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# Understanding elder abuse and neglect in aging Chinese immigrants in Canada

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## Abstract

**Purpose** – *The purpose of this paper is to review and discuss existing literature and available research findings related to understanding elder abuse and neglect in culturally diverse communities, particularly the Chinese immigrant community in Canada. The conceptual understandings of elder abuse are examined, based upon the socio-cultural context and challenges faced by aging Chinese immigrants.*

**Design/methodology/approach** – *Previous literature and research publications related to elder abuse and neglect related to Chinese in Canada were reviewed and synthesized. Statistical information and research findings were summarized to illustrate the socio-cultural context that defines elder abuse and neglect experienced by aging Chinese immigrants in Canada.*

**Findings** – *From a culturally diverse perspective, influence of race, ethnicity, immigrant status, and cultural norms on the recognition, identification, prevention and intervention of elder abuse and neglect are important to consider. A key message for professionals working with the aging population, particularly older immigrants from ethno-cultural minority background, is that understanding the social cultural context in which elder abuse or neglect emerges is critical. For many of the aging Chinese immigrants in Canada, the socio-cultural circumstances that they have experienced, their social environment, and various barriers and challenges further prevent them from being aware of this emerging concern. Cultural norms and practices have played a critical role in their access to preventive and intervention services.*

**Research limitations/implications** – *Although this paper is not based upon a particularly empirical research study, the research and literature synthesized are both empirically and conceptually based. As indicated in the review of previous research publications on the subjective matter of elder abuse and neglect in aging Chinese immigrants in Canada is limited. Research on various issues related to elder abuse and neglect in ethno-cultural minority communities is also relatively scant. Evaluation research on prevention and intervention programs is desperately needed so as to facilitate the further establishment of best practice prevention and intervention models that are culturally appropriate and effective. While research engagement with minority groups such as the aging Chinese immigrants who do not speak English or are not familiar with the research culture in the western civilization could be challenging, academic researchers and service providers in both the mainstream and ethno-cultural minority communities should further align themselves in practice-research partnership endeavors to ensure the safety and wellbeing of the aging vulnerable individuals could be better maintained.*

**Practical implications** – *In order to provide culturally competent services, service providers should be aware of cultural differences in attitudes towards elder mistreatment, including the ways in which specific types of abuse (e.g. financial abuse) are defined within ethno-cultural communities, and the cultural values and experiences that shape these understandings and determine attitudes or barriers towards reporting, intervention, and service use.*

**Originality/value** – *This paper is a first attempt in the research community to synthesize a few critical issues related to elder abuse and neglect in the aging Chinese immigrant community in Canada. The paper has connected previous empirical findings related to Chinese older adults as well as other culturally diverse aging populations to the conceptualization of elder abuse and neglect by considering the unique socio-cultural context faced by the ethnocultural older adults.*

**Keywords** *Immigrant, Elder abuse, Chinese, Older adults, Research review, Elder neglect*

**Paper type** *Conceptual paper*

## Introduction

Issues related to elder abuse and neglect have gained increased attention among service providers, professional practitioners working with aging populations, policy makers, and academic researchers. However, literature concerning issues related to culturally diverse communities is relatively scant, creating a potentially erroneous perception that elder abuse and neglect issues are universal for people of different cultural and immigrant backgrounds. Canada is a country with strong emphasis on multiculturalism as a collective societal norm. The growing immigrant population brings an increased level of cultural diversity to the Canadian population. This paper aims to discuss, based upon existing literature and available research findings, conceptual understandings of elder abuse and neglect in Canada's Chinese immigrant community, based on socio-cultural contexts and challenges they face by aging Chinese immigrants.

## Demographic context: Canadian population aging and immigration to Canada

In 2013, Canada had a population of 35,158,300, an increase of 1.2 per cent from 2012, with immigrants contributing nearly two-thirds of this population growth (Statistics Canada, 2013). In 2011, foreign-born immigrants represented 20.6 per cent of the total population. Visible minorities (of non-Caucasian and non-Aboriginal background) represented 19.1 per cent of the total population, and 65.1 per cent of visible minorities arrived in Canada as immigrants (Statistics Canada, 2009a, 2014a). Adults aged 65 and older represented 14.8 per cent of the total population in 2011, and between 2006 and 2011, 3.3 per cent of immigrants to Canada were older adults (Statistics Canada, 2014a, b). Immigrants represented 29.8 per cent of Canadians aged 65 and over in 2006 (Statistics Canada, 2006). In certain provinces, such as British Columbia, immigrants account for up to 41.2 per cent of older adults (Province of British Columbia, 2010).

The number of older Chinese Canadians aged 65 and over has increased from 129,740 in 2006 to 141,650 in 2011, representing on average 10.7 per cent of the total Chinese immigrant population (Statistics Canada, 2009a, 2014b). In the past two decades, immigration from Mainland China, Taiwan, and Hong Kong has grown steadily, representing the largest source region of immigrants to Canada. Mainland Chinese immigrants increased from 69,635 in 1991-1995 to 108,285 in 1996-2000 to over 155,100 in 2001-2006, representing 14 per cent of all immigrants from 2001 to 2006, decreasing slightly to 122,100 from 2006 to 2011 but representing the second largest source (10.5 per cent) of all immigrants (Statistics Canada, 2008, 2009b, 2014a). Between 1991 and 2006, 107,505 Taiwanese and 142,530 Hong Kong immigrants arrived in Canada (Statistics Canada, 2009b).

## Prevalence and risk factors of elder abuse and neglect in Canada

Elder abuse and neglect occurs within domestic (community) and institutional settings, generally between an older adult and a person on whom he or she relies for support, and also includes self-abuse or neglect (McDonald and Collins, 2000). In Canada, general elder abuse prevalence rates range from 4 to 10 per cent (Podnieks, 1993; Dauvergne, 2003; Ogrodnik, 2007). In the last Canadian population-based study (Podnieks, 1993), material or financial abuse was the most commonly reported form of elder mistreatment (2.5 per cent), followed by verbal abuse (1.4 per cent), physical abuse (0.5 per cent), and neglect (0.4 per cent).

Elder abuse is identified as a major Canadian public health issue (Public Health Agency of Canada, 2010). It negatively impacts older adults' overall health and quality of life, resulting in psychological or emotional distress, depression, damage to self-confidence or self-esteem, pain and injury, decreased functional ability, increased dependency, loss of autonomy, withdrawal, and social isolation (Podnieks, 1993; Choi and Mayer, 2000; McDonald and Collins, 2000; Spencer, 2000; Lachs *et al.*, 2002; Dong, 2005). Elder abuse affects individuals' and families' need for services and supports, such as counselling or therapy, medication, hospitalization, placement in long-term care facilities, or community-based or in-home health services (Lachs *et al.*, 1998, 2002; Spencer, 2000; Dong, 2005).

For older adults, risk factors include shared living situations (although financial abuse victims often live alone), social isolation and poor social networks, and dementia or cognitive impairment. For perpetrators of abuse, risk factors include mental illness (primarily depression), alcohol abuse, hostility, and dependency on the abused older adult. These risk factors are echoed by research findings and reviews by Canadian scholars (McDonald and Collins, 2000; Podnieks, 2008; McDonald, 2011). Older adults are most often abused by a spouse or partner, adult child or child-in-law, or other family member (Lithwick *et al.*, 1999; Brozowski and Hall, 2004; Guruge *et al.*, 2010; Lai, 2011a; McDonald, 2011). For instance, one Canadian study (Brozowski and Hall, 2004) reported that 1.2 per cent of older adults had been victimized by their children, 2.1 per cent by a former spouse or partner, and 3.7 per cent by their current spouse or partner. An earlier Canadian study (Lithwick *et al.*, 1999) reported that in a sample of older adults who had experienced abuse, the spouse was the perpetrator in 48 per cent of cases and an adult child was the perpetrator in 30 per cent of cases.

### Elder abuse and neglect in Chinese communities in Canada

For the purpose of this paper, a comprehensive search of social sciences and health-related journal databases identified peer-reviewed publications prior to 23 April 2014. Databases included Abstracts in Social Gerontology, CINAHL Plus with Full Text, MEDLINE, Social Work Abstracts, and SocINDEX with Full Text. The keywords used in the search were: elder, elderly, senior, older adult, aging population, abuse, neglect, Canada, and Canadian. A total of 515 abstracts related to elder abuse and neglect in Canada were identified. When keywords related to Chinese, immigrant, minority, and ethnocultural were added to the search, only five abstracts related to elder abuse or neglect in the Chinese community in Canada were identified.

Among these identified studies, Tam and Neysmith (2006) explore elder abuse issues in a Chinese community in a large metropolitan area from the perspectives of Chinese home care workers, who identified two main forms of elder abuse: disrespect and social isolation. Disrespect can be both a cause and form of abuse, and involves activities such as misnaming, name-calling, or describing older adults as useless, threats, inappropriate talk of death, insufficient communication, restricting older adults' mobility, and failing to provide a comfortable living environment, necessary personal care, nutrition, and so on. Social isolation among older Chinese immigrants is caused primarily by financial dependence on adult children and other family members and limited English language proficiency, and is linked to loneliness, depressive symptoms, and suicidal thoughts.

Lai (2011a) analysed the abuse and neglect experience of aging Chinese, based on a survey in seven major Canadian cities. Of a sample of 2,272 Chinese adults aged 55 and older, 4.5 per cent reported at least one type of mistreatment in the previous year, with being yelled at, scolded, ridiculed, and treated impolitely identified as the most prevalence types of maltreatment. In total, 40.2 per cent of older Chinese adults experienced abuse by their spouse, 18.6 per cent from sons, and 11.8 per cent from daughters. For older Chinese adults, lack of religious beliefs and formal education, lower financial adequacy, negative attitudes to aging, and greater illnesses and access barriers were identified as risk factors for maltreatment by relatives. After controlling for socio-demographic factors, religion, education level, social support, access barriers, health conditions, Chinese cultural beliefs, and length of residence in Canada were identified as significant predictors of elder abuse and neglect (Lai, 2011a).

Walsh and colleagues (Walsh *et al.*, 2007, 2010; Ploeg *et al.*, 2013) published a series of papers illustrating findings from qualitative research on marginalized aging populations in Ontario and Alberta, Canada. Although their study does not focus on aging Chinese, they identify several themes related to the abuse experience of aging Chinese. A focus group involving aging Chinese women described different types of abuse such as neglect, disrespect, emotional deprivation, and being insulted or treated as a burden (Ploeg *et al.*, 2013; Walsh *et al.*, 2007). Rather than reporting or discussing issues and experiences abuse to others, older Chinese immigrants may accept the situation or try to forgive (Walsh *et al.*, 2007, 2010). Two main reasons for maintaining the abusive situation are identified by Ploeg *et al.* (2013) and Walsh *et al.* (2010): in multigenerational immigrant families, erosion of traditional culture and values may be

linked to the loss of older Chinese adults' traditional family role, and immigration laws, including vulnerability linked to dependency of older immigrants sponsored by their children, and ineligibility for government assistance for the first ten years.

### Relevant conceptual frameworks

A number of conceptual frameworks or models have been used to guide discussions of elder abuse and neglect in immigrant and ethno-cultural minority older adults, although these are not as frequently applied to empirical study. Some commonly identified frameworks applied to discussions of elder abuse among diverse older adult populations include situational, social exchange, and social learning models.

The situational model suggests that caregiver stress or burden causes caregivers to engage in mistreatment when care demands exceed capacities or resources. Stressors include older adults' physical, functional, and behavioural challenges; caregivers' physical, emotional, and financial difficulties and coping skills; and barriers to support or assistance (McDonald and Collins, 2000; Perel-Levin, 2008; Flanagan, 2011). The social exchange theory suggests that older adults' risk for abuse increases with dependence on caregivers or vice versa, based on reciprocity, power, and control. Older adults may tolerate mistreatment to fulfil care, accommodation, and financial needs, while caregiver dependency and feelings of powerlessness or need for control may lead to abuse (Schiemberg and Gans, 1999; McDonald and Collins, 2000; Perel-Levin, 2008; Flanagan, 2011; Norris *et al.*, 2013). The social learning theory focuses on intergenerational learning, viewing mistreatment as cyclical, with perpetrators socialized to engage in abusive behaviours (by observing or experiencing violence in childhood) and victims learning acceptance of abuse (McDonald and Collins, 2000; Perel-Levin, 2008; Flanagan, 2011), with shifting roles and power as adult children become caregivers for aging parents (Gordon and Brill, 2001). Social learning is also part of a broader symbolic interaction approach focused on interpretations or meanings of behaviour and interactions (e.g. abuse) between older adults and caregivers (McDonald and Collins, 2000; McDonald, 2011).

These frameworks address issues relevant to Chinese and other Asian immigrant populations, including cultural caregiving expectations and challenges (Ho *et al.*, 2003; Spitzer *et al.*, 2003; Lai, 2007b; Lai and Surood, 2008) and older adults' reliance on adult children and family members (Walsh *et al.*, 2007; Guruge *et al.*, 2010; Dong *et al.*, 2011a). However, they do not fully account for wider (macro-level) socio-cultural factors. For macro-focused frameworks such as political economy theory that focuses on structural forces (e.g. norms, attitudes) and ageism or societal marginalization with respect to economic and labour market factors (Perel-Levin, 2008; Flanagan, 2011), the central role of cultural factors is often missing.

More comprehensive explanations of elder abuse and neglect may be rooted in integrated theories considering maltreatment contexts and interrelated personal, social, cultural, and structural or systemic factors, including discrimination (Schiemberg and Gans, 1999; Gordon and Brill, 2001; Payne, 2002; Perel-Levin, 2008; Harbison *et al.*, 2012). Theoretical approaches ought to focus on socio-cultural contexts of elder abuse among Chinese immigrants in Canada, as members of immigrant families and racial minority groups (Tam and Neysmith, 2006).

An ecological systems framework emphasizes the importance of examining multiple systems influencing elder abuse, and is an appropriate framework to guide this review. These include individual characteristics, a family microsystem (e.g. roles, relations, living arrangements), a mesosystem of relationships between the family and other settings (e.g. social networks, informal supports), an exosystem of environments external to the individual (e.g. caregiver workplace), and wider contextual factors such as social institutions, ideologies and cultural norms, and power and discrimination (e.g. racism) (Schiemberg and Gans, 1999; Parra-Cardona *et al.*, 2007; Horsford *et al.*, 2010; Norris *et al.*, 2013). Schiemberg and Gans's (1999) ecological model of elder abuse integrates human ecological theory and a life course perspective, which examines multiple contextual influences on experiences, focusing on individual life transitions (e.g. family and social roles), interactions of individual and contextual or structural factors, and changing intergenerational relationships between aging parents and adult children (Schiemberg and Gans, 1999; Daniel and Bowes, 2011; McDonald, 2011).

Based upon the ecological framework, this paper would examine a range of individual, familial, cultural, and structural influences and experiences of elder abuse and neglect among Chinese immigrants, which are reflected in previous research findings on aging Chinese immigrants in Canada. These include older adults' individual characteristics, caregivers, family relationships and living arrangements, service access, and ethno-cultural influences and norms.

### Contextual challenges faced by aging Chinese immigrants in Canada

In the past decade, a number of studies have examined the wellbeing of older Chinese in Canada, focusing primarily on health conditions, social life, health service access, and caregiving. Key research findings from these domains support understanding of contextual factors related to elder abuse and neglect among aging Chinese immigrants.

Lai and colleagues have explored mental and physical health of older Chinese adults, reporting that over 20 per cent of older Chinese adults in major Canadian cities experienced at least mild level of depression (Lai, 2000a, b, c, 2004a, b, 2005a). Compared to general older Canadian population, older Chinese adults report better overall physical health and fewer daily living limitations, but more chronic illnesses and greater limitations in instrumental daily life activities (Lai, 2004b; Lai *et al.*, 2007). Older immigrants from Southeast Asia experience poorer physical health, and those from Asia report poorer mental health than older Canadian-born Chinese adults (Lai *et al.*, 2007). Self-perceived health, number of illnesses, and general physical health all identified as significant predictors of depression for older Chinese adults (Lai, 2000a, b, 2005a, 2009a).

Predictors of physical and mental health conditions include socio-demographic factors such as gender, age, marital status, education, and income and financial adequacy (Lai, 2000a, 2004b, 2005a, 2009a; Lai *et al.*, 2007; Tsang *et al.*, 2011), Chinese cultural beliefs, attitudes towards aging, and cultural service barriers (Lai, 2004b, 2005a, 2009a; Lai and Chau, 2007a), social support and connections (Lai, 2004b; Lai and Chau, 2010), living arrangement (Lai *et al.*, 2007; Lai, 2009a; Lai and Chau, 2010), and acculturation (length of residency in Canada, English proficiency) (Lai, 2000a; Tsang *et al.*, 2011).

Living arrangement and financial concerns have been linked to elder maltreatment. Older Chinese adults who are married, more educated, born in Canada, and with lower identification with traditional Chinese values and non-western religion, longer residency in Canada, and lower dependency in daily living activities are less likely to live with their children and more likely to live alone (Lai, 2005b; Lai and Leonenko, 2007a). However, older Chinese women living alone reported poorer mental health and greater social support needs than those not living alone (Lai, 2007a). While a large proportion of older Chinese Canadian adults are satisfied with their income, many report a worsening financial situation (Lai, 2011b).

Approximately 20 per cent of family caregivers of older Chinese adults in Canada report at least mild levels of caregiving burden (Lai, 2010). Predictors include Chinese cultural factors (e.g. immigration status, greater religiosity, lower filial piety) and financial caregiving costs (Lai, 2007b, 2012). Caregiver burden affects caregivers' health, with roughly 21.8 per cent of Chinese caregivers reporting clinically significant depression levels, associated with higher levels of daily living assistance and lower education, English competency, and financial adequacy (Lai, 2009b). Caregiving also has employment consequences, such as quitting or changing jobs, paid or unpaid leave, and decreased or increased working hours (Lai and Leonenko, 2007b).

Both older Chinese adults and caregivers face significant service barriers. Older Chinese adults in major Canadian cities reported an average of 4.8 types of health service barriers (Lai and Chau, 2007a, b) and caregivers reported an average of 6.8 access barriers. Barriers include lack of knowledge of existing services, lack of specialized services, lack of Chinese professionals, professionals' lack of cultural and linguistic understanding, and long waiting lists. Most barriers were related to language, cultural, or ethnic differences between immigrants and service providers. Older Chinese women face particular challenges and vulnerability, with poorer physical and mental health outcomes compared to men (Lai, 2004a, 2007a), greater economic concerns (Lai, 2011b), and more service barriers associated with patriarchal traditions and lower education, language skills, and financial resources (Lai and Chau, 2007a).

## Ethnicity, cultural diversity, and elder abuse and neglect

Discussions of elder abuse and neglect experienced by older Chinese immigrants and other diverse communities emphasize the importance of race and ethno-cultural factors. Race and ethnicity have been identified as potential risk factors for elder abuse and neglect (McDonald and Collins, 2000; McDonald, 2011; Johannesen and LoGiudice, 2013). Canadian research reports that elder abuse rates are higher in visible minority groups and that non-Caucasian race is a risk factor for elder abuse (Lachs *et al.*, 1997; Ruf, 2006) and for self-neglect (Dong *et al.*, 2010, 2011b), which is associated with increased risk for elder abuse (Dong *et al.*, 2013).

For immigrants and diverse ethno-cultural populations, vulnerability to elder abuse is linked to perceptions of what constitutes abuse, tolerance of certain types of abuse, and reluctance to report abuse. Elder abuse risk factors identified in Canadian and American studies include lower acculturation and stronger identification with traditional cultural values (Shibusawa and Yick, 2007; Lai, 2011a), longer host country residency (Lai, 2011a; DeLiema *et al.*, 2012), and immigration stress (Liles *et al.*, 2012; Tyyska *et al.*, 2012). Social isolation and exclusion linked to racial marginalization can increase risk of abuse (Tam and Neysmith, 2006), though factors that can serve as sources of strength or stability (extended family networks, multi-generational living arrangements, shared financial and familial responsibilities) may also be linked to mistreatment (Tauriac and Scruggs, 2006). Immigrant and ethno-cultural minority communities often depend on informal family caregiving (Levkoff *et al.*, 1999; Foley *et al.*, 2002; Jones *et al.*, 2002; Ho *et al.*, 2003; Spitzer *et al.*, 2003; Ruf, 2006; Han *et al.*, 2008; Lai, 2008). Adult children or children-in-law represent the largest proportion caregivers of older adults (Ho *et al.*, 2000; Spitzer *et al.*, 2003; Tang, 2011), and are often identified as the primary perpetrators of mistreatment (Guruge *et al.*, 2010; Dong *et al.*, 2011a; Lai, 2011b).

Elder abuse takes place within a context of cultural traditions and norms, influencing understandings, experiences, and responses. Studies of older adults from diverse immigrant and cultural groups describe differences within and across groups with respect to definitions of abuse, awareness and tolerance of abuse, perceived severity of mistreatment, and attitudes towards reporting and intervention (Hudson *et al.*, 1999; Moon and Evans-Campbell, 1999; Moon and Benton, 2000; Moon *et al.*, 2002; Mouton *et al.*, 2005; Tauriac and Scruggs, 2006; Lee and Shin, 2010; Dong *et al.*, 2011a; Lee *et al.*, 2011a; Bowes *et al.*, 2012). These are often based on cultural expectations about adult children's responsibilities or obligations to provide emotional and financial care and support (Mouton *et al.*, 2005; Lee *et al.*, 2011a, b, 2012).

Canadian studies of older immigrants and diverse ethno-cultural populations emphasize the significance of verbal and emotional abuse (being disrespected, neglected, ignored, scolded, insulted, or ridiculed), perceived as particularly serious in the context of traditional family values and expectations (Walsh *et al.*, 2010; Lai, 2011a; Ploeg *et al.*, 2013). Disrespect is identified as a key form of elder abuse among Chinese Canadians, embedded within a cultural context valuing elder respect, but invisible within dominant categories of elder abuse (Tam and Neysmith, 2006). Neglect and abandonment may also be perceived as particularly significant due to reliance or dependence on family and kin for social support (Tauriac and Scruggs, 2006).

Gender does play an important role in mistreatment of older adults. Women are disproportionately affected by elder abuse in the shape of intimate partner violence (Shibusawa and Yick, 2007; Shim and Nelson-Becker, 2009; Guruge *et al.*, 2010; Walsh *et al.*, 2010; Liles *et al.*, 2012). Broad systems of sexism and patriarchy and cultural beliefs and expectations about gender roles affect perceptions (e.g. tolerance) of elder abuse (Mouton *et al.*, 2005; Lai *et al.*, 2007; Parra-Cardona *et al.*, 2007; Shibusawa and Yick, 2007; Podnieks, 2008; Shim and Nelson-Becker, 2009; Walsh *et al.*, 2010). Immigrant and ethnic minority men have greater awareness of support sources (Moon and Evans-Campbell, 1999) and are more likely to speak out about mistreatment (Bowes *et al.*, 2012), while women are more likely to seek informal help (Lee and Eaton, 2009; Lee *et al.*, 2011b), though for women, help-seeking and leaving abuse situations are impeded by greater dependence on spouses or adult children, limited language proficiency and male-dominated traditional culture (Shim and Nelson-Becker, 2009; Guruge *et al.*, 2010).

Immigrant and ethno-cultural minority older adults face particular challenges in reporting abuse or neglect and accessing appropriate services and supports. Reporting and service barriers identified in Canadian, American, and British studies include cultural and familial beliefs, such as the need to save face and maintain family cohesion, harmony, and honor, or shame or guilt (Moon and Benton, 2000; Moon *et al.*, 2002; Lee and Eaton, 2009; Guruge *et al.*, 2010; Lai, 2011a; Bowes *et al.*, 2012; DeLiema *et al.*, 2012), tolerance of certain types of abuse, or victim- or self-blaming (Moon and Benton, 2000; Moon *et al.*, 2002; Lee and Eaton, 2009; Lee *et al.*, 2011a), and cultural community pressures and stigma (Guruge *et al.*, 2010; Tyyska *et al.*, 2012).

Other support challenges include a lack of awareness or information about available formal services or informal supports (Moon and Evans-Campbell, 1999; Moon *et al.*, 2002; Dakin and Pearlmutter, 2009; Guruge *et al.*, 2010), mistrust of outside services, and service-level cultural insensitivity and language (Lee and Eaton, 2009; Guruge *et al.*, 2010; Lai, 2011a; Bowes *et al.*, 2012; DeLiema *et al.*, 2012; Tyyska *et al.*, 2012). Older immigrants and minority adults may be particularly dependent on family to fulfill financial and care needs and lack support alternatives, or may prefer to seek help from informal sources (e.g. religious leaders or communities, cultural organizations) (Moon and Evans-Campbell, 1999; Dakin and Pearlmutter, 2009; Lee and Eaton, 2009; Guruge *et al.*, 2010; Dong *et al.*, 2011a; Bowes *et al.*, 2012).

Immigration factors, such as changes in family dynamics, language, financial, and transportation barriers, social isolation, and formal immigration issues (e.g. sponsorship agreements) influence elder abuse experiences, reporting, and service use (Guruge *et al.*, 2010; Walsh *et al.*, 2010; Ploeg *et al.*, 2013). Elderly immigrants face particular sponsorship requirements, including a longer period of unconditional support from family sponsors during which their legal status is “dependent”. The lengthy sponsorship obligation period, exclusion from social resources, and power imbalances associated with financial dependence result in significant vulnerability for older immigrants, associated with inter-generational tension, social isolation, and risk of abuse and neglect (Koehn *et al.*, 2010).

## Conclusion

This paper outlines the socio-cultural contexts and influences shaping elder abuse and neglect within older Chinese immigrant populations in Canada. As noted in the paper early, issues related to inferior physical and mental health, barriers to accessing services, financial challenges, family caregiving issues, cultural norms and practices, and awareness and access to preventive and intervention supports are all related to factors of elder abuse and neglect. Thus, following an ecological perspective, elder abuse services and interventions ought to address various systems and socio-cultural contexts that shape elder abuse situations for Chinese older adults and families, at the level of the individual, family, community, service systems, and wider socio-cultural systems and structures.

Public elder abuse education and outreach for immigrant and ethno-cultural communities should target older adults as well as caregivers and family members, to increase awareness of different forms of abuse (e.g. neglect, financial abuse), reporting, and available services. Cultural and linguistic accessibility and sensitivity of existing services should be improved, with appropriate services provided to both older adults and caregivers by service providers aware of and familiar with diverse cultural and language needs. Service providers should address gender dimensions of elder mistreatment, including systems of sexism and patriarchy and cultural beliefs and expectations about gender roles and their influences on women’s wellbeing, support options, and service access.

To provide culturally competent services, service providers should be aware of cultural differences in attitudes towards elder mistreatment, including the ways in which specific types of abuse (e.g. financial abuse) are defined within ethno-cultural communities, and the cultural values and experiences shaping understandings and attitudes towards reporting, intervention, and service use. For example, service providers should be sensitive to stigma and shame associated with elder abuse within certain communities and reluctance to discuss personal matters outside the family (Moon and Evans-Campbell, 1999; Lai, 2011a) and should use culturally acceptable and familiar terms (e.g. the term “abuse” may be unfamiliar or taboo)

(Tomita, 2000). Service providers should be aware of complex cultural contexts of abuse, considering older adults' needs and challenges in the context of family and community relations as well as family caregiving obligations. To enhance awareness, sensitivity, and skills, culturally appropriate education and training should be provided to service providers supporting immigrant and culturally diverse older adults (Shim and Nelson-Becker, 2009; Dong, 2012; Tyyska *et al.*, 2012).

Connections should be established between formal service providers and cultural communities, such as partnerships between social service and cultural agencies, and working with community and religious leaders to address attitudes towards abuse, reporting, and intervention. Collaborative interventions could also build on older adults' informal networks (e.g. family, faith communities) (Dakin and Pearlmutter, 2009; Lee and Eaton, 2009; Guruge *et al.*, 2010; Bowes *et al.*, 2012). Tyyska *et al.* (2012) emphasize the need to "reach beyond culturally and linguistically specific services toward full engagement with immigrant communities, to prevent further harm toward older immigrant adults" (p. 59).

Service development should attend to broader factors influencing older adults' vulnerability and service access, such as language and transportation barriers, as well as structural factors such as immigration sponsorship obligations. In responding to elder mistreatment in diverse immigrant and ethno-cultural populations, broader aspects of older adults' situations should be examined, including intersecting forms of oppression or marginalization with respect to elder abuse, including age, gender, disability, sexual orientation, poverty or social class, and race and culture (Guruge *et al.*, 2010; Walsh *et al.*, 2010; Bowes *et al.*, 2012).

Finally, future research should examine diversity in elder abuse perceptions and experiences within immigrant and ethno-cultural minority populations, including gender influences. Further research on elder abuse and neglect prevention and intervention programs for ethno-cultural minority populations is also needed, to facilitate the establishment of culturally appropriate and effective prevention and intervention models and best practices. While research with minority groups such as older Chinese immigrants (including those who do not speak English or are unfamiliar with Western research culture) might be challenging, academic researchers and service providers in both mainstream and ethno-cultural minority communities should further align themselves in practice-research partnership endeavors to ensure and better maintain the safety and wellbeing of vulnerable aging individuals and populations.

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### Further reading

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