

PART TWO IN THE SERIES **THE ELDERLY AT RISK**

# **A HOUSE DIVIDED**

CAREGIVER STRESS AND ABUSE OF THE ELDERLY

**USER'S GUIDE**



National  
Film Board  
of Canada

Office  
national du film  
du Canada

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## Acknowledgement

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### Elizabeth Podnieks

Ms. Podnieks is a professor at Ryerson Polytechnical Institute's School of Nursing. She has held key teaching and administrative positions at several schools of nursing and hospitals in Canada, the U.S.A. and London, England. She is the author of many publications dealing with caregiver stress, abuse of the elderly, and gerontological nursing. Ms. Podnieks is a much sought after speaker for conferences, seminars and workshops throughout Canada, and holds professional memberships for nursing foundations and associations, and gerontology institutes. She sits on advisory boards for psychogeriatric service organizations and advocacy centres, and is also active on the Toronto Mayor's Committee on Aging. In addition, Ms. Podnieks is a Doctoral Candidate in Sociology at the Ontario Institute for Studies in Education, Toronto.

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### **Lyn Wright**

Lyn Wright's varied career has encompassed work as a script reader, writer, researcher, editor and director of film and video productions. Lyn moved from her first love, acting, to directing in the mid-1970s. She has produced videotapes and films for organizations as diverse as Toronto Women's Educational Media, the National Film Board's Challenge for Change Programme, the CBC, CUPE, and the Ontario Ministry of Culture and Recreation. Before beginning research on the *Elderly at Risk* series, she directed *Dad's House*, *Mom's House*, a film about joint custody, for the National Film Board.

## Who Should See This Film or Video?

Until recently, very little had been written about the abuse and neglect of older people by family members. There remains an even greater paucity of film documentation on the topic. *A House Divided* is a serious study based on meticulous research and sympathetic investigation. Through moving personal portraits the causes and consequences of elder abuse are unfolded. Possible protective responses are suggested. If our communities are to develop a more comprehensive network of support services for victims and their abusers then this film must be seen. Its audience should include students, teachers, counsellors, family physicians, social service and health care workers, lawyers, community police officers and adult protective service workers, policy-makers and administrators, professional associations and advisory boards, indeed everyone concerned with the quality of family life and the well-being of the elderly.



## Introduction

An old woman lived with her daughter and her family. As she grew older she began to drop things and had difficulty managing the household chores. As more and more of the family's china was broken, the daughter was less and less able to cope with her mother's behavior. Finally, she asked her young son to go into town and purchase a wooden bowl for his grandmother. The son protested that those dishes were only for the poor and for animals and he did not want to insult his grandmother. The daughter insisted he go. When he returned he had not one but two wooden bowls. When questioned by his mother, he replied, "One is in anticipation of your old age."

The subject of abuse is well known in relation to children and spouses, but only lately has it been associated with the elderly. Abuse of the elderly was first formally identified in Canada in the 1982 Manitoba Study.

Mistreatment of older people occurs within institutional settings, in the home by family members or other caregivers, and in the community by an uncaring society.

Elder abuse affects all segments of society. Victims include men and women of all racial, ethnic, religious and income groups. It occurs in urban as well as rural areas.

One of the greatest problems regarding the abuse of the elderly is the lack of public and professional awareness of the existence of such abuse, its causes and indicators, its solutions.

This film draws attention to the difficulties faced by older people and their caregivers: it raises consciousness and concern as we attempt to address a problem that is one of the best-kept secrets of modern society.



## **What is Elder Abuse?**

Elder abuse is not uniformly defined in the literature, and this poses a major impediment to investigating the scope of the problem and developing effective policies and legislation. Elder abuse is defined here as any pattern of behavior by a person that results in physical or mental harm to an older person. The forms that elder abuse takes include psychological abuse, physical abuse, financial abuse, and neglect, particularly by caregivers.

## **Types of Abuse**

### **1 Psychological Abuse**

Psychological abuse includes verbal intimidation and humiliation, threats of institutionalization and punishment, scolding, treating older persons as children, and withholding affection. Psychological abuse often occurs in combination with other categories of maltreatment. For example, an older person can be denied access to grandchildren unless he or she consents to signing over assets to an adult child.

### **2 Financial Abuse**

Financial abuse is the illegal or improper use of an older person's money, property or other assets by someone else. The Manitoba Study identified financial abuse as the most frequent type of abuse encountered by older persons. Examples of financial abuse include the taking and withholding of the older person's pension or social insurance cheque, the use of threats or force by caregivers in order to appropriate the older person's funds, selling the older person's property or possessions, and forcing the older person to give over power of attorney.

### **3 Physical Abuse**

Physical abuse is the non-accidental use of physical force for coercion or to inflict bodily harm. It includes assault, restricting freedom of movement, and sexual abuse.

### **4 Neglect**

Neglect consists of the deprivation, by a caregiver, of basic necessities or services that are necessary for maintaining physical or mental health, such as food, medication, or health-related services.

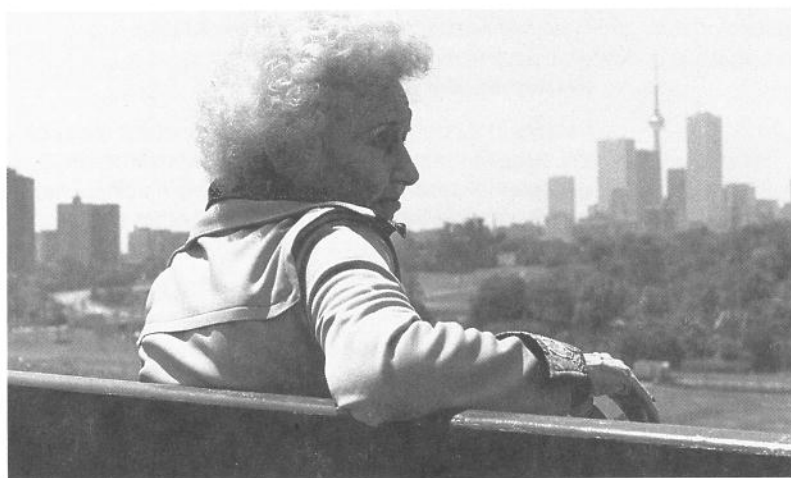
## Consequences of Abuse

The physical, emotional and psychological consequences of all forms of maltreatment can be life-threatening. Injuries requiring medical attention are not necessarily more harmful than intimidation, insults and exploitation on a continuing basis. Neglect can be so damaging, so irreversible, that the older person may long for the release of death.

In the absence of assessment tools and protocols, physical abuse of the elderly often goes unrecognized by professionals. It is easy for the abuser to explain cuts, bruises or fractures as being due to the frailty of the older person. Abuse by family members or caregivers may only be discovered when the victim is hospitalized or during routine visits by community-service professionals. It is rarely reported to the police because victims are reluctant to bring criminal charges against family members or caregivers.

Victims of abuse are usually isolated. While they keep their pain well hidden from potential sources of help, they suffer the humiliation of wondering why their child or caregiver is mistreating them. Others who may know about the abuse tend to stay away, and not become involved in a situation they perceive as private.

Feelings of guilt, shame, embarrassment, fear of retaliation and loss of their support system keep many older persons helpless and silent.



### **Who is Abused?**

- usually over age 70
- female/widow/single
- progressive physical and/or cognitive impairment
- denies abuse: reluctant to report
- dependent on abuser for physical/emotional needs
- may exhibit problematic behavior
- may feel abuse is deserved
- socially isolated
- may feel powerless

### **Who is the Abuser?**

- may be middle-aged or elderly
- family member, caregiver (roomer, landlord, guardian)
- experiencing stress: financial or medical problems, marital conflict, substance abuse, unemployment, lacks knowledge of caregiving role
- blames the older person
- may be dependent on victim for money or housing
- ineffective coping and communication patterns
- ineffective problem-solving skills
- increasing demands of caregiving role may be depleting family resources
- socially isolated
- may have difficulty controlling feelings of anger, frustration
- resents role-reversal with parent

### **Causes of Elder Abuse**

Factors that contribute to elder abuse include many of the same factors associated with family violence in general. Researchers agree that there is no single factor responsible for the maltreatment of older persons, but rather that the causes of elder abuse are numerous, complex and interactive.

Older persons who are or who perceive themselves to be helpless and dependent are targets for abuse, especially when they also have physical and cognitive impairments. Ongoing provocative behavior may initiate retaliatory behavior constituting abuse by either the older person or the caregiver.



Elder abuse can occur in homes with a lifelong pattern of violent relationships such as spousal or child abuse. In a cycle of violence the abused person may become the abuser. Power conflicts may also contribute to abuse.

The abuser may be a person of few financial and psychological resources, and may be dependent on the victim. Feeling powerless in the family situation, the abuser may resort to violence. Caregivers providing support may feel that they are not receiving enough gratitude for all their efforts and thus resort to abusive behavior.

Situational factors may increase stress on a caregiver, who is often responsible for one or more younger dependents as well. The middle-aged abuser is described as being in the "sandwich generation" providing care to spouse, children, and the older person. The caregiver may be experiencing the stress of unemployment, substance abuse, poverty, marital conflict, or health problems.

Socio-cultural factors include pervasive, negative attitudes towards older persons (ageism), which encourage uncaring treatment of the elderly and may lead to abusive situations within the family.

### **Indicators of Financial Abuse**

- The older person has signed a legal document (will, power of attorney) when they are not capable of understanding the significance of their actions.
- A will is changed, leaving house or assets to a "new friend."
- The level of care of the older person is not commensurate with the person's income or assets.
- Overdue bills, rent is unpaid.
- Signatures on documents and cheques do not resemble the older person's signature.
- The older person "can't find" jewelry, art, silverware.
- Unusual activity occurs in bank accounts; there are withdrawals by automatic banking machines when the older person is housebound.
- Amenities are lacking, e.g., TV, personal items.

### **Indicators of Possible Physical Abuse and Neglect**

- Malnourishment or dehydration without an illness-related cause; weight loss.
- Injuries that have not been properly cared for.
- Cuts, lacerations, burns, grip marks, welts, swelling, bleeding, bed sores, bruises.
- Evidence of inadequate care, poor skin hygiene.
- Evidence of inadequate or inappropriate administration of medication.
- Pallor: sunken eyes, cheeks.
- Clothing in poor repair; inappropriate for season.
- Lack of necessary appliances (walkers, glasses, hearing aid, dentures).
- Lack of safety precautions, supervision.
- A history of unexplained "accidents" or "injuries."
- Seeks medical attention from a variety of doctors/treatment centres.

### **Behavioral Indicators of Possible Abuse or Neglect in an Older Person**

- Passivity, resignation, withdrawal.
- Fearfulness.
- Increasing depression.
- Helplessness, hopelessness, sadness.
- Agitation or anxiety.
- Insomnia, fatigue, listlessness.
- Contradictory statements or ambivalence not resulting from mental confusion.
- Reluctance or hesitation to talk openly; waiting for caregiver to answer.
- Avoids physical, facial, eye, or verbal contact with caregiver, service provider.

### **Indicators of Abusive Behavior in the Caregiver**

- Refuses to permit hospitalization or diagnostic tests.
- Appears fatigued, stressed.
- “Blames” elder for e.g., incontinence, wandering.
- Responds defensively when questioned: makes excuses, is hostile, suspicious, evasive.
- Does not want elder interviewed alone.
- Excessively concerned or unconcerned.
- Treats elder like a child or non-person.
- Has minimal eye, facial, physical, or verbal contact with elder.
- Acts aggressively (threats, insults, harassment).
- Has a history of substance abuse.
- Has a history of abusing others.
- Was forced into caregiving situation.
- Has been in caregiving role for long period of time.

## Legislative Response to the Problem of Elder Abuse

Although interest and concern for elderly victims or potential victims of abuse and neglect have increased in recent years, the development of appropriate legislation is still at a formative stage. Protection for those who are alone, afraid, weak, or vulnerable is a basic human principle and part of the moral tradition of Canada.

A mentally competent adult may choose to remain in an abusive situation and reject assistance. If we agree with the principle of self-determination, then we must allow the older person to make his or her decisions, no matter how much it might trouble the individual and public conscience.

Sometimes when older adults remain in an abusive situation their competency is questioned and a *guardian* may be appointed. A guardian is a person invested by a court with the power to make decisions on behalf of an individual who is mentally incapable. Guardianship legislation varies from province to province, but all statutes should reflect respect for human dignity and be implemented in the least intrusive way. There is a need for some form of *partial* or *limited guardianship* that will recognize an individual's abilities to maintain control and make decisions for themselves yet give them assistance in those areas of their lives in which they do have difficulty.

The *Mental Health Act* is legislation that subjects an individual to a psychiatric assessment if that person has threatened or attempted to cause bodily harm to himself or shows a lack of competence in caring for himself. The police have at times used the Mental Health Act to gain entry to a home where abuse is suspected. This is an inappropriate use of the Mental Health Act, yet it is sometimes the only way to gain access to the alleged victim. Another legal device with potential for harmful consequences is the *power of attorney*. This is a legal document authorizing another person to act as an agent on one's behalf. The person who holds the power does not legally have to account to anyone except the donor. Thus the person holding the power of attorney could dip into the other person's bank account, sell their house, or sign cheques in their name.

*Mandatory reporting* legislation requires various professionals aware of elder abuse to notify the police or other social agencies. The legislation usually provides

for the reporting and investigation of suspected abuse, powers of entry, referral to the criminal system, and the development of elder-abuse service programs.

The United States has generally responded to the problem of elder abuse by enacting some form of adult-abuse or protective-service laws. Several provinces are looking at similar legislation. Mandatory reporting laws may lead to the violation of the rights of the elderly. We have always cherished and fought for the freedom to live our own lives, make our own decisions. The erosion of that freedom in old age must be avoided at all costs. Legislation provides adults with a means to prosecute those who misuse their resources or swindle them. Elderly victims must be able to use these processes. However, should they decide against the use of such processes, it should not be considered as evidence of incompetence. The elderly must not be treated as children by either their families or the state. Any model of intervention must allow older persons to remain in charge of their lives, with the power to decide whether they want services, and without the threat of involuntary commitment.

Mandatory reporting constitutes an involuntary intervention into the older person's life. If the older person does not acknowledge the mistreatment, they may well be left in the abusive situation after the abuser has been labelled. If elder abuse is due to a breakdown in the family and in support services, the community would be best to correct the underlying deficiency by supporting the family through better services.

The Elder Abuse Project of the Victim Services Agency in New York City is a small support group where victims can share their feelings with the full understanding that their confidences will be valued and respected. The staff helps the victims understand and work through their problems and when they are ready to make decisions (such as charging the abuser or relocating) there are services available to support them. Such a model could not operate if the state of New York had mandatory reporting legislation.

A viable and encouraging alternative to mandatory reporting of elder abuse is *voluntary reporting*. This model establishes a mechanism for professionals voluntarily to report cases of elder abuse, and provides for assessments and linking with needed services. The





name of the reporter is kept confidential: a case worker will go to the family home and enquire if any assistance is needed by the elder or the caregiver. They can choose to accept or decline.

### **Incidence of Elder Abuse: One Case is Too Many**

There is no comprehensive national study on the incidence of elder abuse. The Manitoba Study found that 2.2% of 18,000 elderly Manitoba people receiving care from relatives or home-service agencies were suffering abuse.

More accurate and extensive research is needed for valid documentation and statistics regarding the scope of the problem. Regardless of the exact incidence of elder abuse, the recognition that there is a large and growing number of truly endangered elderly, many alone and isolated, who need help from a caring external source is essential. A coalition of community agencies and citizens groups is an effective means by which a community can fulfill its responsibility to develop a quality program of care for the elderly at risk. The San Francisco Consortium for Elder Abuse Prevention is worthy of study as a pragmatic model. This unique organization comprises 50 member agencies with a mandate to serve victims of elder abuse through outreach, training, co-ordination and advocacy.

## Services Needed by Older Persons and Their Caregivers

	Older Person	Caregiver
<b>Prevention</b>	<ul style="list-style-type: none"> <li>● legislation, protective services</li> <li>● advocacy</li> <li>● ombudsman</li> <li>● support groups</li> <li>● crime prevention</li> <li>● mental-health counselling</li> </ul>	<ul style="list-style-type: none"> <li>● education in normal aging</li> <li>● community support for caregiving families</li> <li>● courses in caring for the elderly</li> <li>● mental-health counselling</li> </ul>
<b>Support</b>	<ul style="list-style-type: none"> <li>● health services and supplies</li> <li>● legal assistance, guardianship</li> <li>● friendly visitors</li> <li>● meals-on-wheels</li> <li>● visiting nurses</li> <li>● home supervision</li> <li>● occupational and physical therapy</li> <li>● information and referral</li> <li>● transportation and escort</li> <li>● senior centres</li> <li>● day care</li> <li>● alternate housing</li> <li>● peer counselling</li> <li>● self-help, support groups</li> <li>● religious organizations</li> <li>● telephone reassurance</li> </ul>	<ul style="list-style-type: none"> <li>● health services and supplies</li> <li>● family counselling</li> <li>● alcoholism and drug-abuse treatment</li> <li>● nutrition counselling for the elderly</li> <li>● financial assistance</li> <li>● homemaker, home health care</li> <li>● family support groups</li> <li>● respite care</li> <li>● affordable day care</li> <li>● chore services, house repair</li> <li>● information and referral</li> <li>● intergenerational linkages</li> <li>● elder companions</li> </ul>
<b>Emergency</b>	<ul style="list-style-type: none"> <li>● crisis intervention</li> <li>● crisis hot line</li> <li>● emergency shelter; "safe place"</li> <li>● health services</li> <li>● victim assistance</li> <li>● law enforcement services</li> <li>● emergency financing</li> </ul>	<ul style="list-style-type: none"> <li>● crisis intervention</li> <li>● "abusers anonymous"</li> <li>● voluntary emergency caretakers</li> <li>● homemaker and home health care assistance</li> </ul>

## **Can Elder Abuse Be Prevented?**

The central goal of all programs and policies must be the prevention of violence within families. Neglect of older persons is not usually intentional but rather the consequence of well-meaning but inadequate care of a frail and dependent individual. Prevention planning should take place before the caregiver becomes overburdened and burnt out, before they assume a role they are not suited for and may not even want. Prevention activities include education, counselling, personal assistance, respite for caregivers, and crisis intervention.

### **Prevention Suggestions for Older Persons**

- Plan for your own future when you are well, healthy and still independent.
- Do not deed or will your house or other assets to someone who promises to keep you out of a nursing home or to take care of you at home should you become disabled.
- Make a will and review it annually. Do not revise your will without careful consideration or without speaking with someone you trust.
- Do not give up control of your property or assets until such time that you feel unable to manage them any longer.
- Have your pension or other cheques deposited directly into your accounts.
- Do not leave cash, jewelry, or prized possessions lying about. Make your home burglar-proof.
- Do not rely solely on family members for your social life and care. Seek outside contacts. Develop friends of all ages.
- Stay active in the community as long as possible.
- Do not allow adult children (especially if they have a drug, alcohol, or psychological problem) to return home without carefully considering the situation and seeking advice from others, e.g., your physician.
- Don't be too proud to ask for help when you need it (e.g., from a public health nurse, senior centre, church, friends).
- Don't be intimidated in seeking your rights because of your age.

- You have a right to privacy and confidentiality. You also have the right to refuse intervention. You have the right to live the way you choose.

### **Prevention Suggestions for Families and Caregivers**

- Find out how your aging parent or relative wishes to be cared for if they should become dependent or require medical care. Find out how they want their assets spent or maintained.
- Don't take in any older relative on the spur of the moment, e.g., at the death of one parent or because you feel guilty.
- Carefully examine your own ability to provide care for an increasingly dependent relative.
- Consult with other family members about caring for a parent or relative. How will the caregiving affect your spouse and children?
- Examine the physical realities of the home into which the older person may move, e.g.: is a first-floor bathroom required? Would members of your family have to share a room in order to accommodate the older person?
- Learn about all the community resources available to older persons and the family (meals-on-wheels, visiting nurses, respite care).
- Do not assume that a tenuous relationship will miraculously improve when the parent or older person comes to live with you.
- Don't feel you have failed if you are unable to continue to provide home care and must seek an alternative.

### **Prevention Suggestions for the Community**

- Be aware of the possibility of abuse occurring. Identify the high-risk groups of the elderly.
- Educate social workers, "gatekeepers," primary care physicians, nurses, utility workers, police, delivery personnel, bank tellers, postal workers, etc., to be on the lookout for signs of elder abuse or older persons in threatening situations.
- Recognize that family caregiving is a significant aspect of community life; counsel families in caregiving.

- Develop direct assistance strategies for caregiving families such as crisis intervention, counselling, alternative housing, etc.
- Provide advocacy for older persons and for caregiving families. Encourage efforts to support legislation and increase funding for the prevention and treatment of elder abuse.
- Recognize that abuse of the elderly is a crime. Provide legal assistance to victims who choose to lay criminal charges or start civil suits. Provide services to assist victims of mistreatment. Provide rehabilitation for the abuser whenever possible.
- Develop innovative means to encourage changes in societal attitudes regarding the elderly as well as attitudes about the use of violence as a coping mechanism. Work with the media to reduce stereotyping by promoting positive models of older people.
- Promote the use of volunteers to carry out public awareness activities such as Neighborhood Watch.
- Promote legislation to address guardianship issues.

### **Where to Go for Help**

- |   |                                  |
|---|----------------------------------|
| ● Department of Public Health   | ● Bank Manager                   |
| ● Family Service Association  | ● Lawyer                         |
| ● Police Department (community relations officers do not wear uniforms) | ● Crisis Centre                  |
| ● Visiting Nurses   | ● Community and Social Services  |
| ● Family Doctor   | ● Housing Authority              |
| ● Clergyman, Churches   | ● Local Member of Parliament     |
|   | ● Hospitals                      |
|   | ● Senior Centres                 |
|   | ● Office of the Attorney General |

## Viewing Suggestions

The film or video consists of four situations representing caregiver stress, financial exploitation, physical abuse, and neglect of an older person. The film should have a brief introduction preceding the showing. Each story stands on its own and it is therefore possible to stop the film or video after each situation to allow for discussion and questions. Further information on the particular category of abuse and neglect could be offered at this time. The discussion questions could be used as a guide.

Participants may identify some of their own situations with those described in the film. These specific situations provide a stimulus for discussing problematic family situations as well as a framework for generating suggestions of alternative coping strategies.

The use of either film or video may depend on the type and size of the group. A large audience is probably best served by the film (16 mm) because the size of projection is so much larger, as is the emotional impact. For a smaller group of professionals, who may wish to use the case-study approach, the video lends itself well.

## Pre-Screening Exercise

<b>Objective</b>	To visually relate to the aging process within a personal and social context.
<b>Instruction</b>	<p>Each group member should have paper and pencil.</p> <ol style="list-style-type: none"><li>1 Think about the future, about growing old. Picture yourself at the age of 83.</li><li>2 On the piece of paper draw yourself at 83. Include any mechanical devices you might require (glasses, hearing aid, etc.).</li><li>3 What do you see?<ul style="list-style-type: none"><li>● Where are you living? In your own home? In a nursing home?</li><li>● Who lives with you?</li><li>● Are you healthy? Are you in a wheelchair?</li><li>● What is the expression on your face? A smile? Peaceful? Anxious?</li><li>● Are you well cared for? Comfortable?</li><li>● Are there any indications that you are loved, respected?</li></ul></li></ol> <p><b>Keep this image of yourself in mind as you view this film.</b></p>

## Discussion Questions

### A Caregiver Stress: Elsie and Dorothy

A family discovers that their great love for their aging Aunt Dorothy is not enough to overcome the difficulties raised by her willful and wayward nature. As her health fails, her behavior changes, engendering a family crisis.

- 1 “If we put her in a nursing home it was letting her down. If we kept her here, it was almost letting us down.” What would you have done if you were in Elsie’s position?
- 2 “You get feeling so desperate that you think, ‘How am I going to go through another minute of this?’ ‘What can I do to cope with it?’ ” What can happen when a caregiver reaches this stage of hopelessness?
- 3 The literature indicates that the average length of time for caregiving in families is 9 years. Elsie had been caring for Dorothy for 11 years. Discuss the rights and needs of the caregiver in such a situation.
- 4 As tensions built and Dorothy’s behavior became more disruptive, Elsie described how she had to put Dorothy into her room and leave her there to think things over “just as we would with one of our children.” Discuss the significance of such actions.
- 5 Would respite care have eased the burden for Elsie?
- 6 Elsie was aware of agencies to which she could turn for help. How can we increase public and professional awareness of existing resources and how they can access them?
- 7 “No one ever told me it was okay to hate — even though you still love.” How can we help caregivers to recognize that it is okay to hate but it is important to get help before these feelings are transferred into abusive actions?
- 8 Elsie had support from her husband and family. Would a caregiver’s support group have provided Elsie with another way of sharing her feelings and frustrations?
- 9 Dorothy had been independent all her life, but now she had to rely on Elsie to meet her needs. What problems could arise in this situation?
- 10 What agencies are available in your community to assist caregivers in keeping an elderly relative at home?

- 11 Dorothy was fortunate in being placed in a quality nursing home. Not all older people are so fortunate. Discuss.
- 12 Discuss the statement, "I would never put *my* mother in a nursing home."
- 13 Are there any similarities between caregivers in the home and caregivers in a nursing home in terms of their physical and psychological resources?
- 14 Identify some of the indignities that have taken place in long-term care facilities.
- 15 How do you handle provocative behavior on the part of the older person? For example, if the older person strikes out at the caregiver?
- 16 Present funding and staff levels reflect a lack of community advocacy for older people. Is the public abusing caregivers and receivers by their low level of action and concern?
- 17 What legislation exists within your province to ensure the rights and quality of life for the elderly living in long-term care facilities?

#### **B A Case of Financial Abuse**

When adult children depend financially on their aging parents, the conflicts can tear the family apart. An ailing woman, Mrs. M., and her invalid husband have invested their life savings in a home for themselves, their daughter, son-in-law, and grandchildren. But an initial period of harmony gives way to petty squabbles and finally to the financial exploitation of the elderly couple.

- 1 Discuss Mrs. M.'s feelings when she saw that her daughter and son-in-law were breaking their part of the house-sharing bargain.
- 2 Why do older people who are being financially abused rarely report their treatment to the police?
- 3 What measures could Mrs. M. have taken to protect her investment before buying the house?
- 4 How did the social worker assist Mrs. M.?
- 5 Self-help groups assist adult caregivers to share their strains and feelings, thereby gaining emotional support. Would such a group have helped Mrs. M.? Would it have helped her daughter?



- 6 Describe the impact of the living arrangements on the daughter.
- 7 How do the daughter and son-in-law retaliate against her parents? How would this affect her parents?
- 8 From your experience, describe various types of financial abuse.
- 9 What types of agencies in your community could help elderly people who are being financially abused?
- 10 How can professionals and the public recognize indicators of financial exploitation?
- 11 Does financial abuse occur in long-term care facilities? How?
- 12 What is the role of the legal advocate in providing services for elderly victims?
- 13 Should parents prosecute their children or caregivers for stealing their money or assets?
- 14 How can financial abuse of the elderly be prevented?
- 15 Would mandatory reporting legislation reduce the incidence of the various categories of elder abuse?

#### **C A Case of Physical Abuse**

Margot is 73, in poor health and living near the poverty line. Her only surviving family member is a 33-year-old son who beats her. Still, her faith in her son and in human nature persists. She looks to "the system" now for help for both of them.

- 1 Margot blames herself for the way her son turned out: "I didn't know anything about raising a boy." How would you respond to Margot's concern?
- 2 "He's the only family I've got." Discuss some of the reasons why Margot would tolerate being beaten time and again over a period of years.
- 3 Margot's son has been incarcerated several times. Has the system placed Margot at risk by releasing her son before he is adequately rehabilitated?
- 4 How has the system failed Margot's son?
- 5 Why has Margot been unable to keep her son out of the apartment?

- 6 Margot was abused by her father. Discuss the cycle-of-violence theory in relation to this case.
- 7 Depression can be a result of long-term abuse or neglect. Did Margot demonstrate any signs of depression?
- 8 What role did the police play in protecting Margot from her abusive son?
- 9 What community agencies could offer assistance to people like Margot?
- 10 Margot obviously loves her only son very much. She wants him to have treatment so that they can live together again. Is this a realistic goal?
- 11 What are the indicators of physical abuse?
- 12 Discuss the relationship between alcohol abuse and family violence. What intervention strategies could be used in working with abusers? Victims?
- 13 What type of legislation exists in your province to protect older people from abuse and neglect?
- 14 Do you think that mandatory reporting legislation should be implemented in your province?

#### **D Abak – A Case of Neglect**

This story describes the financial abuse and neglect of 76-year-old Abak, a recent Chinese immigrant to San Francisco.

- 1 Discuss how cultural attitudes can affect elder abuse.
- 2 The aging process can be a lonely and devastating battle for a person who understands neither the system nor the language. Describe the agencies in San Francisco that offered help to Abak.
- 3 Describe how Self-Help was able to intervene in Abak's case and assist him to remain in the community.
- 4 What kind of agency would best suit the needs of seniors in your community?
- 5 Discuss how the Chinese Centre provided an opportunity for Abak to socialize with people of his own generation and culture.
- 6 How can we educate the community about the special needs of minority groups?

- 7 Older people with a language barrier are even more reluctant and often unable to report their mistreatment. How can we ensure that these people are recognized and receive the help they require? How can victims be encouraged to get help?
- 8 Identify the predominant ethnic groups in your community and discuss their potential risk for elder abuse.
- 9 How can we involve “ethnic” volunteers as advocates for vulnerable elders?
- 10 Describe a situation from your own experience that shows how an older person from a minority group was stereotyped and discriminated against. What intervention strategies were used?

#### Summary Questions

- 1 How can we balance society’s duty to protect vulnerable adults with the right of adults to make their own decisions and live independently to the extent they are capable?
- 2 How can we encourage aging members of society to take steps to ensure that their own wishes will be followed if a time comes when they can no longer speak for themselves?
- 3 How can we educate professionals to be sensitive to the needs and rights of vulnerable elders?
- 4 How can the public and professionals be educated to recognize danger signs and refer older people to appropriate resources for help?
- 5 How can a film like this help people to recognize the hurt and despair in any form of elder abuse and act to eliminate its cause?

## Questionnaire

(Please circle true or false)

- |   |   |    |  |
|---|---|----|--|
| T | F | 1  | Everyone will experience a hearing loss if he/she lives long enough.   |
| T | F | 2  | The risks of mixing different drugs and of taking too much of a drug remain the same at all ages.                      |
| T | F | 3  | Devoted children do not feel resentful towards their aging parents.  |
| T | F | 4  | Since it reduces stress and helps them feel better, it is advisable to make most decisions for elderly parents.        |
| T | F | 5  | Depression in older people is often mistaken for some form of brain disorder.  |
| T | F | 6  | Only a small percentage of the frail elderly are cared for by their families.  |
| T | F | 7  | By the time most people are old, they easily accept the fact that they must be dependent on others.                    |
| T | F | 8  | Senility is a natural result of aging.   |
| T | F | 9  | Suspicion of elder abuse and neglect is sufficient cause to report the need for adult protective service intervention. |
| T | F | 10 | Exploitation of the elderly is the most common type of reported abuse.   |
| T | F | 11 | It is unlikely that an elder will refuse intervention when he/she is abused or neglected.                              |
| T | F | 12 | Helping the caregivers would not have a significant effect in preventing abuse and neglect of the elderly.             |
| T | F | 13 | The behavior of the abused elder rarely contributes to the problem.  |
| T | F | 14 | Most people who abuse the elderly are pathologically ill by nature.  |

## Answers:

1 T, 2 F, 3 F, 4 F, 5 T, 6 F, 7 F, 8 F, 9 T, 10 F, 11 F, 12 F, 13 F, 14 F

## **Glossary of Terms**

<b>Ageism</b>	Systematic stereotyping of and discrimination against people because they are old.
<b>Guardian</b>	A person lawfully invested by a court with the power and charged with the duty to make some or all personal care decisions on behalf and for the benefit of an individual who is mentally incapable of personal care.
<b>Limited or Partial Guardianship</b>	Recognizes a person's ability to maintain control over parts of their lives and make decisions for themselves but gives them assistance in those areas of their lives in which they have difficulties.
<b>Mental Health Act</b>	Requires that if a person has threatened or attempted to cause bodily harm to himself or is showing a lack of competence to care for himself, that person may be the subject of a psychiatric assessment.
<b>Mentally Competent</b>	Having the ability to understand subject matter in respect of which consent is requested, and able to appreciate the consequences of giving or withholding consent.
<b>Power of Attorney</b>	Written document that gives someone else the power to act on your behalf. This power is only for money and property matters and cannot be used to make other decisions for the individual.
<b>Protective Services</b>	System of preventive, supportive and surrogate services for the elderly living in the community that enables them to maintain independent living and avoid abuse, neglect or exploitation.
<b>Psychogeriatric Assessment</b>	A psychological assessment of a person over 60 years of age by a qualified professional.
<b>Respite Care</b>	A service to give caregivers a break from their duties, recognized as effective in preventing abuse and neglect and avoiding institutionalization.

## References

- Pillemer, K. & Wolf, R. (Eds.) *Elder Abuse: Conflict in the Family*. Dover, MA: Auburn House, 1986.
- Schlesinger, B. & Schlesinger, R. *Abuse of the Elderly: Issues and Annotated Bibliography*. Toronto: University of Toronto Press, 1988.
- Shell, D. *Protection of the Elderly: A Study of Elder Abuse*, Manitoba Council on Aging, Winnipeg, 1982.

## Resources

For information on guardianship legislation, write to the Provincial Attorney-General.

For information on Family Violence Prevention, write:

**Family Violence  
Prevention Division  
Health and Welfare  
Canada  
Brooke Claxton Building  
Tunney's Pasture  
Ottawa, Ontario  
K1A 1B6  
Tel: (613) 957-2865**

For a bibliography on elder abuse write to:  
Crane Memorial Library  
351 Christie Street  
Toronto, Ontario  
M6G 3C3

For information on the San Francisco Consortium for Elder Abuse Prevention write to:

San Francisco Consortium  
for Elder Abuse Prevention  
Mount Zion Hospital  
& Medical Centre  
San Francisco, California  
94131, U.S.A.

## **Related Films\***

The following films have been used effectively as discussion starters for groups dealing with issues relevant to seniors.

### **George and Rosemary**

C 0187 070 8:48

This animated romantic comedy centres on two golden-agers. George cherishes a passion for the lady across the street and daydreams about the object of his affections until one day he gets up the courage to knock on her door.

### **Sonia**

C 0186 052 53:40

This film shows us the toll that Alzheimer's disease takes on Sonia, her daughter, and those around her. This is an impressionistic, rather than clinical look at the disease and its social repercussions.

### **Why Me?**

C 0178 199 9:22

This animated film shows the reaction of one individual whose doctor has just told him he has only a short time to live.

### **Reflections on Suffering**

C 0182 048 20:37

In a moving conversation with her friend, colleague and treating physician, a cancer victim discusses how she has come to terms with her illness, and the perspective it has given her on the meaning of life.

### **Discussions in Bioethics: A Chronic Problem**

C 0185 103 12:03

As hospitals become increasingly overcrowded, chronic patients become the subject of much controversy. Who should care for the chronic patient?

### **Discussion in Bioethics: The Old Person's Friend**

C 0185 081 12:45

An elderly woman refuses medical attention and creates a dilemma for hospital staff. Should she be allowed to die as she wishes, or should everything possible be done to preserve life?

### **The Last Right**

C 0184 048 28:50

A 79-year-old man, living with his grandson's family, begins to lose his memory. Diagnosed as incurable, he steadily worsens. When, angry and depressed, he decides to end his life by refusing to eat, his family must deal with the moral dilemma. They are torn between respecting his wishes and seeking medical intervention to prolong his life.

\*Contact your nearest NFB office regarding additional titles.

### **Programming Films for Seniors\***

Titles in the following sampler of films have been used successfully for programming for seniors. They are generally entertaining and informative, and those that focus on seniors are positive and often quite inspiring.

#### **Something to Celebrate**

C 0183 023 56:43

From balloonists to fraud artists, this upbeat documentary features men and women aged 71 to 92, each with a fierce sense of independence and a notion that the best way to keep alive is to be intensely curious about tomorrow.

#### **Steady as She Goes**

C 0181 049 26:30

George Fulfit, retired at 65, didn't want to sit around and get "crippled up." He illustrates the delicate craft of putting ships in bottles. The film goes far beyond the "how to" formula. It shows the very real contribution a craft or passionate interest can make to one's life.

#### **Musical Magic: Gilbert and Sullivan in Stratford**

C 0184 086 57:16

An exhilarating documentary recording the behind-the-scenes activity as Canada's Stratford Festival Theatre mounts three Gilbert and Sullivan comic operas for its 1984 season. This program includes highlights from the three shows, as well as scenes from special gala performance in London at Ed Mirvish's refurbished Old Vic Theatre, with Princess Anne in attendance.

#### **Don Messer: His Land and His Music**

C 0171 015 69:45

Music, song and dance performed by Canada's king of old-time music and the entire "Jubilee" cast.



**Long Lance**

C 0186 040 55:00

Penetrates the depths of one of recent history's most astounding masquerades. This is the true story of Chief Buffalo Child Long Lance, a man marked by three racial identities that sentenced him to a life forever torn between honesty and ambition.

**For the Love of Dance**

C 0181 551 57:46

A moving tribute to the thousands of dancers who strive for perfection every day, this documentary records what life is like, backstage and on, for seven of Canada's top professional dance companies.

**Doctor Woman: The Life and Times of  
Dr. Elizabeth Bagshaw**

C 0178 279 28:52

Dr. Bagshaw overcame social bias to become one of the first women to practise medicine in Canada. During a 70-year career, this remarkable woman pioneered the use of birth control, risking condemnation from the bench and the pulpit to do so.

**Jack Rabbit**

C 0175 042 28:40

"Jack Rabbit" Johannsen was a pioneer of cross-country skiing in North America. He was 100 years old when this film was made; it shows how a love of life, a love of wilderness and a love of exercise kept him hale and hearty.

\*Contact your nearest NFB office regarding additional titles.

## How to Obtain NFB Films and Videocassettes

### 16 mm Films

#### Loan

Individual films in the ELDERLY AT RISK series are available for loan, on a first-come, first-served basis, from NFB regional centres.

#### Purchase

Individual titles may be purchased on 16 mm film. Prices vary according to length.

### Video

Each title may be purchased individually in 1/2" Beta or VHS format, or in 3/4" U-matic format.

#### Rental

Videos may be rented from NFB offices across Canada at a cost of \$2 per day (in VHS format only).

### Electronic Reproduction

Organizations may purchase a master tape and pay a royalty of \$3 per minute of the film for use during a 3-year period that is renewable. During this period, the purchaser may make any number of copies, in the video format of their choice, for use within their organization.

## NFB Regional Centres

### Vancouver

Suite 100  
1045 Howe Street  
Vancouver, B.C.  
V6Z 2B1  
(604) 666-0718

### Edmonton

Centennial Building  
10031-103rd Avenue  
Edmonton, Alberta  
T5J 0G9  
(403) 420-3010/12

### Winnipeg

245 Main Street  
Winnipeg, Manitoba  
M3C 1A7  
(204) 983-4131

### Toronto

1 Lombard Street  
Toronto, Ontario  
M5C 1J6  
(416) 973-9093/9110

### Ottawa

Suite 642  
150 Kent Street  
Ottawa, Ontario  
K1A 0M0  
(613) 996-4863

### Montreal

Complexe Guy-Favreau  
East Tower, Room 102  
200 René-Lévesque Blvd. W.  
Montreal, Quebec  
H2Z 1X4  
(514) 283-4823

### Halifax

1572 Barrington Street  
Halifax, Nova Scotia  
B3J 1Z6  
(902) 426-6000

## ***Elderly at Risk Series***

### **Part 2, *A House Divided***

#### **Color**

Screening Time **36 minutes 12 seconds**

16 mm **106C 0188 011**

3/4" **116C 0188 011**

VHS **113C 0188 011**

Beta **114C 0188 011**

Written, Directed  
and Narrated by

**Lyn Wright**

Editor

**John Kramer**

Cinematography

**John Walker, CSC**

**David Meyers**

**Charles Konowal**

Location Sound

**Ross Redfern**

**Stephen Longstreth**

**Michael Mirus**

Sound Editor

**Eva Jaworska**

Music

**Randolph Peters**

Re-recording

**Jack Heeren**

Marketing Officer

**Doug Eliuk**

Unit Administrator

**Sonya Munro**

Producer

**Silva Basmajian**

Executive Producer

**John Spotton**

Graphic Design

**Ivan Holmes**

Cover Photograph

**Vincenzo Pietropaulo**

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Health and Welfare Canada**



**Health and Welfare  
Canada**

**Santé et Bien-être social  
Canada**



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**Office  
national du film  
du Canada**

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P.O. Box 6100, Montreal, Quebec H3C 3H5  
Printed in Canada**

**Colour**

**Screening Time 35 minutes 5 seconds**

**16mm 106C 0188 011**

**3/4" 116C 0188 011**

**VHS 113C 0188 011**

**Beta 114C 0188 011**

**Graphic Design Ivan Holmes**

**Cover Photograph Vincenzo Pietropaulo**

**Produced by the  
National Film Board  
of Canada, Ontario  
Centre**

**Distributed by the  
National Film Board  
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