 90 days.

Under FAIA, a justice of the peace may recommend, in consultation with the victim and abuser, traditional Inuit counselling. These Community Intervention Orders (CIOs) are unique to Nunavut and serve as a key distinction from NT's family violence law. Though the intent, in part, is to promote Inuit culture, traditions, and values, there has been some criticism raised about the CIOs because some counsellors may be Inuit elders who lack formal training in violence counselling and may encourage an Inuk woman to return to an abusive relationship because that is the traditional place for a woman.<sup>15</sup>

Under the FAIA, each community has a Community Justice Outreach Worker (CJOW) who supports the local Community Justice Committee (CJC) to facilitate programs and services in the areas of crime prevention, alternatives to court, and victim support. The CJOWs fill out EPOs, CIOs, assistance orders, and compensation orders. There are five regional Community Justice Specialist (CJS) who train CJOWs and work with regional CJs in the planning, development, and delivery of community-based justice programs.

Under Nunavut's *Guardianship and Trusteeship Act*, the Nunavut Court of Justice can designate a person to make decisions for a dependent adult who cannot make decisions for themselves. The guardian can be the Public Guardian for Nunavut, or a close friend or family member of the dependent adult. The Department of Health and Social Services (HSS) offers guardianship services, including assistance when seeking guardianship, to help protect those who cannot take care of themselves because of a mental or physical disability. Guardians are expected to help HSS, doctors, and service providers plan and carry out treatment for the person under guardianship, to keep in regular contact with the person under guardianship, to ensure their needs are met, and to ensure decisions on their behalf are in their best interests. The *Act* does not explicitly reference elders or seniors.

## **6.4 Laws in the Inuvialuit Region (NT)**

For Inuvialuit, the territorial *Protection Against Family Violence Act* (PAFVA) (2003) is the primary legislation that applies to elder abuse. According to the legislation, there is no duty to report abuse and neglect. Where family violence has occurred, protection orders and EPOs can be granted upon application by the victim, RCMP and victims services workers with consent of the victim, and by others with leave of court. A toll free number is available to help victims apply for an EPO. Translation services are also provided. The orders can include no contact or exclusive occupation of the home or use of other property, restrict communication between the people involved, and involve the seizure of weapons or firearms. The EPOs are intended to be creative in that the victim can have input about the nature of the order and what they need to feel safe. In a small community, complete exclusion may not be realistic. Thus, a protection order may stipulate the abuser may have no contact if they have consumed alcohol or they must not enter the house between 10 PM and 10 AM. EPOs may last up to 90 days.

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<sup>15</sup> See J. George, Report: Nunavut family abuse law "failing", *Nunatsiaq News*, March 11, 2011. URL: [http://www.nunatsiaqonline.ca/stories/article/10984\\_report\\_nunavut\\_family\\_violence\\_law\\_failing](http://www.nunatsiaqonline.ca/stories/article/10984_report_nunavut_family_violence_law_failing)

Under PAFVA a spouse or former spouse, someone who has had a child with the accused, or the parent or grandparent of any of these people may apply. Applicants are encouraged to contact the RCMP who will then have a justice of the peace hear the evidence and issue an order. Alternatively, applicants can contact the Alison McAteer House in Yellowknife. The intent was to designate frontline agencies with the authority to seek emergency protection orders.<sup>16</sup>

The NWT *Guardianship and Trustee Act* allows the court to take action when an adult cannot make his or her own decisions, is suffering from physical or mental abuse or neglect, or is deprived of liberty or personal security. When known, personal and health care decisions by a guardian should reflect what the person wanted to do while they could still make decisions. Any person can bring an application to the Supreme Court of the NT with the help of a lawyer or the Public Guardian. The GNWT Department of Health and Social Services manages the Office of the Public Guardian. On matters of money, a trustee must be appointed. The *Act* does not address explicitly elders or seniors.

In terms of the living facilities that provide care, support, and assistance to elders, the GNWT Department of Health and Social Services introduced the *Services Standards and Guidelines for People in Supported Living Homes* in 2005. This provides a framework for quality of care and life, and for the review of the organizational evaluation process (Spencer 2008).

## 7 LITERATURE REVIEW

*We are told that we follow our generations, our 'family generation-root'. This is what we follow. I'm going to use an example: if there is sexual abuse in the family, if that root is not severed it grows as the roots grow. We have to sever the pain that was inflicted because if it is not dealt with, it will keep on going, from my grandparents to my parents, the root continues to grow* (Kanayuk Salomonie, quoted in Pauktuutit 2006).

### 7.1 Inuit-Specific Strategy

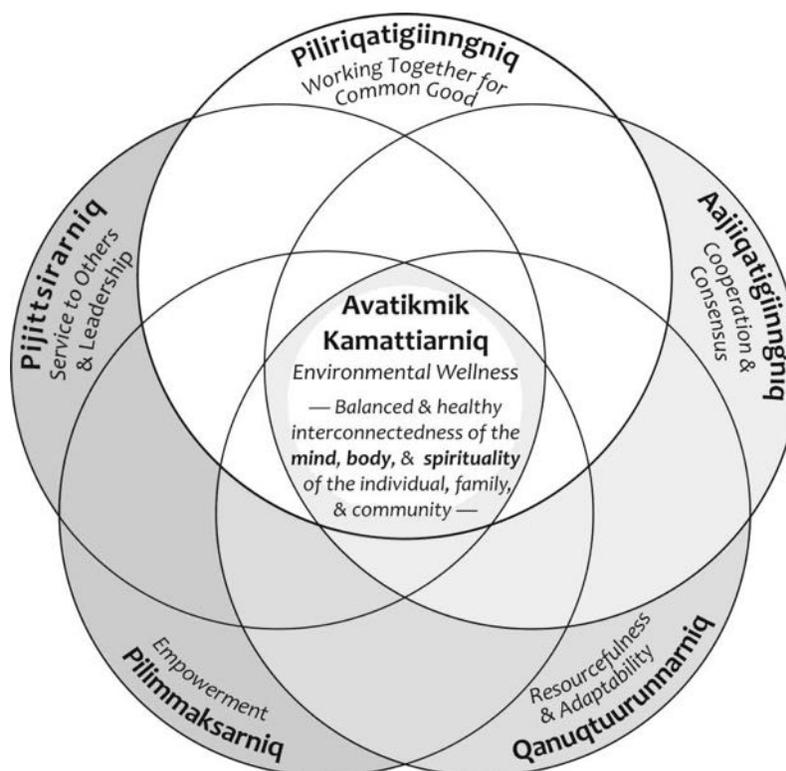
There is little specific literature that addresses Inuit elder abuse. In 2006, Pauktuutit published a *National Strategy to Prevent Abuse in Inuit Communities and Sharing Knowledge, Sharing Wisdom: A Guide to the National Strategy* in a single document. The scope of the strategy is broader than elder abuse. Its goal is the steady reduction in incidents of all violence and abuse in Inuit communities and the eventual predominance of caring and respectful relationships. Fundamental to the strategy are six Inuit principles of healing and working together:

1. *Piliriqatigiinngniq* – working together for the common good;
2. *Avatikmik Kamattiarniq* – environmental wellness;

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<sup>16</sup> Between 2005 and 2009 a total of 350 applications for EPOs were made in NWT. However, less than 10 percent were made by elders (NWT Seniors' Society (2009: 12).

3. *Pijittsirarniq* – service to others and leadership;
4. *Pilimmaksarniq* – empowerment;
5. *Qanuqtuurunnarniq* – resourcefulness and adaptability; and
6. *Aajiqatigiinniq* – cooperation and consensus.



**FIGURE 1: INUIT PRINCIPLES OF HEALING AND WORKING TOGETHER**

Figure 1 presents a graphic rendition of the six principles. It is important to understand that they extend beyond healing and apply to many elements of Inuit culture and society. For example, problem solving, cooperation, and consensus are important when making decisions that benefit the family, the community, or an organization. The principles guide how Inuit should work together for the common good. This includes being respectful, trustworthy, helpful, enduring hardship, using available resources, and taking care of oneself and others.

Pauktuutit presents a simplified model of the root causes of abuse in Inuit communities (see Figure 2). Violence and abuse can be traced to two causes: loss of culture and traditions, and to loss of control over individual and collective destiny. This has led to psychological trauma, the breakdown of families, alcohol and drug addictions, and increased feelings of powerlessness. This, in turn, results in fear, mistrust, abuse, and denial and a repeating cycle of abuse in which individuals can be both victim and abuser.

There is a need to prioritize the issue of abuse within Inuit communities, to raise awareness and reduce the tolerance of abuse, to invest in training and capacity, to deliver services that heal Inuit, and to expand programs that build Inuit strengths and prevent abuse. As such, the strategy recognizes the need for sustained relationships among partner organizations, a coordinated effort to ensure resources are used to their best advantage, and the implementation of culturally appropriate services and programs.



**FIGURE 2: CAUSES OF ABUSE IN INUIT COMMUNITIES**

The accompanying guide to the national strategy provides practical advice and resources on how to operationalize the strategic priorities and how to apply the six Inuit principles of healing. Additionally, a template for a work plan is provided to ensure abuse prevention projects are in line with the goals and objectives of the national strategy. The guide is designed for use by:

- Local committees;
- Agencies and organizations;
- Regional, provincial, and territorial organizations;
- Territorial, provincial, and federal government departments;
- National Inuit and Aboriginal organizations; and
- International Indigenous organizations.

Though a broad-based strategy against violence and abuse, Pauktuutit’s national strategy is applicable to Inuit elder abuse. The strategy recognizes the historical and intergenerational components of abuse within Inuit communities and promotes Inuit-specific solutions to the problem. The national strategy promotes community mobilization, partnerships and alliances, and an investment in training in capacity.

Struthers *et al.* (2009: 16) identify Pauktuutit’s *National Strategy to Prevent Abuse in Inuit Communities* as an example of a culturally appropriate response and prevention strategy. According to Struthers *et al.*, such strategies serve as a protective factor that addresses community awareness, empowering victims or potential victims, and the need for linkages between community services.

At the regional level, there are efforts to raise awareness about elder abuse. June 15<sup>th</sup> is World Elder Abuse Awareness Day and over the last few years, campaigns have been organized in NT, Nunavut, and Nunavik. The Nunavik Regional Board of Health and Social Services and the Kativik Regional Government, with support from the Nunavik Elders' Committee, have supported poster (*Hug an Elder*) and information sheet campaigns, community events, and radio call-in shows. The effort has been to mobilize communities, create links with local partners, organize activities to celebrate elders, and to take a stand against abuse (Nunavik Regional Board of Health and Social Services 2010). In November 2010, the GNWT Department of Health and Social Services launched a campaign to raise awareness about elder abuse, entitled: *Together We Can Stop Elder Abuse*. The campaign includes posters, a rack card explaining forms of abuse, and Internet resources and links. The resources, however, are not Inuit-specific. In mid-2010, Nunavut's Department of Culture, Language, Elders, and Youth distributed posters to highlight the "Elders Support Phone Line" which supports counselling for elders in Inuktitut. As far back as 2006, Nunavut was distributing posters, buttons, and fridge magnets on the topic of elder abuse. In the 1990s, the NWT Senior's Society produced a series of television ads that addressed elder abuse in Inuit communities.

## **7.2 Aboriginal-Specific Considerations**

In a document prepared for the Department of Justice (Canada), Levan (2003) discusses both Inuit traditional and contemporary approaches to domestic violence and victimization. Based on interviews in Nunavut, Levan notes that traditionally women and girls remained silent about spousal abuse since they were expected to try harder to please and obey their husband. If necessary, a victim would travel to another community to seek safety. The effort was to avoid outright confrontation with violent individuals in order to keep the individual calm and to maintain an atmosphere of respect within the group. The subtle and indirect counselling by Elders avoided shaming or embarrassing the offender. Gossip was used within the group to control violence and to ease tension that arose from disruptive behaviour. However, a victim's family might seek retaliation, even years later.

In a contemporary informal context, Levan (2003) suggests Inuit women who are victims of violence deny that interpersonal violence is a problem and that personal experiences are kept secret. It is suggested victims deserved the abuse due to personal shortcomings. The focus is on keeping the family together at all costs. To cope with feelings of fear, rage, and shame victims may turn to substance abuse, criminal activities, violence, and suicide. Approaches that are more positive include spending time on the land, engaging in contemporary and traditional crafts and cultural expressions, opening one's home to victims, involvement in community sports, and focussing on religion and/or spiritual life. When referring to victims of violence in Nunavut, Levan 2003: 18) states:

*Blaming and shaming have the effect of silencing people, making them easier to control, undemanding of service or recovery (opportunities which are scattered at any rate) and obedient towards the existing private and public circumstances in which they, and their children must survive.*

Billson (2006: 81) notes that many Inuit elders believe that there would be no need for courts, prisons, and shelters system today if contemporary Inuit were to follow traditional Inuit practices. Billson concludes that underlying the current rates of domestic violence in Inuit society are social structural problems that have arisen as a result of a rapid cultural change.

Though Aboriginal communities were not considered specifically, Spencer (2010) presents an extensive analysis and review of elder abuse screening and assessment tools for use by health professionals. She discusses the need for health care providers to be aware of cultural diversity. The elder's values, abilities, and life experiences are important in the context of screening, assessment, and helping. Cultural competency involves understanding the dynamics of families and relationships in different cultures or special groups, listening and watching for non-verbal clues, being not judgmental, learning how to use behavioural terms, and how to normalize shameful admissions. For example, screening and assessment interviews should use direct questions and the use of behavioural terms such as 'hit you,' rather than the value laden term 'abuse.' Research suggests a number of specific strategies for health-care providers: empathy, emphasis on personal, family and community strengths, and the use of culturally specific services and culturally appropriate materials (2010: 27-8).

Hudson *et al.* (1998) suggest it is important to know how Native Americans define elder abuse and to ask the elder if they feel abused. For example, a study of elder abuse among the Navaho found that those who were victims of financial abuse explained that it had been a matter of voluntarily sharing money with needful family members. By their definition, they were not being exploited, but were living up to an important cultural value (Brown 1989). This suggests the term 'abuse' may be misunderstood within an Aboriginal context — implying a wrongful act that may lead to criminalization with no role played by the elder, their relation to the abuser, or the cultural context of the situation (Baldrige and Brown 2000).

Baldrige and Brown (2000) note that among Native Americans, those who have participated in elder abuse-related surveys identify members of the victims' immediate families — spouses or direct descendants — as the most likely to act abusively towards elders. Available research of Native Americans shows that most elder abuse takes place in the context of care delivered by informal caregivers who are mostly family members, whose actions are seldom criminal in nature.

Spencer notes that a key limitation of existing screening tools is that many rely on risk indicators derived from literature reviews but this research is inadequate. The resulting protocols favour the stereotype that older adults are abused only by their adult children. There is little provision for spousal abuse, and sexual and financial abuse are often overlooked (2010: 34). Within an Aboriginal context, screening tools and follow-up protocols need to be culturally sensitive and appropriate. Abused Inuit elders, for example, may not be identified because they do not fit the profile of abuse found in southern communities.

Struthers *et al.* (2009) offer a critical analysis and an environmental scan of tools and approaches for addressing/preventing abuse of older adults in First Nations communities. Importantly, they stress that an Aboriginal perspective of healing is wider and more dependent on social links than a biological or medical Western view (2009: 9).

Struthers *et al.* (2009: 18-22) identify a number of considerations that are relevant to the use of screening and intervention tools within Aboriginal communities. Aboriginal elders are likely to have limited health literacy that is compounded when material is not available in traditional languages. The relationship between knowledge and learning in Aboriginal communities needs to be properly addressed; learning is linked to health and health status but the incorporation of Aboriginal knowledge may be an additional catalyst for improving health. Also, to limit or eliminate biases in research and program development, a culturally relevant gender based analysis lens is recommended. Finally, health services need to be delivered in a culturally aware manner that is sensitive to the historical and present circumstances of Aboriginal peoples and is presented in a culturally safe and appropriate manner. Struthers *et al.* (2009: 25-6) offer a number of web links for cultural awareness and cultural safety resources. These focus on gender, seniors, Aboriginal peoples, and cultural competency in general.

Struthers *et al.* (2009: 24, 26) suggest that a suitable ‘icebreaker’ for engaging Aboriginal elders in conversation about abuse, especially by non-Aboriginal workers, is to start by emphasizing that being free from abuse is a basic human right and to talk about factors that contribute to both individual and community vulnerabilities. Self-disclosure by the worker is also considered important. The key is relationship building over time.

In a study of Inuit views about aging, Collings (2001) suggests there appears to be no perceivable differences in the ways Inuit of different ages view aging and elderhood. After interviewing 38 Inuit between the ages 23 – 86 in the Inuvialuit community of Ulukhaktok, Collings found that successful elderhood was characterized as the successful management of declining health. Further, an elder’s attitudes and their willingness to transmit their accumulated wisdom and knowledge to their juniors, are the critical determinants of whether an elder is viewed as having a successful old age. Collings argues that “good mental health generated by adequate kin connections and social networks” is something that health professionals are not equipped to provide in the North (2001: 129).

### **7.3 Relevant Risk Factors**

Risk factors for elder abuse must be viewed in the context of the situation and this can be complex. As well, the nature and degree of harm varies between circumstances, thus the desire for tools for screening and assessment must balance ease of use and accuracy with the subtleties of real life situations. Spencer notes many existing tools rely on risk indicators — identified, possible, and/or contested risk factors. These vary in the degree to which they have been substantiated through evidence-based research.

*Identified risk factors* include shared living arrangements, social isolation, and dementia. The characteristics of the abuser include mental illness, hostility, alcohol abuse, and dependency on the victim. *Possible risk factors* include gender (females are more likely to be harmed), the relationship between victim and abuser (spouses are more likely to be the abuser), selected personality characteristics of the victim, and race. Finally, *contested risk factors* include physical impairment, victim dependency, caregiver stress, and intergenerational transmission (Spencer

2010: 40-1). These risk factors may be the same for Aboriginal populations but there is still too little research evidence to support this (Bent 2009).

Hudson *et al.* (1998: 539) cite research on Native American tribes that found that the abuse and neglect of elders was considered to be dysfunctions of the whole community and not just the problems of individuals. The mistreatment of elders was associated with other indicators of community disorganization. They identify recent changes in status among Native Americans as possible risk factors. This include poverty, the weakened kinship systems, acculturation stress, financial dependency of adult children on their elder parents, poor health of many Native American elders, the switch in values from the wisdom of elders to the abilities and ambitions of youth, and changes in tribal leadership. Similarly, Struthers *et al.* (2009: 14) identify culture, kinship considerations, and worldviews as additional contributing risk factors that distinguish Aboriginal elders from non-Aboriginal elders.

Dumont-Smith (2002: 5) suggests that such conditions as overcrowded housing, poverty, and lack of social services are additional risk factors for elder abuse among Aboriginal peoples. As noted, these are characteristics of many Inuit communities. Dumont-Smith also identifies high dependency rates, poor physical health, family breakup, and the loss of an elder's respectful standing in the family and community as additional Aboriginal risk factors. Among Inuit, the contribution of elders is promoted within public policy. The intergenerational dynamics within the family and with younger Inuit, however, is less understood.

Among Inuit, shared living conditions, the abuser's dependency on the elder, and their use of alcohol and drugs, and intergenerational transmission of trauma are important factors. However, it is not clear how screening and assessment tools can measure the characteristics of the abuser to determine risk when the tools are only applied to elders (Spencer 2010: 42).

Among Aboriginal people, poverty and unemployment are considered predictors of abuse (Bent 2009; Pauktuutit 2006). Bent suggests the rural/urban divide may be a factor — Aboriginal seniors living in rural or reserve settings are at greater risk and that they are less likely to report being abused. It also has been noted that illiteracy, poor transportation, cultural and language barriers, loss of confidentiality, and feelings of shame that limit reporting of abuse are major risk factors (Bent 2009; Struthers *et al.* 2009: 15).

Bent (2009) notes that in spite of cultural diversity, certain risk factors may be typical of Aboriginal peoples due to their commonality of worldviews. Drawing upon the Lumbee people, these culturally-generated risk factors include: placidity and silence, modesty, the promotion of family first, generosity and the land, avoidance of bringing shame to the family, women as caregivers, reluctance to admit disability, or fear of being labelled as disabled, distrust, and belief that there is a welfare stigma attached to receiving government assistance (see also Struthers *et al.* 2009: 14-5, 48).

## 7.4 Existing Screening Tools

According to Spencer (2010), screening tools are intended to raise awareness and guide health professionals through a systematic process of observing and documenting. Assessment is the ongoing process of gathering, analysing, and acting on evidence to make informed and consistent judgment.

Relying on existing literature and interviews with relevant organizations and agencies, Spencer (2010) offers an extensive analysis of screening, assessment, and decision-making tools and then reviews a number of tools that are in use or in development within Canada. Spencer first considers various screening and assessment issues in the context of domestic violence and elder abuse. This analysis also includes a detailed look at four decision-making tools or decision trees — the *Service Provider Screening Guide* for Elder Abuse prepared by the Alberta Elder Abuse Consultation Network, the Vancouver Coastal Health *Re:Act Manual*, the *En-Mains / In-Hands Ethical Decision-Making Framework* developed by M. Beaulieu at the University of Sherbrooke (Québec), and the Ontario Association of Social Workers' *Elder Abuse: A Practical Handbook for Service Providers*. These decision trees assume the user will have a fairly significant amount of knowledge about abuse and neglect and have some familiarity with the community resources. Spencer argues these tools provide guidance and some degree of standardization in the health care and community response (2010: 59).

Spencer (2010) also provides a detailed description of 26 screening, assessment, and decision-making tools. Each tool's scope, stage of development, strengths, and limitations are reviewed. None of the tools reviewed by Spencer is discussed in the context of Aboriginal communities. Though the Vancouver Coastal Health *Re:Act Manual* has been adapted for use by provincial First Nations, it is not reviewed by Spencer in this format.

Struthers *et al.* (2009) identify relevant principles, screening and intervention tools, and approaches and prevention strategies being used in First Nations communities to address/prevent abuse of elders. An integrated and innovative conceptual model for addressing and preventing abuse and neglect of First Nations elders is presented. The model uses abuse and referral indicators from the Vancouver Coastal Health First Nations version of the *Re:Act Manual* and therefore has a strong First Nations component that limits its immediate application to Inuit. For example, the six Inuit principles of healing would be more appropriate than the Assembly of First Nations' Health Model (see Section 7.1, page 20).

## 7.5 Role of Health Care Providers

Spencer's review emphasizes the role of the health care provider and the value and utility of screening, assessment, and decision-making tools that help them identify situations of abuse and neglect. Spencer recognizes the value of early detection as a means to limit further harm but warns that screening is not a neutral, risk-free, or cost-free process. Screening tools, for example, are used to identify potential instances of abuse, but they do not necessarily differentiate between types of abuse or substantiate that abuse has occurred. Experience in the field of domestic violence suggests tools must have a reasonable degree of accuracy and the

approach must not cause further harm. Otherwise, there is the potential risk of mislabelling a [suspected] abuse victim or a [suspected] abuser (2010: 7).

One of the calls for action presented in the *Toronto Declaration on the Global Prevention of Elder Abuse* (2002) is the important role of primary health care workers because of they regularly deal with elder abuse. It is noted however, that they may fail to recognise it. The screening, assessment, and decision-making tools reviewed by Spence (2010) are intended to be used by health care providers, often within a clinical setting. In her overview of tools, Spencer notes health-care providers — especially in primary care clinics — increasingly are looking for quick and simple approaches in what is often a multifaceted, complex, and ongoing problem among patients who may be vulnerable, fragile or in a compromised state (2010: 11). This is especially true in the North where the historical legacy of abuse, the lack of housing, the current levels of violent crime, poverty, and the cultural context create a level of complexity that must be considered when screening for, and assessing elder abuse. Spencer admits, “...the screens and assessment tools have been largely developed from the perspective of and criteria of white, middle class professionals” (2010: 18). Many of the tools reviewed by Spencer are designed to be used by health professionals who have received proper training.

Spencer (2010: 21) considers whether health care professionals have adequate training or the time to undertake effective screening and assessment. Research suggests training on abuse and on the proper use of tools is indispensable. Face-to-face training is considered most effective. The health care and domestic violence literature suggests improper training can do considerable harm. Spencer also cites research that suggests that abuse screening may decrease after health-care training. These are real issues that need to be explored more fully in the context of Inuit elder abuse.

A challenge within Inuit communities is staff recruitment and retention. A review of Nunavut’s Department of Health and Social Services directory reveals many community-level health positions are vacant. As such, Inuit access to health professionals who can undertake screening and assessment for elder abuse is a limiting factor.<sup>17</sup> If most tools are geared for use by health professionals and there is a risk that improper use can result in over- or under-inclusion of potential cases and the potential of categorizing a person as a victim or abuser, it becomes important to consider who has the skills, capacity, and the time to undertake screening and assessment.

Pauktuutit’s *National Strategy to Prevent Abuse in Inuit Communities* encourages a broad-based engagement of organizations and agencies at the local, regional, provincial/territorial, and federal level. This strategy is important for engaging the community in abuse issues in general. In many of the smaller Inuit communities, Community Health Workers (CHRs) liaise with the health professionals and community members. Generally, they are local community members who offer translation services and provide health promotion services. Importantly, they often

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<sup>17</sup> An analysis of the 2000-2001 and 2004-2005 Canadian Community Health Survey suggests Inuit living closer to a hospital are more likely to consult with a doctor than with a nurse. Overall, Inuit are less likely to be in contact with a doctor than Métis and First Nations people living in other northern areas of Canada (McDonald and Trenholm 2010: 1401).

visit elders in their homes and could potentially offer screening and assessment services. However, their training may not be deemed sufficient to use existing screening and assessment tools.

Struthers *et al.* (2009: 23) identifies a wide range of workers and professionals who interact with elders in First Nations communities and have the opportunity to recognize, identify, intervene, educate, or prevent abuse. These include physicians, nurses, home care workers, social workers, financial aid workers, Elders coordinators, shelter workers, counsellors, addictions workers, physiotherapists, occupational therapists, faith leaders, and police. It is suggested they could work together to become inter-professional and cross-cultural. It is unclear whether all of these potential interveners have the training or background to use the screening and assessment tools currently being used and developed. As noted, Spencer (2010) indicates these tools are for use by health professionals with proper training.

## **7.6 The Context of Screening and Assessment**

Spencer presents some practical considerations with respect to screening. These include the potential need for gender specific instruments, the location of the screening — a clinical or a home setting, the relevance of culture and ethnicity, and the use of ‘universal screening’ of all persons even if there are no signs of abuse or ‘selective screening’ where clinical signs of abuse exist (2010: 15). Among Inuit where financial abuse is most prevalent, clinical-based assessments may prove inadequate. More likely, universal screening is needed among Inuit that is gender and culturally specific. Though more costly, it must be understood that violence is widespread in today’s Inuit society and elders are not immune.

Spencer presents research on the preferred method of screening — face-to-face, written, or computerized. With respect to Inuit elders, language barriers, literacy rates, computer literacy, and access to elders in the home are all limiting factors. Spencer also cautiously details research that suggests direct questions are less likely to result in disclosure of elder abuse compared to evident signs of abuse. This barrier will be heightened among Inuit in cases where the screener is non-Inuk and does not speak Inuktitut. This suggests that CHRs may have an important role to play in Inuit screening and assessment.

Spencer (2010) describes research that indicates disclosure of abuse is more likely where the health-care providers are careful listeners and take ample time to address the person’s concerns. This was verified by some non-Inuit informants with this project who suggested a safe environment and a relationship of trust with the counsellor was an important factor in disclosure. In terms of interventions at the individual level, Struthers *et al.* (2009: 26) present a number of points that stress careful listening, understanding the elder’s worldview, building relationships, and integrating traditional and contemporary approaches when “addressing situations as the older adult desires.”

Struthers *et al.* (2009: 26-33) consider intervention tools and approaches and identify the *Healing Journey Tool Kit* produced by Gignoo Transition House (New Brunswick) as a possible personal level intervention tool. The tool was designed for cases of domestic violence but could

be amended to be more relevant for elder abuse. Notably, Pauktuutit already uses the toolkit in the Arctic but in a modified form, that no longer emphasizes the medicine wheel theme.

Struthers *et al.* also consider intervention strategies at the family, community, and societal level. It is suggested the overall approach at the family level is to use a multi-disciplinary team with someone who knows the elder taking the lead. The intervention should involve the whole family and should be intergenerational. A number of suggestions are presented in the context of community level interventions. These include elders programming that involves abuse awareness, family violence programming, involvement of local leadership, implementing or adapting community justice circles, integrating elder abuse and family violence prevention into community health plans, linking elder abuse to the residential school settlement process, and developing intergenerational initiatives. Many of the described approaches have a strong First Nations component but there is clear relevance to Inuit communities. Similarly, the list of specific community-based interventions described by Struthers *et al.* (2009: 30-1) do not include any Inuit-specific examples. The domestic violence *Healing Journey Tool Kit* is listed as a community level intervention because of the community capacity-building resources it contains. It already been adopted for use in the Arctic but not in the context of elder abuse. Notably, Pauktuutit's experience with the *Healing Journey Tool Kit* is that the healing circle and other First Nations themes are not accepted among Inuit as culturally appropriate. Finally, Struthers *et al.* consider provincial, territorial, national, and international/global strategies, policies, and/or initiatives relevant to elder abuse. Pauktuutit's *Nuluaq Strategy* is identified as a northern and eastern Arctic initiative that promotes community mobilization based on Inuit values, principles, and the possible role of Inuit healers.

## **7.7 Barriers to Screening**

Spencer presents an extensive list of barriers that may leave an elder reluctant to talk to a health care provider or others about their abuse. Many are relevant to Inuit. She states, "Disclosure can be impeded by fear or mistrust of health and justice response systems based on past experience, cultural or historic factors" (2010: 23). Other important factors include lack of awareness, language barriers, hopelessness, accepting abuse or neglect as normal, not wanting to see the abuser criticized or punished, concern about being shunned by the family, and fear of reprisals.

Spencer also considers barriers that can affect whether a professional will undertake screening. One of the most important is lack of awareness because there is little or no education or training on abuse and neglect. Health-care providers may identify only those forms of abuse with which they are most familiar and/or are the easiest to assess. Lack of time, high staff turnover, and ageism are additional factors relevant to the Inuit circumstances.

Within smaller Inuit communities, available health services may be limited to a health centre staffed by nurses; other professionals visit the communities on a regular basis. CHRs act as liaison officers and interpreters and may make regular visits to elders in their homes. Elders may not get out of the house and may be unwilling to come to the health centre to ask for

assistance or treatment. Accordingly, the CHRs may need the training and awareness to undertake screening and assessment of elder abuse.

Though community members may be aware that domestic violence rates are high, there may be no talk about it. Billson (2006) quotes one informant: "It's very private. It happened to a couple friends, but it's something that they just don't want to discuss. I hear rumours, and I see the black eyes and the bruises." This reluctance to talk about domestic violence likely extends to elder abuse and serves as a major barrier that prevents health professionals from engaging Inuit elders in screening and assessment.

## **7.8 Community Resources**

The 2002 WHO *Declaration* states there is a need to identify not just elder abuse but to develop the structures that will allow the provision of services and prevention of the problem. As part of its call for action, the Declaration also identifies the vital need for education and the dissemination of information. Spencer notes that screening and assessment tools should not be treated as a replacement for the real need for resources, education, training, and support. The development or enhancement of appropriate community resources is often important to whether the tools actually make a difference (2010: 60). This is clearly an issue in the North where resources, training, and public awareness are lacking. Spencer describes how health care screening may result in referrals to community resources or a government agency but these can be few and far between in Inuit regions.

Given the widespread nature of violence in many Inuit communities and the lack of support and rehabilitative facilities, the screening and identification of abuse and neglect among seniors may not make them any safer. Research suggests identifying victims of domestic violence may not lead to an improved quality of life but it also does not increase their risks. Currently, there is insufficient evidence to make a recommendation for (or against) screening for abuse among older adults (Spencer 2010: 19-20).

In order for screening interviews to have a positive outcome, the health care or service provider must be able to do something in response to identified cases of abuse. Limited resources and options in the North may make this difficult. Spencer (2010: 29) notes that a common starting point is to talk with the elder about what they want. However, the provider must be familiar with appropriate local resources. Referral to outside agencies may be necessary in urgent circumstances and in cases of safety. As such, health-care providers need to know and understand the specific roles of other service providers in the community. Spencer suggests service providers need to be able to plan how to work together effectively in a way that supports older adults. On the other hand, however, health care providers run the risk of offending or losing the trust of their client if they report cases of suspected abuse.

As a result of interviews conducted by Levan (2003: 66-9) about victim services in Nunavut, the need for community-based victim service workers in each community was identified. Ideally, the position should be filled by a local person and the office should be located away from the police station, in either the health centre or the Friendship Centre. Additionally, shelters and

safe houses for women and children, community-based addiction treatment and trauma recovery programs, family support services (family counselling programs, parenting programs), and personal healing circles were recommended. Levan also noted that the Nunavut-wide crisis line was considered useful. Overall, Levan concludes existing services, both informal and formal, are stretched to the limit. It was noted service providers and community caregivers work with few resources and limited training.

In reference to Nunavut, Levan suggests programs, policies, and legislation in areas such as housing, employment, and education need to be established before social norms around violence and other crimes will change, and before victim and offender recovery become viable options.

According to the federal Department of Justice's online directory of victim services,<sup>18</sup> victim services in Nunavut are limited to Iqaluit, Baker Lake, and Rankin Inlet. The Inuvialuit region is better served with victims' services available in Inuvik (which offers outreach services to Sachs Harbour and Tuktoyaktuk), Aklavik, and Paulatuk. In Nunavik, services are only available in Kuujuaq. In Nunatsiavut, Happy Valley - Goose Bay and Nain have victim services. Appendix 3 provides a listing of victim services, shelters, and other social support services available in the four Inuit regions.

The report of the 2009 NT Workshop on the Abuse of Older Adults (NWT Seniors' Society 2009: 8-10) identifies several community resources to help prevent and respond to elder abuse in the North. Elders groups and day programs help overcome social isolation, keep elders active and healthy, and keep them in touch with friends and participating in the community. Informal gatherings like elder luncheons are a good way to provide information on the right to safety in a non-threatening way. For women and children, safe shelters provide basic needs, information, referrals, and emotional support. Men experiencing family violence can turn to homeless shelters or to long-term care facilities. Importantly, Community Social Workers and Community Wellness Workers are identified as a common first point of contact for reporting elder abuse. The Residential School Survivors Support Team also was cited as a source of peer support through its Aboriginal Elders Program which supports elders going through residential school compensation processes or emotional issues. Victim Services provide 24/7 support to victims of crime, offering emotional support and advocacy.

## **8 KEY INFORMANT INTERVIEWS**

Interviews were conducted with a wide variety of informants either by telephone or in person. The effort was to learn from those working within the Inuit regions about their organization or agency's activities in the area of Inuit elder abuse and to learn about their knowledge, experience, and insights. Most informants viewed elder abuse as a priority issue but also a silent issue. One informant estimated that up to 60 percent of cases of Inuit elder abuse within

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<sup>18</sup> See the Department of Justice, Policy Centre for Victim Issues; URL: <http://www.justice.gc.ca/eng/pi/pcvi-cpcv/vsd-rsv/sch-rch.asp> (last accessed March 2011).

the home go undetected. In the smaller communities, everyone knows what is going on. Only extreme cases are talked about.

## **8.1 The Victims**

Sources in the North indicate elder abuse is related to other forms of family violence such as child or spousal assault. Older people who are abused now may have been physically, emotionally, or sexually abused in the past. Because they have experienced abuse throughout their lives, they may tolerate abuse. They may see abuse as normal behaviour (NWT Seniors' Society 2009).

As expected with elder abuse, the problem is largely a hidden or a silent problem among Inuit; people know it takes place but it is not a subject people talk about in public (Billson 2006). Even when threatened, elders may not name or report abuse in order to avoid blaming, future harm, or isolation. The NWT Senior's Society (2009: 8) notes that elders have learned to keep secrets, something they learned in the residential schools.

Informants involved with Nunavut's FAIA confirmed the problem is not uncommon but is largely hidden. Informants working in women's shelters in both Iqaluit and Rankin Inlet noted that women victims will talk inside the shelter to counsellors with whom they are comfortable. Outside safe areas, however, the victims are less willing to admit to the problem or talk about it. More than one RCMP officer commented that elder abuse is common but hidden. It is driven by culture, kept inside, and not reported. Reporting abuse "is not something elders would do." Another commented that elders are humble and do not come forward to report instances of abuse. An informant from Rankin Inlet noted that when police or authorities are present, especially within the home, elders will not talk out.

Participants to the 2009 NT Workshop on the Abuse of Older Adults confirm that it is not easy to recognize elder abuse and that that it is not an easy topic among elders. Like all forms of abuse, elder abuse is complicated and not always visible. What is visible is the pattern of abuse or violent behaviours that underlie elder abuse. The workshop report notes:

*Most elders who are abused never tell anyone or if they do, they tell others not to say anything to anyone. Elders don't talk about abuse because they may not recognize the abuse, fear more abuse, fear isolation or loss of independence, or try to protect family members or others who are abusive.*

Informants identify two sets or age groups of Inuit victims: older elders who hold values that are more traditional, and younger middle class elders who are more likely to be survivors of the residential schools and who have lived most of their lives in permanent settlements. The age range of elder victims is from 40 to 70 plus years. One informant suggested the survivors of the residential schools are better off — at least they have some skills and education with which to make a living. The older generation only have traditional skills which are not economically viable. Today, everyone is making carvings.

A Nunavut Community Justice official noted that there is a disconnect between elders born on the land and those who are survivors of the residential schools. Among the more senior elders, there is less alcoholism but also less understanding of the nature of addiction and its consequences. Among the younger elders, the role of the church is not as strong, some harbour resentments rooted in their residential school experiences.

Billson (2006: 72) reports on interviews conducted in Pangnirtung about domestic violence. Elders indicated that the levels of violence in the pre-settlement period did not come close to what is witnessed today; it was rare by today's standards. Some elder Inuit men stated it was "...acceptable for a man to hit his wife, and can still do so if she fails to obey." However, an elder woman argued "...assault wasn't 'traditional.' There wasn't much wife beating out on the land, because there weren't all the social pressures." Essentially, marriage was an essential and complementary element of survival — women needed to make clothing so men could hunt and feed the family.

During the 2009 Inuvik Workshop on the Abuse of Older Adults, participants noted that both women and men can be abused but among elders, it is most common among women. In the Inuit regions, women's shelters are more common so the abuse of elder women is more apparent. Some informants working in the shelters indicated that sometimes men come to them but they can offer them no sanctuary.

## **8.2 The Abusers**

Outside of northern Canada, older adults are more likely to be abused by their spouses or their adult children. Overall, senior men are more likely to be the victim of violent crimes, especially if the abuser is an acquaintance or a stranger. In a family-related context, elder women are more likely to be victimized; police-reported data for 2009 indicates 41 percent of violence against elder women was committed by family members compared to only 23 percent among elder men. Elder women are more likely to be victimized by their spouse or ex-spouse as well as by their adult children, whereas elder men are likely to be victimized by their adult children (Statistics Canada 2011: 28). Among Inuit, the anecdotal evidence suggests grandchildren are the main abusers of elders.

The informants from Nunavut tend to agree that the abusers are predominately grandchildren who are seeking money.<sup>19</sup> The money may be used for alcohol, drugs, or cigarettes. Often, teen mothers may not be prepared to raise their children, so the child's grandmother takes on the role and may even adopt the grandchild. As a result, grandchildren approach their grandparents — usually on the day pension cheques arrive — in the same way others may approach their parents for money. Inuit values of sharing and caring for the entire community may mean that elders are not looking after their own basic needs.

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<sup>19</sup> An informant from Nunatsiavut did not limit the problem to grandchildren, but considered the elder's adult children equally responsible for abuse.

A participant of Pauktuutit's Elders Inuit-On-The-Land Project commented how elders are being abused by younger people, especially by younger men, who are using drugs and alcohol. "I hear of young men abusing elders, not so much young women."

An informant from Nunavut's Department of Justice stated abuse starts in the home behind closed doors. Grandchildren demand money and may threaten suicide if the elder does not comply. It was suggested that small sums like \$20 is not enough money. This was confirmed by other informants — the major factor behind abuse is financial but it goes hand-in-hand with physical and emotional abuse.

An informant in NT stated that abuse among Inuit is related to intergenerational trauma and violence — those who were abused by an elder in the past are now the abuser. It was suggested elders can be abusive and that is reciprocated intergenerationally. On the one hand, abuse remains hidden in the family, but on the other hand, other community members know what is going on. People are not talking about the problem. The two-way, intergenerational abuse was reiterated by community justice workers in Nunavut. It was stressed that this was not an overstatement.<sup>20</sup>

An informant working in a shelter in Iqaluit suggested that there is no bridging between the grandchildren and elders. The grandchildren lack respect for the elder and the elders do not understand. The informant also linked the problem of abuse to the abuser's problems with alcohol and substance abuse. An informant in Rankin Inlet noted that children and grandchildren do not want country foods and will demand money to purchase store-bought foods.

Though there is a heavy reliance on family caregivers in the North, there was little or no mention by informants about caregivers being abusers. One informant suggested that this was simply due to the reluctance among Inuit to report a family member to authorities.

### **8.3 Forms of Abuse**

*Financial abuse of elders, conniving to take the elder's money. The elder may not have agreed, but a young person may resort to using lust as a tool to get the money. It is part of emotional abuse, but it then turns to physical need as they are seduced (participant, Pauktuutit's Elders On-The-Land Project).*

Financial abuse is something new to Inuit culture. However, it is the predominate form of elder abuse described by the informants. Physical and emotional abuse may be present, but the ultimate objective is money. Elders may not perceive financial abuse as a form of abuse.

Abusers may threaten suicide if the elder does not give money or threaten to spread rumours that blame the elder. In Inuvik, elders noted, "Family members are excited about pension day

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<sup>20</sup> Dumont-Smith (2002) notes there is little evidence to support the theory that children who have been abused by their parents will, in turn, abuse their aged parents. She suggests further research is needed. The breakdown of the Aboriginal family as a result of the residential school experience, however, may be a factor in elder abuse.

and having money. The elder is left behind in his/her house” (NWT Seniors’ Society 2009). This is echoed in Nunavut. According to a participant of Pauktuutit’s Elder-On-The-Land project, “When elders have money, the grown children all approach them to go to the store. Drugs are a big abuse of the elder’s money.” On pension day, an elder may spend all their money at the North Mart for food for their grandchildren. In some ways, these ‘pension day visits’ are a form of abuse that is public in that the cheques are cashed and spent in the stores.<sup>21</sup>

*I am the only one at home who has an income. my grown children are always asking for money. I try to explain that I need the money for living expenses like food, rent, and bills. They don’t seem to realize that I have to account for the money. They think money should be used for alcohol or things like that. It is not only my children but my extended family also. ...They have income support but most of the money is used directly for alcohol and cash. ... My daughters, all they want are drugs. I know a lot of elders are being abused financially (participant, Pauktuutit’s Elders On-The-Land Project).*

An informant with Nunavut’s Home and Community Care program noted that on cheque day, an elder’s home will be crowded and there always will be people ready to help the elder buy groceries or cash the cheque. However, when there is no money, the homes will be empty.

An informant in Nunavut’s Department of Justice said elders are giving their bankcards and PIN numbers to the abuser. Debit cards also are considered a contributing factor. It was stressed that financial abuse is likely linked to emotional or psychological abuse or coercion. Other sources suggest there are examples where an elder has been forced to change their will and are tricked into signing off their belongings.

Notably, elder Inuit are not financially abused solely through the misappropriation of pension cheques. The lack of housing has resulted in overcrowding in many Inuit communities. Some informants noted that this drives a form of financial exploitation based on unpaid rent and free food. Elder Inuit often are the leaseholder of a subsidized public home and their rent can be as little as \$35 or \$60 per month. Rent is calculated based on total household income and as relatives move in, the rent increases. However, adult children may not contribute to the household costs for rent and food, forcing the elder into debt.

One Iqaluit informant described the circumstances of a respected elder living nearby:

*Her son who is about 40 or so now intimidates her, uses her food, money, camping equipment, her house, etc., and will not leave. Her values are that you cannot kick a relative out of your house, yet she is very distraught to the point where she approached a friend of mine to find out how to get him out. That was a few months ago and he is still driving her nuts and will not leave. He is talented, very political, states publically how important it is to respect your elders and yet life for her is hell.*

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<sup>21</sup> Colling (2001: 131) notes that the pension cheques received by elders in Ulukhaktok “...rarely cover all of the household’s monthly expenses, and elders frequently carry large debts with the Northern Store and the Co-op, the two retail outlets in the community.”

There is some evidence that elders are being abused for their homes. Adult children and grandchildren want access to the home to party. In some cases, the property is damaged during the party and the elders are responsible for the bills. If they cannot pay for the damages, they are evicted. Some elders end up being banned from their own homes.

There are few elder residences in Inuit regions thus institutional-based abuse was not cited by informants. However, there are a few local newspaper articles that describe cases of institutional abuse that were brought to light by the relatives of senior residents. An informant in Nunavik indicated that residents of the elder home in Kuujjuak were subject to financial abuse by family members.

## 8.4 Contributing Factors

- **Blame:** As one participant of Pauktuutit's Elders-On-The-Land project commented: "Sometimes elders feel they are to blame if they are being abused." Others blame or justify abuse and violence on external factors acting on the individual.
- **Housing:** Several informants suggest that housing drives Inuit elder abuse. In Nunavut, there is a 2 to 2½-year or longer waiting list for housing. This fosters overcrowding. Elders often hold the lease for public housing and they may consider housing too valuable to leave. Informants in Iqaluit suggested elders may be reluctant to flee an abusive situation because they do not want to lose their home. Non-leaseholders move from house to house with no intention of paying rent; crashers are "eating elders out of house and home." In other cases, visiting family members may become unwelcome but will not leave due to lack of alternative housing or they may stay to exploit the elder. This is happening over generations of poverty and is breaking down Inuit value systems.

Abusers may want exclusive access to a home for a party. An elder may flee during a party and wait till the husband, son/daughter, or adult grandchild is sober before returning. Elders may be coerced to leave by a co-resident of the house in order to have a party. Later, the abuser may show-up at a shelter looking for the elder and wanting them to return home.

*The party is over, bottles are lying under the table, the TV stand is empty because the TV has been sold, and there is very little food in the cupboard. Young people have taken over the elder's house and now the son is asking the elder for money for food (NWT Seniors' Society 2009).*

The housing crisis limits options; it is not possible to ask an adult child or grandchild to move out because there is no place for them to go.

- **Drugs and Alcohol:** Elder abuse is not caused by alcohol and drug use but they can make abuse worse. Individuals who choose to misuse his/her personal power to harm an older person are the cause of elder abuse. An informant from NWT stated that blaming substance abuse is an over-simplification of the problem because it ignores the structural basis for

trauma and abuse. It was suggested governments use the excuse of substance abuse to ignore the root of the problem; “the North is trained to believe everything is related to alcohol.” Those people who may want to help may be too Eurocentric to understand the real problems. However, Inuit also accept drugs and alcohol as a contributing factor: “we are heavily influenced by alcohol. There are many people who are addicted.”

Another informant considered alcohol as a form of self-medication used by people who suffer from unresolved trauma. Alcohol has become a socially accepted excuse, rationalizing that a person was too drunk to be responsible. Their relationship with the victim will never be restored because the drunken abuser will never accept responsibility and say they are sorry. Some may have no recollection of the violence. There is the perception that individuals are not free agents or responsible for their actions when they are drunk.

The RCMP and community justice workers tend to emphasize the important role of addiction and alcohol as a contributing factor to violence in the community. Reference is made to reduced crime rates in communities that ban alcohol.

- **Mental Health Issues:** Some informants from Nunavut suggested that abusers with mental health problems (such as schizophrenia) were linked to some cases of elder abuse. Such individuals become violent when they are refused something. The problem is that in many Inuit communities there are no support resources available to diagnose fetal alcohol spectrum disorders (FASD) and schizophrenia and no understanding of mental illnesses and medications. This lack of understanding is especially true among elders.<sup>22</sup>
- **Traditional Values of the Victims:** An informant from the NT suggested there is a lack of understanding of the transition from a sharing/communal society to one that emphasizes the individual. The elder’s principles of sharing money and housing are in conflict with modern circumstances, making them vulnerable to abuse. Individuals may be banned from public housing yet an elder’s sense of family, sharing, and responsibility will allow these individuals to move in. It was suggested that traditional family dynamics have evolved into an abusive ‘sharing’ dynamic. Part of the problem is that there is no public or community dialogue about the role of sharing in modern Inuit society.

More than one informant noted anomalies with respect to the CIOs issued under Nunavut’s family abuse intervention law. The CIOs emphasize the role of elders as counsellors. However, some may extol the virtues of traditional roles and may counsel an abused woman to return home, arguing that leaving home can bring shame to the family. Elders support the integrity of the family and therefore a woman cannot leave. If there is fault, it is with the women for aggravating her husband. If the rest of the family supports the advice that a woman should stay with the husband, then she may have no place to flee; no one will offer a home. In smaller communities, individuals may be ostracized when they raise, or try to resolve, cases of abuse. An informant suggested there may be a clash between legislated

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<sup>22</sup> Pauktuutit is working to address the growing problem of FASD in Inuit communities. Pauktuutit has developed a strategic plan entitled: “*Nine months is not a very long time but FASD is for a life time,*” *Inuit Five-Year Strategic Plan for Fetal Alcohol Spectrum Disorder 2010 – 2015.*

duties to support and protect individuals and the principles of *Inuit Qaujimagatuqangit* (IQ) or traditional Inuit knowledge that are promoted by the Government of Nunavut

Interviews conducted by Collings (2001), suggest that Inuit elders in Inuvialuit consider poor health as a key measure of unsuccessful aging. Men also are concerned with their ability to perform physical activities (functionality), whereas women are more likely also to reference poor domestic arrangements and poor attitudes. Unsuccessful aging involves a loss of functioning and a withdrawal from community life.

- **Cost of Living and Poverty:** An RCMP liaison identified unemployment, the high cost of living, and overcrowding as contributing factors to elder abuse. In communities with high unemployment, elders with a home and pensions are more likely to be abused. Poverty has destroyed some of the basic ethics of Inuit. Overcrowding is compelling some elders to hoard food and money, negating traditions of sharing and among younger generations, thoughts of contributing and sharing may not occur to them.

More than one informant from Nunatsiavut stated that people have no money for food and that this leads to widespread financial abuse of Inuit elders. One informant suggested communities are in “survival mode” and people are struggling to meet basic needs. Individuals may spend all their money on drugs and alcohol and then may turn to an elder for food and shelter. It was noted that children and grandchildren are known to drink an elder’s entire supply of Boost, a diet supplement drink provided to elders through the Non-Insured Health Benefits. Essentially, the elders are being starved.

On the other hand, poverty requires households to maximize the number of “breadwinners.” Accordingly, elders will tolerate abuse because they are unwilling to turn out or have an additional income earner removed from the home.

- **Legacy of the Residential Schools and Colonialism:** As one informant in NT noted, the transition from a culture of sharing to one involving a wage economy and individualism has been disruptive. The residential school experience and colonialism has left a legacy of abusive relationships. Unspoken and unaddressed is the abuse an elder may have inflicted years earlier on the person who is now the abuser. The NT informant suggested many frontline workers start from the premise that younger generations are the abuser and ignore the legacy of intergenerational abuse between victim and abuser.

It has been suggested that the residential school experience nurtured secrecy, and as a result, elders will not report abuse in the same way they did not report the abuse they experienced in the past.

An RCMP officer in Nunavut cautioned against making sweeping statements about the residential school experience. Nonetheless, it was suggest elder abuse was driven by alcohol abuse among survivors and the violence was in retaliation against the elder.

- **Language:** An RCMP officer suggested language was a barrier to reporting elder abuse — agencies do not have enough Inuktitut-speakers.

- **Other Factors:** Fear was cited by several informants as a barrier to reporting abuse. Elders may not want to report incidences because they fear losing their grandchildren. They may also fear retaliation by the abuser or fear they will lose their lease on their rented home.

One informant suggested that there needs to be more support for men. Without addressing men's problems the solutions for women cannot be solved. Men are not working and this contributes to drug and alcohol abuse. Parents and grandparents will acquiesce to requests for money out of fear.

One informant cited isolation and loss of autonomy as important factors. As elders become isolated, they become more fragile and vulnerable to abuse. It was suggested that a system or mechanism should track elders who lose their autonomy so they can receive regular visits to check on their status and to prevent them from becoming silent victims of abuse.

## **8.5 Community and Home Care Services**

An informant in Nunatsiavut indicated that the first signs of elder abuse often come from the home support workers. They are the “eyes and ears” in their community and have regular access into the homes. As locals who speak the regional dialect and who know the community members and its dynamics, these paraprofessionals are often the best qualified to report cases of abuse to supervisors, nurses, or social workers.

An informant involved with home and community care in Nunavut indicated the nurses see evidence of abuse — often young adult male grandchildren taking money — but do not see much physical abuse. Elders do not complain about the problem to the nurses, perhaps out of fear of angering the abuser. If anyone is going to complain, it is likely to be other family members. It was suggested assessment tools are not practical, even if administered by Inuit home support workers, because elders will likely not be honest about their circumstances.

Informants familiar with community and home care services were asked to identify any programs or services that address elder abuse or support home care nurses, community health aides, or home care workers on the matter. None of the informants from any of the Inuit regions identified any Inuit-specific initiatives. As one informant in Nunatsiavut noted, there are no best practices. It was stated that those making home visits have their hands tied — they may witness or be aware of financial abuse and they may express their concerns to supervisors or co-workers, but they have no tools or mechanisms to intervene as long as elders are unwilling to acknowledge or admit abuse is taking place. Court proceedings may be long and protracted. More than one informant stated that home care workers' hands were tied with respect to elder abuse. Nurses who visit the home will see nothing unusual.

An informant in Nunatsiavut commented that in cases where the primary care giver is the abuser there is not likely to be reported cases of abuse. An informant in Nunavut indicated that there is insufficient human resource capacity to offer full services in the territory. The problem of staff recruitment and retention was cited as a contributing factor to this lack of services.

An informant in Nunavik indicated that all home care providers in Québec use the *Multiclientele Autonomy Assessment* tool provided by the Ministère de la Santé et des Services sociaux. In Nunavik, the English version is used.<sup>23</sup> The 20-page form seeks information about a client's state of health, living habits, mobility, communication and mental capacity, disabilities and handicaps, and their ability to undertake activities of daily life, etc. A client's social history, and their family, social, economic, and housing circumstances are also recorded in general terms. The assessment targets all potential clients of home care regardless of age and does not offer any Aboriginal-specific components. In Nunavik, the assessment is conducted in the home by non-Inuit nurses who work with an interpreter. A multidisciplinary review of the assessment determines if social workers should get involved. The *Multiclientele Autonomy Assessment* is considered a good tool. Limitations in Nunavik are linked to high staff turnover and a shortage of interpreters.

## 8.6 Victim and Abuser Support

There is only limited support, capacity, and understanding for addressing elder abuse in many communities. Women's shelters are more common than homeless shelters so male elders may have no place to flee. In Iqaluit, it was noted the majority of residents in the elders' home are women. An informant with the Centre for Northern Families in Yellowknife noted some male elders seek support in women's shelters. In the end, shelters are not the solution to elder abuse. Elders should not be compelled to flee their home to avoid abuse or have to wait for the problem to be identified in the home. As one informant in Iqaluit commented, abuse is not identified until a client comes to a shelter. Essentially, abuse is a major problem among Inuit elders but it is currently not a measurable problem. The informant further commented on the need for professionals and facilities to support elders and to measure the extent of the problem. The sense was that there were more services for the abuser than for the victim.

RCMP officers in Nunavut continually stressed the need for social support services in the communities — services for both victims and abusers. Though they witness violence and visit households where abuse may be taking place, the best they can do is process the incident and release the offender. The communities lack alcohol and drug treatment facilities where violent individuals can receive counselling and support. From the perspective of the RCMP, the root cause of most problems within Inuit communities can be traced to drug and alcohol abuse but support services are lacking.<sup>24</sup> There may be a two to three month wait to see a psychologist so those who want to break the cycle of abuse find no place for help. Concern also was expressed about the reliability of existing services. This was linked, in part, to problems with recruitment and retention of staff. The informant concluded that support services need Inuit staff.

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<sup>23</sup> A copy of the tool is available on the Ministère de la Santé et des Services sociaux Internet site. URL: [http://msssa4.msss.gouv.qc.ca/intra/formres.nsf/c6dfb077f4130b4985256e38006a9ef0/c9061ec0c6f0b52185256ec900684e45/\\$FILE/AS-751A\\_DT9144%20%282005-01%29.pdf](http://msssa4.msss.gouv.qc.ca/intra/formres.nsf/c6dfb077f4130b4985256e38006a9ef0/c9061ec0c6f0b52185256ec900684e45/$FILE/AS-751A_DT9144%20%282005-01%29.pdf)

<sup>24</sup> The RCMP informant commented that in dry or alcohol-free communities the police have fewer issues to deal with. The officer linked abuse, violence, suicide, and other social problems to alcohol abuse.

Concern over the lack of human resource was echoed by Nunavut justice employees: it was not necessarily a lack of resource that is the problem, but a lack of coordination and a lack of human resource capacity.

An informant from a women's shelter noted the limited availability of medical support, facilities, and counsellors, adding that existing counsellors are overbooked. Social services are sensitive to the problem of elder abuse but are overbooked, overworked, and are dealing with too many community issues. Further, those in the correctional system are released without counselling, so they potentially return to abuse again.

The YWCA in Iqaluit (Qimaavik Transition House) now has their own counsellors going out into the communities. An informant summarized that there is no help or support for Inuit elders; they live with the threats and the abuse because they have no place to go and they have no counsellors or support.

When asked about the utility of toll free support centres, informants agreed that this is not a viable option. Elders are afraid to complain; it is not a part of their culture. Others were not aware if any existed. An informant in Iqaluit commented that elders call Nunavut's crisis line from several regions. Often they are afraid to talk or to reveal themselves. This also is reflective of Victims Services; elders are unaware of this option or are afraid to use it (NWT Seniors' Society 2009). Besides, not all households have telephones or access to the Internet, especially in the more remote communities.

An informant in Iqaluit recommended greater collaboration between addiction services, home care providers, by-law enforcement, law enforcement and community justice workers, and housing authorities. Currently, it is difficult to coordinate all the players. There needs to be better mechanisms for intervening in cases of abuse. Though people may know of abuse cases, the victim often must consent before there is action, yet elders may be reluctant to speak-out.

Another informant stated that in Nunavut it is not necessarily a lack of resources but a lack of human resource capacity.

## **8.7 Outreach**

*As we start our healing journey, we can start to help others. Those that are hurt and are in pain are usually the most silent. They keep things to themselves as they may feel they are different from others (participant, Pauktuutit's Elders On-the-Land Project).*

Informants from Nunavut and Nunavik suggest outreach within communities is difficult. Within shelters, and under safe conditions within the home, elders will talk about abuse. Inuit elders will not talk about abuse in public — to do so would be an admission that the family is dysfunctional or an admission of a crime within the family. It was suggested that there is a stigma or fear of family breakup; family honour reduces the potential for public disclosure.

Elders will not come to workshops and will avoid direct dialogue on the issue of abuse. However, without dialogue efforts to deal with elder abuse will be thwarted.

Elder participants from Aklavik who attended the 2009 NT Workshop on the Abuse of Older Adults were frustrated that people do not come to meetings to talk about or work on elder abuse. Participants of Pauktuutit's Elders On-the-Land Project, however, commented that is important to share stories; sharing personal experiences is what brings the issue of abuse out in the open. "There are many people within the communities that need to speak about abuse."

One informant asked: "How do you teach healthy relationships if you do not live or experience healthy relationships?" Another in Nunatsiavut stressed that people are living in "survival mode" and that it is "not pretty." People struggle with issues of housing, food, heat, and safety so some people will inevitably take advantage of elders. Any change will therefore take time.

The GNWT offers no tools for health and social providers. The territory has taken the route of raising awareness with the support of the NWT Seniors' Society.

Persons of authority — anyone dealing with legal matters or the law or non-Inuit coming to their homes — will be met with silence. One Iqaluit-based informant suggested Inuit elders are open to counsellors or outreach if it is outside the home.

An RCMP informant suggested advertising and public awareness would help bring the issue to the surface. There is a need to advertise support services; people need to know where they can go for help. When asked about *World Elder Abuse Awareness Day*, the officer commented, "it doesn't cut it, it needs to be everyday." An informant in Nunavik suggested public awareness needs to avoid being negative.

## 8.8 Legal Support

Not all behaviour believed to be abusive falls under the *Criminal Code*; a range of resources and supports are necessary to be able to respond to cases of abuse. It is also important to note that while there are commonly accepted definitions of abuse, the way abuse is defined in legislation may vary. This becomes important when one looks to available legal responses, and it emphasizes the need for a range of resources and supports.

- **Role of the RCMP:** An informant with a women's shelter commented that the RCMP are not trained enough to understand Inuit elders, to recognize how elders will react or behave. Essentially, the RCMP do not offer therapeutic communication. When approached in the home, elders will shut themselves up and not mention any problems.

It was stated there is a need for the RCMP to intervene with the abuser; they need to pay the consequences for their crime. However, the abuser also needs counselling and ongoing therapeutic intervention. This is something the RCMP informants stressed — the need for community-based social support services to break the cycle of violence.

An RCMP officer in Nunavut that there was a problem in the courts with respect to violence because the victims are reluctant to come forward; they are unwilling to make a statement.

- **Family Intervention Laws:** When Nunavut informants were asked about the FAIA, there were mixed opinions. An informant working in a shelter stated that EPOs available under the Act only work within the context of “protected” locations such as shelters; elsewhere, there is no way to enforce of the order. The informant noted that there are cases where the abuser simply waits outside the shelter for the victim to leave. There is no way to evaluate the safety of elders outside of the shelters. Another informant noted that EPOs need court orders, but most violence occurs on weekends when the courts are closed.

According to a GNWT informant, anecdotal evidence suggests few Inuit elders apply for EPOs in NT. It is unclear what is preventing elders from seeking protection. The creative provisions of the legislation allow EPOs to fit different circumstances and this is important for small communities. EPOs could include provisions to avoid contact at times when elders receive pension cheques.

Informants in Nunavut’s justice department viewed the counselling option under the FAIA as the best tool to work with elder abuse. Others questioned the current effectiveness of the CIO option. Though mediation and counselling are considered important, one informant asked about how there can be effective teaching of healthy relationships if the elder counsellor has not lived or experienced healthy relationships themselves.

A participant of the NT Workshop on the Abuse of Older Adults noted that less than 10 percent of applications for EPOs in NT were made by elders. In Nunavut, more than one informant noted the challenge of enforcement and the reluctance of elders to seek EPOs because they will be “turning out family” by displacing the offender. There is a cultural value against speaking out. An informant in Rankin Inlet stated Inuit do not like EPOs — “it is not Inuit.”

- **Guardianship Laws and Neglected Adults:** An informant from Inuvialuit noted the frustration with the legal process to protect a neglected elder. The court process can take time and can be cumbersome. It may take two-years to issue a court order and in the meantime, health support workers’ hands may be tied.

## **8.9 Knowledge of Support Tools and Guides**

Informants indicate they are unaware of any northern-specific tools for health frontline workers. An informant working in a shelter stated there were no known tools for Inuit families or the public. Members of the RCMP confirmed that they lack Inuit-specific tools or training related to elder abuse. An officer commented that they would welcome the training, especially if it was specific to the community.

A government informant in Iqaluit suggested there was no harm in having a toolkit for screening and assessment but with no groundwork or facilities to respond, the toolkits may offer only limited benefits.

## 9 EXISTING TOOLS, GUIDES, AND STRATEGIES

A critical dimension of elder abuse intervention in the North is the question of capacity and available referral services — who will undertake the abuse evaluation process and what referral options are available if elder abuse is identified? Unless an Inuit elder comes to a shelter seeking protection and thereby admitting they are abused, it may prove difficult to engage Inuit elders about their personal circumstances, especially if the abuse is financial.

As Spencer (2010: 40) notes, screening tools tend to focus on physical and psychological abuse since they are most likely to be considered in a health care setting. For example, the Indicators of Abuse (IOA) measure that is summarized and offered in a booklet format by NICE is a 27-item evaluation tool that signals to practitioners the possible mistreatment of seniors.<sup>25</sup> In practice, the measurement is to be completed by a health care professional after conducting a comprehensive home assessment. In the North, this opportunity is less likely to happen, especially if the health care professional is non-Inuit. Many communities in Nunavut only have nursing stations and these often are understaffed.<sup>26</sup> As well, the portion of the IOA checklist directed at seniors is not realistic given the extent of violence, intergenerational trauma, drug and alcohol abuse, overcrowding, and poverty common to Inuit communities. Spencer notes that in the process of screening and assessment, it is important to be “... aware of both the clients’ and the practitioners’ values, beliefs, cultural and sexual orientation, and the effect of these on the screening, assessment and intervention processes” (2010: 48). The potential is that a too rigid interpretation of assessment indicators may prove to be over inclusive thereby identifying too many cases as incidences of elder abuse.

The following sections consider in detail some of the existing tools, guides, and options that are currently being promoted for use in Aboriginal communities.

### 9.1 First Nations Version of the *Re:Act Manual*

*The impact of attending residential schools, the legacy of colonialism, as well as systemic abuse and racism are complex factors that should be acknowledged in situations of abuse within First Nation families and communities. Intergenerational differences in values, beliefs and expectations can also potentially lead to circumstances of abuse.*

*Considering the aging of residential school survivors, the influx of settlement*

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<sup>25</sup> The six page IOA assessment tool is available online from the National Initiative for the Care of the Elderly (NICE). URL: <http://www.nicenet.ca/files/IOA.pdf> (accessed March 2011).

<sup>26</sup> A review of Nunavut’s Department of Health and Social Services staff directory indicates that in many of the territory’s small communities the health centres have vacant positions, especially for community health nurses.

*payments and the subsequent legacy of abuse that resulted from attendance in these schools, the impact on the lives of survivors, their families and communities is considered a significant factor that may lead to situations of abuse, neglect or self-neglect of vulnerable adults.*<sup>27</sup>

The First Nations version of the Vancouver Coastal Health's *Re:Act Manual* provides CHRs, home and community care nurses, community health nurses, Band social workers, drug and alcohol workers, mental health workers, Band social assistance workers, and home care aids with information and support to recognize cases of elder abuse, where to report suspected cases of abuse, and to provide reliable and up-to-date information and resources on adult abuse, neglect, and self-neglect. The *Re:Act Manual* was developed to articulate with the BC *Adult Guardianship Act* and the First Nations adaptation was developed in the context of British Columbian First Nations. The BC *Adult Guardianship Act* is unique in Canada with provisions that give Designated Responders — employees of a Designated Agency — the authority to intervene in emergency circumstances, with the help of the police, to remove an incapable adult to a safe place, to get necessary health care, to obtain restraining orders, and to liaise with the Public Guardian and Trustee to protect assets if they are at risk.<sup>28</sup> The legislation also created local informal collaborative networks called Community Response Networks (CRNs). The *Re:Act Manual* defines CRNs as a network of relationships made up of a diverse group of concerned community members, service providers, and others who come together to create a coordinated community response to adult abuse, neglect and self-neglect. Members may include employees of Designated Agencies, Aboriginal Health Services, local churches, the police, or emergency services personnel. The networks recognize the important role of community support, advocacy, family, and friends in responses to adult abuse and neglect (National Centre for the Protection of Older People 2011: 21).

A key component of the manual and the *Adult Guardianship Act* is the role of Designated Agencies and the Designated Responders. The agencies are responsible for receiving reports about situations of abuse, neglect, and self-neglect of adults who are unable to seek support and assistance on their own. The Designated Responders are the employees who have the responsibility and training to inquire into reports. These staff members are guided by specific roles and responsibilities that recognize self determination and choice, that adults are presumed capable, that support should be the most effective but least intrusive, and that the courts should be used as a last resort. Importantly, community health and human service workers generally are not designated responders unless they are employed directly by one of the Designated Agencies. Their role is to alert these agencies about situations of abuse. The First Nations *Re: Act Manual* provides a suite of awareness and educational tools to help community health and human service workers to recognize and react to the abuse of elders and vulnerable adults. A flow chart is provided to aid these workers through the decision-making process to know whom to contact in what circumstances. Basic indicators of physical, financial, psychological abuse, and neglect or self-neglect are offered.

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<sup>27</sup> Vancouver Coastal Health (2008: 15-6).

<sup>28</sup> Under the *Adult Guardianship Act*, the Designated Agencies are the five provincial Regional Health Authorities, as well as Providence Health Care, and Community Living BC.

The First Nations *Re:Act Manual* devotes a chapter to the physical safety of the health and human service worker in terms of what they need to look for when visiting clients and how they should behave to avoid confrontation and the escalation of aggression or violence. The manual suggests workers look to see if firearms are safely stored, outside lights are working, and suggests workers plan the safest route to the client's home, carry a cell phone, keep their car in working order, and park in well-lit areas, etc. Unfortunately, the chapter leaves the impression a frontline worker is going into a danger zone when working with First Nations peoples.

Importantly, the manual is intended to be used when cases of abuse are suspected; it serves to distinguish those cases that fall under the protection of the BC adult guardianship law (Spencer 2010: 58). As such, the question about the senior's cognitive, physical, or mental impairment is important since the answer determines the involvement of Designated Agencies. The *Act* applies to vulnerable adults with physical or mental impairment who would not be able to seek support and assistance on their own. The decision-making flow chart helps frontline workers decide whether a vulnerable adult should be referred to a Designated Agencies or to a social worker and domestic violence resources and services.

### Relevance to Inuit Clients and Regions

- **Adult Guardianship Act:** There are key differences between the BC *Adult Guardianship Act* and the legislation within each of the Inuit regions. For example, an equivalent *Act* does not exist in Nunavik (Québec). In Nunavut, health and social services providers play no role as Designated Agencies. Guardianship is granted by the court through an application by the Justice of the Peace. Guardians are appointed by the court by application and CJOWs are a form of Designated Responder. Nunavut's FAIA can address elder abuse but the victim must first consent to the intervention. In the case of elders, this is a limiting factor. Accordingly, any adaptation of the *Re:Act Manual* for Inuit must reflect the laws in each Inuit region.
- **Community Response Networks:** The First Nations *Re:Act Manual* relies on the BC's CRNs but there are no equivalent networks within Inuit regions. Informants to this project identified the need for better cooperation and coordination between northern service providers and agencies but no formal networks have been established. The NT Seniors' Society is proposing a modified grassroots version of the CRNs where one or more individuals at the community level take up the task of developing a strategic plan or protocol to deal with cases of elder abuse. The idea is to tap into local resources and then to determine what regional or territorial resources can contribute.
- **First Nation Theme:** The First Nations *Re:Act Manual* has a strong First Nations and British Columbia theme that is not appropriate for Inuit regions. The use of West Coast icons and the four components for healing (mind, body, spirit, and health) would need to be revisited. The use of the Medicine Wheel is not appropriate to Inuit audiences. The use of Inuit icons and themes would be more appropriate.
- **Adaptability:** The roles and responsibilities outlined in the *Re:Act Manual*, especially for community health and human service workers, are comprehensive and could be readily adapted for use in Inuit communities. The resource list would require revision to reflect

local and regional programs and services. The manual's content requires revisions to reflect the differing legislation of Inuvialuit (NT), Nunavut, Nunavik (Québec), and Nunatsiavut (Newfoundland and Labrador). This may require separate response flow charts for each of the Inuit regions. Animated case studies may need to be reviewed for suitability. Focus group sessions would prove useful to guide any changes.

The response flow chart lists indicators for physical, psychological, and financial abuse and indicators of neglect and self-neglect. The indicators for financial abuse may prove particularly useful in the Inuit context. Possible indicators include unpaid bills, change in living conditions, no money, food or clothes, absence of aids and services, refusal to spend money without the agreement of a caregiver, sudden appearance of previously uninvolved relatives, abrupt changes in will/accounts, forged signature, and sudden debt accrual.

- **Legacy of the Residential Schools:** The *Re:Act Manual* includes a chapter and video about overcoming the legacy of the residential schools. This is an important historical dimension to the problem of violence within Inuit communities and would be relevant to any tools developed on behalf of Inuit.
- **Lack of Community-Based Support:** Most Inuit communities are located in remote isolated locations with limited access to health and social support services. The RCMP deliver services in all Inuit regions except Nunavik. Though they may be contacted to respond to cases of criminal acts, referral options to access social workers, mental health therapists, addiction workers, continuing care workers, physicians, etc., may be limited.
- **Response versus Prevention:** There is a need in Inuit communities to promote the prevention of all forms of violence. The *Re:Act Manual* is a tool that responds to cases of elder abuse but offers little guidance on prevention. The manual is valuable in terms of raising greater awareness among frontline workers — something that is needed in Inuit regions — but it must be co-ordinated with other initiatives to address the violence within Inuit communities. Additionally, there is a need for outreach to Inuit elders; there is a need to engage elders in a dialogue about elders as victims of abuse.

## 9.2 Being Least Intrusive

Being Least Intrusive (BLI) is an orientation to practice for frontline workers who are responding to situations of abuse and neglect of vulnerable First Nations adults. The booklet was developed by April Struthers and Lindsay Neufeld and will be made available for distribution by NICE. The tool is directed towards non-Aboriginal clinicians who are providing services to vulnerable adults living in on-reserve communities. The BLI tool promotes cultural safety, a holistic understanding of health and wellness, cultural and spiritual diversity, the strengths and resiliency of individuals, families and communities, and promotes collaboration and partnerships.

The BLI tool is a hybrid approach that was developed to fill a gap in First Nations and 'Aboriginal' detection and intervention tools. It outlines what frontline workers need to think

about and do when working with First Nations communities. As such, the tool presents a number of foundational principles and concepts and clearly cites their source and Internet link.

Like the First Nations *Re:Act Manual*, the BLI tool was developed in reference to the *BC Adult Guardianship Act* but the tool is meant to be applicable across jurisdiction and geographical regions. The BC legislation's guiding principle of being most effective and least intrusive has been adopted to assist clinicians who need to balance their responsibilities to intervene, support, and protect vulnerable adults with the sometimes conflicting responsibilities to respect and safeguard an adult's rights of autonomy and self-determination. Accordingly, adults are presumed capable and have the right to choose for themselves how, where, and with whom they want to live. Further, all adults should receive the most effective but least intrusive form of support, assistance, and protection when they are unable to care for themselves and/or their assets.

A key element of the BC adult guardianship legislation is how to address the question of vulnerability and capability in cases of adult abuse and neglect. Vulnerability and capability are interrelated conditions that vary according to poverty, physical and mental capacity, education, gender, culture, and the tasks and decisions an individual can or cannot perform. The BLI tool encourages frontline workers to make informed decisions based on a critical assessment of these conditions.

A key cross-cultural component of the BLI tool is the concept of cultural safety. It is not simply a matter of the service provider being culturally aware, sensitive, and competent. The concept challenges non-aboriginal service providers to respect the cultural identity, values, and preferences of recipients when providing care and making decisions. Cultural safety reflects the experience of the recipient.

The BLI tool presents a general statement about the holistic nature of the Aboriginal worldview and the Aboriginal understanding of health. This has been developed in reference to the Assembly of First Nations' model of Aboriginal social determinants of health and the concept that a person's health and wellness cannot be understood or determined without considering the interconnected and balanced dimensions of culture, language, worldview, and spirituality. A person's experience of health and wellbeing includes wholeness, balance, connections or relationships, harmony, healing, and growth.

Finally, the BLI tool emphasizes the foundational principle of meaning centred practice — a research-based practice model with a focus on understanding the frame of reference or worldview of culturally diverse clients. The model encourages partnerships with clients in an exploration of meaning leading to a shared understanding of a client's lived experience. The practice encourages the clinician to be inquisitive, to establish a collaborative and respectful sharing of knowledge and meaning, as well as a critical process of self-reflection that cultivates awareness of how social and cultural identity and expertise shape knowledge, awareness, and interactions.

As a tool, BLI is divided into three sections, each with a series of questions that foster critical self-awareness and the gathering of information that will provide a more holistic assessment,

and helps to engage clients, families, and communities in ways that are culturally safe and appropriate.

1. Orientation to self: A four question orientation process that takes place prior to engagement and serves to promote a critical awareness of self (attitudes, values and assumptions, social location, and power);
2. Orientation to context: A total of 13 questions organized in terms of preliminary orientation to the community and culture, the specifics of the case, gathering information, and assessment after all the information has been gathered; and
3. Orientation to reflective process: A series of five debriefing questions that should be considered after the client/family/community engagement. The process promotes feedback about the engagement and seeks to improve the practice.

### Relevance to Inuit Clients and Regions

- **Screening and Assessment:** The BLI tool is an orientation to practice framework that must be used in conjunction with separate elder abuse screening and assessment tools. Reference is provided to such tools but the BLI tool is not a stand-alone product. The tool is relevant in the North where the need for culturally appropriate services has long been recognized. The development of these services, however, requires Inuit engagement and not simply the reorientation to practice by the non-Inuit service provider. In the same light, existing elder abuse screening and assessment tools need to be Inuit-specific.
- **Paradigm Shift:** The BLI tool is for use by clinicians. The intent is to foster a shift in orientation among non-Aboriginal frontline workers that is more respectful, sensitive, and reflective of Aboriginal culture, values, and worldviews. The foundational principles and concepts, however, are intellectually challenging. The brief explanations offered in the booklet may be insufficient for many to grasp, let alone internalize and practice, especially without training or mentorship. Serious homework and self-reflection is required before a clinician can meet all the objectives outlined in the tool. The booklet provides references and additional information about the material used for the hybrid approach and studying this material requires time and effort. As well, local information about worldviews, value systems, local protocols, and cultural traditions are not always readily at hand. The BLI tool provides little guidance, for example, on how a clinician is expected to learn about cultural identity, values, language, spirituality, and worldviews and how they interconnect and guide a client's preferences. This kind of information is culturally and locally specific and is not always found in books.

The need for culturally appropriate and sensitive services is critical in Aboriginal communities. There is a need for a paradigm shift among health and social service providers. The BLI tool is broad enough to be applicable or adaptable to many — if not all — Aboriginal communities in Canada and is relevant outside the domain of detecting abuse and neglect among vulnerable older adults. As a practical tool, however, it offers nothing specific to the screening and assessment of elder abuse and may expect such a dramatic paradigm shift among practitioners that it will meet limited use. In the North, many communities lack a full complement of medical staff — there is a problem of recruitment

and retention. The use of agency nurses, high workloads, and high staff turnover suggest practitioners are not able or willing to make the kind of personal commitments envisioned in the BLI tool. On the other hand, CHRs and homecare workers are important paraprofessionals in the North. Many are local community members who speak Inuktitut. As such, the value and utility of the BLI tool is limited — they already embody the paradigm shift.

- **Adult Guardianship Act:** The BLI’s reference to the BC adult guardianship legislation does not negate its utility for use among Inuit. The tool is not specific to the operations of the legislation and is therefore not restricted in the same manner as the First Nations *Re:Act Manual*.
- **First Nation Theme:** The BLI tool presents general statements about the holistic nature of the Aboriginal worldview and the Aboriginal understanding of health. This has been developed in reference to the Assembly of First Nations’ model of Aboriginal social determinants of health. The model is not universal and is not appropriate for Inuit. However, the specifics of the First Nations model are not critical to the BLI tool and the ultimate audience is non-Aboriginal clinicians. Acknowledging other Aboriginal worldviews and models of health (see Figure 1, page 21) and referencing Pauktuutit’s *National Strategy to Prevent Abuse in Inuit Communities* (Pauktuutit 2006) would be appropriate.
- **Cultural Safety:** The results of the key informant interviews conducted for this project confirm the need for a culturally safe environment for elders to feel physically, mentally, and culturally secure. Inuit elders are reluctant to speak out about the abuse they may be experiencing. Clinicians need to engage Inuit elders in a respectful manner that is non-threatening and nurtures trust. The BLI tool’s emphasis on cultural safety is an important principle that is particularly relevant within Inuit communities.

### 9.3 Family Care Conference

Holkup *et al.* (2007) describe the Family Care Conference (FCC), an elder-focused, family-centred, community-based intervention for the prevention and mitigation of elder abuse. The intervention has been pilot tested in an unnamed northwestern Native American community. First developed in New Zealand for use among the Maori, FCC interventions provides the opportunity for family members to come together to discuss and develop a plan for the well-being of their elders. Rather than highlight the abusive act, the intervention is an indirect approach that builds on the strengths of extended families and promotes strategies to support them. The long-term goal is to heal the relationship rather than criminalize the offender. FCC interventions engage the elder, the family, and the community. As a strength-focused and family-centred model, the FCC model is consistent with many traditional approaches to mediation and decision-making.

The American FCC pilot project first involved training Tribal women who were known and respected on the reservation to act as FCC facilitators. The intervention involves six stages: referral, screening, engaging the family, logistical preparation, family meeting, and follow-up.

Referrals came from a range of sources including the elders program, housing authority, Tribal court, domestic violence program, community members, concerned family members, and CHRs. The project evolved so that the CHRs delivered the interventions. In cases where there was the potential for violence, the cases were referred to the Tribal court. The model for the family meeting involved:

*inviting family members, family-nominated supportive community members, a spiritual leader (if desired), and relevant health and social service providers to attend a meeting in which individuals bring to the forum concerns about the welfare of the elder. Once concerns have been identified and all have had the opportunity to present their perspectives, the family has the option of asking the service providers to leave the room while family members discuss the concerns and identify a plan to address them. After the family has formulated a plan, the service providers return to the family meeting to hear the plan and discuss its implementation (Holkup et al. 2007).*

The culturally anchored FCC model incorporates respect for elders and a preference for mediation over confrontation. It recognizes interdependence and reciprocity within the Native American family and seeks solutions using resources within the community. During the pilot project, interventions involved cases where family members had addiction problems, elders' monthly incomes were exploited, or young children were being left in the care of a frail elder. Referrals related to physical abuse were limited.

### **Relevance to Inuit Clients and Regions**

- **Adaptability:** For many Inuit, there is a general lack of intervention resources within the communities; options are limited to shelters or legal recourse — intervention by the RCMP or EPOs. Accordingly, the FCC model may be a relevant alternative. Importantly, family conferencing attempts to engage the entire family in what is likely a culturally safe format.
- **Mediation:** The FCC mediation approach is consistent with the elders counselling option under Nunavut's FAIA though more parties and agencies are involved within a more structured process. Though the FCC process is framed within general Aboriginal value systems of respect and the role of the family, it does not emphasize First Nations-specific themes or components, and can be delivered by CHRs. Therefore, it is more readily adaptable for use among Inuit.
- **Referral Process:** The FCC referral process is broad-based and is not limited to legal authorities. This may prove particularly useful within Inuit communities where elder groups or societies, domestic violence programs, concerned community and family members, and CHRs can propose mediation in advance of situations that result in police intervention and the issuing of EPOs.
- **Role of CHRs:** The FCC model does not offer a checklist or decision-making process for deciding cases that deserve mediation. Currently, many of these tools and guides are geared for use by health professionals. This is problematic in the North where staff recruitment and retention is a problem and many professionals are non-Inuit. The FCC

model identifies CHRs as key players in the referral and mediation process, a far more practical option for many Inuit communities.

## **10 DISCUSSION AND RECOMMENDATIONS**

### **10.1 Discussion**

The nature of elder abuse is not universal. Within Canada, cultural, historical, and geographical factors combine to present health care providers with a range of risk factors, possible indicators, and ultimately, a diversity of victim profiles. Developing a universal screening and assessment tool is therefore a challenge. For Aboriginal communities, culturally sensitive tools and strategies are needed to ensure accurate detection and appropriate solutions. Tools developed for non-Aboriginal health professionals may prove ineffective since few individuals will have the trust and acceptance in the community to be able to assess accurately situations in the home. Importantly, resources developed for use within First Nations communities are not usually appropriate for Inuit communities. First Nations models and themes are not accepted as culturally appropriate among Inuit.

Among Inuit, there appears to be two kinds of elder victims —those who hold values that are more traditional and life experiences, and those who are younger and who grew up in permanent Inuit communities and likely attended a residential school. The latter are often caught up in a cycle of intergenerational trauma and abuse. Some suggest that they may have once been the abusers in domestic relationships but the tables have turned, and they are now the victims. Yet, informants consistently indicate that grandchildren are the main abusers of Inuit elders. It is not clear whether the abuse by grandchildren is linked to intergenerational trauma or linked to poverty, housing, and unemployment. One informant suggested that in some cases, the adult children of Inuit elders are using their grandchildren as a way to exploit their parents.

Financial abuse is the primary form of Inuit elder abuse identified by informants. The problem is widespread but is largely silent. For some, financial abuse is not perceived as abuse. This can be understood, in part, in terms of the six Inuit principles of healing and working together. The principle of *Piliriqatigiinniq* (working together for the common good) and *Pijittsirarniq* (service to others and leadership), instil the value of sharing wealth. Accordingly, Inuit elders may not perceive financial abuse as abuse at all. This value system competes with those of southern service providers.

Older and more traditional Inuit may not speak out about abuse and may be more willing to accept it because of their sense of loyalty and obligation to the family unit and kinship ties. They do not want to expose or accuse a family member of a crime and they do not want to turn a family member out from the home. As a society in transition, there may be some confusion as to what is an appropriate response to elder abuse. Many Inuit do not know what to do about the problem.

The very nature of abuse is conceptualized differently among Inuit. It is not compartmentalized into types or forms but is more of a continuum. Many have endured a lifetime of abuse that has evolved, changed, or manifested itself in different ways. Many Inuit lack knowledge or awareness about the types or forms of elder abuse. It is all abuse. Additionally, Inuit society is becoming increasingly violent; in Nunavut, violent criminal code violations are seven times the national rate. Rates for attempted murder, assaults, uttering threats, property crime and others exceed the national rates (see Table 6). These are all factors that must be considered when developing Inuit –specific tools and resources.

The problem of Inuit elder abuse is difficult to measure. It is manifested in complex social relations that are, in part traditional, and in part in terms of a dependency arising out of economic and housing realities. Elders are not willing to sever ties with their children and grandchildren so there is a need to raise awareness among Inuit elders about the problem of elder abuse and to promote the idea that Inuit traditions and values do not justify or compel them to accept or tolerate an abuse situation. There is a need for dialogue and a need for elders to know that they can speak out when they are the victims of abuse. Elder abuse should not be tolerated under the guise of Inuit culture.

The key informant interviews confirm that there is a lack of training about elders and elder abuse. There is a chronic lack of facilities to house, shelter, support, counsel, and educate Inuit of all ages. The solutions, therefore, are complex.

A critical challenge for health care delivery within Inuit communities is staff recruitment and retention. Communities may lack health professionals who are committed to the community and who will stay. Therefore, elder abuse screening and assessment tools that are directed towards professionals and which require orientation and training to use may have limited applicability in the North. These tools and protocols need to be Inuit-specific and would require continual training sessions because of the high turnover of health professionals. Spencer (2010:21) notes training on abuse and on the proper use of tools is indispensable. Face-to-face training is considered most effective. The health care and domestic violence literature suggests improper training can do considerable harm.

Equally challenging is the lack of social support services available within Inuit communities. Identifying cases of abuse is one thing; solving the problem is another. The problem is multi-faceted in that elder abuse is driven by a number of factors: housing, poverty and unemployment, the legacy of the residential schools, mental health issues (including drug and alcohol abuse), and deep-seated Inuit traditions and values. In many respects, the combination of circumstances is unique to Inuit and there are no easy solutions.

Domestic violence legislation seeks legal remedies but evidence suggests there is limited use of EPOs by elders. Much of the reluctance to use this avenue is linked to traditional values — a reluctance to speak out about abuse, a reluctance to identify or criminalize a family member, and a general acceptance of abuse as normal. Nunavut’s FAIA offers mediation as an option but preliminary evidence suggests there are limitations. In part, this may be because traditional counsellors also are wounded and have never healed from their own trauma, their training as

counsellors is too limited, or they may promote solutions and advise that return the victim back into abusive households.

The FCC model discussed above is a variation of Nunavut's mediation/counselling FAIA option. It is a broader-based community-based intervention for the prevention and mitigation of elder abuse. The model involves a less threatening referral process, a wider network of conference participants, the utilization of local resources, and a non-confrontational forum that brings the victim and the abuser together. The FCC approach is consistent with many traditional approaches to mediation and decision-making.

The informants and the literature agree that the legacy of the residential school experience contributes to an intergenerational cycle of abuse that extends to the health and safety of elders. The high level of violence within Inuit communities is one measure of this legacy. The healing of Aboriginal communities can take decades thus there is a continuing need to support long-term community-based programming that addresses the whole community in a holistic and culturally appropriate manner. There is a need to engage the entire Inuit community and not to focus solely on interventions directed towards the individual offender or victim. Screening and assessment are important but these should not replace the need for community-level interventions.

In general, effective prevention programs use a strengthening-family and culture approach. They are developed and offered within the context of the family, contribute to capacity building, use Aboriginal traditional healing approaches, raise awareness of the issue through a public campaign, and utilize community knowledge (Struthers *et al.* 2009). Legal responses to abuse encourage reporting, are direct, and emphasize punishment and criminalization of abusive behaviour. This may not be consistent with Inuit culture. Indirect approaches build on strengths of extended families and promote strategies to support them rather than highlight the abusive acts.

The interviews and research conducted for this project support what the NT Seniors' Societies' Workshop on the Abuse of Older Adults found as the four main problems preventing responses to elder abuse (NT Seniors' Society 2009: 10):

1. Elders are not talking about abuse;
2. Elders are tolerating abuse;
3. Elders are concerned about what will happen to the abuser; and
4. Helpers in the community tend to work independently rather than cooperatively.

Developing or adapting screening and assessment tools that are culturally appropriate to Inuit needs and circumstances may be somewhat premature. There is a need to raise community awareness and to empower elders to develop support groups, peer networks and to develop linkages between community services. It would be helpful to have plain language and/or clearer ways of describing abuse that is available in Inuktitut.

## 10.2 Recommendations

- **Elder Engagement:** There is a need to raise community awareness and to engage Inuit elders in a dialogue about elder abuse. Currently, it seems elders accept the problem. Inuit at the community level need to begin learning about what constitutes elder abuse and to begin to speak out. Before other tools and protocols can be developed, Inuit elders need to be engaged in culturally and physically safe interviews, workshops, and/or other forums that encourage them to speak freely about the problem, how to identify the problem, and how best to respond. The challenge is that elders will not talk in public about abuse. It is difficult to establish culturally and personally safe environments in small communities.

Elders are worried about abusers. They see a need for family solutions to help abusers deal with their behaviours. They want help to find and implement these solutions. In the end, a balance must be struck between traditional values, the six Inuit principles of healing, and solutions that are culturally acceptable. Financial abuse persists, for example, in part because of Inuit values. The solution cannot involve rejecting Inuit culture, but rather, mapping a path that recognizes the realities of the day and the need to seek Inuit-specific solutions.

- **Inuit Version of the *Re:Act Manual*:** Vancouver Coastal Health's First Nations version of the *Re:Act Manual* is a useful information and education tool that can be adopted for use within Inuit regions to assist frontline health care and social workers confronted with possible cases of adult abuse, neglect, and self-neglect. The roles and responsibilities for community health and human service workers outlined in the *Re:Act Manual* are comprehensive and are relevant to Inuit communities. Though the *B.C. Adult Guardianship Act* and the role of formal CRNs are unique to British Columbia and are important elements of the current manual, the guiding principle of being most effective and least intrusive and the importance of engaging a diverse network of concerned community members, service providers, and others who can come together to create a coordinated community response to cases of abuse is relevant in the North and can be incorporated and encouraged in an Inuit version of the *Re:Act Manual*.

The *Re:Act Manual's* First Nations theme would need to be revised in order to make the manual culturally appropriate. As well, the resource list would require revision to reflect local and regional programs and service and references to legislation should be revised to reflect the differing legislation of each Inuit region. This may require separate response flow charts for each of the Inuit regions.

- **Family Level Interventions:** The Family Care Conference model should be explored in more detail with respect to its suitability within Inuit communities. The model is a way to address sensitive and serious issues within an elder-focused, family-centred, community-based approach. The approach builds on the strengths of extended families and promotes strategies to support elders. The important role of CHRs in conducting the interventions is a practical consideration given the recruitment and retention problems of health professionals in Inuit communities.

- Tools that Target Paraprofessionals:** The recruitment and retention of professional staff is a chronic problem within northern communities. Non-Inuit who have not gained trust within a community will not be able to adequately access, let alone assess, the condition of elders within their homes. A practical and sustainable solution is to build resident capacity within the community. This could be achieved by providing training and support for local paraprofessionals who live and work in the communities, who know the language, who know the peoples and traditions, and who have trusted access into the homes of elders. Home care workers, CHRs, and community health aides hold the ‘corporate knowledge’ about a community’s state of health and wellbeing and can offer a qualitative advantage over what an agency nurse can gain during a site visit. Paraprofessionals should have the training and tools to report to supervisors, nurses, and social workers. They require the tools and training to explain elder abuse in terms of vulnerability, dependency, misuse of power, and contributing patterns of behaviour. Additionally, the option to develop family care conference mediation would require training among community-based paraprofessionals such as CHRs. As well, non-Inuit professionals would require tools to assist in their final assessments and to guide intervention strategies.
- Tools that Target Victims and Families:** Continual public awareness about elder abuse is needed. This should be culturally appropriate and available in various Inuktitut dialects. Currently, elder abuse is a silent or hidden problem that will not come to the forefront unless there is greater dialogue and awareness. Given the Inuit cultural silence about the problem, a single day —World Elder Abuse Awareness Day — is insufficient. It would be helpful to have plain language and/or clearer ways of describing abuse. Additionally, Inuit need to know where they can go for help. Most communities lack shelters or other obvious points of contact besides the police. The latter is an option that many Inuit elders will not accept.
- Financial Abuse Prevention:** Though it is a multifaceted problem, Inuit elders need options when they face financial abuse. Elders need to be educated about financial management. Many are not financially responsible which leaves them vulnerable to abuse. Elders do not keep or save money and have empty bank accounts before the end of the month. Learning about financial management as a contemporary survival tool will help them recognize what constitutes financial abuse. Elders, more than any other person, must be able to act to either report the problem or instigate change. Since receipt of pension cheques is a primary event that leads to abuse, Inuit-specific Inuktitut language information about financial abuse should be included with the cheques. This, however, cannot replace a more systematic and extensive awareness campaign.
- Public Housing:** Access to housing is a critical problem within Inuit communities and the position of elders as leaseholders in public housing seems to raise their exposure to abuse. It may be useful to focus immediately on elders living in public housing since they are likely paying subsidized rent and are more likely living in overcrowded conditions that are conducive to abusive situations.

- **Inuit Principles of Healing:** Tools that target Aboriginal audiences or health professionals working within Aboriginal communities need to be culturally appropriate. What works for First Nations is generally not acceptable within an Inuit context. There is a need to examine the six Inuit principles of healing and integrate this model that guides the health and wellbeing of the individual, family, community, and environment.
- **Crisis or Call Line:** Though there is limited evidence that suggests Inuit elders are not going to utilize a crisis line, it may prove useful to provide a service that also encourages family members, community members, and service providers to report potential cases of elder abuse. In many cases, laypersons do not know who to call or know what options are available. A call service could serve as a clearinghouse for information and focal point for mobilizing service providers. The call service could be a facet of any existing or incipient network of community members, service providers, and/or relevant agencies.
- **National Indian Council on Aging:** The New Mexico-based National Indian Council on Aging (NICOA) is the U.S.A.'s foremost advocate for American Indians and Alaska Native Elders. A biennial conference dedicated to advocacy and information sharing is scheduled for September 2012. It may be advantageous that Pauktutit and other Inuit, First Nations, and Métis organizations participate to learn more about possible models and promising practices relevant to elder abuse.

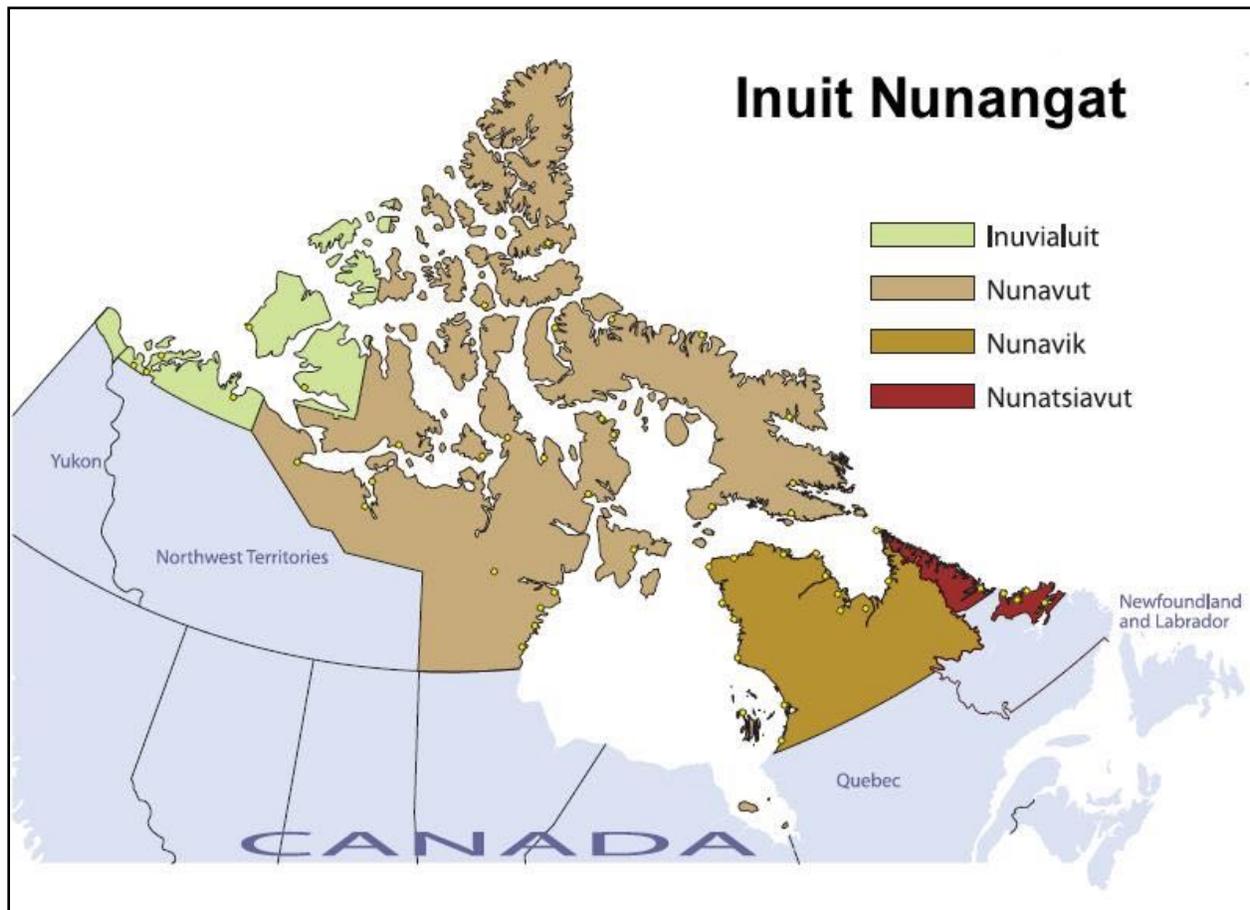
# 11 APPENDICES

## Appendix 1: List of Key Informants

Contact	Department or Agency	Position
Sgt. J. Akavak	RCMP	O.I.C. Criminal Operations, "V" Div.
Susan Breddam	Department of Health & Social Services (Nunavut)	Adult Services Specialist
Jennifer Colepaugh	Department of Health & Social Services (Nunavut)	Territorial Home & Community Care Coordinator
Susan Crichton	Public Health Agency of Canada	Division of Aging and Seniors
Kwedzo Forsan	Rankin Inlet Women's Shelter (Nunavut)	Director
Arlene Hache	Centre for Northern Families (Yellowknife)	Executive Director
Suny Jacobs	YWCA Agvvik Society Nunavut	Executive Director
Lisa Jean	Department of Justice (Nunavut)	Community Justice Specialist (Nunavut)
Elizabeth Klimczak	Nunavik Regional Board of Health and Social Services	Persons Lacking Autonomy, Planning and Programming Department
Ben Kovic	Department of Justice (Nunavut)	Elder Advisor
Rebecca Latour	Department Of Justice,	Community Justice & Community Policing, Family Violence Program Analyst
Sandra Mann	Health and Social Services, GNT	Health Systems Planning, Health Planner-Rehab Services
Sgt. M. Painchaud	RCMP	O.I.C. Criminal Operations, "V" Div.
Sheila Pokiak	Qulliiit Nunavut Status of Women Council (Nunavut)	Executive Director
Bill Riddell	Justice of the Peace (Nunavut)	
Jenna Rintoul	Department of Justice (Nunavut)	FAIA/Community Justice Manager
Priya Shastri	YWCA Agvvik Society Nunavut	Counsellor
Marilyn Soper	Department of Health and Social Services (Nunavut)	Home and Community Care Coordinator
Sgt. J. Williams	RCMP	O.I.C. Criminal Operations, "V" Div.

## Appendix 2: Inuit Regions

There are 52 Inuit communities in Inuit Nunangat, a Canadian Inuktitut term that encompasses the Inuit regions of Nunatsiavut, Nunavik, Nunavut, and Inuvialuit and refers to Inuit land, water, and ice. Most of the communities are small; well over one-third (38 percent) have a total population of less than 500 people. Almost 30 percent have between 500 and 999 people and a third have 1,000 or more people. Many are remote and lack road access so they can only be



reached air and during the summer months by sea (Statistics Canada 2008: 21-2).

Adapted from Maps of Inuit Nunangat (Inuit Regions of Canada)  
(Inuit Tapiriit Kanatami 2011)

URL: <http://www.itk.ca/publications/maps-inuit-nunangat-inuit-regions-canada>

**Nunatsiavut** includes five communities along the northern coast of Labrador. The word 'Nunatsiavut' means 'our beautiful land' in Inuktitut. This region was created following the 2005 Labrador Inuit Land Claim Agreement and includes about 72,500 square kilometres of land and the adjacent ocean.

**Nunavik** is located in northern Québec. It was established in 1975 as part of the James Bay and Northern Quebec Agreement, the first modern land claims agreement in Canada. Nunavik covers 660,000 square kilometres of land. More recently, the Nunavik Inuit Land Claims Agreement has given Nunavimmiut (Inuit of Nunavik) ownership of many of the islands off the coast of Nunavik.

**Nunavut** was created in 1999 following the 1993 Nunavut Land Claims Agreement. It was formed out of the eastern part of the Northwest Territories. This agreement is the largest land claim settlement negotiated between a state and Aboriginal people in the world. The territory spans 2 million square kilometres. There are three main regions within Nunavut: Qikiqtaaluk, Kivalliq, and Kitikmeot.

The **Inuvialuit region** consists of 90,650 square kilometres of land in the Northwest Territories. Ownership was granted to the Inuvialuit (Inuit of the western Arctic) following the 1984 Inuvialuit Final Agreement. There are six Inuvialuit communities, five within, and one outside the Settlement Region.

### Appendix 3: Social Support and Victim Support Services

The following lists have not been verified in terms of their role in victim's services or in terms of whether they still are in operation. This list should not be considered definitive.

NUNAVUT			
Community	Service Provider	Address	Telephone / Email
Arctic Bay	Arctic Bay Friendship Centre	P.O. Box 150 Arctic Bay, NU X0A 0A0	867-439-8277
	Arctic Bay Health Centre	P.O. Box 60 Arctic Bay, NU X0A 0A0	
Arviat	Health Centre	P.O. Box 510 Arviat, NU X0C 0E0	867-857-2816
Baker Lake	Health Centre	Baker Lake, NU X0C 0A0	867-793-2816
	Hospice Society	P.O. Box 8 Baker Lake, NU X0C 0A0	867-793-2857
	Mianiqsijit Project	P.O. Box 35 Baker Lake, NU X0C 0A0	867-793-2352
	Tunganiq Addiction Project	P.O. Box 4 Baker Lake, NU X0C 0A0	867-793-2739
Cambridge Bay	Community Wellness Centre	P.O. Box 16 Cambridge Bay, NU X0B 0C0	867-983-2133
	Kalvik Youth Services Ltd.	P.O. Box 1038 Cambridge Bay, NU X0B 0C0	867-983-2644
	St. Michael's Crisis Shelter	Cambridge Bay, NU X0B 0C0	867-983-4658
Cape Dorset	Family Resource Centre	P.O. Box 69 Cape Dorset, NU X0A 0C0	867-897-8534
	Healing and Harmony Team	A/S Hamlet P.O. Box 30 Cape Dorset, NU X0A 0C0	867-897-8211
	Tukkuvit Women's Shelter (Crisis shelter)	General Delivery Cape Dorset, NU X0A 0C0	867-897-8915
Chesterfield Inlet	Saint Theresa's Home	P.O. Box 1 Chesterfield Inlet, NU X0C 0B0	
Clyde River	Health Centre	P.O. Box 40 Clyde River, NU X0A 0E0	867-924-6377

<b>NUNAVUT</b>			
<b>Community</b>	<b>Service Provider</b>	<b>Address</b>	<b>Telephone / Email</b>
	Ilisaqsivik Society, Family Resource Centre Ayaupiaq Elders Organization	P.O. Box 150 Clyde River, NU X0A 0E0	867-924-6366
Gjoa Haven	Kativik Health Centre	Gjoa Haven, NU X0B 1J0	867-360-7441
Iqaluit	Community Justice Department of Justice Government of Nunavut	P.O. Box 1000, Station 510 Iqaluit, NU X0A 0H0	867-975-6363 CommunityJustice@gov.nu.ca
	Department of Health and Social Services Government of Nunavut	P.O. Box 1000, Station 1000 Iqaluit, NU X0A 0H0	867-975-5708
	Illitiit Society, Oqota Emergency Shelter	P.O. Box 909 Iqaluit, NU X0A 0H0	867-979-3652
	Iqaluit Community Health Unit	Bag 200. Building #155. Iqaluit Iqaluit, NU X0A 0H0	867-979-5306
	Isumaqsungittut Youth Centre	P.O. Box 1439 Iqaluit, NU X0A 0H0	867-979-4452
	Qikiqtani Inuit Association	P.O. Box 1340 Iqaluit, NU X0A 0H0	867-979-5391
	Qikiqtaaluk Baffin Regional Agvvik Society (Women's Shelter) and Iqaluit Victim Services	P.O. Box 237 Iqaluit, NU X0A 0H0	867-979-4566
	RCMP "V" Division	P.O. Box 500 Iqaluit, NU X0A 0H0	867-975-4409
	Victim And Witness Assistant Program	P.O. Box 1030 Iqaluit, NU X0A 0H0	867-975-4600
Kimmirut	Health Centre	P.O. Box 30 Kimmirut, NU X0A 0N0	867-939-2217
	Kimmirut Justice Committee	General Delivery Kimmirut, NU X0A 0N0	867-939-2001
Kugluktuk	Awareness Centre	P.O. Box 58 Kugluktuk, NU X0B 0E0	867-982-3028

<b>NUNAVUT</b>			
<b>Community</b>	<b>Service Provider</b>	<b>Address</b>	<b>Telephone / Email</b>
	Health and Social Services	P.O. Box 288 Kugluktuk, NU X0B 0E0	867-982-4531
Pangnirtung	Health Centre	P.O. Box 454 Pangnirtung, NU X0A 0R0	867-473-8977
	Kunguiq Community Justice Committee	P.O. Box 140 Pangnirtung, NU X0A 0R0	867-473-8018
Pelly Bay	St. Teresa Health Centre	General Delivery Pelly Bay, NU X0E 1K0	
Qikiqtarjuaq	Health Centre	P.O. Box 911 Qikiqtarjuaq, NU X0A 0B0	867-927-8916
Rankin Inlet	Aqsaaraq Addictions Project	P.O. Box 2310 Rankin Inlet, NU X0C 0G0	867-645-2910
	Kataujaq Society Crisis Centre	P.O. Box 344 Rankin Inlet, NU X0C 0G0	867-645-2214
	Pulaarvik Kablu Friendship Centre	P.O. Box 429 Rankin Inlet, NU X0C 0G0	867-645-2600
Resolute Bay	Health Centre	P.O. Box 180 Resolute Bay, NU X0A 0V0	867-252-3844
Sanikiluaq	Health Centre	General Delivery Sanikiluaq, NU X0A 0W0	867-266-8802
Taloyoak	Alcohol and Drug Education and Program Centre	General Delivery Taloyoak, NU X0B 1B0	867-561-6702
	Healthy Start Program	General Delivery Taloyoak, NU X0B 1B0	867-561-5711
	Inniuit Women's Group	General Delivery Taloyoak, NU X0B 1B0	867-561-5902
Whale Cove	Health Centre	P.O. Box 30 Whale Cove, NU X0C 0J0	867-896-9916

<b>NUNATSIAVUT</b>			
<b>Community</b>	<b>Service Provider</b>	<b>Address</b>	<b>Telephone / Email</b>
Happy Valley - Goose Bay	Labradorians for Peaceful Communities	P.O. Box 2079 Happy Valley-Goose Bay, NL A0P 1E0	709-896-8080 lfpc@hvgb.ne
	Libra House Inc.	P.O. Box 449, Station B Happy Valley-Goose Bay, NL A0P 1E0	(709-896-8022 librahouse@nf.sympatico.ca
	Mokami Status of Women Council	P.O. Box 329, Station B Happy Valley-Goose Bay, NL A0P 1E0	709-896-3484 mokami_status@cablelab.net mokamiwomen@nf.aibn.com
	Victims Services, Department of Justice	P.O. Box 3014, Stn. "B" Happy Valley - Goose Bay, NL A0P 1E0	709-896-0446/896-3251 victimservices@gov.nl.ca
Nain	Labrador Inuit Health Commission	P.O. Box 250 Nain, NL A0P 1L0	709-922-2126
	Nain Safe House		709-933-3420
	Victims Services, Department of Justice	General Delivery P.O Box 2006 Nain, NL A0P 1L0	709-922-2360 victimservices@gov.nl.ca

<b>NT / INUVIALUIT</b>			
<b>Community</b>	<b>Service Provider</b>	<b>Address</b>	<b>Telephone / Email</b>
Aklavik	Aklavik Victim Services	P.O. Box 88 Aklavik, NT X0E 0A0	867-978-2265 akjustice@northwestel.net
	Help Centre (for men)		867-978-2516
Holman	Holman Help Line		867-396-3911
Inuvik	Inuvik Transition House	Box 2628 Inuvik, NT X0E 0T0	867-777-3877
	Crown Victim Witness Program	P.O.Box 2840 Inuvik, NT X0E 0T0	867-777-3075

<b>NT / INUVIALUIT</b>			
<b>Community</b>	<b>Service Provider</b>	<b>Address</b>	<b>Telephone / Email</b>
	Family Counselling (Canadian Mental Health Association)	P.O. Box 1915 Inuvik, NT X0E 0T0	867-777-4148
	Inuvik Regional Health and Social Services Authority	Bag Service #2 Inuvik, NT X0E 0T0	867-777-8000
	Inuvik Victim Services c/o Inuvik Justice Committee	P.O. Box 2869 Inuvik, NT X0E 0T0	867-777-5493 inuvikvs@northwestel.net
Paulatuk	Paulatuk Victim Services	P.O. Box 98 c/o Hamlet of Paulatuk Paulatuk, NT X0E 1N0	867-580-3223
Tuktoyaktuk	Aimayunga Women and Emergency Foster Care Shelter	P.O. Box 350 Tuktoyaktuk, NT X0E 0C0	867-977-2000
Yellowknife	Alison McAteer House c/o YWCA Family Violence Program	Box 1679 Yellowknife, NT X1A 2P3	867-669-0235
	Yellowknife Victim Services c/o Native Women's Association of the NT	P.O. Box 2321 Yellowknife, NT X1A 2P7	867-920-2978
Beaufort-Delta Region	Community Counselling Programs (Addiction)	Aklavik Inuvik Paulatuk Sachs Harbour (via Inuvik) Tuktoyaktuk Ulukhaktok (Holman)	867-978-2326 867-777-8053 867-580-3800 867-777-8053 867-977-2593 867-396-3907

<b>NUNAVIK</b>			
<b>Community</b>	<b>Service Provider</b>	<b>Address</b>	<b>Telephone / Email</b>
Kuujuak	CAVAC Nunavik - Sapumijit	P.O. Box 9 Kuujuuaq, QC J0M 1C0	866-778-0770
Salluit	CAVAC Nunavik		819-255-8801

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