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NAME OF AUTHOR:

Norma Jane (Anderson) Godbold

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THE ROLE OF CLERGY IN THE INTERVENTION  
AND PREVENTION OF ELDER ABUSE

by

Norma Jane Godbold

A Thesis submitted to the Faculty of St. Stephen's College  
in partial fulfillment of the requirements for the degree of

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## DEDICATION

I dedicate this to my children for their love and support.

## ABSTRACT

This thesis examines The Role of Clergy in the Intervention and Prevention of Elder Abuse. Elder abuse is a complex issue that is prominent in today's society but does not receive the attention that it deserves. This paper provides appropriate and effective intervention and prevention strategies to serve as a guide for clergy to help eliminate the crime of elder abuse and neglect.

Through personal experience, and literature review, the initial chapters examines the definition, signs, symptoms and patterns of mistreatment that define elder abuse and provides the foundation for this paper. Chapter Three considers interventions for the caregiver. The following section sets the theological foundation and emphasizes the significant role of clergy. It further identifies the role of the abuser and the association to mental health issues and other forms of abuse. The concluding segment investigates multidisciplinary approaches and provides models for effective prevention.

Success in addressing this complex problem will require the combined efforts of people from many disciplines. With further understanding, we must move forward to continue to engage in strategies for change, and build a society where seniors are respected as valued members.

With hope we trust that this goal may be achieved.

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## INTRODUCTION

In recent years, Elder Abuse has been recognized as a crime against the elderly population. No doubt, you know of someone that you suspect is abused – a grandparent, a parent, a sibling, a friend, a neighbour or perhaps even yourself. Abuse of the elderly has no social, economic or geographical boundaries. At this very moment an older person may be suffering abuse in a variety of situations. Perhaps abuse is occurring on an isolated farm, in a residence in your town, or in an apartment in your city. These individuals may be rich, middle class or poor, but they are people in your community that you probably know.

What then, is the role of the Clergy, through their ministry, to identify, address, and alleviate the hardships of the vulnerable aging population who are subjected to neglect and abuse? Members of the Order of Ministry have a unique opportunity to engage in the intervention and prevention of elder abuse by building rapport during home visitations and observing signs and symptoms of elder abuse that are frequently more evident in home surroundings. During Clergy home visits, the interactions in family relationships may be observed. Insights gained can provide clergy with the opportunity to provide appropriate pastoral care and counselling, and lead to the development of programmes that engage the congregation and the community in the identification and eradication of elder abuse.

Throughout this thesis, I will present actual situations from my experiences in ministry and reflect on my understanding of elder abuse, exploring ways to integrate

interventions and preventative methods in ministry to address elder abuse. Furthermore, I will highlight the work of various researchers, and raise awareness of the needs and responses that will alleviate this unacceptable behaviour.



## **CHAPTER ONE**

### **PERSONAL JOURNEY**

Life is a journey filled with joy, celebrations, mountain top and valley experiences. My journey began when I was born and raised on a farm in a rural agricultural area of south-western Ontario. During this period, difficult economic hardships were experienced due to the Depression of 1929 and World War II. My parents had a mixed farming operation. Our food supply was quite stable, our shelter was secure, and we were a happy family crew of six children. For many though, in our neighbourhood, earning a living was a challenge and we helped as much as we could!

Most of the farmers were not formally educated beyond Grade Eight, and their social skills were unpolished. Their crude language and belligerent behaviours contributed to many episodes of family violence. During those early years, I did not understand the extent of the abuse but knew something was wrong. In later years, I learned that both wife assault and child abuse had been common in several of the homes. This was my first knowledge of abuse.

These experiences marked my life in a way that made me aware of the violence that happened in families. I was shocked by the anguish and pain that women, children and elders suffered silently within the family relationships. I also began to understand that the attacks were so pervasive that any senior could be the victim of elder abuse. In these early stages, the assistance of community support services did not exist.

At age seventeen I felt a strong 'call to ministry', but I wanted to attend university, then train as a nurse and go to Africa to serve. However, lack of financial resources eliminated university, and without Latin I could not be admitted to the Nursing School. My second career choice was education, so I attended two Summer School Sessions in Toronto while teaching in a rural school. As the training requirements changed, I did the completing year at Toronto Teachers' College to receive a First Class Permanent Certificate. I gained valuable experience in both rural and urban elementary schools. Poverty, neglect, and various abuses of children, women and men were common episodes. Without appropriate community services, there were many sad cases of abuse left without resolution.

My husband and I married in 1956, and I continued to teach until we started to raise our family of four children. During those years, I was engaged in full-time parenting and volunteer church related responsibilities. The male dominated leadership in many congregations was being challenged to include women. This was an interesting process!

In 1983 I attended the World Council of Churches (WCC) Assembly in Vancouver. One of the seven main themes was Peace and Justice. Many speakers from the World Churches shared stories of the poverty, isolation and abuses inflicted on their people. Learning from International Presenters, the depth of the injustices committed became psychologically draining. For this Assembly, I co-chaired the 'Windows' project with the Very Rev. Dr. Lois Wilson. Each 'Window' was a fabric pictorial identifying an issue in Canadian society that was relevant to the seven themes of the World Council of Churches Assembly. These 'Windows' were gifts to the official delegates attending the WCC Assembly. People across Canada crafted the pictorials and many highlighted abuse.

Beginning in 1983, I served as chair of the World Outreach Committee of Dufferin - Peel Presbytery. With this responsibility, my leadership guided several programmes in relation to global peace and justice. Again, familial relationships were highlighted. For ten years, I was the lay volunteer appointed as the Mission Interpretation and Deputation Co-ordinator for Toronto Conference. During this time I co-ordinated events for Native and Non-Native congregations in order to participate in meaningful dialogue to help develop a deeper understanding of community, cultures and common needs. There were times of sharing that reflected the reality that cultural differences existed in the way meetings were held, how decisions were made, the lack of financial and budgetary management, and poverty that all highlighted the gaps and how we could learn from each other. On several occasions, I hosted an Aboriginal visitor in our home. When I asked a member of the congregation, if she wished to host an Aboriginal guest, she exclaimed, "Not in MY house!" I realized that many Non-Natives gained their knowledge of the Aboriginal members through what they had seen or heard...the old myth ...rather than actually meeting and talking with them. I learned so much about attitudes and abuses through those experiences that I was energized to continue to try to make my contribution to intervene to address elder abuse.

As well, I planned throughout the Conference, the itineraries of our Overseas Personnel while on furlough, and also for visitors from our Partner Churches. On many occasions, I hosted in our home visitors from various areas of the world. In these conversations, I learned so much about the lifestyles and hardships faced by many of our guests in their community and country. One evening as I chatted in our home with a guest from South Africa she remarked, "This is the first time I have ever felt safe!"

Later, in 1985, I was one of seven from the United Church of Canada to share in Mutuality in Mission Exchange with our partners in The Presbyterian Church in the Republic of South Korea. This was my first visit to a developing country. The conditions witnessed were beyond belief, with the violation of human rights, the poverty, and the accumulated abuses. Both the WCC and the Korean experiences gave insights into the pervasive global injustices including elder abuse.

It was during this time, visiting among the poorest of the poor in a small rural community in the southern part of Korea, that I had the profound “2x4” ‘Call’ to ministry. This happened in a parting greeting with a frail, elderly bent soul, who was so appreciative that we stood with them in the midst of their despair, that the Spirit moved me to set in motion a response to my ‘Call’ to ministry that I had denied for all those many years. Thus my studies started!

I registered in the Diaconal Ministry programme because I was already a qualified educator. In my involvement in the church, I firmly believed that the educational component in Christian Education had been significantly ignored. Thus, the focus of Education, Service and Pastoral Care in the Diaconal Programme would equip me to continue in my vocational ministry.

As I entered formal studies at age fifty-nine, it was a daunting task. As I commuted daily to Toronto, however, I was responding to my ‘Call’, and believed if there was a ‘will’ there was a ‘way’! Upon completion of the three-year programme at the Centre for Christian Studies in Toronto, Ontario, I was commissioned as a Diaconal Minister by Toronto

Conference in May, 1994, on behalf of The United Church of Canada. My ministry began when I was settled into a two-point rural pastoral charge where isolation, hardships and abuses existed.

Through these years, one of the most disturbing discoveries for me had to do with the impact of underlying social attitudes and values related to the male abuser. I am increasingly uncomfortable with the realization that such behaviour has for too long been tolerated in our society. In my opinion, one of the most significant tasks ahead is to make major changes in the underlying deeply rooted attitudes toward elder abuse. Our challenge is to develop a more nurturing society where vulnerable members are respected and protected.

Recently, several groups such as the Dufferin County Network for the Prevention of Elder Abuse have been organized with the determination to tackle the crime of elder abuse and to implement an extensive range of special initiatives such as Advocacy Centres and a Crisis Line. It is my belief, that in addressing any significant social problem, all aspects of society must join together and that co-ordination and involvement at the neighbourhood level is essential if real change is to be realized.

Power is an important concept which influences many aspects of society. In our society, there are powerful imbalances at an individual and familial level. Many seniors, especially the frail elderly, do not have power, and often, not even over their own lives. We need to challenge those who do have power to exercise it in such a way that the vulnerable elderly will be safeguarded, protected and afforded all the rights to which every citizen is entitled.

It is my belief that every society needs to have a sense and vision of the future. This, in part, is the social fabric that holds people together and energizes the implementation of programmes. I also believe that our society is in the process of understanding fundamental changes related to social, economic and political developments which are changing our values in significant ways. We are becoming more conscious of the need for a more caring society, particularly in relation with vulnerable persons and with regard to economic development which enhances the human condition. There is a potential for a fuller sense of spirituality and less preoccupation with materialism. These changes will likely take many years, but the directions are already in motion. It is because of this that I am optimistic that if we take the present social problems seriously, significant improvement will be achieved.

Through our laws and increasingly through attitudes and beliefs, Canadians have identified the need for all those who are vulnerable in society to be protected and fully valued as members of society. My understanding has been sensitized to the need for keen observation of the signs and symptoms of elder abuse and the courage to respond accordingly.

Although there has been progress in many areas including governments and community-based groups, there is still much to be done. The focus of this paper is to offer ways in which we, as clergy, can become involved in alleviating elder abuse. We need to celebrate the successes being achieved, but realistically assess the grave challenges which are ahead of us.

When I retired from active ministry in 1999, I wanted to maintain an active mind, learn to write a Master's paper, and hopefully make a worthwhile contribution to support clergy in

their Ministry. My desire to continue to work towards the elimination of elder abuse became the focal point of this Thesis.

## CHAPTER TWO

### TYPES OF ABUSE

Researchers have had some difficulty in defining terms such as “neglect, abuse, and violence.”<sup>1</sup> “Part of the difficulty in defining these terms is bound by the fact that neglect and abuse are behaviours that are not easily observable by others outside the family.”<sup>2</sup> Consequently, the observer is dependent upon verbal reports if there is no physical evidence. However, it has been agreed that elder abuse is any harm done to an older person that is violent or abusive. This abuse may be caused by a family member, a friend, staff in residential facilities or anyone the older person relies upon for basic needs.

Someone who commits elder abuse usually has control or influence over the elderly individual. Victims of elder abuse know and trust their abuser. Most victims of elder abuse depend upon the people who hurt them, sometimes for food, shelter, personal care, or companionship. Elder mistreatment seldom takes place in public locations, and probably only the most severe cases are ever revealed, and usually by accident!

For the purpose of this paper, I will adopt the strengths of the definitions advanced by the researchers “that identifies distinct types of abuse and neglect.”<sup>3</sup> The three types of abuse that have been identified “include physical abuse which causes pain or injury, psychological abuse that creates mental anguish, and material abuse that exploits resources.”<sup>4</sup> Furthermore, “difficulty arises from the variety of behaviours, such as, physical assault, exploitation of resources or neglect.”<sup>5</sup> The intentions of the aggressor “to inflict harm or distress on the



abused and the seriousness of the effects of abuse need to be considered.”<sup>6</sup> Researchers believe “that the ultimate source of the difficulty in formulating a satisfactory definition is the varying cultural and subcultural views on the acceptability of certain behaviours.”<sup>7</sup> It has been noted that harm caused by strangers may be considered a crime but it is not considered to be elder abuse. A person’s self-neglect is also not elder abuse. The key to the intervention and prevention of elder abuse is the ability to recognize the warning signs of the occurrence. Signs of elder abuse differ depending on the type of harm the abused is suffering. Each kind has distinct signs associated with it.

#### PHYSICAL ABUSE AND NEGLECT

Physical abuse can be detected by the visible signs on the elder’s body, including bruises, scars, sprains, or broken bones. More subtle indications of physical abuse include signs of restraints, such as rope marks on the elder’s wrists, or broken teeth and eye glasses. Researchers indicated that “sexual assault or forced confinements in a room, bed, or chair are also forms of abuse.”<sup>8</sup> Neglect occurs when an elderly person is abandoned or their food and health services are withheld leading to malnutrition, dehydration and poor hygiene. When a caregiver deliberately fails to provide the needs of a dependent elderly person by ignoring prescription medication and unsafe living conditions, neglect is committed. Individuals “committing neglect, physical assault, sexual assault, and forced confinement are committing crimes that are punishable by law.”<sup>9</sup>

The following example of abuse and neglect was experienced during my ministry.

A family wanting to maintain care for their mother in her own home decided to seek a live-in caregiver. It was suggested by a mere acquaintance that a woman from the 'North' would be available. Without interviews or references, the family engaged this person to live in the home and provide care for their mother.

During pastoral visitation, I noticed that obvious signs of physical abuse were evident. The elderly mother, in the early stages of dementia, seemed agitated and anxious. Through a meeting with the family, these concerns were raised. Through confidential contact with the family doctor, I referred concerns about the suspected abuse. When the doctor visited the woman, it was discovered that the caregiver suffered from mental health issues and was physically abusing the elderly mother. I attended with the family when the caregiver's services were terminated. She was extremely angry and used abusive language in responding to her dismissal. The mother was moved to the home of a daughter for appropriate care and the caregiver was immediately referred for medical treatment

This incident highlights the fact that great care is required to research the suitability and capabilities of a caregiver when seeking to engage in-home individuals to support the elderly. As well, I believe it reflects the exasperation experienced when frail elderly parents require long-term care that is not available through Community Services.

The mistreatment that happens behind closed doors within the home is no longer acceptable and there is awareness that family members are frequently the cause of mistreatment of the elders in the household. This creates cautious hope that elder abuse will diminish because of awareness, changing attitudes, and preventative actions.

It is essential that more government funding is provided to support the Community Care Access Centres (CCAC) services that respond to the demand for home care due to the increased aging population. The significance of quickly making appropriate referrals to other professionals is highlighted.

## PSYCHOLOGICAL ABUSE

The second most frequently reported abuse is psychological - verbal and emotional mistreatment. It is also referred to as emotional or mental abuse. Psychological and emotional abuse often accompanies the other types of abuse and can usually be detected by changes in the elder's personality or behaviour. Psychological abuse "includes the infliction of anguish or psychological pain by insulting, humiliating, intimidating, ignoring, frightening, isolating, removing decision-making power, withholding love and denying access to family members and friends."<sup>10</sup> Psychological/emotional abuse is also imposed when language, traditions, religious or spiritual beliefs are mocked, or when the elderly are prevented from participating in their religion. Research suggests that psychologically abused elders may "exhibit movements that mimic dementia behaviours such as rocking or mumbling."<sup>11</sup>

Early in my vocational ministry, a woman who was very active in the life and work of the congregation was expressing a timidity and level of anxiety that caught my attention. During conversations, when questions were asked to gain her opinion or evaluation of events, the same reply was always "Yes! Yes! Yes!" On other occasions, her repetitive response included familiar statements such as, "I'll have to ask my husband!" In further pastoral situations, I encouraged her to share some of her experiences. Her husband was a very

controlling person, who exhibited anger and serious temper tantrums during which his language and behaviour became very threatening. Rather than challenge these inappropriate displays of control, she took the line of least resistance so as not to 'rock the boat'. Her behaviour revealed to me that she was enduring emotional and psychological stress and abuse.

Through further pastoral conversations, I supported and encouraged her to claim her rightful role as an equal partner in marriage, and to expect respect and equality without threats and intimidation. I recommended a referral and she made an appointment with a professional counsellor, and entered long-term counselling to gain confidence. Her husband entered an anger management programme to help him learn to cope and control his inappropriate outbursts.

Two years later at a meeting with the church women, this woman proudly and enthusiastically shared with her group how she had planned and organized a two-day-away trip with the women in her family. One woman asked "What did your husband think?" Her response indicated to me that she had made significant progress when she said, "He does not have the right to control my decisions!" This also indicated that the congregation and community were aware of some of these episodes, but no action was taken to offer meaningful support and change to relieve her situation. That was twenty years ago. Recently, I learned that her husband was diagnosed with cancer. The family believes that because he could not control it, he committed suicide.

Through this situation, I believed these responses revealed emotional and psychological stress and abuse. I learned the importance of continual pastoral care and

conversation to build rapport and take the risk to ask the significant questions that enables abused people to trust enough to reveal the inner most concerns that burden them. Here, the strength revealed the significance of both confidentiality and appropriate referrals. It also indicated how essential it was to continue to develop skill in observation, listening for clues and pastoral care. I believe that the individuals who report mistreatment will be the catalysts to provide the real development and change in society to eradicate elder abuse. I also recognized and learned the value of the individuals who cultivate their own way of thinking and who stand up against the belligerent pressures of the abusers. When the elderly do disclose mistreatment or abuse, immediate support is required.

I am aware that biological aging, gradual decline in muscular strength, flexibility, speed of response and other functions, are normal stages of the aging process. The myths of aging are countered when society is reminded that the brain does not shrink, wilt, perish, or deteriorate with age, but can usually function through nine decades. By encouraging elders to engage in activities for as long as possible, they can maintain a better self-image, have greater satisfaction, and enjoy more social support and consequently adjust better for successful aging. Since old age is a time of reflection, the elderly need to be able to look back over the events of a lifetime with a sense of acceptance and satisfaction. Success of aging is based on the previous stages of life. When a person has lived richly and responsibly it helps develop a sense of integrity. This acknowledgement allows the elderly to face aging and death with dignity. If previous life events are viewed with regret, the aging person can fall into despair. In this case, there is a feeling that life has been a series of missed opportunities, that one has failed, and that it is too late to reverse what has been done. Aging and the looming threat of death then

become a source of fear and depression. Through the journey of life, these age-related experiences reflect typical psychological events in the lives of many people. Understanding the stages of ageism offers help to anticipate changes and recognize underlying trouble spots in the lives of the elderly.

It also helps me, as a minister, to be better prepared to understand the problems and feelings of relatives, friends and congregants at various stages in the life cycle as I check out their challenges and milestones. In 1996, Health Canada argued that emotional abuse is motivated by urges for power and control. Psychological/emotional abuse is often aggravated by economic conditions that contribute to frustration exemplifying aggressive responses. When power and control is diminished, abusers become frustrated and when they are unable to vent their hostility on the source of the frustration, they are likely to direct it at a substitute target such as a vulnerable elderly person.

Poverty, unemployment and economic stress are powerful sources of frustration, and provide a link between economic hardships and violence in the home and against the elderly. Individuals with deviant personalities, neurotic symptoms, and behavioural and social deviance tendencies are more prone to violence, therefore, endangering the vulnerable including the elderly. Learning to observe the indicators of these conditions enabled me to engage professional support services to intervene to help alleviate the root causes of the abuse. Through observation, I noted that abusers tended to humiliate or degrade their victims in public as well as in private. They tend to tell their victims again and again that they are the cause of their own problems and they are 'crazy' or 'stupid'. Victims internalize the blame and begin to doubt themselves. This reality is reflected by the numbers of psychologically

/emotionally abused women who seek counselling because they feel inadequate and often have low self-esteem.

Psychological/emotional abuse may range from an occasional occurrence to being part of the victims daily experience. Emotional abuse inflicts deep wounds that take a long time to heal. All signs and symptoms of psychological/emotional abuse must be taken seriously and treated appropriately.

### FINANCIAL ABUSE

Financial exploitation is a more subtle form of abuse in comparison to other types, and may be more challenging to notice. Signs of financial exploitation include significant withdrawals from accounts, belongings or money missing from the elder's home, unpaid bills, and purchases of unnecessary goods or services. It is abuse when elders are pressured to sign legal documents they do not understand in regard to their home, vehicle, property or finances. Escalating exploitation of elders includes fraud, forgery and extortion.

During a pastoral visit, I observed that inappropriate care was evident. An elderly lady, following the death of her second husband, was left very comfortable financially. She had moved into an apartment in a Seniors Residence in a small town, where she was actively involved in the life of the community. Her son and daughter, from her first marriage, determined that they could financially benefit if the mother came to live in the son's home, whereby they gained Power of Attorney privileges. Without consultation, the mother was transferred from her apartment to the private family home. This avoided the expense of accommodation in a Seniors Long Term Care Residence. The mother's new situation,

including all her possessions, was confined in a nine foot by ten foot bedroom containing a single bed, a chest of drawers, boxes stacked high about the room, and a narrow trail through the room. This was her basic living space. Their mother became completely isolated in this rural setting and often left alone for long periods of time while the family was at work or attending community functions. Nutritious meals, personal grooming and companionship were neglected. Although mentally alert, the mother was feeling despondent, isolated and lonely.

Confidentially, the circumstances were shared with health care professionals for assessment. Following a short stay in the local hospital, the elderly lady was admitted to a Seniors Residence. Again, this situation helps highlight the need for advocacy intervention on behalf of the elderly.

Financial abuse is escalating through fraud, forgery and extortion, and many abusers succeed in getting away with it. Often the abuser has the senior declared incompetent, thus forcing the senior to grant the privilege of Power of Attorney, which empowers a “trusted” family member to handle financial decision making responsibilities. Having a senior “declared incompetent is a commonly used legal manoeuvre by Power of Attorney abusers to nullify the senior’s ability to make choices for themselves, including revoking the Power of Attorney.”<sup>12</sup> Many types of abuse against the elderly are often by their own children and others they trust. Yet “only six to nine percent of adults over sixty-five lack decision- making capacity, and that risk increases mostly with advancing age.”<sup>13</sup> According to the Canadian Centre for Elder Law, Policy and Aging, the most commonly reported type of abuse is financial.



Many standard Power of Attorney documents grant “such absolute power that abusers are often able to circumvent criminal investigation and prosecution by simply telling authorities they were doing what they thought was best, or they did not realize they were improperly managing the money.”<sup>14</sup> The current system of Powers of Attorney is based on an honour system which only works for people who are honourable. Many are not!

It is critical that clergy recognize signs and symptoms of elder abuse to facilitate early detection and implement interventions to provide support. Furthermore, when clergy are encouraged to gain advanced skill in intervention techniques, they are more prepared to help resolve conflicts and promote healing.

#### CRIMINAL ABUSE

The lifestyle of elderly individuals who live alone makes some vulnerable to theft and injuries that can prove fatal. Many of the elderly experience high levels of fear of violent crime. The elderly are victims of homicide most often as a result of beatings in their own home, inflicted by family or friends, rather than by shooting or stabbing.

Criminologists believe that the elderly’s relatively low victimization rates are credited with their self-protective tendencies such as not venturing out alone, especially at night, thus decreasing their vulnerability. By their actions the elderly wisely try to reduce the probability of being victimized.

The frail elderly living at home are often victims of fraud. A major challenge working with the abused and vulnerable elders is that they may refuse to co-operate and help maintain protection. The elder’s reluctance may be caused by factors such as fear of retaliation, shame,

loyalty to abusers, social and cultural norms and a lack of trust of the legal system. In the early 1990's, "the infusion of domestic violence theory, research, and practice in the field of elder abuse alerted researchers to the power and control dynamics operating in some abusive relations that highlighted the social, economic and cultural obstacles many elders face."<sup>15</sup> As the cognitive function declines, the elderly become more vulnerable to abuse because their ability to understand what has happened deteriorates, and thus cannot attempt to stop the abuse. The research on "the psychology of victimization in the areas of financial abuse and consumer fraud identifies cognitive deficits, psychological factors and personality traits that explain why victims fail to recognize obvious fraud tactics."<sup>16</sup> A research study suggests that "a link exists between memory deficit and vulnerability to scams."<sup>17</sup> Furthermore, "persuasive influence can make the elderly more vulnerable to the crime of fraud."<sup>18</sup> An example of potential telephone fraud occurred during one of my pastoral visits.

In the midst of a pastoral visit, an elderly congregant received a telephone call. I was in close proximity to the telephone and overheard the conversation. When the elderly lady went to her purse to retrieve her credit card, I inquired about the request for this information. The elderly lady was advised never to give such information on the telephone. The lady abruptly ended the conversation, and I discussed with her the dangers of responding to telephone scams, and the fraudulent door-to-door hucksters and peddlers who often arrive. Because the elderly lady lived alone, I shared my concern with her daughter who lived nearby.

Telephone fraud is common, and seniors are prime targets for con artists. Also, door-to-door hucksters and peddlers prey upon the elderly. Legitimate canvassers should be able to produce the permit that is issued by the local municipality. If they cannot, the elderly should

be encouraged to report them to the police for validation. On the part of the clergy, it sometimes takes courage to ask the intruding questions to help address the issues.

The Crime Prevention Bureau reports that thousands of well-educated, intelligent and unsuspecting Canadian citizens are annually defrauded – mostly of their money. There are many unscrupulous systems of fraudulent crime. Through Police Services, some personnel are specifically designated as family violence and abuse responders. Elder abuse prevention requires co-operation among the multi-disciplinary professional groups such as medical and health care providers, social workers, financial institutions, lawyers, mental health professionals, policy services and clergy to address elder abuse. Training professionals in ways to recognize elder abuse and respond effectively to the situation helps diminish the repetitive occurrences.

Policies and practices that are developed to support zero tolerance will clearly reflect that no amount of violence is acceptable and that the elimination of violence will be a priority. It is regrettable that elderly Canadians become prime targets for con artists. Through awareness and co-operation, these crimes can be prevented.

## **CHAPTER THREE**

### **COURSE INSIGHTS AND RESEARCH LEARNING**

Religious and faith experiences in different places and in different eras involved me in both the dark and the golden ages in the journeys of elderly people. While studying at the Centre for Christian Studies in Toronto, Ontario in the early 1990's, several seminars focussed on the concerns of Child Abuse and Violence of Women. Through these sessions, I developed the ability to recognize the signs and symptoms of these abuses.

During my Field Placement for the social ministry component of my training, I was assigned to the Red Door Shelter in Toronto. This transitional shelter is an inner city facility that provides support to victims of abuse and homelessness due to displacement caused by fire or the failure to pay the rent. Immigrants and Refugees were welcomed to Canada as they arrived directly from the Pearson International Airport. The newcomers were assisted until they were re-located to their own accommodation. Many valuable experiences challenged my limited understanding of urban conditions.

One day in conversation with a newcomer to the shelter, an elderly woman pulled up her sleeve and exposed a large gaping knife wound in her upper arm that was inflicted by her husband. With this revelation, she was taken to the hospital for treatment and the investigation continued. On another occasion, in conversation with a twenty-five year old who was visiting his wife and son, who were sheltered there, I became suspicious that he may have been

committing sexually inappropriate behaviour. I had identified a pedophile. He faced criminal charges. There were many more abusive experiences!

Since I had grown up in a rural area, these experiences opened my eyes to the human needs in a broader urban context. Everything here was under lock and key...the kitchen, the refrigerator, and every door. I was shocked, but was faced with a different reality! However, these experiences broadened my understanding of the variety of circumstances faced in different places and different times by numerous people. My listening skills were sharpened, and my sense of compassion and empathy helped me embrace the many ways that we are enabled to meet human needs.

In 1988, when I embarked on a continuing education programme to work towards a Bachelor of Arts Degree through Wilfred Laurier University in Waterloo, Ontario, my chosen Major was Religion and Culture, and the Minor was Sociology. When I graduated on October 31, 1999, I had already graduated, (1993), after three years at the Centre for Christian Studies in Toronto, and served in active ministry in a two-point rural pastoral charge for six years, where I was interacting with people at all ages and stages of life. To complete my BA degree, I chose courses about Family Life in Canada, Family Health and Medicine, Sociology of Mental Health, Sociology of Crime, The Canadian Criminal Justice System and numerous other enlightening subjects. Through these studies, my awareness was raised to factors influencing family relationships, the various responses, and the common occurrences of dysfunctional family units.

As a result, these valuable insights nurtured keen observation skills that alerted me to body language, and the muted verbal references to the fact that abusive conditions actually existed in their lives. I became more aware of the need to constantly engage in opportunities to develop a rapport that helped to develop the trust to reveal the deeper concerns in life. I discovered by focussing on the spiritual nurturing during earlier conversations, that a safe foundation was formed to make the revelation possible.

Through sociological studies at the University of Wilfred Laurier, I became more sensitized to the social component of religion. My awareness was heightened in relation to the varying beliefs people hold, how they worship together, display attitudes, relate to others, differ in their mental health, and exhibit a wide variety of lifestyles and social characteristics. While considering the social aspects in the relationships between individual commitments and group supports, I realized that the personal and societal factors that influence the desire to be religious, and the impact of religious commitment on attitudes and particular kinds of social behaviour is reflected to some degree in family relationships in regard to elder abuse.

Because family relationships are usually emotionally laden, and familial relationships involve power inequalities, it is not surprising that the family can be a violent environment. In the present decade, we are more aware of family violence and elder abuse, and no longer permit it to be socially acceptable. Researchers indicate that perpetrators of family violence are almost always men; victims are spouses, children, and the elderly. The strongest and most powerful trend is to victimize the weakest and least powerful. This pattern is a direct reflection of male gender-role socialization and gender-related social inequalities both in the family and in the wider society. In past decades, the feminist movement has challenged these inequalities

and has taken strides to acknowledge these former male dominated structures and work towards the elimination of injustices.

The more I learned about the meaning of elder abuse, my thoughts began to focus on advocacy – the caring stance of advocating on behalf of others such as the elderly. The text in Matthew 13: 13-17 encourages watching, listening, and understanding the surrounding circumstances. Clergy are urged to hear the voice of those who are not seen or heard, and listen to those who cry out for understanding. With compassion clergy can accept this as a challenge to take action as advocates on behalf of the marginalized to prevent elder abuse. Many changes in awareness in regard to the marginalization of persons of all descriptions in our society are encouraged. However, the knowing and seeing demands greater responsibility to support the elderly, and become better advocates on their behalf by giving them a more central focus in our ministries.

By developing positive listening skills, and learning to avoid expressions of shock, I became able to affirm the truth of the revelations of the abused. Regardless of how tragic it was, I encouraged the abused to continue to share. Some of these revelations involved physical abuse, incest and suicides. Through these difficult situations, the need to enable the abused person to dig deep and tap into the strength and confidence to seek further assistance was necessary to intervene and address the issues so prevention would eliminate further risk of abuse.

I found it helpful to listen with the receptive ears of a caring heart to the voices of emotion, and for the feelings beneath the words. Listening with an ear toward uncovering

the expressions of a muffled 'cry for help' created in me a sense of an emerging need for intervention to relieve these expressions of fear, guilt and the deepest desires of the human heart, and respond to the elderly experiencing these particular human needs. Through this approach, I learned to develop skills that enabled me to become more aware of the body language and observe signs and symptoms that indicated potential abuse.

While being the primary caregiver to my husband during failing health, I learned that the care giving role involves a heavy load, exacerbated by the limited availability of community support services. Further insights reinforced the following:

- I developed increased insights into my own strengths and limitations.
- I had increased compassion for others.
- I did reflections and rethinking of values and priorities.
- I learned to live in the present from day to day and appreciate the simple things in life that make it enjoyable.
- I learned to recognize the satisfaction of knowing that I was doing something meaningful in caring for a loved one.
- I learned to avoid caregiver burnout by early identification of the emotional stress and seek assistance.
- Above all else, I learned that our four adult children provided love, support and care for us.

The voice of God often speaks to us through the actions of others. Hearing that voice with understanding and humility, I believe, is at the heart of the Christian caring ministries.



Such hearing can give our caring efforts for the elderly the needed perspective that from time to time weaves our support into the larger fabric of God's care. As we seek to advocate for those who suffer and are marginalized, we do not neglect to listen to the voice of God, but understanding with our hearts, we may turn to God who can energize us and help heal those for whom we care. I observed that the reluctance that surfaces in regard to reporting elder abuse comes at the point when other considerations appear to be more important than the basic goal of protecting the abused.

## FAMILY RELATIONSHIPS

For many Canadians, the earliest and most intimate experience of old age is frequently with parents or grandparents with whom there is a close relationship. However, at times this relationship may have become complicated with unresolved issues. When the adult children are faced with the immediate responsibilities for the aging parents, difficulties arise that may contribute to elder abuse. Elder abuse is most often a family affair!

In order for clergy to effectively minister to abused elders, it is helpful to be aware of the family relationships and dynamics that contribute to elder abuse. In this paper, I will attempt to address some of the factors that indicate "how the dynamics of the caregiver relationship can help to explain abuse and neglect of the elderly by their adult child caregivers."<sup>19</sup> Furthermore, through sensitive pastoral care, clergy have the opportunity to observe signs and symptoms of abuse. With an informed understanding of the factors that lead to neglect, clergy can be prepared, if specifically trained, to offer assistance to prevent this mistreatment. Family members "providing physical and psychological care to help each other

are fundamental to maintaining the family as a unit throughout the life cycle. This interaction is also one of the sources of emotional satisfaction for family members.”<sup>20</sup>

In sociological tradition, “the help that adult children give to their elderly parents in time of need can be explained in terms of cultural expectations or exchange theory (the need to repay the parent for care and help given earlier in life).”<sup>21</sup> However, “the psychological tradition may be of value in understanding more complex motivations toward helping behaviours.”<sup>22</sup>

The attachment theory explains the helping behaviour of adult children as “the emotional or affectionate bond between parent and child, and continues through the entire life span, along with exploratory and protective behavioural systems.”<sup>23</sup> Attachment behaviour in adulthood includes “the interaction via communication over distance to maintain psychological closeness and contact, as well as visits to the parents to re-establish physical closeness.”<sup>24</sup> Attachment behaviours include living near the parent, telephoning, letter writing, sending messages through others, and actual visiting. Modern technology allows Skype and Facebook communication.

The “protective behaviours that are related to attachment to the parent are manifested in the old age by the adult child’s helping and care giving behaviours to the elderly parent.”<sup>25</sup> When the attachment bond is threatened “by the parent’s illness or incapacity, the adult child who is attached will provide help and care to maintain the survival of the parent and to preserve the emotional bond.”<sup>26</sup> Attachment behaviours are developed before protective

behaviours occur because “some contact or communication must occur for the child to become aware of the parent’s need for help before any assistance can take place.”<sup>27</sup>

When adult children viewed “their parent’s personality traits, (fair, selfish, envious, cantankerous, affectionate, and so forth.), in a positive manner, they had a closer bond of attachment to them,”<sup>28</sup> while those who viewed their parent’s characteristics negatively experienced more negative feelings. On the other hand, “negative feelings are lessened when the adult child’s feelings of attachment are stronger and as attachment behaviours increase.”<sup>29</sup> The feelings of attachment help to alleviate any negative feelings “that arise as a result of conflicts with the parent, the parent’s dependency, or the burden of helping, thus commitment for future assistance is not threatened.”<sup>30</sup> Therefore, negative trait perceptions related to a lower commitment for future help, especially in such crucial areas as homemaking, personal care and home health care, requires investigation.

## CAREGIVER BURDEN

Traditionally, the family has been expected to provide support and care for frail elderly family members. According to Statistics Canada (2010), twenty-five percent of vulnerable seniors over the age of sixty-five live in senior’s residences, so clearly the majority of older people are in the community and are dependent on their family, friends, or others for assistance with daily needs, according to the Senate Special Committee on Aging, 1984.

‘Caregiver burden’ is the term used to refer to the physical, psychological, financial, and emotional problems that can affect persons who provide services to an impaired older adult. “Emotional or mental health problems are the most common difficulties experienced by

family caregivers,”<sup>31</sup> but problems can and do arise in a variety of other areas. “The majority of supported services received by older individuals are provided by family members. There is also increasing awareness that providing care for an older adult is ‘a taxing challenging’ responsibility that can create serious problems for the caregiver.”<sup>32</sup> If a serious illness suddenly strikes a family, members may be cast into the caregiver’s role without warning, training or preparation. The faith community can offer caregivers support through guidance for this role. Caregivers are expected to be available twenty-four hours a day, seven days a week, so the long and irregular hours are stressful, as I have experienced. Caregivers may also be caring for their children and involved with a job. Volunteers in a congregation could be available to provide respite care and child care. “Distance, money and full-time jobs are realities that prevent many adult children from taking care of their elderly relatives, even if they had the emotional and physical reserves to do so.”<sup>33</sup>

## FAMILY CONFLICT

Many investigators believe the reason for caregiver burden is partly due to the fact that the physical demands of caring for an elderly/impaired parent are substantial. As well, it is emotionally stressful to observe a loved one experience pain or disability. Furthermore, “the time commitments required for care can undermine social participation and create competing role demands such as employment and other family relations.”<sup>34</sup>

Some researchers, such as Elaine Brody hypothesize that “the accepted norm that offspring should provide their aged parents with care of comparable quality and quantity as that which they received from their parents during childhood”<sup>35</sup> results in disappointment and

guilt because the norm is an unattainable goal. When adult children and their siblings have an antagonistic relationship, there are implications for the assistance to parents. Adult siblings involved in conflict are “unable to work co-operatively for a parent’s care and there is little support for the adult child who takes on the primary care giving role.”<sup>36</sup>

In addition to the physical disabilities and mental impairments that often accompany aging, other changes and adjustments have a bearing on the responsibility for care. Older people “frequently become absorbed in their own concerns and needs and show less interest in others including other family members.”<sup>37</sup> Many elderly exhibit certain negative behaviours that were controlled during earlier years, such as screaming, yelling, name calling, and hitting. This behaviour increases negative feelings in the caregiver. The elderly “experience the loss of power and control over material things, and attempt to increase their efforts to maintain or regain control and authority over adult children,”<sup>38</sup> thus increasing resentment and negative feelings. However, care giving affects employment, family finances and relationships with family and friends. In addition, there is emotional, physical and financial burden placed upon the caregiver.

Throughout the adult life cycle, conflict with parents seems to exist. In today’s culture and society, material productivity and youthfulness are emphasized and are highly valued. Usually aging is not interpreted as a positive growing experience, but rather feared distastefully for the signs of aging. There is evidence that where family members play a positive role in the lives of the elderly, conflict is common. Some observers have “acknowledged that conflict, an important dynamic in all families, may be heightened by stressors associated with advanced age, including frailty, lack of economic resources,

retirement, and the death of close friends and family members.”<sup>39</sup> Conflict tends to result when “the parent requests assistance in satisfying their needs, while the adult child caregiver feels the parent requests are inappropriate. Elderly parents and adult children have differing perceptions of the relative importance of various needs.”<sup>40</sup> If a child caregiver attempts “to force a service on a parent who thinks it is unimportant, or if the child disregards or ridicules a need that the parent considers important, conflict and negative feelings result.”<sup>41</sup> While considering areas around which conflicts with elderly parents occurred, “the children reported conflicts centred on the parent’s health, things the child felt that the parent should do, and the parent’s temperament.”<sup>42</sup> Other areas of conflict were “the parent’s criticism of the child (or the child’s family or friends), parent intrusiveness into the child’s life, and parent demands, and the way one parent related to the other.”<sup>43</sup> Negative feelings tended to arise in the adult child, who was giving care to the elderly parent, through “unpleasant emotional circumstances such as impatience, frustration, irritation, bitterness, resentment, anger,<sup>44</sup> and so forth. Negative feelings increase “as parent dependency increases, and as conflict increases.”<sup>45</sup>

In a study of adult children’s relationships with their elderly parents, “sixty-four percent of adult children reported some frequency of conflict with their elderly fathers and sixty-one percent reported some degree of conflict with their elderly mothers.”<sup>46</sup> Most of the adult children consulted “did not share a residence with the parent, and they predicted an increase in conflict should the parent come to live with them.”<sup>47</sup> Steinman distinguished “three types of conflict that occur in later life when parents need support from adult children: continuing conflicts, reactivated conflicts, and new conflicts.”<sup>48</sup>

Continuing conflicts are “those that have always been present between parent and child and are still going on.”<sup>49</sup> Reactivated conflicts are “those that were never settled in earlier years but were disregarded during the years when the parent and adult child lived more independently; these reappear when contact becomes more frequent during the process of giving help.”<sup>50</sup> New conflicts concern issues “in relation to problems of the parent’s aging. Unless conflicts can be resolved difficulties in the relationship can be expected when the elderly parent needs help.”<sup>51</sup>

Opinions differ as to “whether conflicts fulfill a positive or a negative function in the relationship.”<sup>52</sup> One view is that “conflict is the means by which relationships grow and change and by which new rules and goals are formulated.”<sup>53</sup> By engaging in conflict and working it through to a mutually satisfying resolution, “the affection and understanding of the two people involved in the conflict deepen, and their relationship becomes stronger.”<sup>54</sup> The avoidance of conflict to preserve harmony is “regarded as destructive to the relationship: each person withdraws from certain topics of discussion or areas of activity, until little mutual concern remains to hold the relationship together.”<sup>55</sup> When conflict is avoided or denied, “the latent conflict may resurface in another form (e.g. displacement) and basic issues may need to be confronted at a later date.”<sup>56</sup>

The alternative view is that each conflict leaves a negative effect. Usually a strong emotional connection is evident in a close personal relationship. When conflicts are accompanied “by criticism, threats, coercions, deception, and the like, the negative feelings are often quite intense.”<sup>57</sup> The “angry withdrawal of one person in the interaction or submission to a more dominant partner, or agreeing to disagree, does not offer the possibility

for reconciliation to reduce the negative feelings.”<sup>58</sup> Often, “after an argument things are never the same. These residues of conflict accumulate over time, and in themselves predispose the two persons to further conflict and a generally deteriorating relationship.”<sup>59</sup> Probably both views of the functions of conflict in a relationship have an element of truth. “Negotiated settlements of conflict can lead to increased understanding, while the negative effect accompanying conflict can lead to a deteriorating relationship or even its termination.”<sup>60</sup> However, “family relationships do persist over long periods of time, and nearly all are accompanied by conflict in varying degrees.”<sup>61</sup> Hostile conflicts can erupt at times, but an underlying bond of affection usually keeps the two persons together. Whatever the outcome, every conflict becomes part of the history of the relationship; effects of the previous conflicts determine the nature of the future conflicts.”<sup>62</sup> Positive family relationships need to develop in early life by establishing respect, and learning to listen, and dialogue together without animosity.

Elder abuse is sinful exploitation of seniors, and violates both individuals and mutuality within a community. This abuse arises from unequal power relationships including age, gender, race, or position of authority. Mutuality and respect are essential for faithful living. Elderly adults can create circumstances that expose themselves to become more susceptible to elder abuse. Some factors, such as the individual’s attitude contributes to this scenario. Significantly, an elder’s disposition can change dramatically, and a gentle individual may become cantankerous, aggressive, obnoxious and difficult. When the elderly determine to withdraw from social interaction and no longer take interest in maintaining physical fitness through various activities, the level of independence decreases. In some cases, the elderly



may neglect themselves by not caring about their own appearance, personal health and general well-being. When elderly adults deliberately neglect themselves, it can lead to illness, injury or death. The elderly may refuse to follow a healthy diet, neglect cleanliness, and ignore clean and healthy surroundings. Often appropriate clothing to protect against the weather is not worn, and safety guidelines are ignored. A common complaint by family members is that the elderly ignore medical attention for serious illness, and refuse to take necessary medication. Sometimes these situations arise due to declining mental awareness or physical capability. These attitudes and circumstances lead to dependence, and compound the level of stress for families and caregivers. These attitudes are strong factors contributing to the problems of elder abuse in Canada.

It is important to acknowledge the courage and strength of the abused that have acknowledged their experience of abuse and have spoken up for themselves and on behalf of future generations. In this way they are making brave strides towards breaking the cycle of elder abuse. Their witness for the need for justice must not be ignored. Being 'alone' is not the main ethical value that Christian pastoral care of the elderly ought to preserve, but rather strive to encourage and develop responsible relationships to God, family and society. God intends that all human beings enjoy a full life free from abuse and injustice. (Micah 2:1-2, 8-9). All human beings are created in God's image and are deserving of mutual respect and protection. Some members of society violate this responsibility!

## ELDER ABUSE STATISTICS

The ultimate expectation is that the family home is a haven of love, protection and safety. No doubt, family violence has probably existed throughout the years. The growing awareness of family abuse was identified “when the neglect and abuse of children in the 1960’s was recognized, followed by spousal abuse in the 1970’s, and finally elder abuse in the late 1970’s and following decades.”<sup>63</sup> In 1991, “there were approximately 1.2 million persons over sixty-five years of age in Canada. By the year 2031, there will be 7.5 million according to current forecasts. The proportion of older adults in Canada’s population is expected to increase from eleven percent to twenty-three percent.”<sup>64</sup> The demographic information “indicates an increase in the number of people over seventy-five, raising concern for services due to the fact that both physical and cognitive chronic diseases become more common.”<sup>65</sup> With the aging of the population, factors such as longer life expectancy, and chronic diseases, are challenging caregivers to not only extend life, but also improve the quality of life for older adults. Older adults require community services, and women make up the majority since the gap between men and women increases with age.

According to Statistics Canada, “about 2.1 million Canadians are caring for senior relatives, either in their own homes or in the patient’s homes. About sixty percent of those caregivers are women, most of them have jobs and a quarter of these were also looking after children under the age of fifteen years.”<sup>66</sup> An estimated seven percent of Canada’s 3,795,121 seniors currently require institutional care, and ten percent require some form of home care. In Ontario, home care support is offered to some 400,000 elderly a year, providing a maximum of sixty to one hundred twenty hours per month. To engage in the Community Care

Access System, there is a waiting list of eleven thousand seniors requiring home care assistance, and I became very aware of these circumstances when I was caring for my frail husband.

Cases of elder neglect “tended to be concentrated more heavily among the oldest and most dependent elderly, in contrast to the other types of abuse.”<sup>67</sup> Marilyn Block and Jan Sinnott reported frequencies of “various types of elder abuse behaviour; they found lack of personal care in thirty-eight percent of the cases in their sample, lack of supervision in thirty-eight percent and lack of food in nineteen percent.”<sup>68</sup> Although “these percentages were less than those reported for psychological abuse, they are in the same range as those reported for physical and material abuse.”<sup>69</sup> Therefore, this data indicates that neglect is involved in a large percentage of elder abuse/neglect cases, and needs to be intentionally addressed. Thus, victims of neglect are “more likely to be quite old and cognitively and or physically impaired; they are a highly vulnerable group in need of care by family or other caregivers – in other words, neglect appears to occur most frequently with the family care-giving situation.”<sup>70</sup>

In a small study examining abused elderly, “ten percent of victims reported physical abuse.”<sup>71</sup> Neglect is a highly prevalent form of mistreatment of the elderly. In another “study of disabled elderly, neglect was the most common form of abuse.”<sup>72</sup> Neglect seems to be related to stress and burden in the care giving situation. By contrast, “physical abuse and psychological abuse seem to be related to poor mental health and interpersonal pathology of the abused and abuser.”<sup>73</sup> If this is indeed the case, then the different types of abuse and neglect arise from different causal factors and should be studied separately. Research determined in “a survey of two hundred and twenty-eight professionals working with

vulnerable elderly, found that nearly all professionals had encountered cases of passive neglect.”<sup>74</sup>

When adult children view affection as an obligation in the relationship to their parents, Adams concluded “that relationships based on obligation alone are likely to be superficial in comparison to the qualitatively richer interactions of affection-based relationships.”<sup>75</sup> Obligation alone is likely to result in a minimal caregiving effort. Researchers hypothesize “that when the personal relationship with the aging parent has been poor, the adult child (or other family member) develops means of coping, which includes various self-protective mechanisms and a tendency to avoid the problem situation.”<sup>76</sup> Thus, when the parent needs care and a conflict develops, the adult child may handle the problem by simply walking away. The adult child’s “response to parent conflict in the care giving situation is determined by the history of the relationship.”<sup>77</sup> Trend data shows between 1998 and 2005, the overall rate of police – reported violence against seniors increased twenty per cent. When considering violence at the hands of a family member, rates of violence were higher for elderly women. There were “forty-seven per 100,000 females over sixty-five who were violently victimized by a family member, compared to thirty-six per 100,000 males over sixty-five.”<sup>78</sup> Further research provided evidence to indicate “that forty-six to fifty percent of abuse cases reported involve some form of psychological abuse.”<sup>79</sup>

The Conflict Tactics Scale, measures ‘psychological aggression’ in “three different categories which identify verbal aggression, dominant behaviours, and jealous behaviours.”<sup>80</sup> In 1996, Health Canada argued that emotional abuse is motivated by urges for ‘power and control’. All signs and symptoms of psychological abuse that are observed must be taken

seriously. Rates of family violence against the elderly were highest when the accused was an adult child or a current or former spouse. The older seniors age eighty-five and over are less likely to be abused by family members.

## CHAPTER FOUR

### SCRIPTURE INSIGHTS ON ELDER ABUSE

From a theological perspective, throughout scripture, references are made to acknowledge and respect the role and contribution of the elderly in the church and society. In the Ten Commandments, children are challenged to honour their Father and Mother, showing respect and care for them, (Exodus 20:12). However, parents must understand that during child-rearing, appropriate skills and nurturing must be demonstrated in order to earn respect.

The Apostle Paul indicates that anyone who does not care for his own, especially those of his own household is failing his duty and is worse than an unbeliever (Timothy 5: 8). Paul also refers to the elderly of the congregation as our brothers and sisters in Christ. Elderly need support and encouragement to escape the doldrums of ageism.

The prophet Job, exclaims, “What do you know that we do not know?” What do you understand that is not clear to us?” “The gray-haired and the aged are on our side,” (Job5: 10). Elders possess talents, gifts, and the wisdom of experience. Their physical handicaps and declining level of energy should in no way detract from the value of their human potential. The elderly have not only the resources, but also the leisure time to make use of them, thus efforts must be made to prevent obstructing their opportunities. Christian stewardship requires that we do not let these treasures go to waste. Elders have common human needs which in Christian love we are obligated to meet. Elders need love, a sense of worth, an assurance of

meaning in their lives, acceptance and forgiveness, as well as the stimulation and excitement that helps make life worth living.

Again Job says “the young men saw me and withdrew, and the aged rose up and stood,” (Job 29: 8). The understanding, ability and stamina of the elderly must not be underestimated. The elderly do need encouragement to build up their own inner resources of faith, courage, and determination in order for themselves to address isolation, and in other words they can be ‘alone’, without feeling ‘lonely’. Everyone can help build elders up in trust through words and actions, (James 2: 14-16). In ageism, the elderly can have both physical and mental limitations that adversely affect their health, so they need assurance and encouragement not to accept the conditions as an inevitable part of growing old. For any ministry to be effective, it must be received. Sometimes all one can do is be present and attentive to the elderly.

## SPIRITUAL NURTURING

Spiritual nurturing embraces the deepest feelings, and spirituality can be defined as the way we order our lives in relationship to God, to ourselves and to our neighbours. Spirituality is, therefore, part of each individual on all stages of life. God always meets us where we are, not as we wish we were, not as we used to be, but right now, in the entirety of our lives. Through the practice of prayer and an acceptance of our limitations, we are led to the compassion and the wholeness of God. Herein is the promise that as we grow older, we may continue to group our experience of our love of God, with our love of neighbour.

In spiritual nurturing, the challenge is to nourish the ‘spiritual well-being’ of the individual. According to the National Interfaith Coalition on Aging, spiritual care is “the affirmation of life in relationship with God, self, community and the environment that nurtures and celebrates wholeness.”<sup>81</sup> Spiritual care helps give meaning to all of life, and conveys our dependence on the source of life, God the Creator.

Part of a clergy person’s role is to help cast light on each person’s faith experience. Faith is the experience that gives life its direction and meaning and the elderly person’s response to these lifetime opportunities all come as gifts. Within the faith journey, “there is an acknowledged truth that life is a gift, and the recognition of this reality gives meaning to each individual life.”<sup>82</sup> “Faith gifts, such as trust, joy, a sense of worth, hope and love are gifts in the sense that they are achieved through openness and can only be received, but never controlled,”<sup>83</sup> and neither bought nor sold. These gifts are the gifts of God’s grace during one’s journey and they help shape life and achieve fulfillment.”<sup>84</sup>

At the centre of experiences for the elderly is a need for an understanding of what it is that not only occupies the hours, but what provides meaning to life. According to George Strong, (1992), “the social patterns in our modern consumerist society focuses on the values of ‘functioning’ rather than the significance of ‘being’ ”<sup>85</sup> the elderly often consider themselves useless, because they cannot ‘do’ things that society considers important. In much of what they experience, there is a lack of a sense of direction in society, due to the absence of a spiritual dimension in their circumstances. This attitude “tends to alienate the elderly and creates a sense of worthlessness.”<sup>86</sup> Some elderly find it difficult to relinquish the role of leadership, yet it is necessary for them to initiate a transition from ‘doing’ to ‘being’.



Therefore, the clergy role can stimulate satisfaction and a sense of fulfillment while nurturing the 'being'. There is a significant role played by religious faith in an older person's life.

Although physical needs may be met, unless "there is a source of strength beyond personal matters, the elderly remains without a sense of wholeness to life."<sup>87</sup> Without a reason for existing, the final years of life tend to be filled with fear and unhappiness.

Scripture makes it obvious that we are part of a community, and that individually within that community we are called and enabled to care for the needs of others. According to scriptures, one of the advantages of living in a world where people recognize that God demands justice and mercy is that when we are needy, poor or sorrowful we can expect that someone will be called to show compassion "to bring good news to the poor, to bind up the broken hearts that are broken, and to comfort those who mourn." (Luke 4:18-19). We must also look for opportunities to grow personally in the midst of the 'changes and chances of life.' We have to give up the familiar and go on to the unknown all during life. These changes take on a new perspective in our older years. It is what we are that becomes important. One of the few freedoms of retirement is the time to get our priorities in order. This brings us back to the problem of loneliness. The lonely, forgotten and isolated need to be brought into a loving environment and this is, I believe, our task as a religious community.

**CHAPTER FIVE**  
**MINISTRY AND ELDER ABUSE**  
**PASTORAL CARE**

The basic characteristics exemplified in ministerial competency, involves factors of personal integrity, and personal warmth, as well as an understanding in theological knowledge and skills in communication and administration. Through pastoral care conversations, it is important to strive to develop the quality of one's relationship with the abused elderly person to promote trust and confidence for the sharing of their circumstances. Whatever the outcome "every conflict becomes part of the history of the relationship; effects of the previous conflicts determine the nature of future conflicts."<sup>88</sup>

Pastoral conversation is significant in establishing helping relationships among the people and the community, (much of ministry is listening and speaking), to be intentional in our conversation and exercise a pastoral responsibility in our exchange. Conversation is a basic vehicle in human relationships. Meaningful conversational opportunities "should not be squandered in chitchat that does little to enhance human life."<sup>89</sup> The 'turning point conversation' takes place when we are at a junction in the road, trying to make a decision, and somehow a talk helps to clarify our mind and will. The clergy does not tell what to do, but helps facilitate one's own decision, perhaps not even realizing the assistance offered at the time. In our ministry, we are challenged to engage in caring conversations with individuals to enable them to experience life-changing growth in their journey. Usually, one should establish a relationship, and determine the form of ministry that is appropriate as the relationship

develops to try to meet the spiritual needs of the person. In an abuse emergency, gather some facts about the situation, assess the spiritual state of the elder, if possible, and provide a meaningful response founded on this information.

Significant conversation is probably most important as you listen and let them reminisce. By building a long-term relationship with common experiences, the clergy can enter into this and encourage the reminiscing. Be an attentive listener. Help the elderly share experiences and accomplishments and important things during their life, and assist them to acknowledge some of the struggles and bumps in the road. Speak to them, read to them and pray for them. God hears and uses our prayers!

The elderly confined within the home are often lonely and feel uncared for by their families and often spiritual and pastoral care is diminished. Clergy have a unique opportunity through offering pastoral ministry in a variety of ways to place emphasis on visitation and spiritual counselling, on a one-to-one basis. The elderly, especially those confined to a residence or shut-in at home, require support and affirmation. During the last stages of life, the elderly may struggle to find meaning and purpose for living. Through prayer and providing the “opportunity to reminisce, to share their stories, to celebrate their achievements and highlights, as well as acknowledge their failure and disappointments, clergy can help the elderly gain a sense of well-being and wholeness.”<sup>90</sup> Many other activities such as hymn sings, bible study and discussion groups helps to nurture spiritual growth and the sense of feeling valued and an integral part of the community. Regular worship services that include the sacraments of Holy Communion and interfaith memorial services are significant components of pastoral care with the elderly. Faith communities can be instrumental in organizing an Elder Abuse Committee

with representatives of various agencies providing services in the community and the clergy providing the spiritual guidance.

While offering pastoral care, there is “the temptation to focus on the clearly expressed religious needs and miss the less obvious spiritual search, whereby the elderly may be searching for meaning and wanting to share and explore this dimension.”<sup>91</sup> In addition to distinguishing between ‘religious’ and ‘spiritual’ needs of the elderly, a further distinction needs to be identified between the ‘wants’ and ‘needs’. What one ‘wants’ is often an expression of a wish, whereas ‘needs’ are more closely related to basic human requirements. Someone who is abused ‘wants’ relief from the symptoms. At the same time the person may ‘need’ support in coming to terms with the abuse and their reactions to it. The individual needs to feel they will not be abandoned. Therefore, it is pastorally helpful to distinguish between the spiritual and religious needs of people in times of distress. Spiritual concerns “may relate to issues in search for meaning and may be expressed in questions such as, ‘Why should this happen to me?’ ‘What have I done to deserve this?’”<sup>92</sup> Some folks may have developed a philosophy of life that helps them cope. Others may express belief in God, but have not expressed it. A clergy may be “their God-given opportunity to seek answers to their questions, but this happens only if the right relationship of trust has been developed with the clergy person.”<sup>93</sup>

Among the abused, if clergy can nurture a quality of the will to live, painful as may be the happenings, people survive. When we speak of the will to live, it is important to be able to define the meaning and purpose that supports them during their later years. The will to live is founded upon the rock of their belief. Naturally, anger is an emotion that arises from the basis

of aggression, and this reaction can be expressed by both the abused and the caregiver. When anger is used properly it will provide strength but it can also deny emotional growth. Well-directed anger is “effective and strengthening, while misdirected aggression and anger can be destructive.”<sup>94</sup> When anger is denied it can contribute to physical and emotional problems. There are several useful techniques that can make anger work for you. I have discovered that the harmful effects of anger can be diminished by admitting the anger, assessing the reason for it, and realizing it is not productive and try to get control of yourself before you do anything about it. Cooling off is not always easy, but if you inhale deeply, and face the problems that caused your anger it releases tension. By using ‘I’ statements the other person is not put on the defensive. It is helpful to mention positive things about the individual first and then state what you resent. Be open and honest about your feelings. Express what you want and even if you do not get it, you will feel better for having tried. Likewise, boredom that is imposed is bad but boredom that is chosen is worse. Every life needs love and purpose. People become alive when they have a purpose. Each person is given abilities. We can create, invent, overcome adversities, and contribute to the needs of others. Elders should be looking for new ways to perform as they age. Volunteers, for instance, give of their talents, energy and wisdom to benefit their community. Research indicates that “elderly volunteers are happier, healthier and live long, and at the same time fight the destructive effects of boredom.”<sup>95</sup>

Much attention needs to be directed to concerns for the elderly as exemplified in community attitudes and responsibilities to the elderly. Special opportunity for the elderly with reduced mobility to attend worship by providing transportation, elevators and hearing devices enables participation. Due to reduced financial resources, elders may be unable to

offer money, but still need to be held in esteem. “Due to depression and loneliness, elderly withdrawal into their own little world often allows them to become forgotten.”<sup>96</sup> Efforts to keep in touch with the elderly so the Clergy does not lose touch with them, is important. The elderly Christians involved in the fellowship of the congregation helps them feel valued as church members.

### COMFORT IN PRAYER

Ministry rests on a solid foundation in the life of prayer. The apostle Paul reminds us “that we do not know how to pray as we ought, but the Spirit helps us in our weakness, searching our hearts with sighs too deep for words,” (Romans 8:26ff). With integrity, clergy are unable to engage in ministry as a secular occupation, leading us in the ways of the world, and using religious language to pursue secular ambitions and lifestyles. Neither can we participate in ministry in solitary prayer without getting involved in the challenges of the difficult tasks involved. As clergy, we face the challenges and the opportunity of the life of prayer. Prayer is not just a resource for ministry to engage in where there is a real difficulty; a tragedy or trial such as abusive situations.

The mystery of God’s presence and grace challenges us to give up control and be open to the blessings of God’s guidance. This does not negate the value of gifts and skills that we possess to help fulfill our “Calling”. Through grace, we hope to sense how God is present in our lives, and how we experience the healing where the hurting is, for ourselves, and perhaps for others, such as the mistreated elderly. When we try to reflect on our understanding of the Gospel through our methods of praying within our lived experiences of faith and the life of

prayer, we seek God's revelation and direction. The variety of prayer may request guidance for wholeness of body, mind and spirit, or through intercessory, supplication, confession, adoration, or prayers of thanksgiving, all seeking guidance and blessing. In prayer, God is listening in silence and waits for us to speak as we ask for what we cannot live without, but have no apparent resources of our own to achieve that goal.

The life of prayer is framed in the context of the challenges presented in our ministry, therefore, we draw on the depth of our experiences and personal knowledge to seek the truth that God's Spirit discloses to us. As Paul points out, "true faith is hidden in the heart," (Romans 2:29). With trust to speak from the heart in prayer, with neither religious language nor any words to interrupt silence, we can develop a spiritual discipline that strengthens the life of prayer in all of life. The needs of the elderly abused person must determine the kind of approach and ministry suitable for the situation. While offering prayers with the abused elderly, sensitivity is required to acknowledge the stages of faith development with the person. If the individual is part of the church congregation, one may assume that comfort and support may be found through prayer, as a way to look for a better future, and inspire ideas to reach greater insights for the tomorrows.

Through time, assistance to guide the practice of prayer with the abused elderly may be useful. In a sense, suggestions to feel, think and act in patterns designed by parents and instructors in early life, often establish the practice of prayers. There is a tendency to pray the same way we live, embracing familiar patterns of living and coping by reciting, for example, the repetitive Lord's Prayer, (Matt 7: 9-15). So often, the habitual choice of fear is the agenda for private prayer. Prayer does not preclude pain, suffering and despair, but in the life of

prayer there seems to be an awareness of renewed strength, energy and a sense of joy that overflows with surprising refreshment when there appears to be no apparent reason for it. We can be assured that God hears our prayers, and responds, but may not be the way we expect. The Lord's Prayer reminds us of God's persistent presence in the world as we pray "in Jesus' name" (Matt. 6: 10), and, "not my will but yours be done," (Luke 22: 42). However, a personal practice of prayer is a discipline, consciously decided upon and implemented by the individual. Times of prayer vary from person to person, but a quiet, suitable, comfortable space for regular times of being silent and still, without words, helps establish a disciplined life of prayer. Through these times, we are learning to do the "being" and not getting caught up in the "doing" itself. Thus, prayer can help contribute to a sense of reduced stress and promote calmness and rest, and offer comfort and peace to the elderly.

Scripture and prayer should not be used as a departure signal, so that it means it is time to end a visit. Intercessory prayer is a sacred obligation for all clergy. Through visits and conversations it is important to pray for the abused persons circumstances. Prayer is an openness to the abused person's cry for help. Prayer is powerful and mysterious as the Spirit works through us and produces surprising results, (James 5: 13-15). Paul recorded that, "The Spirit of God joins with our spirits and reminds us that we are God's children," (Romans 8:16), and the elderly plight finally catches our attention. Significantly, we must listen and respond to the nudging of the Spirit. Clergy are challenged to maintain a strong theological perspective through scripture, spiritual nurturing and prayer. Through faith we can rest in the assurance that God will lead us in our praying and grant us wise counsel.



## PASTORAL COUNSELLING

Entering into a pastoral counselling situation is necessary to build a relationship of trust with an elder abuse congregant before addressing the reality of the abuse. It may be possible to have the congregant's co-operation to resolve the situation without direct confrontation. The congregant should "be counselled in privacy to help promote disclosure of painful and sensitive information."<sup>97</sup> Services need to be involved to address the needs of the abuser.

In pastoral counselling, it is important to distinguish the difference between a problem and a crisis. With a problem, an elder does not require new methods of coping; the current coping skills are enough to address the situation. In a crisis, "the client must readapt to the situation and learn new methods to decrease the feelings of anxiety and helplessness."<sup>98</sup> A crisis situation requires immediate intervention to protect the abused elder. An emergency crisis is a situation in which either the congregant or the property is in danger of irreparable harm, immediate action is required.

In offering pastoral counselling during emergencies, the clergy must "maintain control of their own reactions to remain calm and in command in order to be a steady, reassuring presence."<sup>99</sup> The counsellor "must try to straighten out the role of those meshed in the crisis situation and this can only be accomplished through calm and sensitive perception of what each participant is capable of doing."<sup>100</sup>

This first response changes the nature of the emergency, reducing the tension associated with it and freeing the involved people to use their own strengths in order to adapt

and improve things. This calm organizational presence and understanding can help reduce anxiety that stressful situations create and enables persons involved to be more effective in coping with the events. It is sensible for clergy “to imagine how one would feel in a variety of demanding emergencies, and explore the possibilities for their emotional behaviour in an emergency to get clues about one’s own stress-tolerance that would be helpful in managing the situations more confidently.”<sup>101</sup> An exercise that frames questions such as, “What would I do if \_\_\_\_\_?” helps take account of one’s reactions in certain circumstances, thus is an extremely sensible stress reducer.

Frequently, in emergency situations, the elderly experience depression that creates anxiety and confusion. When the clergy has “a plan of action worked out, it is much easier to maintain the steady presence that is so necessary in alleviating such emergency situations.”<sup>102</sup> It is important to include other professionals in any emergency plan to deal with anxious, confused, depressed persons. Emergencies by their very nature, occur when we least expect them or when we find responding to them inconvenient and uncomfortable. There is no way to contain emergencies within a schedule, no way to tidy them up by a certain hour. The counsellor who, “cannot live comfortably with this must either deal with one’s own feelings or avoid emergency situations.”<sup>103</sup> During a crisis, there is enough anxiety without having a hurried helper compounding the problem rather than relieving the difficulty. It is important “for the counsellor to first see the abused and only then bring in other members of the family. It may be necessary to see all family members together to understand the family interactions.”<sup>104</sup>

Professional confidentiality “refers to the legal obligation of a professional counsellor, clergy, employee or volunteer to keep the personal and health information of the congregant confidential.”<sup>105</sup> This means that the vital information is kept private. Privacy laws across Canada maintain “that confidential information can only be shared in limited circumstances.”<sup>106</sup> The general rule is that disclosure of a person’s confidential information requires the congregant’s consent. While responding to elder abuse and neglect, “there are four exceptions to the need to get consent that apply in all provinces and territories.”<sup>107</sup>

Disclosure is permitted where:

1. Disclosure is authorized or required by another law;
2. Disclosure is required to assist with a police investigation;
3. Disclosure is consistent with the purpose of information collection;
4. Disclosure that is required for health and safety reasons

Confidential sessions must occur in a private setting where no one else can enter the room or overhear the conversation. All ministry personnel serving a pastoral charge need to be cognizant of all provincial regulations regarding confidentiality.”<sup>108</sup> Guidance for clergy to maintain the highest ethical standards during pastoral care and counselling sessions are outlined in the Guidelines for Counselling by Ministry Personnel in the United Church of Canada as indicated in Appendix A. The information in this document enables clergy to fulfill the responsibility and integrity of the pastoral relationship. Disclosing personal information is an important decision. It is wise to seek guidance from a legal Church advisor to be certain that the correct process is followed.

Documenting the details of elder abuse and information on a congregant can be an important part of the intervention process. This information can help clergy and congregants determine if the abuse is escalating and will assist other service providers if the congregant is referred. In addition, this information may also serve as evidence when criminal charges are laid. It is important to document accurately, factually, and immediately following awareness of the abuse. The documentation involves recording only the information that you know for certain, and always record a victim's comments verbatim.

Where possible, a "thorough documentation of a suspected case of elder abuse or neglect should include the following details:"<sup>109</sup>

- General information
- Date and time
- Congregant's physical appearance
- Congregant's non-physical signs
- Congregant's emotional status
- Congregant's perception
- Names of others
- Living arrangements

In Canada, there is "no legal mandatory requirement to report suspected elder abuse of older persons living in their own houses, apartments or private residences."<sup>110</sup> However, some provinces have initiated mandatory provincial laws requiring reporting procedures similar to cases of child abuse. The Canadian law does "require mandatory reporting of harm

being done to a person living in a Long-Term Care Home, whereby the abuse must be reported to the Ministry of Health and Long-Term Care Homes and Senior Residence Regional Office.”<sup>111</sup>

In Ontario, under the Nursing Home Act (s. 25.1), a person who has reasonable grounds to suspect that a resident has suffered harm as a result of unlawful conduct, is required to immediately report the suspicion and the information upon which it is based to the Director of Nursing, who reports to the Ministry of Health and Long-Term Care. Clergy are regular visitors to Nursing Homes and need to be observant, and aware of elder mistreatment.

Furthermore, many forms of elder abuse are crimes under the Criminal Code of Canada. Some of these include: “assault, forcible confinement, sexual assault, manslaughter, murder, extortion, fraud, forgery, theft, stopping mail with intent, theft by person holding Power of Attorney, harassing phone calls, intimidation, uttering threats, criminal harassment, criminal negligence, and failure to provide the basic necessities of life.”<sup>112</sup> In the case of death, “in all Canadian provinces and territories, mandatory reporting to the coroner or medical examiner is required where death may have occurred by violence or neglect.”<sup>113</sup> There are penalties for not reporting if an inquest is held.

The Codes of Ethics and Standards of Practice are implemented “to protect people from harm, and must be followed by professional counsellors, religious institutions, and organizations in Canada.”<sup>114</sup> In recent years, differences in the Codes of Ethics related to the appropriate use of computers in the delivery of services through electronic means have been reviewed. The Canadian Counselling and Psychotherapy Association are “continuing research

and revisions to ensure that the current Codes of Ethics and Standards of Practice provide protection to the public from harm.”<sup>115</sup> All clergy must be aware and well informed of these ethics and practices.

## REFERRALS

A significant form of preparation for clergy is to be aware of professional practitioners in their area in order to make appropriate referrals. A referral is “the directing of a congregant to another professional for further evaluation, assessment and treatment.”<sup>116</sup> By referring an abused person, the clergy gives up only the counselling relationship with the congregant. Other forms of ministry including pastoral care, visitation, and teaching should not be terminated. Only the formalized and limited counselling relationship is discontinued. A referral on the part of the clergy is a sign of wisdom rather than weakness or a betrayal of the congregant.

There are three common reasons for referral. Firstly, the problem presented by the congregant may be so complex that it is beyond the experience and expertise of the clergy to counsel adequately, and further professional intervention is required, such as medical treatment. Secondly, the clergy and congregant may have too much contact in other situations that would negatively affect the counselling relationship. The third reason is the lack of enough clergy time in the schedule to appropriately counsel the congregant even for a short period. It is helpful for a clergy person to have “a network of capable professionals, including pastoral counsellors, able to take referrals of a special and a general nature.”<sup>117</sup> The clergy should have the congregant’s permission to call the referral person to find if the source will

take the referral, and then the congregant is encouraged to call and make their own appointment. It is best for the congregant, if capable, to make their appointment because counselling should always be voluntary.”<sup>118</sup> In the event that the referral counsellor wishes “to have the clergy’s diagnostic information, the clergy must have written permission of the congregant to write such information into a letter of referral.”<sup>119</sup> To avoid the violation of confidentiality, clergy notes and files should be locked in a file for the purpose only for the clergy. Shortly, “after completion of the counselling case, all notes should be protected for seven years.”<sup>120</sup>

Confidential referrals may come from various sources such as relatives, friends, neighbours, concerned citizens or professionals. The purpose of the referral is to seek a professional assessment in order to obtain information and understanding of the referred congregant to help guide the appropriate intervention and hopefully rule out abuse and neglect. Regardless of who makes the referral, “data and client information should be revealed, with the expectation that prompt action on behalf of the abused elder will be implemented.”<sup>121</sup> Professionals in different agencies need to work together to successfully treat elder abuse and neglect. The congregant’s information, with permission, should be forwarded to the professional to enable a prompt response. If the abuse is severe, involvement by adult protection services and then the criminal justice department may be necessary.

It is essential to maintain accurate records in regard to the abused person’s information. The Referral Information in Appendix B provides useful guidelines to complete this task. When a referral is made, “it must be made clear to the assessment professional that their agency will assume care of the congregant after the referral is made for the duration of the

counselling period, so the case is transferred permanently.”<sup>122</sup> The lack of clear role responsibilities could result in poor communication and mismanagement of the case. It is important to document in detail such cases for reference, and the clergy role is confined to the continuing support through pastoral/spiritual care. A major goal in short-term assistance, usually from three to six months, is to prepare the elder for the possibility of future incidence of abuse and neglect. By considering “a previous incident the victim can be assisted to recall the conflict situation or problems that led to the call for help, and focus on the contributing stressors.”<sup>123</sup> Plans and new behaviours can be discussed for immediate response if a similar incident occurs. This response could include a future plan of escape from the abuser in the event of another attack.

Pastoral counselling can be a stressful and demanding area of Ministry, however, it is an essential role that clergy need to be prepared to respond to with sensitivity, understanding and knowledge. Our belief system “influences our behaviours, our attitudes affect our actions, and our theology informs our ethics.”<sup>124</sup>

## WORSHIP AND PREACHING

In light of our commitment to create change to support the abused elderly, we can begin with consciousness-raising efforts in our congregations and communities. Issues of family violence and elder abuse can be raised from the pulpit in sermons on family life, social responsibility, peace, and hope. If addressing forgiveness and reconciliation in a sermon, pertaining to elder abuse, great care is required. Forgiveness is possible only if the abused has been assured of personal safety, and is no longer subjected to verbal or psychological abuse.



Even after all abuse has ceased, forgiveness is a very long process! A person recovering from abuse should not be burdened with the unrealistic expectations of a pastoral worker who wants the abused to 'forgive and forget'. The abused person's rights have been violated and they need to vent their anger and be supported through the process to gain justice. Finally, forgiveness may come after a long process when the abused regains control of their lives. Reconciliation between the abused and the abuser is often impossible and is undesirable if it puts the victim at risk again. Caution needs to be exercised with sensitivity if forgiveness and reconciliation is addressed during a service of worship.

Include appropriate selections of scripture, hymns and prayers to complement the message. Once the issue has been raised from the pulpit, be prepared to respond effectively to disclosures. Many organizations have people who are working directly with the victims of child abuse, wife assault and elder abuse, and can help raise awareness with the congregation. If the clergy feel uncomfortable delivering abuse related messages, trained personnel from various agencies are available.

During the years of my volunteer lay ministry in the church, I co-ordinated many events for various congregations throughout ten Presbyteries and made arrangements for staff from the local community Family Transition Homes to speak in regard to the various abuses. The requests for these speakers were frequently demanded. As clergy, we can raise family violence as an issue for all employed staff and volunteers in the congregation, and begin developing programmes and procedures that are appropriate for the church community. I have encouraged women in the church to work as volunteers in women's shelters, and the men to become engaged in training to work with, or start groups for abusers. With the congregation,

clergy can lead them in continuing theological reflection and examine the biblical and spiritual basis of our faith as it relates to issues of family violence. It is important to acknowledge the efforts of people who are working toward the goal of gaining better support services for the elderly and are promoting healthy family life.

Congregants cherish the familiar ways of worship. The wisdom that is present in these practices needs to be recognized and affirmed if changes are to be considered. Whatever wisdom there may be in the new ideas, changes need to be made with great care. Over the past several years, changes have been taken that seek to increase congregational participation. Through our conciliar model, and our conversations about Sunday worship, we may all find our understanding deepened and our praise of God enriched. With a new appreciation of the laity fully participating in a variety of ways in worship, a significant nurturing becomes more effective. Laity has a role in discussions about worship and the many concerns of various groups help balance the worship perspective.

The abused neither desire nor deserve the added agony of isolation under a stigma of abuse. Whatever its nature, their tragedy is the most important reality in their lives. It eclipses everything else, and more often than not they both want and need to tell their story. Very likely, somewhere in the telling, the voice will break and tears will flow. Remembering that nothing is more natural than such weeping and that few things will prove more helpful or healing especially if the listener responds with compassion. At such moments, words are neither wise nor welcome. Presence, listening, and embracing replace spoken words. Compassion and love bring a ministry that often passes understanding.

The Beatitudes recorded in Mathew 5:1-12, inspired Myrtle Lane to write the following:

#### BEATITUDES FOR FRIENDS OF THE AGED

Blessed are they who understand  
my faltering step and palsied hand.

Blessed are they who know that my ears today  
must strain to catch things they say.

Blessed are they who seem to know  
that my eyes are dim and my wits are slow.

Blessed are they that looked away  
when the coffee spilled on the cloth today.

Blessed are they that stop to chat  
with a cheery smile for a little while.

Blessed are they, who never say,  
“You’ve told me that story twice today.”

Blessed are they who make it known  
that I’m loved, respected and not alone.

Blessed are they who know the way  
to bring back memories of yesterday.

Blessed are they who know I am at a loss  
to find the strength to carry my cross.

Blessed are they who ease the days  
on my journey home, in loving ways.

Preaching is an enormous responsibility. In the congregation there are dozens of people with diverse personal needs. They come in many moods, from vastly differing backgrounds, and gather in the sanctuary before the clergy. Some come in hopefulness, others

in defiance, some wanting to be entertained, and some wanting to be informed. These moments induce a constant sense of humility and gratitude to God and nurture my own spirit to be alert and sensitive to the inner feelings and the needs of others.

In preparing to lead in worship, I find the following reminders useful:

- The disciplined life of prayer, Bible study, meditation and devotional literature are necessary ingredients.
- I need to spend adequate time in prayer and reflection.
- I try to keep in touch with the awe and mystery of spiritual excitement.
- I try to be aware that the power of disciplined spiritual life radiates out into all the other areas of ministry.
- I try to build on a foundation to avoid discouragement by the obstacles normally encountered in ministry and nourish hope.
- I try to deliver my message in a way to give hope and nourishment to all who listen.
- I try to remember that we all worship the same God and receive the same Spirit so deliver the message with everything I have and am.

In worship, the future hope that God has planned for the world can be celebrated. Without the vision that worship inspires, the work that we do gets either misdirected, or carried out according to the demands of the secular world, rather than in the freedom and light of the gospel.

Our Christian story reveals God overcoming the forces of evil and oppression through expressing love in solidarity with the poor, the weak, and the abused. No less can be expected of clergy leading a worship service that is both praise and empowerment.

**CHAPTER SIX**  
**RESPONDING TO ELDER ABUSE**  
**INTERVENTION**

As awareness of abuse and neglect of the elderly among society increases, the important question that arises is: ‘How can we intervene to stop it?’ Early intervention and offering support to the abused elderly persons, and to abusers, is a beginning. Developing policies for identification of abuse, and appropriate follow-up intervention strategies is essential. Other ways, “through professional and public education and awareness by members of society, and continuing research towards improved understanding of elder abuse and neglect are all meaningful steps.”<sup>125</sup>

The approach to intervention in elder abuse “needs to focus on three aspects of the abuse situation: the victim, the abuser, and their relationship.”<sup>126</sup> The areas of treatment or intervention involve protection of the abused. Podnieks states “the primary goal of intervention is to end abuse. The secondary goal is to maintain the physical and mental well-being of both the abused and the abuser. Often both the abused and the aggressor are caught in a web of unfortunate circumstances: both need help.”<sup>127</sup> Many intervention models “included three different sets of strategies: crisis intervention, short-term intervention and long-term intervention.”<sup>128</sup> Ideally, it is the need of the abused person to determine the types and length of treatment. An important step in any of the treatment strategies is the development of follow-up and monitoring plans, which let the elder know that help is available in the future as the need arises or when the elder chooses to ask for it.

For an effective intervention strategy, researchers “advocate two broad approaches to elder abuse: separation and support.”<sup>129</sup> Although temporary separation may be necessary, often it is possible to prevent or stop the caregiver abuse “by providing support such as: psychological, medical, financial, social or physical, as well as assistance ranging from education and skills training and professional in-home support.”<sup>130</sup> Support can be provided for both the abused and the abuser. Researchers uphold the theory that “understanding the circumstances of elder abuse in a family setting is essential before initiating interventions.”<sup>131</sup> The value of understanding and intervening in abuse situations enhances the quality of life for the elderly and the families. On one hand, “the caregiver may be a major source of abuse due to lack of information, skills or resources to fill the role. The caregiver may be psychologically unable to provide appropriate care, and may be subject to aggression and abuse due to their unhealthy relationships.”<sup>132</sup> On the other hand, the abused may “contribute to the problem when dependence or assistance from the family caregiver is not accepted.”<sup>133</sup> This imbalance can result in anxiety, unreasonable demands, and serious psychological and behavioural disturbances by the abused, such as belligerence, hostility, and aggression that focuses on the caregiver.”<sup>134</sup> Some elderly can be quite cantankerous and difficult to cope with in a relationship.

Those parents and adult children who are involved in a cycle of conflict tend to have less effective means of resolving conflicts when they do arise. In a study of “conflict resolution among adult children and their dependent elderly parents, Steinmetz and Amsden found that screaming and yelling on the part of both parent and child were frequently used.”<sup>135</sup> Parents frequently “withdrew and pouted, or attempted to manipulate others, impose guilt, and

use their disabilities to gain sympathy.”<sup>136</sup> Adult children, although they often tried to talk things through or sought advice from others, indicated that they also had used threats, used force or coerced the parent or withheld food. These actions reflect how easily force or neglect can be employed in the conflict situation. Problems in the parent-child relationship appear to have many effects on the helping process.

The conflict can be ended in several ways. One or both “may withdraw from the interaction, thus preventing further conflict, or one person may simply submit to the argument thus leaving the other in a more dominant position than before.”<sup>137</sup> Alternatively, “the conflict can be handled by negotiation and compromise between the two persons so that each gains something as a result. Finally, the conflict can simply terminate in a ‘standoff’ without any kind of resolution, the two may agree to disagree and stop further arguing.”<sup>138</sup>

Whenever possible, the clergy person should call the elderly congregant to arrange an appropriate time and state clearly the time and date of the visit. A good rapport with the congregant can be established through pastoral care visits. If there are suspicions of abuse or neglect further observation is required. An unannounced drop-in visit provides a realistic picture of the congregant’s functional and environmental conditions and prevents a cover-up of signs of abuse and neglect. However, ‘pop-in’ visits can alienate both the congregant and the alleged abuser and put them on the defensive, causing resentment if they feel that the visit was meant to ‘catch them in the act,’ and hinder the development of a continuing relationship. “Regret, fear and anxiety may surface after the congregant has admitted to being abused and neglected. These feelings may show up in fearful questions such as: “You won’t tell, will you?”<sup>139</sup>



If hospitalization is required, clergy have further opportunity to speak privately to congregants to offer support and gain their confidence. Some clergy have extended qualifications, but many are neither trained nor qualified to provide long-term interventions and appropriate treatment. A congregant may be reluctant to agree to professional assistance “due to fear, love, low self-esteem, financial dependence, emotional dependence, isolation, duty, lack of proper help from outsiders, and the abuse not being severe enough to make the congregant want to leave.”<sup>140</sup> Through intervention, besides reducing tension and anxiety, a major goal is to provide the abused with a feeling of hope for improvement and relief. A feeling of hopelessness can serve as a barrier for motivation and change. Hope is directly related to the clergy’s “degree of enthusiasm in revealing to the abused that change is possible and there is help available to implement the process to make improvements in the situation.”<sup>141</sup>

Although there are no universally accepted ethical principles applied for intervention and prevention in the case of elder abuse, professional practitioners believe there is “general agreement that autonomy, self-determination, and least restrictive alternatives are among the principles that form the basic ethical framework for intervention and prevention.”<sup>142</sup> When an abused individual has the ability to manage their own affairs, helpers must respect their choices in regard to intervention and services provided. Clergy can offer information and assistance to prevent coercion and undue influence. When elders “lack the capacity to make decisions, insofar as possible, advocates should respect their autonomy, and provide the least restrictive alternatives for care and protection.”<sup>143</sup>

Ethical issues may come into conflict with legal requirements when clergy must report abuse to authorities against their congregant's wishes. Ethical principles may also "be in conflict with cultural values whereby attitudes about abuse and the context in which it occurs, determines the intervention and services required."<sup>144</sup> Multidisciplinary professionals fulfill an essential role in exploring interventions on an individual basis to plan intervention services that meet the specific needs of the abused and initiate prevention.

One form of decision-making capacity that clergy often need to assess is the congregant's ability "to give consent, which is agreeing to actions, transactions, or services proposed by others."<sup>145</sup> Capacity to consent requires that the person understands the act or transaction, is acting freely and voluntarily, and is not under the influence of threats, force, or coercion. By establishing rapport and developing trust encourages the abused to provide consent. In the intervention process, one of the early challenges is to determine if the abused elderly had the capacity to consent to services offered. Consent requires that the congregant has information about the services being offered, understand them, and act freely. Clear guidelines do not define consent, "however, service providers are aware that a congregant's ability to respond may change due to factors, such as, poor nutrition, medication, depression and even the time of day."<sup>146</sup> Some congregants refuse consent due to distrust, fear or shame due to the power and control the abuser has over them. When there is reluctance to offer consent, it may be necessary "to attempt to negotiate consent by spending time with the abused, letting them get to know you, and building up trust and rapport so they will be willing to make the needed changes"<sup>147</sup>

Decisions to intervene or not to intervene can have serious repercussions in elder abuse and neglect cases. Failure to intervene may result in injury, decline, financial loss, or even death. Workers and agencies may be accused of negligence or incompetence. On the other hand, “when workers initiate involuntary protective interventions, they may be accused of authoritarianism.”<sup>148</sup> In controversial cases, “workers may be called upon to defend their actions to other professionals, victims’ families, courts, and so forth.”<sup>149</sup> Sometimes, it is prudent to share in team work for collaboration and consultation. The importance of accurate note-taking cannot be over emphasized.

In some situations, “the abuser may be dependent on the abused elderly, which indicates that a large number of abusers are dependent on their victims financially, emotionally and for housing. Additional research revealed that forty-two physical abuse cases indicated that sixty-four percent of the abusers were financially dependent on their victims, and fifty-five percent were dependent on their victims for housing.”<sup>150</sup> In general, Karl Pillemer and Rosalie Wolf concluded that physical abusers were often heavily dependent people. Furthermore, the stressed caregiver, through frustration is prone to outbursts of abuse. Through the years “increased levels of care imposes greater isolation for the caregiver who forgoes career, education, vacations and friendships.”<sup>151</sup> In a study of support groups for relatives of functionally disabled older adults, feelings of severe isolation and entrapment were reported as the foremost concern.

Consequently, intervention procedures “include peer groups to provide emotional support and offer resources, respite care to enable the caregiver to have free time, telephone hot lines to help in times of desperation, and in-home services to relieve the duties of the

caregiver.”<sup>152</sup> Furthermore, the level of burden experienced by the caregiver was directly related to the number of visits from other family members. The more visits, the less the caregiver felt burdened. The level of burden is “not related to the physical or behavioural problems of the elder.”<sup>153</sup> Several researchers have noted that, “the majority of the elderly abused and neglected are impaired – physically, mentally or both.”<sup>154</sup> The “inability of impaired older people to function in the daily tasks of life such as grooming, dressing, toileting, food shopping and preparation, financial management and other significant activities make them vulnerable and dependent on the understanding, compassion and actions of caregivers.”<sup>155</sup> Due to both physical and mental deterioration, these disabilities foster dependency.

## PREVENTION

“Perpetrator’s characteristics, their relationships to the abused, the ongoing risk they pose, their reasons for abusing, and their willingness and ability to stop abusing and make amends all need to be considered in determining what services and interventions are available and appropriate to stop abuse.”<sup>156</sup> Perpetrators of elder abuse range from spouses to adult children to paid caregivers to abuse in long-term care facilities. Some have financial motives, while others abuse out of frustration or anger. Some have malevolent motives, whereas others, including those with mental illnesses or dementia, are driven by impulses beyond their control. Some feel remorse for what they have done and want to make amends, whereas others seek new victims. Abusers are often predators who actively seek out elders to exploit or assault. Financial predators range “from petty con artists who take jobs at senior centres to gain access to potential victims, to highly sophisticated criminals.”<sup>157</sup> In the case of mass – marketing

frauds, “such as telemarketing fraud and identity theft, some perpetrators are believed to have ties to organized crime.”<sup>158</sup>

In long-term care facilities, perpetrators of abuse may “include direct care workers, support staff, and temporary employees. Supervisors, management, or corporate entities may be responsible for abuse or neglect that results from inadequate staffing, supervision or lack of training.”<sup>159</sup> Residents may also “be abused by other residents, family members, and visitors.”<sup>160</sup> The government needs to budget adequate funding in order to establish appropriate staff ratios in seniors’ residences. Professionals, such as accountants, lawyers, and health care professionals are in advantageous positions to gain access to elderly residents, and there are unscrupulous businesses that target vulnerable elders.

The perpetrators’ relationships to their victims affects whether victims are willing to take steps to stop abuse. “When perpetrators are family members or friends, victims may refuse to take actions such as evicting them from their homes, severing contact, or taking punitive action out of guilt and loyalty.”<sup>161</sup> Moreover, “elders who depend on their abusers for care or financial support may fear that reporting them will result in their becoming homeless.”<sup>162</sup>

“The nature of the relationship between perpetrators and victims also determines the interventions available to be effective. Because of the nature of intimate relationships, interventions aimed at stopping domestic violence focus on protecting victims’ safety (restraining orders, shelters, safety planning)”<sup>163</sup> Interventions like mediation or couples counselling are inappropriate in elder abuse cases because disparities in power between the

abused and abuser can lead to intimidation and further abuse. In the case of abuse by caregivers, the nature of the caregiving relationship dictates what the abused are willing to do. “When paid caregivers who work for agencies commit abuse or neglect, they may be dismissed, disciplined, or provided with additional training or supervision.”<sup>164</sup> Elders who have hired caregivers independently can also dismiss workers, give them warnings, report them to the police if the abuse is criminal, or initiate lawsuits to recover misappropriated assets. Many victims are unwilling to terminate abusers’ employment due to fear of retaliation. Some fear they will not be able to find replacements due to the critical shortage of caregivers, thus need to enter a long-term care facility. If a paid caregiver is a family member, the abused elder may not want the person to lose their source of income. The abused may also depend on them for emotional support. Some caregivers “may coerce victims into not supporting them or play upon their trust, compassion, or loneliness.”<sup>165</sup>

The main goal in assisting victims is to help the abused elderly consider available options. However, these options need to be considered “in relation to the elder’s abilities, limitations and resources.”<sup>166</sup> A Decision Flow Chart is useful when helping an abused or neglected elderly person, who depends on others for care, to consider the options that may be available to them. As the abused are guided through their options, the Flow Chart in Appendix C is a visual aid to assist them in their decision process.

In short-term treatment, enabling the elder to develop ways to deal with abuse, and neglect is very effective. Organized sessions can provide information regarding medical, legal and social rights. By empowering the elder to develop a positive self-image and skills can encourage them to take a firm position in times of adversity is very advantageous to them.

Various methods of improved self-care reduce the elder's dependency on the caregiver. Aids such as simplified clothing, special eating utensils and medication boxes are useful assists to relieve the burden on the caregiver. By informing elders about the cycle of abuse and the potential for the escalation and severity of each occurrence, they are encouraged to seek help. Through educational support "the abused elder can develop foresight and learn what can be done to protect one-self and to develop a greater independence."<sup>167</sup>

The Royal Canadian Mounted Police (RCMP) and Provincial and Community Police Services provide crime prevention and victim services. Home safety tips are offered to help protect seniors from fraud. Assistance is available to help elders who are abused and have legal concerns. As a senior, for my personal protection and safety, I have implemented several safety tips recommended by the Ontario Provincial Police. These include home and property protection by installing adequate outdoor lighting. The entrance to my home is not secluded by tall shrubs and trees. The installation of storm doors, equipped with a lock on the handle, prevents strangers from gaining easy access to the house when the door is opened. I insist that peddlers and hucksters produce a legitimate copy of the municipality's authorization permits. For personal protection, I have invested in an Auto Alert Life Line for emergency circumstances.

Successful con artists are experts in human psychology and behaviour. To avoid being victimized, the elderly are advised to pay close attention to what the person says and does, not what he or she looks like. Anyone, no matter how knowledgeable can be swindled. Be cautious by requesting to view the copy of the Town Permit showing the seal and signature. Do not sign contracts with door-to-door salespersons. Never allow a peddler to enter your

home to check equipment as often requested. With telephone marketers, never respond by revealing identification information such as a credit card number. Even if you realize a crime has been committed against you, don't let the embarrassment prevent you from reporting the swindle to the police. This information may lead to the arrest of suspects and protect other innocent elderly victims.

Faith communities in earlier years, had a significant role in providing support services, but government's social services have taken much responsibility now, and are not in as close contact with the elderly as the local church can be. Victims' family networks, friends, churches, community groups, and civic organizations can play an important role in preventing abuse and helping the abused recover. These informal networks can provide emotional support and encouragement to the abused and help them seek safety, provide relief to caregivers, and alert others to the crime of abuse and raise awareness to the plight and needs of the caregiver through awareness seminars.

For several years, I have been privileged to Chair a Sub-Committee of the Shelburne and Area Chaplaincy Network to sponsor and organize an evening community awareness event. We have chosen to focus on Mental Health related issues, and meet on the first Monday in May to coincide with Mental Health Month. A copy of the 2012 brochure is included in Appendix D. In 2013, the Committee organized an Elder Abuse Awareness event. The programme was free! Appendix E illustrates the 2013 brochure. The design information included in Appendix F may assist clergy in developing their congregational and community events. The attendance at these sessions has been increasing, and the evaluation feedback has been positive.



This is the kind of event in which clergy could provide leadership to promote and raise awareness in their congregations and communities. Frequently, the financial resources of the elderly, determines what options are available. When referring the abused congregant, workers must be extremely careful to make referrals to reputable organizations. Many public agencies “have protocols for making referrals to private practitioners such as elder abuse lawyers and financial managers.”<sup>168</sup>

In recent years, increased numbers of elder abuse cases have been prosecuted and law enforcement officials are encouraged, where necessary, to consider domestic violence crimes when charging elder abuse cases. Since elder abuse has been classified as a crime, the abusers receive the message that abuse is unacceptable in society. As a result, this action serves a preventative measure for abusers, and they are responsible to the abused as well as the criminal justice system. Within the law, “abusers may be ordered to pay restitution to the abused, undergo supervision and treatment and serve community hours.”<sup>169</sup>

#### WHAT CAN THE CHURCH DO?

Churches can play a critical role in the prevention of elder abuse and neglect by promoting awareness of elder mistreatment in congregations, as well as providing services to families and others at risk of causing abuse. Research indicates that clergy are “one of the most likely groups of caregivers to encounter cases of elder abuse, but unfortunately they rarely refer or report these cases to agencies that can help.”<sup>170</sup>

Researchers encouraged clergy “to become more pro-active with regard to issues of elder abuse.”<sup>171</sup> More than many other care providers, clergy are in a position to identify,

assess, and intervene in abusive situations because they see older people in their own surroundings over time, and have visiting privileges in their homes. Clergy have a positive role to play in the safety of their elderly congregants.

Training highlighting elder abuse is necessary for clergy and professional counsellors who provide care and services to the elderly. Increased awareness of elder abuse is the first important step in addressing this issue. Although strategies have been developed, these efforts need to be strengthened for the benefit of clergy.

The Church is challenged to continue to establish programmes through theological colleges for students and clergy to educate them about elder abuse and provide specialized training in counselling to specifically address elder abuse. Education prepares clergy to be prepared to identify the important role they play in prevention, intervention and treatment of elder abuse. Clergy develop a greater understanding of aging, and are enabled to intervene more effectively when a congregant discloses abuse.

A survey of faith communities in Ontario revealed that two-thirds of the clergy were aware of elderly abuse within their community. However, the lack of reporting was evident. Some of the barriers causing clergy unwillingness to become involved in the issues of elder abuse included: “lack of time; clergy feeling bound by confidentiality, lack of knowledge and intervention skills, and the fact that, at times, both the abused and the abuser were congregants, and the clergy had an obligation to both of them.”<sup>172</sup>

Congregants reported embarrassment, pride, fear, and the feeling that the situation would not change, as the main reasons that prevented them from asking for help from the

clergy. The Church has an obligation to provide education and training to address these concerns. This could be achieved through organizing networks of leaders who work with these issues to support clergy.

In 2000, a project called “Raising Awareness of Elder Abuse in Faith Communities” was introduced. The goal was “to increase the knowledge of elder abuse among clergy and their congregants, as well as the public at large.”<sup>173</sup> As a result, materials and resources were developed to promote greater understanding of elder abuse and the leadership role of clergy.

The National Seniors’ Council identified several awareness-raising activities using a variety of resources such as “fact sheets and pamphlets, workshops and seminars, television and radio reports, internet communication, and school-based educational programmes.”<sup>174</sup> The production of resources “that specifically related to elder abuse and the contact numbers for crisis services were prepared.”<sup>175</sup> Most of these resources are available, but constant promotion and supervision is required to ensure the implementation by clergy. These efforts to increase awareness of elder abuse need continual improvement and acceleration.

#### RESPONSE BY ORGANIZATION

In recent decades, both local and international organizations are beginning to introduce initiatives to address the crime of elder abuse. Encouraging preventative measures were initiated by Great Britain, the United States and Canada, and were the first to recognize elder abuse. For many years, “most research, program development, and practice emerged from these countries.”<sup>176</sup> In the late 1990’s, “researchers and service providers from around the world began to meet at international professional conferences to discuss abuse, and, in 1997, a

small group launched the International Network for the Prevention of Elder Abuse.”<sup>177</sup> These focus groups identified key themes, perceptions, beliefs and attitudes that revealed that, “elder abuse is defined and perceived differently around the world, and disrespect of elders is viewed as one of the most prevalent and painful forms of abuse.”<sup>178</sup>

The World Health Organization (WHO), through the International Network for the Prevention of Elder Abuse (INPEA), encouraged this Focus Group to suggest ways to stop elder abuse and neglect. Their recommendations included, “raising awareness, encouraging positive contact between generations, empowering elders to advocate on their own behalf, and providing recreational facilities and opportunities to combat isolation, as well as developing protective laws and improved care,”<sup>179</sup> As a result of the focus of the World Health Organization, the first World Elder Abuse Awareness Day was designed for June 15, 2012. In recognition of Elder Abuse, “this annual event will strive to eradicate the horrific crime of elder abuse.”<sup>180</sup> Our local Network for the Prevention of Elder Abuse sponsored a World Elder Abuse Awareness Day in 2012, as included in Appendix G.

The global perspective on elder abuse “attributes abuse and neglect to a variety of factors, many of which reflect underlying economic and social inequalities.”<sup>181</sup> Sexism and ageism contribute to elder abuse because of the status of women in society. “Female feticide (the aborting of female fetuses) and karo kari (honour killing) are still practiced in some developing countries despite efforts to eradicate them.”<sup>182</sup> Changing social roles are also blamed. “The influx of women world-wide into the job market has reduced the availability of family caregivers, which can result in emotional and physical neglect as well as verbal and physical abuse.”<sup>183</sup> The lack of social security systems, fair pensions, and legal protections

with respect to inheritance laws also contribute. Worldwide, “only thirty percent of elders are covered by pension plans, leaving many elders without retirement income.”<sup>184</sup> Lack of public funding for basic services puts financial pressure, stress, and burdens on families, and the poorest members of society, including the elderly, are most affected. Approaches to abuse prevention, suggests that “cultural and religious values and traditions mitigate abuse and neglect.”<sup>185</sup> The religious challenge to respect and care for the elderly, especially one’s parents, has been cited as an important factor to protect against abuse. In some countries, “religious institutions care for the destitute elders.”<sup>186</sup>

However, many Ontarians do not want to acknowledge or hear about elder abuse. Some politicians are beginning to respond. The Federal Government “committed \$567,000.00 in the fall of 2011 to developing tools to detect and measure elder abuse.”<sup>187</sup> In 2013, for the first time, the Member of the Canadian Parliament for our area organized an informational session for seniors to coincide with the date designated for the World Health Elder Abuse focus.

Dufferin County Associations, such as Alzheimer’s, Parkinson’s, Heart and Stroke and several others are included in sharing their resources. Many of these organizations have Education Co-ordinators who are trained and anxious to provide the programmes, while local groups such as the Chaplaincy Network is responsible for the local arrangements, advertising and other related details.

The rural and remote areas are particularly underserved, and continuing professional training is required to address these needs. It is estimated that the average duration of three

years is the extent of a workers employment in the areas of abuse care and counselling, therefore, the continuing need to train new workers becomes even more pronounced.

Elder abuse is not an appealing topic, and some people are reluctant to participate when encouraged to intervene with preventative measures. The Ontario Network for the Prevention of Elder Abuse created a Senior Safety Hotline whereby abused seniors can share their story and seek advice and find out what services are available in the community. The Ontario Trillium Foundation provided a three-year grant to fund the programme, but an extension is not available. Without adequate funding the programme is endangered. The government needs to budget for long-term financial resources to continue to support elders in need of this necessary resource.

The Long-Term Care Task Force on Resident Care and Safety was initiated to respond to complaints of elder abuse of seniors in resident care. The Task Force that focused on the culture of secrecy found residents who refused to acknowledge that abuse exists. Canada-wide problems with the financial and physical abuse of the elderly were the focus of a Federal Government announcement in March 15, 2012. Justice Minister Rob Nicholson proposed changes to the Criminal Code that would require judges to consider the age of the abused during sentencing. At the same event, seniors' Minister Alice Wong stated that, "violence against individuals who are vulnerable because of their age and personal circumstances must be treated seriously."<sup>188</sup> A lawyer with the Advocacy Centre for the Elderly, Judith Wahl, declared that judges can already take into account the age of the abused during sentencing, therefore, the proposed legislation would not prevent the harm facing seniors.

Perhaps Doris Grinspun, Chief Executive Officer of the Registered Nurses Association of Ontario, put it best by emphasizing that prevention is the key, and society cannot wait until the abuse happens to respond.

I am continuing to find out how much I do not know about the agony of the abused elders, and the many problems related to our support systems. Governments must serve as catalysts in establishing budgetary resources to enable the service and information providers with the funding necessary to accomplish their essential goals to eliminate elder abuse. Also, the government must provide a style of leadership which encourages the commitment and involvement of others, and help to build trust and respect toward the elderly throughout society.

## CHAPTER SEVEN

### CONCLUSION

Although promising initiatives have been implemented, there are gaps and problems that indicate that further attention is required to eliminate the reality of abuse and neglect of older Canadians.

In Canada, not only are more situations of elder abuse and mistreatment being discovered, but better response mechanisms are in place to acknowledge, and respond to the circumstances. Through the accumulated knowledge and understanding of researchers, medical professionals, social services, law and security, educators, clergy, seniors and the community at large, there are indications showing that progress has been made in acknowledging and identifying the issues of elder abuse. With a more flexible approach, the barriers to the delivery of services and access to agencies would improve the community response system. When abuse occurs, by having a safe haven at an already designated space in a hospital, a transition home, or a seniors residence could prevent further injury to the abused. Together, all must continue to work together to develop strategies for change, and co-operatively nurture a society where seniors are provided the care required and the respect deserved. Ministers must be aware of the multi-disciplinary professionals in their area in order to act promptly and appropriately when challenged by elder abuse circumstances.

A main focal point for preventative programmes is lodged in the need for continual awareness-raising and education among the members of society at large. There are still



segments of the population that appear to be in denial of such horrific behaviours by some individuals that affect adversely the lives of many elderly people. Improvement in the areas of understanding the complexity of elder abuse, family values, and the underlying causes of family conflict could help address key issues. Furthermore, the negative attitudes toward the elderly, the isolation, dependency and stress plus other factors could reduce the family caregiver's burden.

Since hospitals are acute care facilities, patients are discharged into the home surroundings much earlier and in poorer health without the essential home care assistance that is required. Therefore, as the elderly population increases, the government must create funding for more well- trained, qualified care workers to provide assistance in the home. As well, social policy needs to address the social conditions that arise out of the inequities related not only to age, but also to gender, class and race.

Despite the obstacles and limitations, significant progress has been made in educating the community about elder abuse and neglect, directing the abused to required services and encouraging citizens to get involved, but the challenge requires us to continue to build on the present foundation to eliminate elder abuse and neglect.

Through ministry, the clergy can promote educational programmes on elder abuse and neglect through seminars addressed to the community at large. Such efforts can help people improve their recognition of risk factors, and how to handle abuse cases appropriately, including the reporting process. When confronted with an abuser, careful ways to

acknowledge the plight of the abuser and grant referral for appropriate counselling and care is important.

The clergy can focus a worship service on the reality of harmful and unacceptable behaviour involving elder abuse. Selected scripture, hymns, prayers and a message can relate to God's call to care for the elderly in society. If the minister feels uncomfortable delivering the message, there are resource personnel working in the Community Elder Abuse Prevention Programmes who would be available to share. A time following the service could be arranged for dialogue and conversation with the guest. The minister is free to provide pastoral care and counsel, (if qualified). The clergy need to muster the courage to make the awkward comment and ask the difficult questions when abuse appears to have occurred, such as, "I notice that you have a bruise on your arm. Can you tell me how that happened?"

In ministry, clergy have a responsibility to be a catalyst in raising awareness and developing initiatives to involve their congregations and communities to enable the eradication of elder abuse. Since, I too, am an elderly person, (age 80); I hope to continue to actively raise awareness in addressing this horrific crime. Hopefully, the effort put forth in this thesis will nudge all of us in that direction.

## HOPE

For Christians, Hope is a way of life. The lifeline between faith and Hope is symbolized by the descending dove. The three main qualities that nurture Hope are patience, perspective and persistence. Clergy can encourage congregants by nurturing these characteristics.

While we await some outcome, a sense of tolerance tests patience. The lesson of patience enters the scene the moment we try to create a change within ourselves or another. Growth can be a slow, painstaking journey, and patience helps provide the stamina to achieve these goals. God's call for patience can put us in tension with the rest of society, and even with others in the wider church and community. Although society tends to lean toward instant results, God's people need to be nurtured patiently with commitment on the part of caregivers. The apostle Paul indicates that: "If we hope for what we do not see, we wait for it with patience." (Romans 8: 25).

Furthermore, another characteristic of Hope is perspective that involves a keenness of vision that underscores the power of Hope. Hope is a discerning vision that notices what others cannot see. The perspective offered through the eyes of another can see more clearly and help to discern and interpret an alternate path in the midst of difficult decisions. Perspectives that consider options are very supportive to abused elders as they attempt to determine a future path.

Abused individuals who portray a perspective or vision that reflects negative attitudes such as, 'This is the worst thing that could ever happen to me,' or 'I don't know how I will ever get through this,' are indicating signs of losing Hope.

Elders suffering from abuse can become victims of fear. A remark often is heard: "I wonder where it will all end!" Unfortunately fear feeds on this sense of powerlessness. Sometimes the elderly are plagued with the 'what ifs' such as: 'What if I lose my home?' 'What if I haven't enough money for my future needs?'

Fear produces pessimism that fosters hopelessness, and these destructive forces sap the spiritual energy from the abused elderly. Fear and anxiety are regarded as the opposite of Hope. The goal is not achieved easily as clergy are challenged to redirect the focus of the abused from a pessimistic view to one of Hope. It is difficult for the elderly to change their focus to move from pessimism to optimism. The difference between optimism and Hope is that optimism has human nature as its foundation, while Hope has faith in God as revealed in Jesus Christ, and the latter is a much better soil to promote growth than the former. Following the crowds permits the optimism of society, but it does not permit the Hope of Jesus Christ. Rather than being optimistic, Hope embraces confidence, and wears the working boots of Hope each day. Hope is what is found at the bottom of the well 'when' and 'if' bad things happen. It becomes the source of strength that guides us through what was believed to be impossible. When difficult things happen to people in life, they lower the bucket deeper into the well, and put on the working boots of confidence and carry on with Hope into the future.

Few things can be predicted with absolute certainty, but to believe in God means there will always be possibility; there is always Hope. Clergy have an opportunity to inspire Hope among fearful victims of elder abuse, and help them gain belief in a better future.

Another quality of Hope is persistence. People need to be persistent in good works, because no one knows how God might use these actions in special ways. Sometimes hopes are dashed, but Hope produces persistence; so we "do not lose heart" (Luke 18: 1). Jesus taught us the way to trust, to love, to suffer and to Hope, and that makes all the difference.

The personal and social problems may remain, but in faith, trusting in God, the challenges are faced with confidence, enthusiasm and expectant Hope. Clergy must be committed to encouraging their congregants to remember that Faith, Hope and Love are bound together, the very essence of our Christian faith,

In society, some people want physical and emotional Hope, good health, financial security, and peace of mind. Sometimes, when people feel defeated they say, “I have given up all Hope!” or “I cling to Hope!” A supporter may respond, “Don’t give up Hope!” Many people experience a great deal of ambivalence between Hope and denial; Hope and depression; or Hope and acceptance. Thoughts and feelings swing like a pendulum going from one day with despair in a situation, to the next day with Hope. Some dismiss the necessity of Hope, and try to reject it through life, but when faced with trials, they grasp for the Hope that thrives during difficult times. These are all situations reflecting human Hope.

This story was shared by Rev. Ian Brown, President of the Ontario Chaplaincy Association, at the annual convention that I attended in Toronto, Ontario, 1996.

#### A ROOM WITH A VIEW

Mr. Wilson and Mr. Thompson shared a hospital room. Mr. Thompson was flat on his back. Mr. Wilson’s bed was near the window. He could only sit up a bit. Each day Mr. Wilson would tell Mr. Thompson what he could see through the window. He could paint a word picture of the view for Mr. Thompson:

- the trees are gently blowing in the breeze;
- ducks are splashing in the pond;

- adults are enjoying a stroll in the park;
- children are playing on the slides....oops, one little lad fell, but he's up and seems to be okay.

Mr. Wilson continued to do this for several days and it became the highlight of the day for Mr. Thompson. One night, Mr. Wilson died, and Mr. Thompson was devastated, and he really missed Mr. Wilson; so he asked to be moved near the window. One day he struggled to see the view from the window, but could only see a brick wall. Disappointed, Mr. Thompson thought that Mr. Wilson had not been true to him. When he thought more about it, he remembered that each day Mr. Wilson had given him courage and Hope.

Perhaps, Mr. Wilson had been using his imagination, but could really see through the wall to the Hope of eternal life.

God offers deeper eternal Hope which lasts forever, and God reveals that Hope to us in Jesus Christ, through whom we were taught to trust, to love, to suffer, and to Hope. Hope is a personal experience that defies explanation, but is a blessing beyond words. We realize that discovering Hope comes when we least expect it – a gift of God's grace. Hope goes deep and never stands alone, because it is sandwiched between faith and love. Basically, three things matter: faith in God, love of God, and Hope given by God to support and sustain us all.

What is God's way of reflecting Hope to the abused and hopeless? God calls clergy and caregivers to exemplify Hope in Christ, thus granting our responsibility as ambassadors of Hope for the abused. We are called to demonstrate the better side of life by bringing that message of Hope to the congregants. Without Hope, the will to survive is diminished, and

perhaps even the spirit is defeated. By trusting in God's Spirit, we can approach our challenges with a confident enthusiasm and Hope, and be enabled to inspire encouragement and comfort in the mistreated and defeated individuals.

Our destination is when we arrive at the end of the journey. Through the stumbling blocks along the pathway to the end of the road, may the elderly in our society experience a safe haven to protect them from the terrors of abuse.

The Psalmist expresses Hope in the following passage:

My God, I put my Hope in you:  
I have trusted in you since I was young.  
I have relied on you all my life;  
You have protected me since the day I was born.  
Do not reject me now that I am old;  
Do not abandon me now that I am feeble.  
You have taught me ever since I was young,  
And I still tell of your wonderful acts.  
Now that I am old and my hair is gray,  
Do not abandon me, O God!  
Be with me while I proclaim your power and  
might to all generations to come.  
(Psalm 71: 5-6; 9-10; 17-18)

A prayer....

O God, fill us with such joy and peace because of our faith in you, that by the power of the Holy Spirit we will overflow with Hope.

We are not alone. Thanks be to God!

## END NOTES

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## APPENDIX A

### GUIDELINES FOR COUNSELLING BY MINISTRY PERSONNEL

Pastoral ministry is a privilege and a responsibility. In pastoral care, a sacred trust is bestowed that invites one into the intimacies and complexities of other's lives. Pastoral care, guidance, and support are integral and regular parts of the work of ministry personnel in the United Church.

From time to time ministry personnel are called into a counselling role that goes beyond regular pastoral care, guidance, and support, and requires a more structured, focused approach.

In these instances, clear boundaries of role and time are essential. Sometimes the minister cannot provide this counsel within the pastoral relationship, or the issue is of such complexity or consequence that specialized training and recognition are required.

Recognizing and respecting the boundary between pastoral care and counselling is critical for ministry personnel and for the well-being of those seeking counsel. Both roles contribute to healing, wholeness, and fullness of life and being.

The following guidelines are meant to assist ministry personnel with discerning how best to proceed in such circumstances:

#### Companion Documents

These guidelines are recommended to protect vulnerable persons who place their trust in a minister's care, as well as to guide ministry personnel, pastoral charges, and the wider church. In addition, please refer to the Sexual Abuse Prevention and Response Policy, and Biblical Standards and Standards of Practice for Ministry Personnel. These documents are available, in English and French, on [www.united-church.ca](http://www.united-church.ca) or from Ministry and Employment, 1-800-268-3781 ext. 3161.

#### Guidelines

Key to the integrity of the pastoral relationship is clarity regarding one's role as minister. The following are guidelines for ministry personnel, pastoral charge Ministry and Personnel Committees, Conference personnel ministers, presbytery Pastoral Relations Committees, and the wider church on matters related to counselling within the pastoral relationship.

## **1. Remuneration**

It constitutes a violation of ethical boundaries and of the standards or practice of ministry for ministry personnel to enter into a contract to engage someone normally under their pastoral care in “counselling sessions” for remuneration over and above their paid salary.

## **2. Responsibilities to the Pastoral Charge**

Ministry personnel are responsible for informing the pastoral charge Ministry and Personnel Committee of the amount of time and energy used in counselling members of the pastoral charge and community, including the ministry personnel’s limits regarding the number of sessions spent with those being counselled. Names and content of sessions are, of necessity, confidential. If counselling grows into a significant part of their ministry, the pastoral charge needs to be fully informed of this development.

## **3. Assessment**

Ministry personnel whose pastoral care may involve some counselling are expected to undertake the following steps:

- a) Make a realistic assessment of their own training and experience, their competence to deal with specific issues being presented, and the consultation resources that are available. (see Ethical Standards for Ministry Personnel, section 1, Competence.)
- b) Ensure that there is a clear understanding of the nature of the request, the issues involved, the outcomes sought, and the time commitment required.
- c) Appraise the emotional stability and coping resources of the person making the request, their previous counselling involvements, and their ongoing personal support systems to determine if short-term counselling is likely to be productive and helpful.
- d) Assess the degree to which their past or ongoing relationships with the person, at other levels in the pastoral charge and/or in the community, might interfere with either party entering into a responsible counselling relationship.
- e) Clarify, at the outset, the time duration, and location of counselling sessions. It should also be made clear that either counsellor or counsellee can inform the other that counselling should be terminated, and that either of them can decide to make or seek a referral to another therapist or counsellor.



#### **4. Support Systems**

Sometimes, because of isolation or other circumstances, there may be need for more support and guidance than is usually available in most pastoral charges. Ministry personnel in these communities need to develop a variety of ways of enlisting support, consultation, training, and referral, both in and beyond their immediate area.

The United Church's Employee Assistance Program offers individual counselling consultation for ministry personnel who are seeking resources and support for a specific pastoral care counselling issue. This consultation is without charge to the ministry personnel and is conducted on a case-by-case basis with a counsellor. It allows ministry personnel the opportunity to discuss issues they have encountered in specific counselling sessions.

#### **5. Confidentiality**

Sessions must occur in a confidential setting where no one else can enter the room or overhear the conversation. Records must be kept of names(s), date, time, and general content of the session, stored in a safely locked enclosure. All ministry personnel serving a pastoral charge need to be cognizant of all provincial regulations regarding confidentiality.

#### **6. Professional Obligations**

Ministry personnel encountering persons who are suicidal or homicidal, who learn of physical, sexual, or any other form of child abuse, or who become aware of domestic violence must be aware of the requirements of current provincial law. Knowledge of the obligation to report such information and the appropriate channels for doing so is mandatory. Familiarity with the Sexual Abuse Prevention and Response Policy of The United Church of Canada is also required.

There is no absolute privilege between ministry personnel and a person being counselled as there is in the case of a lawyer and client. In circumstances other than those described above, ministry personnel are advised not to disclose any information, but to keep it strictly confidential unless

- a) the person gives permission to disclose it,
- b) a civil court orders the disclosure of the information, or
- c) there is immediate serious risk to a person's safety that could be prevented by the disclosure.

## **7. Liability Insurance**

All ministry personnel should be informed of insurance coverage for liability arising out of the practice of counselling by ministry personnel. If the pastoral charge has the United Church group insurance (through HUB International) and the counselling is within the scope of regular pastoral care, there is liability coverage up to \$2,000,000. If the pastoral charge does not participate in the group plan, there may not be coverage for counselling by ministry personnel unless it is specifically included by arrangement with the insurance carrier; it is not normally included in Commercial General Liability insurance.

## **8. Continuing Education**

For ministers, good listening skills are a critical component to all pastoral care. Ministry personnel who engage in counselling as part of their pastoral care must also recognize that ongoing educational events are imperative.

To avoid damaging others and overextending their own personal resources and time, ministers need to have specific knowledge of

- a) addictions and appropriate ways of intervening
- b) the cycles of violence and abuse
- c) the symptoms of mental health issues requiring outside professional help (including suicide intervention)
- d) the effects of racism, poverty, and oppression
- e) cultural differences and diversity

Continuing education in each of these areas is required for effective ongoing pastoral care. Self-care done in intentional ways, through supervision and consultation with a professionally trained mentor or counsellor, is also integral to maintaining an effective and healthy balance.

## **9. Power Dynamics**

Ministry personnel are in a position of power. Ministry personnel who counsel persons from vulnerable populations need to see themselves as vessels of the Creator's love and energy, not as "superiors" working from an egoist/power state. Special care and attention to the vulnerabilities of another – including information about cultural and spiritual practices, traditions beliefs, and family systems – must be an integral part of their frame of reference.

A framework of cultural safety may mean assisting the person to obtain services that are culture-specific and will respond to their various needs (for example, sweat lodges,

traditional medicines, Elders, mosques, synagogues, temples, and rituals to which the person adheres).

For those engaging in pastoral counselling with people of Aboriginal descent, it is essential to develop a thorough understanding of the historical impacts of trauma resulting from colonization, the residential school legacy, and the role of the church. To identify and assist survivors of residential schools, one must be aware of the resources available for survivors and be open to receiving personal training in multigenerational issues from respected Elders. (The article “Native Ethics and Rules of Behaviour,” by Clare C. Brant, M.D. [*Can J Psychiatry* 1990; 35:534-9] is recommended as a foundational reference.)

## **10. Standards of Practice**

Ministry personnel are expected to follow the United Church guidelines in the Ethical Standards and Standards of Practice of Ministry Personnel, especially in relation to counselling, in Ethical Standards, section 6, Relationships with Persons Served:

Ministry personnel are aware of and attentive to the possible impact of their words and actions caring for the emotional, mental, and spiritual needs of persons who seek their help, In all relationships ministry personnel are called to

- a) uphold the integrity of the ministry relationship in which they serve
- b) honour the dignity, culture, and faith of all persons
- c) respect personal boundaries such as those of space and touch
- d) use the power and influence of their office appropriately
- e) be sensitive to the needs and vulnerabilities of all, while clarifying and maintaining the professional nature of the relationship.

## APPENDIX B

### Referral Information:

Regardless of who makes the referral, demographic data and patient information, such as the following should be obtained.

1. The abused person's name, address, phone number, age, gender, ethnic background.
2. The abused person's close relatives and friends and their phone numbers, contact agencies and their phone numbers.
3. The alleged abuser's name, address, and phone number, physical description and knowledge of the behaviour, relationship to the abused, and length of relationship.
4. Description of abuse and neglect, suspicions, and evidence obtained to date. Date of prior contacts, action taken, and by whom are very helpful.
5. Physician and other known practitioners and their phone numbers.
6. If someone has referred the abused to you, record their name and phone number, and description of that person's involvement in the case to date, and their relationship.

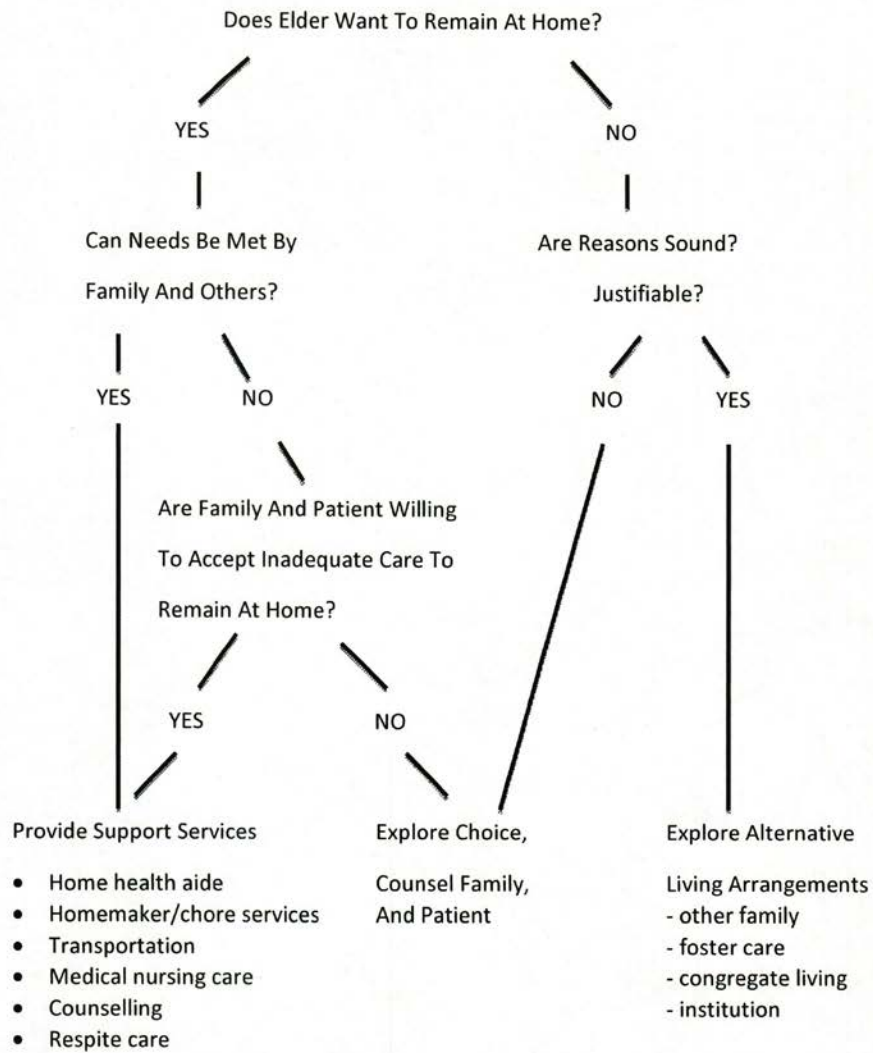
This information becomes part of the confidential file. If clergy have prepared forms on file, it expedites the process!

Quinn, Mary Jo and Susan Tomita, Elder Abuse and Neglect: Causes, Diagnosis and Intervention Strategies. (Springer Publishing Company, New York, 1986), p. 97

## APPENDIX C

### A Flow Chart

Decision flow chart for abuse or neglect of elderly person dependent on others for care.



*Taken from: Mulligan, Suzanne, Ed. A Handbook for the Prevention of Family Violence developed by*

*The Family Violence Prevention Project of The Community Child Abuse Council of Hamilton-Wentworth.*

APPENDIX D

# MENTAL HEALTH MATTERS TO EVERYONE!

We all know what it is like to feel stressed in response to things that happen in our day-to-day lives. It isn't always as easy to recognize when feelings of anxiety and overwhelming sadness have become more intense, difficult to cope with, and are affecting our daily living.

Shelburne Chaplaincy Network are hosting  
a community awareness event

Monday May 7, 2012

6:30 p.m. - Welcome & Refreshments

7:00 p.m. - 9:00 p.m. Community Workshop

Facilitated by Sandra Parkinson with  
Canadian Mental Health Association

Mel Lloyd Centre - Entrance C - Auditorium  
151 Centre Street, Shelburne

If you, or someone you care about is having a  
tough time, then this evening is for you.

## YOU ARE NOT ALONE!

Everyone Welcome ~ No fee to attend

Registration not necessary, but appreciated.

For information call Norma Godbold 519-925-6503

or e-mail Angie Matthews at

[amatthews@dufferincounty.on.ca](mailto:amatthews@dufferincounty.on.ca)



APPENDIX E

SUPPORTING SENIORS

Do you want to learn more  
about safety for seniors and supporting  
older adults in your community?

Join us for a discussion of:

- Power of Attorney
- Elder Abuse
- Connecting with Community Supports

Date:

Place:

Registration:

Programme: 7:00 P.M. - 9:00 P.M.  
Refreshments will be served!!

Facilitated by: Name(s)  
Seniors at Risk Co-ordinator  
Canadian Mental Health

Registration is not necessary, but appreciated.

For information contact:  
Name and Phone Number:

This event is sponsored and organized by the:

**APPENDIX F**

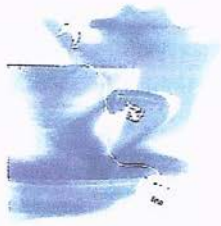
**SUPPORTING SENIORS  
DO YOU WANT TO LEARN MORE ABOUT SAFETY FOR SENIORS AND  
SUPPORTING  
OLDER ADULTS IN YOUR COMMUNITY?**

Date: \_\_\_\_\_  
Place: \_\_\_\_\_

<b>Introduction</b>	* Format of evening. * Write down questions on paper on your tables.	<b>Time:</b>
<b>Frauds and Scams</b>	* Telemarketers * Door-to-door scams * Mail Scams / Email Scams * Grocery store distraction * Identity theft	<b>15 minutes</b>
<b>Power of Attorney</b>	* Power of Attorney for Property * Power of Attorney for Personal Care * What do you need to think about when choosing a POA? * Consulting a lawyer * Conditions you might want to include in POA	<b>20 minutes</b>
<b>Break</b>		
<b>Option: Small group discussion – What do you know about elder abuse? Who are the abusers? Who are generally the victims of elder abuse? Where would you go for help?</b>		
<b>10 minutes</b>		
<b>Identifying Elder Abuse</b>	<i>“Red Flags” to look out for</i> * Who is the abuser? * Who are the victims? * Physical Abuse * Emotional Abuse * Neglect * Financial Abuse * Abuse in LTC and Retirement Homes	<b>15 minutes</b>
<b>Seeking support in Region/County of</b>	* Looking after your neighbours: what to do if you suspect someone is at risk of abuse? * How to ask someone about abuse? * How to offer support? * Supports in your Region/County (Senior Safety Line, FTP, Alzheimer Society, GEM nurse, Trelis, Police, Family Doctor, Family Health Team, Distress Line, Telecheck. * Reporting Abuse – MOH and RH action lines	<b>10 minutes</b>
<b>Question and Answer Session</b>	* Have individuals pass questions forward	<b>10 or 15 minutes depending on if we have group discussion.</b>



APPENDIX G



*Join us for a Tea Party!*

**In Commemoration of  
World Elder Abuse  
Awareness Day**

**Bring a friend, enjoy refreshments and learn more about  
financial security and your rights. It's free!**

**To honour this day, we're hosting 3 events:**

- June 11—Grand Valley—Grand Valley Recreation Complex**
- June 13—Shelburne—Mel Lloyd Centre, New Horizon's Room**
- June 15—Orangeville—The Orangeville & District Seniors  
Centre**

**9:30 am—11:30 am**

**Guest speakers include; a representative from the RBC bank, a  
local lawyer & the seniors at risk system coordinator**

**Register by June 8th at: 519-941-1221**

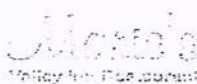


**Sponsored by:**  
**The Dufferin Network for the Prevention of Elder  
Abuse (DNPEA)**  
**&**  
**The Ontario Network for the Prevention of Elder  
Abuse (ONPEA)**

**Thank you to our local businesses for their support!**



**Jelly's Craft  
Bakery & Cafe**



**French's  
Flowers N'More**

