

## **ELDER ABUSE IN A FIRST NATIONS CONTEXT**

**ELDER ABUSE IN A FIRST NATIONS CONTEXT**

by

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A Thesis

Submitted to the School of Graduate Studies

in Partial Fulfillment of the Requirements

for the Degree

Master of Social Work

McMaster University

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Elder Abuse in a First Nations Context

MASTER OF SOCIAL WORK  
(2003)

McMaster University  
Hamilton, Ontario

TITLE: **ELDER ABUSE IN A FIRST NATIONS  
CONTEXT**

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NUMBER OF PAGES: v, 50

**ABSTRACT**

This thesis examines the challenges of addressing elder abuse within a First Nations context. The paper suggests that issues of systemic and internalized racism, lack of personal/communal privacy and resistance to professional intervention need to be given consideration from an individual, familial, community and governmental perspective. The values behind these different perspectives are intertwined and their complexity hinders easy resolution. While no definite conclusions are drawn, the paper highlights the issues that must be considered prior to planning interventions for elder abuse in a First Nations community context.



## ACKNOWLEDGEMENTS

First, I would like to dedicate this thesis to my children Jerica and Adison who continue to be my inspiration as I continually strive to be the best person I can be. I also wish to thank Alex who lets me be me; Mom who encourages me to soar; and Babz for being Babz.

Thank you to my fellow classmates MaryAnn, Pam, Heather, Carol, Renee, and Ian who have become my friends. Their encouragement and support has seen me through some rough times throughout this process. Mary Ann, I am lucky to be able to call you my friend, thank you so much. I have grown immensely this year and especially wish to express gratitude to my instructors. I would like to begin by acknowledging the contributions of my thesis supervisor, Bill Lee, and committee member, Jane Aronson. They have both provided encouragement and support through this exploration. In addition, I wish to thank Professors Susan Watt, Patricia Daenzer, and Sandra Preston for walking, pushing and prodding me on this leg of my journey. You have each helped to expand my horizons. I would like to extend a special thanks to Darlene Savoy. Without your perseverance, I would not have had this opportunity.

I feel a sense of freedom in being able to share my perspective and insights on the complexity of dealing with elder abuse in a First Nations community. As a Mohawk First Nations woman and front-line worker, I have found it very challenging and often distressing to deal with this issue in a close-

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knit community but on the days when everything works out in favour of the client, I am content (until the next call comes in).

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## ELDER ABUSE IN A FIRST NATIONS CONTEXT

### A. AUTHOR'S SOCIAL LOCATION

As Adamson et al. (1988) suggest it is important for the author to locate herself in the discussion in order to let the reader know the perspective that is being brought to the issues of elder abuse in a First Nations context. I am a Mohawk woman, Turtle Clan, from the Grand River Territory known as the Six Nations community. Throughout my life I have been fortunate to live and work with different Aboriginal populations across Canada. My children and I have been honoured to have a diverse extended family that has been our support system. Throughout this discussion, I have provided my interpretations of the literature and issues based on my cultural heritage and life experiences. I humbly acknowledge the scope and limits of this perspective.

In 1998, I was hired as a clinical services worker in the Six Nations Social Services Counselling Unit. My experiences in this position made me painfully aware of the lack of culturally appropriate treatment modalities that could promote the wholistic<sup>1</sup> healing of individuals, families, and, ultimately, our entire community.

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<sup>1</sup> The word "wholistic," as used in this paper, is meant to reflect the mental, emotional, physical, and spiritual aspects of one's being. Aboriginal People use this spelling rather the mainstream term, "holistic," which may imply a more limited spiritual focus.

The next leg of my journey began in the year 2000 when I became the Health Advocacy Officer at Six Nations, under the federal Ministry of Health and Long-Term Care, Home and Community Care Program.

My work with the elder population through these professional positions led to my decision to continue my educational pursuits. In this thesis, I have aimed to put to use the knowledge that I have derived from this work: building on my own observations of individuals, families and the community in order to understand barriers to elders' security and to community healing while generating ideas for needed change in policies and practice.

## CHAPTER I: HISTORICAL CONTEXT

The Assembly of First Nations Report, *The First Nation Plan* (2002), outlines the current relationship between the federal government and First Nations people. In this document, the authors observed, “It is impossible to make sense of the issues of today without a clear understanding of the past.” Recognition and understanding of history is a vital component to the development of any social policy. Without this historical perspective, one cannot truly comprehend the present context of First Nations issues or prevent the reoccurrence of social injustices.

This paper will examine how Canada’s historical and ongoing policies towards Aboriginal/First Nations/Haudenosaunee People has impacted on the health of our elders and increased their level of vulnerability in Canadian society. Unless these problems are addressed, they will continue to manifest to the detriment of some of our most vulnerable members.

For the purpose of this paper, the use of the specific terms “First Nation” and “Aboriginal” is intentional and is meant to be inclusive of the descendants of the original peoples that inhabited North America prior to colonization. I have taken into consideration the fact that First Nation/Aboriginal peoples consist of many diverse groups with different cultural orientations, languages and spiritual beliefs. It has been my experience and evidenced in the literature that there is a common thread of a collectivist worldview, which focuses on the harmony and

balance of all creation as well as a shared colonial experience. The notion of culture will be referred to as a discretionary term for values, behaviours, practices and symbols that a people share with one another with the acknowledgement that a common history and values are the ties that bind their experiences and viewpoints (Tepperman & Richardson, 1991).

#### **A. THE HISTORICAL RELATIONSHIP AND ITS EFFECTS**

The term fiduciary is one that is often used in discussions regarding the nature of the relationship between the Canadian Federal Government and First Nations People. In 1876 the new Dominion of Canada took over responsibility for Aboriginal People in the North West Territories. Thus, “the government has the responsibility to act in a fiduciary capacity with respect to aboriginal peoples...the relationship is trust-like rather than adversarial” (Fisher, 2002). One of the Crown’s obligations arising from this fiduciary relationship is that of consultation with a First Nation where government regulation or action may affect aboriginal rights. Another is the obligation to negotiate in good faith. While the primary and historical relationship is with the federal Crown, courts have attached the same or similar relationship between Aboriginal People and “the provincial Crown stands in a similar relationship to the Aboriginal People...” (B.C.S.C., #2201). Stemming from the historical fiduciary relationship between the federal Crown and Aboriginal Peoples is the protection afforded to aboriginal and treaty rights under s. 35(1) of the *Constitution Act*, 1982.

In the case Guerin vs. The Queen [1984] (S.C.R.235), the courts determined in 1984 that a fiduciary relationship indeed exists between the Crown and First Nations People. Further, the Supreme Court recognized the fiduciary relationship between the Government of Canada and First Nations People as being incorporated in the Constitution Act of 1982 in the case, Sparrow vs. the Queen et al. [1990] 2 (S.C.R. 1075). The obligation of the government cannot be reduced except through mutual consent with the First Nations People or through amendment of the Constitution.

To First Nations People, it is recognized as an inherent right that no human being is deemed to have control over the life of another, however, as Aboriginal People have been stripped of their land base (Lee, 1992) economic dependency on the external societies has become a matter of survival. Also through the colonizing process the loss of a collective identity has brought First Nations Peoples to the point of questioning themselves as a viable entity (Antone et al., 1986). The social, economic, environmental, political, and cultural status conditions in First Nations communities are a deliberate and inevitable product of Canadian policy, attitudes, and social structures with issues like poverty being a built-in consequence. The perspective and ideology of assimilation of First Nations Peoples has, over the past two centuries, become so entrenched in government that in 1947, the Parliamentary joint Committee publicly announced its policy of assimilation and elimination of Indian Status. This stance was later reiterated in the release of the 1969 White Paper. According to Frideres, (in



press), the federal government has consistently acted on their policy notwithstanding their rhetoric of equality and full participation in Canadian society. By implementing a highly centralized surveillance system as applied by Indian and Northern Affairs Canada, “knowledge is constructed about sectors of society that reinforces unequal power relationships; in other words an image of sick, disorganized communities can be used to justify paternalism and dependency” (O’Neil, 1993).

Dickason (2002) writes that before European contact the First Nations People had an evolved form of “civilization” and lived together in highly sophisticated societies with a viable culture. It was in this environment that the people developed, depended on, and learned from their structures of individual roles and responsibilities, familial roles and responsibilities, and communal roles and responsibilities. These were embedded in their cultural way of life. For First Nations People, elders have been considered an integral resource and have played a central role in family life by providing assistance to younger members for discipline, spiritual guidance, and maintenance of cultural heritage (Reaume, 1994).

The long-term consequences of the colonization and assimilation process have been, in sum, disastrous. For as long as five generations in some areas of Canada, children were removed from their homes, families, culture, and language and moved far away for long periods of time (Reaume, 1994). Many spent their lives isolated from any influence from their own culture and kind.

Some communities were de-populated of their children from ages 5 to 20. Traditional means of educating and parenting children were lost (Lee, 1992). In many cases the extended family was destroyed. “The legacy of dysfunction and breakdown is multi-generational, and is reflected in the unacceptably high rates of suicide, substance abuse and family violence” (Assembly Of First Nations, 2002).

While colonization is typically understood as involving economic exploitation, it also has had implications for culture. As well as exploitation, colonization can be defined as “the subjugation of one people by another through destruction and/or weakening of basic institutions of the subjugated culture and replacing them with those of the dominant culture” (Lee, 1992). Systemic racism as manifested in the colonization process has been deadly to First Nations Peoples worldwide. As the media continues to perpetuate the image of “the stereotypical Indian” in movies, television shows, and through the commercialization of the First Nations culture, the internalization of racist images is unavoidable for a large percentage of this population (Lederman, 1999).

The notions of citizenship, state and “rights” as used today are inapplicable to a historical First Nations’ context unless used in metaphor. The collectivist worldview of Aboriginal Peoples unites the whole and reduces notions of the individual rights to those of familial ties, hunting territories, and, to some extent, the accumulation of wealth. First Nations Peoples’ view of their

individual rights must be seen in the context of the best interests of the family, community, and nation as a whole. Aboriginal People understand that each Nation has been given its own land and the people the responsibility of caring for it until the end of time (Cummins & Whiteduck, 1998). The understanding of collective rights has survived through military aggression and unfair process of treaties and represents access and superficial control over land and resources despite the Indian Act of 1876. The Act itself, reflecting a western liberal perspective, sets out one-size-fits-all social policies that do not take into consideration the diversity of the First Nations People themselves. The Indian Act is a piece of legislation, which provides the means by which the Canadian government exerts authority over First Nations People. Overall, structural and cultural colonialism has, in the past, and is, in the present, perpetuating the subordination and oppression of First Nations People and increasing our levels of vulnerability within Canadian society.

## **B. ABORIGINAL ELDERS AS A VULNERABLE POPULATION**

First Nations People know too well that those who have the power to define social problems are in all probability not the ones experiencing it. Canadian society as a whole is being faced with an increased awareness of the abuse of its' vulnerable populations. Maclean (1995) writes about the growing concerns in Canada regarding the abuse and neglect of older persons, and that very often this occurs "behind closed doors," hidden and unspoken.

The dependency relationship fostered by the paternalism of the Indian Act has caused great stress for First Nations People. Residential School Syndrome is recognized as a by-product of the colonization process, which resulted in a loss of culture and spirituality, leading to the breakdown in families. These factors combine to create disturbing socio-economic factors for First Nations People. For First Nations Elders, this is compounded by isolated reserve communities or urban cultural alienation and racism that lead to poor access to health care services.

Though there is little literature to draw upon, one can see a trend in terms of the poor health of First Nations Elders and their increased vulnerability, which is leading to dependence on informal caregivers at an earlier age. Traditionally the life span of a First Nations Elder could reach 105 and beyond. Now, due to poor health care and the influx of health risks, such as diabetes, stroke, heart disease, and substance abuse, the average age of dependency is in the early 50s. Caregivers who are struggling to maintain themselves and their families are being forced into the role of having primary responsibility for another human being much earlier than anticipated and with limited resources to help alleviate the added stressors. Caregiver overburden can lead to elder abuse. This paper will focus on these stressors and the unique challenges of dealing with this social problem given the dynamics of close-knit First Nations communities.

## CHAPTER II: METHODOLOGY

A focus of this study is an examination of the literature on elder abuse. In an attempt to unmask the underlying issues of this social problem in a First Nations community context, I examined the literature from a critical perspective (Bullock, 2002). I have attempted to analyze the dominant societal views, which present the issues of First Nations Elders differently than that of an Aboriginal person, and have found the First Nations voice missing. Thus, the utilization of examples from my own experiences is intended to begin to bridge the gap. The purpose is to question and to provide criticisms and alternative thinking to mainstream social work theory (Mullaly & Trombley, 2002). Out of this examination I will offer recommendations for the direction in the area of service delivery that makes sense in a First Nations context.

I was intrigued by the interpretations of predominantly mainstream scholars. However, I thought that perhaps a birds' eye view, so to speak, of the complex dynamics involved in the experiences of our elders and the abuse many endure could be an important addition to the literature. The examples provided from my own practice will allow you, the reader, to make this journey with me to see from a front-line service perspective the scope of this problem. I believe the examples capture the essence of the magnitude of dealing with elder abuse in a First Nations community context.

I have made observations throughout my practice from a wide range of situations. This study presents my reflections on my first-hand experiences, observations, and many discussions with service providers over the course of my time working in the field of elder care. I have chosen to encapsulate the issues as if they were occurring to one elder. In this way I hope to shape the inclusion of the various examples I will provide as a story that is somewhat representative of a much larger group. Thus, while the examples presented looks at one elder (for the sake of this paper let us call her Bessie) living in a First Nations community, the issues are reflective of the situations of many First Nations Elders. In less academic terms, it is my way of helping you to walk in the moccasins of elders just like Bessie and understand her complexities while perhaps identifying with service providers who are trying to assist her and others like her. My reflections on a number of situations also provide protection against the danger of linking any one person to the issues I present.

As I have indicated, I have been deeply involved as a worker in the issues of abuse in relation to First Nations Elders and therefore believe my approach is in many ways reflective of participant observation. As explained by Rubin and Babbie (Cited in Cresswell, 1993), a positive element of the participant observation method in comparison to other methodologies is the opportunity for greater flexibility in formulating hypotheses while affording the opportunity for deeper trust relationships with study subjects. Participant observation also offers

possibilities for the researcher to cross the continuum from being a complete outsider to being a complete insider (Jorgensen, 1989). As a First Nations woman and resident of the community, I believe my role as a social worker mediated my position between objective and subjective perspectives and allowed my entry into a private and otherwise hidden realm of information.

At this point, I would like to introduce “Bessie.” She is a 53-year-old traditional First Nations grandmother of the Wolf Clan. Her husband died in 1989 and she has lived with her son and niece since that time. Her son is aged 21 and is an alcoholic. Her niece is 20 and is a single parent of two daughters, six-months and two years of age. In the First Nations tradition, Bessie is regarded as the grandmother of her niece’s children.

Their home is a rental two-bedroom bungalow with a wood burning stove used for heat and cooking. This dwelling has no running water. Bessie sleeps on a foldout cot in the living room while her son, David, occupies the smaller bedroom. Her niece, Sheila, and her young daughters share the master bedroom.

The only source of income in the household is the disability cheque Bessie has received since her debilitating stroke in the fall of 2000. Sheila has assumed control of this income since Bessie’s stroke, although she does not have power of attorney. The stroke has had minimal long-term effects on Bessie’s physical capacity. She is not cognitively impaired and has shown no signs of incompetency in her decision-making abilities.

### CHAPTER III: ELDER ABUSE

While it is clear that Canadian society, as a whole, is experiencing elder abuse, the advent of this phenomenon in Aboriginal societies can be seen as one of the results of the altering of cultural norms. No longer are elders highly respected and appreciated for their particular gifts and abilities as they were for centuries prior to European contact.

Elder abuse is becoming a universal concern. In a report published by the United Nations Department Of Economic And Social Affairs (2002), Secretary-General Kofi Annan described elder abuse as both widespread and unreported throughout the world. He goes on to state that this social problem is not gender-biased; both women and men are subjected to harm at the hands of their caregivers. Although data is limited, crime records, news reports, social welfare records, and studies show that elder abuse is occurring in both developing and developed countries.

There seems to be more information on older-person abuse available at the international level but nothing that speaks specifically to the First Nations Elder population. In Canada, social services program delivery falls under the jurisdictional realm of individual provinces, according to the Constitution, but provinces are generally shifting responsibility for the aged to local communities.

Dr. Elizabeth Podnieks released her benchmark study of the first national survey on elder abuse in 1992. “This study is the only one done in Canada that



has been able to provide a prevalence rate which begins to capture the extent of abuse and neglect for older adults” (Cited in Walker, 1997). The validity of this study was compromised, however, by methodological strategies that potentially limited the ability of the targeted respondents to speak with candour about this sensitive issue. The survey was conducted through telephone interviews which ignored the fact that this would be considered an inappropriate means of extracting personal information from most Aboriginal People and would most certainly not be well received. In the First Nations culture, “there is the belief that there is the right time for everything... and for safety reasons, if what they are going to say could potentially harm themselves or others then it is best to remain silent...” (Afari, 1997).

After conducting this study, Podnieks founded the Ontario Network for the Prevention of Elder Abuse (ONPEA) to act as a consultant to smaller community committees still at the early stage of promoting awareness about this issue. ONPEA, however, has not provided consultation at this point to the Six Nations community. Provincial, national, and international awareness begins at the grassroots level. The lack of consultation with First Nations People around this issue appears to stem from a lack of understanding or concern about the prevalence of elder abuse in Aboriginal communities.

## A. ELDER ABUSE DEFINED

Defining elder abuse and neglect is important because it ultimately determines who is counted as abused and who is not. This, in turn, is of crucial importance for what policy does and does not cover; as well as who is and who is not eligible for service. In the United States, The National Center on Elder Abuse (NCEA) is the principal arm of the Administration on Aging in serving the information, skills development, and knowledge-building needs of professionals working within and outside the nation's elder abuse network. The definitions used by the NCEA (2003) are divided into "institutional" and "domestic" elder abuse. Institutional abuse refers to elder abuse that occurs in a nursing home, long-term care facility, or hospital setting. Since First Nations elders are primarily located within their own residential dwellings and are rarely institutionalized, this part of the U.S. study is of little relevance to First Nations communities. The focus of this paper will be on domestic elder abuse and the implications for interventions.

Domestic elder abuse refers to maltreatment by a caregiver or person with whom the elder has a trust relationship (NCEA, 2003). It encompasses physical, sexual, psychological, emotional, and material injury, as well as the neglect of the older person, which results in their distress and suffering. Given the importance of the spiritual element in the lives of First Nations People, this aspect must also be considered an area of potential abuse. An example of this form of intentional

harm occurs when a caregiver refuses an elder access to a traditional spiritual activity such as, in the case of the Haudenasaunee People, to Longhouse ceremonies. These ceremonies are valued by many people, especially elders, in First Nations communities in the maintenance of their balance with the Creator. Those who have attended all their life may experience severe distress if unable to continue this practice.

While the definitions of elder abuse described below, as set forth by the NCEA, are generally agreed upon by clinicians and policy-makers in North America, the mainstream service delivery models that have evolved from these definitions are often rejected by First Nations communities as culturally inappropriate interventions.

‘Physical abuse’ is defined as the use of physical force that may result in bodily injury, physical pain, or impairment. Physical abuse may include, but is not limited to, such acts of violence as striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning.

‘Sexual abuse’ is defined as non-consensual sexual contact of any kind with an older adult. Sexual contact with any person incapable of giving consent is also sexual abuse. It includes, but is not limited to, unwanted touching and all types of sexual assault or battery, such as rape, sodomy, coerced nudity, and sexually explicit photographing.

‘Psychological or emotional abuse’ is defined as the infliction of anguish, pain, or distress through verbal or non-verbal acts. This type of abuse includes but is not limited to, verbal assaults, insults, threats, intimidation, humiliation and harassment. Other examples of emotional abuse include treating an older person like an infant; isolating the person from his or her family, friends, or regular activities; giving the older person the ‘silent treatment’; and enforced social isolation.

‘Material abuse,’ often referred to as ‘financial abuse’, involves the illegal or improper exploitation of an older person’s funds, property, or assets. Examples include, but are not limited to, cashing an elderly person’s cheques without authorization, forging an older person’s signature, misusing or stealing an older person’s money or possessions, coercing or deceiving an older person into signing a document (e.g. a will), and the improper use of guardianship or power of attorney.

‘Neglect’ is intentional or unintentional harmful behaviour on the part of an informal or formal caregiver in whom the older person has placed his or her trust. Unintentional neglect involves a failure to fulfill a caretaking responsibility, but the caregiver does not intend to harm the older person; intentional neglect occurs when the caregiver consciously and purposely fails to meet the needs of the older person, resulting in psychological, physical, or material injury to the older person. ‘Neglect’ typically refers

to the refusal or failure to provide an older person with the necessities of life, such as water, food, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials (NCEA, 2003).

There are critical questions that need to be asked in defining elder abuse and it may be too easy to use a mainstream framework when approaching this social problem from an Aboriginal perspective. The categories of abuse outlined by the NCEA do not accurately capture the dimensions of First Nations Elders experience. In a study of elder abuse among Navajo Elders (Maxwell & Maxwell, 2000), the measurements used included questions that asked elders if their money had gone to someone else, in order to determine whether they had been financially exploited. Of those who responded positively, many justified this action as a voluntary sharing of their money with needful family members. Clearly, by their definition of the situation, they were not being exploited, but were themselves living up to an important cultural value (Brown, 2000).

The very use of the term “abuse” has recently been criticized as an inadequate definition of this problem. Implied with this label is that wrongful acts take place with an understanding that certain individuals are the perpetrators and certain others (the elderly) are clearly the victims. A distinct tendency to conceptualize the problem this way has been to criminalize elder abuse – to place the total blame on the “abusers” and pass laws to prosecute them. One rationale for criticizing the definition of elder abuse as criminal behaviour is that it fails to take into account many abuse-related factors. In

actuality, the available data on elder abuse takes place in the context of what has been called the “obligation of care” (Hugman, 1995). Informal caregivers are typically family members, whose actions are seldom criminal in nature (Brown, 2000). Criminal definitions fail to address the enormous problems related to informal care giving and the less overt forms of abuse that may occur in this familial relationship.

Each form of abuse has its roots in the community and society at large. Macro-societal abuse has all of the markings which frame emotional and mental abuse. It is seldom manifested in an explicit manner, but is constantly bubbling just below the surface. Since the time of European contact and imposition of colonial laws and policies, First Nations Elders have been dictated to regarding life-altering decisions, such as how and where they may live, whom they should marry, voting privileges, who and what to worship. These examples just begin to define the parameters in which First Nations People are “allowed” to live. It is easy to discern that this type of situation adds up to the abuse of the mind, body and spirit. The most troublesome aspect of macro abuse as related to First Nations Elders is by virtue of their economic and social positions in society as they go into old age without the armament to protect themselves from the potential onslaught of personal abuses that may confront them. Their psychological state of mind is often such that they do not automatically reject some of the negative actions inflicted upon them because there may be an assumption that they do not have the power to say no. The laws and policies

that were established to control the lifestyles and activities of individuals nearly a century ago have a continuing effect on our elders of today.

## **B. OVERVIEW OF INTERVENTION STRATEGIES IN THE SIX NATIONS COMMUNITY**

At present, health care services are being delivered in First Nations communities using a delegated authority model. This model is based on the assimilation/colonization ideology that “mainstream society knows best,” although as Blanchard (1980) asserts, the First Nations People have the “greatest political society ever devised by man...unexceeded in either wisdom or intelligence” (page number). The delegated authority model of service delivery authorizes First Nation agencies to administer treatment and care, though the Federal and Provincial governments assume ultimate authority over the laws, regulations, and policies through tripartite agreements. There is no transference of ownership of resources to First Nations Peoples in this model, which is intrinsically linked to the policy of assimilation and colonization.

Current mainstream strategies for assistance to the elderly, disabled, and ill/ convalescent to enable them to remain in their home are delivered by the Six Nations Homemakers Program under the direction of the Six Nations Council. The Case Management Unit assesses client need, and service is provided using the delegated authority model. There is no charge for in-home services, such as personal care services. The Department of Indian and Northern Affairs Canada (I.N.A.C.) is responsible for a 20% cost-sharing portion of the Ministry of Health

and Long-Term Care Division's funding to First Nations communities for health care. This cost sharing arrangement originated in the 1965 Welfare Agreement under the Homemaker and Nurses Services Act. This legislation requires clients who receive personal care or health services to complete a Needs Assessment Test. Homemaking services are funded by the Ministry of Health, In-Home Services Branch and the Long-Term Care Division.

If the elder is deemed to meet eligibility criteria after completing the Needs Assessment Test, they may be receiving services through the Homemaking Program for:

1. Personal Care -- this includes assistance with a tub/sponge/bath and/or shower. This also includes assistance with personal hygiene (i.e. hair care, mouth care, skin care), dressing, shaving and toileting.
2. Nutritional Care -- this includes assistance with making grocery lists, grocery shopping, preparing meals, and advance meal preparation. The Homemakers have sound knowledge to prepare diabetic diets, low fat diets, no salt diets and specific caloric intake diets.
3. Ambulation Assistance -- this includes assistance with ambulation aides (ie. wheelchairs, walkers, canes, hooyer lifts, sliding boards, tub boards) used in daily transfers and positioning.



4. Respite/Caregiver Relief -- this describes respite services designed to enable the primary caregiver/family to have relief from their care-giving role and to maintain family integration.
5. Household Management -- this is designed to assist in maintaining light housekeeping duties (i.e. dusting, vacuuming, dishes, and laundry).
6. Personal Business – this includes banking, payment of bills, mailing letters and retrieving mail and is offered when there is absolutely no other family member to assist (Montour, 1997).

Many seniors see the means test as a disrespectful and humiliating process. It can also be a bewildering experience for elderly people who are unfamiliar with written English. In some cases, this test also makes unrealistic demands on elders, such as requiring them to produce receipts for such items as firewood and taxis. Rather than submit to a means test, many seniors simply do without the service. As a result, there is often little correlation between the number of seniors in a community needing the services of a homemaker and the amount of funding allocated by the province to the Band for the Homemaker Programs.

Another problem with this test is the assumption that persons over the age of 62 are the only members of our population who require these services. The categorization of “seniors” does not correspond with the issue of need or recognition of elder status in Aboriginal communities. A person is regarded as

an elder based on a level of respect rather than a chronological age imposed by mainstream society. If the Homemaker Program adhered to this set of guidelines and regulations in our communities, there would be few members who would be alive to receive these services, given the differences in mortality rates between First Nations and mainstream populations.

For those elders who do not have health issues that would make them eligible for the Homemaking Program, there is the Community and Senior Support Services Program which provides assistance with, or performs on behalf of the elderly, functions that they are unable to do for themselves. Six Nations residents who are elderly and reside in the community may access the services by contacting the Home Support for the Elderly Program. No assessment is necessary under this program. A minimal financial contribution is required to subsidize meal and travel costs. The services under this program include:

1. Meals on Wheels -- this is a supportive service to homebound individuals to ensure nutritional needs are met.
2. Transportation Services -- these are a support service providing transportation for personal errands or recreational activities.
3. Diners Club -- this offers supervised activities for elders and handicapped persons in a group setting. Transportation and meals are provided.
4. Home Maintenance - this offers services that assist with light or heavy household tasks beyond the person's capability. Examples include

laundry, shovelling, yard maintenance, chopping and hauling wood, and minor repairs such as leaky faucets (Montour, 1997).

For Bessie, one of the pitfalls of the Community and Senior Support Services Program is that her niece, Sheila, would have to sign a consent form and be willing to pay for these services. The access to this program is contingent on Sheila's willingness to pay the minimal contribution required.

Another strategy is alternative support or living arrangements. This can range from a few hours of respite service in the Adult Day Program, which is a program under the Long-term/Home and Community Care Program (LTC/HCC), to permanent relocation to a suitable supportive environment. The Adult Day Program is for caregivers requiring respite, and can range from one to seven hours. Status members residing on Six Nations who request longer periods of respite would more than likely have to be referred off reserve to a long-term care facility. The Iroquois Lodge Nursing Home, located in the community, provides services to members of Six Nations community members who need 24-hour or palliative care. This option is rarely viable; however, as there is typically a long waiting list to access a bed in this small, 50 bed facility.

Given that Bessie's respite care is determined by Sheila's willingness to pay, options for an alternative means of support are limited to none. To be placed in the Iroquois Lodge Nursing Home would be a tragedy for someone

like Bessie, who has so many years to live, to be surrounded by so many people in a palliative care state.

Professional services available to the elderly population are offered through referrals to the Case Management Unit of the LTC/HCC. This program includes access to registered dietitians for nutritional counselling; registered Speech Pathologists for speech therapy to aid clients such as stroke victims; complex care nurses who provide in-home transitional care; and the Health Advocate Officer for individual counselling and crisis management.

The Health Advocacy Office employs a registered social worker with the Ontario College of Social Workers as well as Social Service Workers with experience and training in elder issues. In a case of abuse, the Health Advocacy Officer would refer family members/caregivers to Six Nations Social Services for counselling support. The Ganohkwa Sra Family Assault Support Services provides specialized counselling to the perpetrators and victims of elder abuse through family violence programs. This non-profit charitable organization receives funding from the provincial and federal governments. If these support systems fail, the issue of elder abuse is left to the criminal justice system.

Part of the intervention strategy for Bessie would be making a referral for Sheila to attend counselling sessions at Ganohkwa Sra Family Assault Support Services. Bessie would have a choice to work with the Health Advocate for her healing process or having a referral to this agency as well. Her comfort level

would be the deciding factor in this case. In the wholistic approach used by counsellors at Ganohkwa Sra Family Assault Support Services, the family is the focus of healing interventions. This modality would be beneficial to Sheila and Bessie in that they would be able to work through their issues while keeping their family intact.

The principle factors in the success or failure of the intervention strategies available in the Six Nations community depend on how and by whom these services are delivered. This involves more than simply having a First Nations person providing the services; it is a matter of the service provider being aware of the bigger picture. This includes sensitivity to systemic and internalized racism, the lack of personal or communal privacy, and resistance to professional intervention.

## CHAPTER IV: ISSUES FOR FIRST NATIONS ELDERS

The needs of First Nations Elders have not yet been adequately addressed in gerontological research. Due to the fact that mainstream society does not tend to view families as integrated, nor does it include much on First Nations Peoples' lifestyles, institutional arrangements, cultural issues, or language, there are significant deficiencies in published material concerning the well-being of First Nations elders (Ruiz, 1995).

Higher mortality rates, linked to increased incidences of drug addiction, diabetes, poverty, alcoholism and violence have been directly linked to the trauma of residential schools (Frideres, 1998; Antone et al., 1986). While there is a beginning recognition of the importance of the effects of residential schools, mainstream literature tends to put forth a biased view of First Nations People. The prevalent emphasis on high levels of dysfunction often ignores the tenacity of the many who have continued to thrive. Ethnocentric theories in academic literature have framed the historical picture and provided justification for the rule of Western society. Although some may attempt to bring truth to the notion that all benefit from cultural exchange, the reality is that mainstream society has imposed its politics, religion, values, wars, health, and overall prejudices on First Nations People.

Alternative literature (Montour, 1997; Thumath, 2002), often produced by First Nations People, puts emphasis on the balance between caring for self,

family, clan, and nation as part of the overall cycle of creation. The Haudenosaunee<sup>1</sup> refer to this as having a good mind, but recognize that this does not come automatically for a people who have been raised without parents or by parents who are still suffering themselves. Reaume (1994) writes that the legacy of trauma is multi-generational because, for as long as five generations in some areas of Canada, First Nations children were deprived of the guidance and nurturance of their families, culture, language, and own kind. In many cases the extended family and community supports that could have been provided was destroyed.

Living together in a highly inter-reliant culture prior to European contact, First Nations People had an evolved form of civilization that was based on communal roles and responsibilities. Individual and familial roles and responsibilities were embedded in the First Nations communal way of life. As an integral source for spiritual guidance, discipline, and overall maintenance of cultural heritage, First Nations elders received respect and care in their time of vulnerability (Yee, 1990). The colonial experience has disrupted much of the strength of traditional community life and Lee (1992) states that more specifically, the disruption of this cultural routine is a direct result of the deliberate colonization process. Elder abuse can be understood as one manifestation of this disruption.

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<sup>1</sup> The Haudenosaunee refers to the people of the First Nations community who

According to Freire, internal colonization is a major reason for the continuation of oppression, such as that experienced by marginalized First Nations groups.

Almost always, during the initial stage of the struggle, the oppressed, instead of striving for liberation, tend themselves to be the oppressors; thus without critically recognizing the root causes of ones' oppression and subordination the oppressor, who is himself dehumanized because he dehumanizes others, is unable to lead this struggle (Freire, 1970).

Also in his work, Freire talks about the "conscientization" process whereby people are encouraged to analyze the societal forces which have resulted in the subordination of their culture, to rediscover and reaffirm its importance; in short to learn and believe in their own abilities (1970).

Many abusive and negative ideologies were ingrained within the minds and hearts of our people and the shame and abuse resulted in unhealthy coping behaviours. Our people learned to cope by not speaking, not trusting, and not feeling. Self-hatred breeds violence both inward and outward and "many researchers have observed that violence is a behaviour learned in the home and passed on from one generation to the next" (Quinn & Tomita, 1986).

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integrate traditional practices in every aspect of life.



The violations of First Nations People represent a human rights failure in Canada and yet attempts to impose mainstream solutions on the results of this atrocity have been unsuccessful. The National Native Alcohol and Drug Abuse Program (NNADAP), which was founded by the Ministry of National Health and Welfare in 1982, is one example of a mainstream model which solely focused on maintenance and treatment without directly addressing the root causes of the problem (Whitehead & Hayes, 1998). This use of mainstream ideology and approach in dealing with elder abuse without attempting to acknowledge the Aboriginal context is going to have the same success as the approach to drug addiction which ignores the context of 250 years of colonial process. This is one reason to consider the issue of elder abuse from a First Nations perspective.

#### **A. SYSTEMIC AND INTERNALIZED RACISM**

Systemic racism, as manifested in the colonization process, has been profoundly injurious to First Nations Peoples worldwide. As a result of media stereotypes of the “Indian” culture, First Nations Peoples’ behaviours are habitually misunderstood, misinterpreted and misjudged. These portraits alternatively depict the drunken Indian syndrome; the Pochohantas/John Smith fable where the white man rescues the Indian princess; or the uncivilized heathen captured or obliterated by white cowboys. Even the noble Indian brave is depicted as being all brawn and no brains.

The internalization of racist images is unavoidable. Over a long span of time, we have consciously and subconsciously incorporated all of the negative stereotypes that define the Aboriginal populations as inferior. Many First Nations People view themselves, their culture, and history through the distorted lens of the dominant culture. Internalized racism supports the notion that white is right, superior and, in fact, the standard. In short, this internalization breeds self-hatred. The pain of self-hatred that comes from systemic and internalized racism is a primary source of many of the ailments that Aboriginal People suffer: including high rates of substance abuse, incarceration, mortality, and stress-related illnesses (Antone et al., 1986).

Ethnocentrism and racism are dominant in current treatment strategies for elder abuse. The expectation that a mainstream model will be appropriate for First Nations People is an example of the insensitivity that comes with an attitude of cultural superiority (Frideres, 1998). Contracts required prior to assistance can cause undue stress to elders who may be unable to read or comprehend them. The use of clinical language based in English by service providers is another example of ethnocentric and classist assumptions. The inference that all people use and understand the English language may lead to misunderstanding and hinder the process of meeting their need. The English language, like any other, represents a specific way of thinking. There is a consensus that Native languages tend to be process-oriented whereas English is about classifications and categories; nouns, things, objects and time frames (Little

Bear, 1998). A comparison of “literature between two cultures” suggests that the circular communication pattern of the oral process that happens between teller and listener is then transformed into a linear process (Eigenbrod, 1995). As well, Turner (1998) points out that, “Aboriginal Peoples have been burdened with the task, since the time of first contact, of being forced to explain and justify their conceptions of sovereignty in a language that is not their own”.

In Bessie’s case, she was raised in the Cayuga Longhouse culture and has been a fluent speaker of the Cayuga language all her life. Though she understands broad, general concepts, her comprehension of the English language is minimal. When put in a position of accessing service, Bessie is extremely fearful. She does not understand the clinical jargon and is uncertain of the service provider’s expectations and intentions.

Providers who come in to deliver a service without first establishing rapport and gaining the confidence of the elderly may unintentionally add to the stress level of their clients by failing to make them comfortable with the service. In this, the service provider negates the possibility for the elderly to define not only who they are, but also where they want to go with the service (Morrisseau, 1999). A lack of knowledge and/or understanding of First Nations Peoples’ values, beliefs, and lifestyles can result in oppression of vulnerable elders, unable to advocate for themselves. An adaptation of services to the unique cultural norms of the diverse Aboriginal populations would go a long way in reducing

the systemic racism found in the intervention strategies developed with mainstream ideologies.

## **B. LACK OF PERSONAL OR COMMUNAL PRIVACY**

The relatively small population of reserves and limited boundaries of the geographical community mean that most people know or are related to each other. This includes service providers who may be related to the clients they serve. First Nations People are part of a culture that values community and inter-connectedness (Lee, 1992), but this may result in a lack of privacy for both the elderly and their caregivers. As shame and secrecy are hallmarks of elder abuse everywhere, for the First Nations community, it provides an added complication. These issues of privacy are imperative to decision and policy-making around the monitoring, reporting, and intervention of elder abuse in a First Nations context.

Related to this issue is the concern that the perpetrator of abuse could in fact be a relative or acquaintance of those service providers who are monitoring for abuse. In looking at the family structure of First Nations People, it is apparent that interdependence is a key factor in the hesitation of elders to report their family members. This interdependence and communal lifestyle is viewed by Western society as enmeshment and dysfunctional, often negating the importance and usefulness of the informal support system.

For First Nations People, our way of life is collective in nature and our motivation for seeking help is first for our children, spouses, families, and communities before ourselves. In many cases, intervention will result in shame for the whole family if word gets out about the situation in the community. Each self does not exist alone or separately but as an interconnection of family lines, social positions, and spiritual bonds, all intended to serve the community. This is a worldview which emphasizes group interests and well-being as opposed to individual self interests (Miller, 1991). Caregivers who wish to get help to stop the abusive behaviours are often ashamed of their behaviour but also reluctant to reach out to a service provider who they know or who knows them on a personal level. While it may be problematic for services to be delivered by strangers or non-Aboriginals, it is paramount for First Nations practitioners to strictly adhere to their protocols of confidentiality in order to reduce the impact of the general lack of privacy in the community.

For Bessie, the fact that there is a familial relationship with her informal caregivers makes it extremely difficult for her to even acknowledge any wrong doing, and almost impossible to seek assistance in this regard. Without her informal support system, Bessie is not sure that she can maintain an independent lifestyle. Her alternative in this case would be admittance to a nursing home or long-term care facility, which would mean leaving her First Nations community. For someone like Bessie, leaving her home and family is not an option that she has even imagined but would seem realistic to a service provider who is

unaware of the cultural dynamics. Being unable to participate and live within the Longhouse community would be akin to stripping Bessie of all that is familiar and asking her to familiarize herself with a whole new cultural context. At this stage in her life, it would be highly unlikely that she would be able to adapt and adjust to such a change.

### **C. RESISTANCE TO PROFESSIONAL INTERVENTION**

The legacy of distrust developed as dominant culture authority figures consistently betrayed and harmed First Nations People. Fiddler (2001) described the consequences of forced assimilation and residential school trauma as contributing to the distrust of whites and the dominating culture in general. Today, service providers in a position of authority from our own community are met with skepticism and reactive racism when dealing with elders. It is understandable that there would be a lack of trust as service providers have acquired their “knowledge” in mainstream institutions. Most of us have gone to university or college in “white man’s land” and then come home and make the mistake of trying to implement mainstream models of treatment.

What needs to be remembered is that modalities that rely heavily on Western and Euro/Anglo-centric ideologies, philosophies, theories, and practices often employ the same value systems, expectations, and worldviews as a means of judging performance and assessing needs of clients. For elders who may not be able to understand these models of treatment and the processes they

encompass, mainstream strategies can create a dilemma both for clients and service providers. This complicates or negates the possibility for the formation of a trust relationship with those whom we are supposed to be servicing, advocating for, and protecting from elder abuse.

This distrust of authority figures is most prominent in the extreme cases of elder abuse where the only solution is to involve the police and criminal justice system, a solution that is met with resistance from elders. In our community, it is rare that police are ever called to deal with issues regarding elder abuse and if they are, domestic family violence protocol is used as guideline for handling the situation. When it comes time for prosecution, elders are extremely reluctant to proceed against someone with whom they previously had a trust relationship. Also, when elders make up their minds, it is for a reason and you, as a service provider, cannot interfere. "Interference in any form is forbidden, regardless of the following irresponsibility or mistakes your brother is going to make" (Ross, 1992). The mind set for Aboriginal people is to internally deal with their own and not to trust "outside" colonial authoritative institutions.

Bessie is in a position where a personal support worker has made an outside referral to the Health Advocacy Office on her behalf. This worker has concerns regarding old and new bruises found on Bessie's upper torso, observed during her personal care routine. Bessie is unaware that the personal support worker has forwarded her concerns. When the Health Advocate arrives to investigate, Sheila becomes suspicious and defensive. Bessie retreats, exhibiting

signs of extreme anxiety and fearfulness. To mitigate further potential harm, the Health Advocate tends to Sheila's needs under the guise of extracting information in order to possibly aid Bessie.

Throughout this process, the Health Advocate is recognizing the possibility that Bessie's anxiety could cause further health impairment, such as another stroke. It is apparent that her medications and well-being have not been Sheila's first priority, as evidenced by the unused prescriptions on the kitchen counter. After setting up an hour of respite care for Sheila, the Health Advocate is able to gain access to Bessie alone. At this time, a fearful Bessie shares her concerns about disclosing any information regarding Sheila's treatment of her and the household finances, saying that nothing is wrong. Her body language tells a different story, however, and the Health Advocate assures Bessie that the information shared would remain confidential. Because the service provider is aware of Bessie's traditional background, she is careful to use simple, non-clinical language and descriptive phrases to convince her that help is available.

Although afraid, it is apparent that Bessie understands that this is a life or death situation and a decision has to be made. Bessie asks the Health Advocate to assist her and asks not to involve the police. Throughout this discussion, the elder continues to express concern for the welfare of her family and minimizes her own needs.



After this meeting, the Health Advocate will gather documentation from all service providers with access to Bessie and a decision will be made, in co-operation with Bessie, to intervene. The first step in the service plan will be to devise a plan involving a safe extraction from the home. The difficulty in planning this intervention is to devise a win-win plan for everyone, including Bessie, her informal caregivers and grandchildren, her immediate circle of traditional elder friends, and the service providers. Careful consideration is given to involve as few professional authority figures as possible given the fact that any intervention would be open to scrutiny. Bessie's inherent distrust of authority figures and the fact that an elder is being removed from her new handicapped accessible home, albeit by her own choosing, all involved in this plan would be subject to overt criticism.

## CHAPTER V: FIRST NATIONS IDEOLOGY

You have noticed that  
everything an Indian does is in a circle &  
that is because the power of the world always works in  
circles, & everything tries to be round. In the old days when we were  
a strong & happy people all our power came to us from a sacred hoop of  
the Nation & so long as the hoop was unbroken the people flourished. The  
flowering tree was the living center of the hoop & the circle of the four quarters  
nourished it. The East gave peace & light, the South gave warmth, the West gave  
rain & the North, with its cold & mighty wind, gave strength and endurance.  
This knowledge came to us from the outer world with religion. Everything  
the Power of the World does is done in a circle. The sky is round & I have  
heard that the earth is round like a ball & so are all the stars. The Wind, in  
its greatest power, whirls. Birds make their nests in circles  
for theirs is the same religion as ours. The Sun comes forth &  
goes down again in a circle. The moon does the same & both are  
round. Even the seasons form a great circle in their  
changing & always coming back again to where  
they were. The life of man is a circle, from  
childhood to childhood & so it is in  
everything where power moves.  
(Black Elk, 1932)

For First Nations People, health involves the maintenance of balance and  
harmony between all aspects of an individual's existence. The mental, physical,  
spiritual, emotional, social, and environmental realms are of equal importance.  
Central to maintaining this dynamic balance is the will to assume responsibility  
and increase awareness of self and others. In order to achieve and maintain this  
balance in a state of health, the exercising of one's will makes it possible to fully  
use and balance the four parts of being – mind, body, spirit and heart. "To have  
a healthy life is to be able to maintain such a balance in the care of self, family,

clan and nation while being cognizant of the context of existing as part of creation" (Montour, 1997).

There are several approaches to the issue of elder abuse that can be effective in a First Nations context. As with other serious social issues like child neglect, alcohol and drug abuse, and suicide, the foundation for elder abuse policy for First Nations People should be based on wholistic concepts in defining needs. To explain further, when the context of culture is ignored in the design of service delivery models, we are simply creating another form of oppression. Since First Nations People hold a worldview that sees cooperative social action and mutual assistance as the dominant method through which strife and struggle might be eliminated, it is essential that these approaches be included in service delivery development (Blanchard, 1998).

As an example, elder abuse support groups that work from a wholistic view of healing the entire family are more likely to be seen as appropriate than individual therapeutic approaches. Drawing on aboriginal value frameworks, the extended family needs to be supported and strengthened in order for the elderly person to be cared for in a culturally sensitive and effective way. A First Nations approach would foster and strengthen healing within the family support system rather than isolate elders from what is familiar to them.

In contrast to the fast pace of mainstream society, significant time should be given to the establishment of rapport for the service provider/client

relationship within the First Nations community context. Further, the development of these relationships should be conducted within the client's home environment or place of comfort, rather than in an office setting where the intervention may feel more intrusive. This could be accomplished through home visits with the idea of taking the service to the client instead of the client having to come in to a formal setting of an office.

As well as training front-line workers to look for signs of elder abuse, the community needs to be educated around this whole issue in order to encourage help-seeking behaviours. While First Nations communities struggle to adjust to the issues surrounding elder abuse, service providers should be educated and connected with both inside and outside community resources that can be accessed to assist elders in their time of need. More importantly, outside resources need to be educated around cultural sensitivity and ethnocentric biases in order for them to be of any valuable assistance to members of First Nations communities around policy-making and the design and implementation of service delivery modalities to be used with First Nations People.

Alternative methods of disseminating information must be considered. Some suggestions include radio advertisements to reach those who cannot read newspaper articles in local papers and community awareness workshops that strive to promote participant discussions. Information must be made available in the first language of the recipients in both oral and written mediums. The

consequences and costs of elder abuse are high. For elders within the First Nations context, having to suffer abuse at the hands of a loved one only adds to the years of suffering as a result of the colonization and assimilation processes.

We have a moral obligation to research and implement effective service delivery models that will eliminate elder abuse and increase the well-being of our First Nations People. Resistance to the surveillance systems is emerging in First Nations communities who are undertaking independent research on their own health issues. According to virtually every available indicator, health issues are a more pressing priority in First Nation communities than elsewhere. The Assembly of First Nations (AFN) Health Secretariat, AFN National First Nations Technician Network (NFNHTN) and the AFN Chiefs Committee on Health (CCOH) have identified the seven health priorities for First Nations People as:

1. Sustainability – factors such as the diversity of economic and health system infrastructure needs; distinct First Nation's approaches to understanding health point to the need for increased resources and capacity building.
2. Comprehensive First Nations Health Research and Info-Structure – all levels of government must support the development and maintenance of a comprehensive info-structure which is to be built upon existing and emerging health research initiatives that are currently underway in the Health Care system as well as those administered by First Nations.

3. Resolution of Existing Jurisdictional Matters – the outstanding jurisdictional issues between the federal and provincial governments with respect to fiscal and service responsibility for First Nations health care need to be addressed, particularly in light of provincial health care reform and the widening health status gap between First Nations and the general Canadian population.
4. Mental Health – the Government of Canada and First Nations do not have a formal, comprehensive policy or program to address mental health issues.
5. Children's Health/Gender Health – a comprehensive First Nations children's health policy framework is required. Early intervention is the key to giving children a chance to lead healthy, productive lives.
6. Smoking – the First Nations and Inuit Regional Health Survey released in January 1999 revealed that an alarming 62% of First Nations people smoke tobacco compared to 31% of the rest of the population in Canada.
7. Environmental Health and Infrastructure – an alarming number of First Nation communities have unsafe drinking water and there must be implementation of a First Nations community infrastructure development program to address the most immediate health threats including the provision of clean water, basic sanitation facilities and safe housing.

The years of the 1990s have seen efforts by the federal government to terminate its fiduciary responsibility through the "Health Transfer Process." Without the consent of the First Nations People, the fiduciary responsibility of the Government of Canada cannot be unilaterally removed. The Constitution and the Charter of Rights and Freedoms are deemed to protect the obligation of the Government of Canada to ensure that the provision of health services continues.

## CHAPTER VI: CONCLUSION

Elder abuse is widespread and the challenge is to recognize it and provide effective intervention and prevention. In the context of First Nations people, issues of racism, lack of privacy, and resistance to professional intervention add to the complexity of providing service to this population. Sensitivity, cultural awareness, appropriate personnel, and ownership of the services by the First Nations People will go a long way in addressing these challenges.

As the awareness of the issue of elder abuse is raised on the international, national, provincial, and First Nations agenda, the adaptation of approaches and models of service delivery that are appropriate to the needs of First Nations People will ensure the well-being of our elders and indeed, of my People in their entirety and our culture. We, as a People, have maintained our unique identity within what is now known as Canada and we find ourselves coming full circle in terms of the recognition of our collective rights and responsibilities for all the members of our nation.

Churchill (1997) maintains that an honest history would laud Aboriginal civilizations for their sophistication and resilience. He believes that Indigenous Peoples have survived precisely because their cultures are viable and always were collectivist, humanistic, and ecologically sound. For 500 years, Aboriginal Peoples have adopted and adjusted, while remaining true to their origins and



sustaining themselves through a violent, racist, and genocidal onslaught. Drawing on the past for strength and the present for wisdom and understanding, we are looking forward to future generations of health and well-being.

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