Analytical Report of an Analysis of Three Elder Abuse Scans Using the BIAS FREE Framework to Identify Social Biases and Solutions to Identified Biases

Submitted to Division of Aging and Seniors
Public Health Agency of Canada

by *BIAS FREE Co-operative,* Inc.

February 11, 2011

Contract No. 4500236624

Table of Contents

Executive Summary……..3

Section A: …….....7

1) Background…….....7

2) Introduction…….……...8

3) The *BIAS FREE* Framework……..10

4) Context…….....10

Section B: …….....13

5) Analysis of Scan 1: *Promising Approaches for Addressing/Preventing Abuse of Older Adults in First Nations Communities. A Critical Analysis and Environmental Scan of Tools and Approaches*, by April Struthers, Georgina Martin, Alison Leaney, December 2009……13

6) Analysis of Scan 2: "Annex B: Gender-based analysis of young adult's tobacco use and perceptions of tobacco control policies in Bosnia and Herzegovina" *Environmental Scan and Critical Analysis of Elder Abuse Screening, Assessment and Intervention Tools for Canadian Health Care Providers*, Charmaine Spencer, 2009……...30

7) Analysis of Scan 3: *Report of a pan-Canadian Scan to Understand the Elder Abuse/Neglect training provided for Home Support Workers by Academic Facilities,* by the Canadian Health Care Association (CHCA)……...47

Section C: …….....54

8) Discussion of the three scans: A need to focus on the abuser and redefine risk…….....54

9) Recommendations……..57

10) Conclusions…….....58

Executive Summary

The following is a written analysis of 3 Environmental Scans provided to *BIAS FREE Co-operative,* Inc. by DAS staff. The three scans under review include:

1) *Promising Approaches for Addressing/Preventing Abuse of Older Adults in First Nations Communities. A Critical Analysis and Environmental Scan of Tools and Approaches*, by April Struthers, Georgina Martin, Alison Leaney, December 2009;

2) *Environmental Scan and Critical Analysis of Elder Abuse Screening, Assessment and Intervention Tools for Canadian Health Care Providers*, Charmaine Spencer, 2009; and

3) Report of a pan-Canadian Scan to Understand the Elder Abuse/Neglect training provided for Home Support Workers by Academic Facilities, by the Canadian Health Care Association (CHCA).

The analysis of the three scans was carried out by *BIAS FREE Co-operative*, Inc. using the ***BIAS FREE*** **Framework**[1] to conduct a critical analysis, with a particular focus on identifying and removing *gender* and other *social biases* such as race, aboriginal origin, ability/disability, age, socio-economic status; sexual orientation, health and immigration status, etc.

Section A of the Report, provides some background information about the project and on the *BIAS FREE* Framework, in particular. The *BIAS FREE* Framework is an innovative tool that can be applied to organizations, research, policy, programmes, services and practices to identify biases that serve to maintain oppressive social hierarchies and to find solutions to overcoming such biases**.** ***BIAS FREE*** is an acronym for: ***B***uilding an ***I***ntegrated ***A***nalytical ***S***ystem ***F***or ***R***ecognising and ***E***liminating in***E***quities.

[1] Burke, M.A. and Eichler, M. *The BIAS FREE Framework: A practical tool for identifying and eliminating social biases in health research*. The Global Forum for Health Research: Geneva, Switzerland. 2006.

Unlike other existing tools for conducting gender analysis, the *BIAS FREE* Framework addresses three overarching problems identified in the Framework as: "**H**" problems – a set of 7 biases that result in "***Maintaining an existing hierarchy***"; "**F**" problems – a set of 4 biases that result from "***Failing to examine differences***" as socially relevant, and that are a means of perpetuating oppressive social hierarchies, and "**D**" problems – a set of 8 biases that result from "**Using double standards**" to maintain oppressive social hierarchies.

Section B of the Analytical Report, examines the three environmental scans by applying the *BIAS FREE* Framework to them. The analysis of the three PHAC-sponsored Environmental Scans has found that the authors of all three scans had quite different understandings of what a critical social analysis entails within a research setting, and varying degrees of demonstrated capacity to conduct a critical social analysis.

Bias problems were found in the first two scans, in particular problems related to denial of hierarchies, especially gender and disability, among others. Specific examples were cited and suggestions were given as to how these problems, could be avoided. The second scan was considered to be the strongest of the three, and the author herself both identified bias problems in the literature she scanned, and avoided many in her own work.

Scan 3 was the weakest overall, and demonstrated serious theoretical, methodological and bias problems that would warrant re-doing the original scan. Suggestions are provided as to how this should be done.

As noted, the three scans are very different with respect to the awareness they demonstrate towards particular biases. **Section C** of the Analytical Report highlights one issue that is shared among all three: a disproportionate concern with the abused, and a concern with the "risks" of a person to become abused,

as compared to a concern with the abuser and for the risk of a person to become an abuser. This is evidently reflective of the literature as a whole. Suggestions are made as to how these biases could be addressed.

In particular, the report argues that the only risk factor for a potential victim is exposure to an abuser. Doing so, avoids an **H6** problem, "Victim Blaming" when it comes to the discussion of risk, and shifts the attention from the abused to the abuser. This opens up a whole new way to approach the issue of risk of abuse, and introduces a new set of questions, such as:

- Are there types of personalities that particularly put a person at risk of becoming an abuser, and if so, what are they?
- What are early warning signs that a person may turn into an abuser?
- What circumstances facilitate the occurrence of abuse?
- What circumstances allow the abuse to happen?
- Which of these circumstances are amenable to change, which ones are not?
- What are successful ways of preventing abuse (very difficult to answer, since it would require demonstration of a negative).

The report does not suggest that research on abusers replace efforts to identify victims of abuse and to help them by mitigating effects. Instead, it suggests that the scope be broadened by putting, first, a greater emphasis on the abuser, second, explore the circumstances that facilitate or allow abuse to happen and third, spend some effort on identifying which of these circumstances can be changed.

The report concludes by recommending that researchers follow the four steps that always underlie the application of the *BIAS FREE* Framework to any document. These are:

Step 1: Identify the existing hierarchy(ies) most relevant within a given context

Step 2: Identify the dominant and non-dominant groups within the hierarchies

Step 3: Identify the existence of any biases by asking the 19 questions of the Framework

Step 4: Take actions to address the identified biases and remove the problems

Section A:

1) Background:

As a follow-up to a 3-day introductory training workshop on the *BIAS FREE* Framework attended by several staff of the Division of Aging and Seniors (DAS), the Public Health Agency of Canada (PHAC) contracted with *BIAS FREE Co-operative,* Inc. to conduct an analysis of three Environmental Scans related to Elder Abuse that had been commissioned by DAS and carried out by outside consultants.

For the purposes of the follow-up activities, *BIAS FREE,* Inc. was contracted to:

1. Use the *BIAS FREE* Framework within a health determinants perspective to critically analyse the resources/tools and practices described therein;

2. Identify the various types of social biases present within the three Scans;

3. Provide recommendations to improve the tools' capacity to be more inclusive in meeting the diverse needs of all Canadian Seniors;

4. Provide PHAC's Division of Aging and Seniors (DAS) with an Analytical Report and recommendations as to how the existing elder abuse tools/resources and practices could be more inclusive of Canada's diverse seniors e.g. gender, sexual orientation, aboriginal origin, race, health, age, socio-economic status and other social hierarchies;

5. Serve as potential models for future *BIAS FREE* analysis of other aging and seniors-related public health issues such as Mental Health, Dementia, Caregiving and Emergency Preparedness and Response; and

6. Contribute to redress various social and systemic discriminations that are present in current elder abuse prevention and intervention resources and programs and result in more efficient and appropriate tools and approaches that are inclusive of the needs of all older Canadian, regardless of gender, race, aboriginal origin, ability/disability, age, socio-economic status; and other social hierarchies.

We very much appreciate the opportunity to work with PHAC, and look forward to the working with the staff of DAS to identify and overcome problems as they continue with their work on elder abuse and other issues related to older Canadians.

2) Introduction

The following is a written analysis of 3 Environmental Scans provided to *BIAS FREE,* Inc. by DAS staff. The three scans under review include:

4) *Promising Approaches for Addressing/Preventing Abuse of Older Adults in First Nations Communities. A Critical Analysis and Environmental Scan of Tools and Approaches*, by April Struthers, Georgina Martin, Alison Leaney, December 2009;

5) *Environmental Scan and Critical Analysis of Elder Abuse Screening, Assessment and Intervention Tools for Canadian Health Care Providers*, Charmaine Spencer, 2009; and

6) Report of a pan-Canadian Scan to Understand the Elder Abuse/Neglect training provided for Home Support Workers by Academic Facilities, by the Canadian Health Care Association (CHCA).

The analysis of the three scans was carried out by *BIAS FREE Co-operative*, Inc. using the ***BIAS FREE* Framework**[2] to conduct a critical analysis, with a particular focus on identifying and removing *gender* and other *social biases* such as race, aboriginal origin, ability/disability, age, socio-economic status; sexual orientation, health and immigration status, etc.

In Section B of this Analytical Report, we have examined the three environmental scans by applying the *BIAS FREE* Framework to them. We followed the four

[2] Burke, M.A. and Eichler, M. *The BIAS FREE Framework: A practical tool for identifying and eliminating social biases in health research*. The Global Forum for Health Research: Geneva, Switzerland. 2006.

steps which always underlie the application of the *BIAS FREE* Framework to any document:

Step 1: Identify the existing hierarchy(ies) most relevant within a given context
Step 2: Identify the dominant and non-dominant groups within the hierarchies
Step 3: Identify the existence of any biases by asking the 19 questions of the Framework
Step 4: Take actions to address the identified biases and remove the problems

The *BIAS FREE* Framework can be used to recognize problems in the form of biases, and also the positive aspects - potential biases that were avoided by the authors of the scans. We will therefore point out both biases that were avoided as well as biases that we found within the three scans.

Usually, we would write up the report by following the sequence in the scan under review, page by page. This is, indeed, what we did for Scan 1, although relevant sections were pulled forward or backward to avoid tedious repetitions. It turned out that for Scans 2 and 3, for the purposes of presentation this format was not optimal, although we followed the same steps in our analysis. Scan 2 is a remarkable report in which a large number of biases were, in fact, recognized. We did identify some small biases that crept in and one major bias. We therefore prepared our analytical report in a manner that showcases the strength of this scan while pointing out the instances in which we still found biases. Scan 3, by contrast, suffered from major methodological, theoretical and bias problems, important enough to require major changes, indeed, re-doing the entire research from beginning to end. While we usually confine our analysis to identify biases derived from oppressive social hierarchies, in this instance, we had to go beyond this approach and critique the study as a whole.

3) The *BIAS FREE* Framework

The *BIAS FREE* Framework is an innovative tool that can be applied to organizations, research, policy, programmes, services and practices to identify biases that serve to maintain oppressive social hierarchies and to find solutions to overcoming such biases**.** ***BIAS FREE*** is an acronym for: ***B***uilding an ***I***ntegrated ***A***nalytical ***S***ystem ***F***or ***R***ecognising and ***E***liminating in***E***quities.

Unlike other existing tools for conducting gender analysis, the *BIAS FREE* Framework addresses three overarching problems identified in the Framework as: "**H**" problems – a set of 7 problems that result in "***Maintaining an existing hierarchy***"; "**F**" problems – a set of 4 problems that result from "***Failing to examine differences***" as socially relevant, and that are a means of perpetuating oppressive social hierarchies, and "**D**" problems – a set of 8 problems that result from "**Using double standards**" to maintain oppressive social hierarchies.

The *BIAS FREE* Framework provides a single tool for looking at all oppressive social hierarchies and how they interact and compound each other. Thus, the Framework addresses not just the sex/gender hierarchy, but the other "isms" that work with sexism (ableism, racism, ageism, classism, casteism, etc.) to cause immense harm to individuals and groups of people.

4) Context

Our research has no found no other tool that is as comprehensive and rigorous as the *BIAS FREE* Framework in conducting critical analysis of social biases, including gender analysis. Most other analytical tools focus primarily on what the Framework identifies as the "F" problems, "Failing to examine differences", rarely address the "D" problems, "Using double standards", and most often fail to identify and/or problematize the "H" problems, "Maintaining an existing hierarchy", in a meaningful way.

In addition, as is evident in the work *BIAS FREE*, Inc. has carried out to date with PHAC and with other organizations, there is no real consensus on the language around critical social analysis. This is particularly evident, for example in the case of “gender analysis”, and even on what that concept means. Vague terms such as: “taking gender into account”, “conducting gender-sensitive research”, “assessing for gender differences” and “addressing gender issues” are used interchangeably with “gender-based analysis”, without a real understanding of what they mean and what is expected when one is asked to conduct a gender analysis.

This is not an isolated problem, but a pervasive reality throughout all spheres within the research-policy-practice continuum around the globe, in high- to low-income countries alike. Problems that exist around the concept of “gender analysis” also occur around critical analysis of any of the other social hierarchies to which the *BIAS FREE* Framework could be applied, perhaps to an even larger degree, as there tend to be fewer available tools outside the gender domain, and many are less developed than those focused solely on gender.

All three scans covered by this report exhibit the H, F and D problems identified in the *BIAS FREE* Framework. The identified problems are consistent with what we have found in critiquing other works. So, it is within this context that *BIAS FREE,* Inc. undertakes to provide a critique of the three PHAC-sponsored elder-abuse scans.

By going through this exercise, we aim to build capacity among researchers who will be exposed to the Analytical Report that comes out of this exercise, and among the DAS staff members who are sponsoring this project. We also aim to raise awareness of the usefulness of the *BIAS FREE* Framework in producing a rigorous critical analysis, and in identifying solutions to biases that compromise research, and the policy and programmes that flow from it. Finally, we aim to demonstrate the usefulness of the *BIAS FREE* framework in clearing up vague

terminology and in providing a common set of concepts and methodology as a global standard for conducting critical gender analysis, and critical analysis of oppressive social hierarchies more broadly.

With this in mind, Section B of this Analytical Report critiques each of the three PHAC-sponsored Environmental Scans as “stand alone” sections. While they have been integrated into one Analytical Report, (and in the case of some of the critiques, mention is made of issues identified in another of the critiques), analysis of each of the three scans was written so that the authors would have an independent critique of their work. The summary section at the end of this Analytical Report attempts to draw together issues that were consistent across the analysis of all three Environmental Scans, for the benefit of the PHAC team and other researchers who may draw on this document.

Section B

5) Analysis of Scan 1: *Promising Approaches for Addressing/Preventing Abuse of Older Adults in First Nations Communities. A Critical Analysis and Environmental Scan of Tools and Approaches*, by April Struthers, Georgina Martin, Alison Leaney, December 2009.

Identification of the relevant hierarchies and of dominant – non-dominant groups within them:

Abuse of older adults in First Nations communities is a complex problem with many intersecting hierarchies at play. Within the context of First Nations in Canada, the over-riding hierarchy is colonialism. The relevant hierarchies in this instance are 8:

Race (white and First Nation)
Colonialism
Age (older adult, middle aged or young adult, child)
Sex/gender (male, female or other)
Disability (non-disabled and disabled)
Service provider and client
Language (English/French and First Nations languages)
Geography (center and periphery)

Each is an example of an actual or potential oppressive hierarchy. Abuse is an outcome of oppressive hierarchies at work, whereby dominant members oppress non-dominant members. Abuse can result from the existence of any of the 19 bias problems identified in the Framework.

We will now look at the document in sequence. It consists of the scan itself plus 13 appendices. We will draw on the appendices as they are mentioned in the

scan, and if they shed more light on a particular problem. We will, as well, note for illustrative purposes, some of the instances in which biases were avoided.

Applying the 19 *BIAS FREE* questions to Scan 1 to identify bias problems and their solutions:

The Executive Summary:

Note: To avoid duplication of points, when a bias problem in the Executive Summary is identified we draw on the body of the text to flesh out the summary where appropriate.

In the ***Project Overview***, the researchers' note that "This critical analysis reviews the historical context and current issues, risk and protective factors and cultural safety as they relate to abuse of older adults in First Nations communities through a review of the academic literature and web search." (p. 3) Literature reviews need to actively search out alternative literature on the issue in question, to be comprehensive and to avoid a **D2** problem, "Under-representation or exclusion" of critical perspectives, which, in turn, leads to an **H3** problem, "Dominant perspective". The researchers did this in three ways. They supplemented the academic literature search through Medline, PubMed and SocioFile (p. 6) with 1) an internet search, which would yield some of the grey literature, 2) by forming a research alliance with the Native Women's Association of Canada which gave them access to other sources and 3) through a series of teleconferences (to which we will come back later). They were aware that there is more grey literature that they likely missed since one of their recommendations is "Develop a clearinghouse for tools / gray literature".

To the degree possible within the constraints of the contract they therefore tried to avoid the **D2** problem of "Under-representation or exclusion".

With respect to ***Definitions****,* they used a series of First Nations definitions (p. 3), thus avoiding an **H2** problem, "Maintaining hierarchy" of white ways of understanding over First Nation ways.

Concerning ***Aboriginal Health Status and Abuse*****,** they note that "rates of violence against aboriginal women are three times higher that of non-aboriginal women" (p. 3). Unfortunately, they do not provide information about the incidence of abuse among non-aboriginal women. More importantly, they exhibit a **D3** problem, "Exceptional under-representation or exclusion" by failing to note that older males may also be abused. The solution to this bias would be to note this fact, and add – in case they found no information on the number of older First Nations men who are abused, or indeed, any older men who are victims of abuse – that this is one of the problems in the literature. Not mentioning existing problems within a body of knowledge allows the problems to be perpetuated. This is an **H3** problem, "Dominant perspective".

When discussing the Historic Context (p. 3) the authors talk about the structural factors affecting First Nations people, rather than just individual level factors, thus avoiding an **H6** problem, "Victim-blaming" and an **F2** problem, Decontextualization". This approach is carried over into the next section on Risk and Protective Factors in which they look at both structural and individual level variables. However, with respect to risk factors, please see our discussion on risk factors and the role of the abuser at the end of our report.

When discussing ***Cultural Awareness and Safety*** *(p. 4), they state* ***"***Whether an encounter, service, treatment or procedure or any interface with any more mainstream systems is culturally safe is determined from the viewpoint of the person who is the service recipient." This is entirely in line with the understanding of hierarchy within the *BIAS FREE* Framework, within which a hierarchy is defined as oppressive depending on whether it is experienced as oppressive by the non-dominant group(s). They are therefore avoiding an **H1** problem, "Denying hierarchy" with respect to race.

When it comes to *Project and Focus Group Learning (p. 5)* they discuss both promising approaches and what is missing. Under the latter, they do not identify the need to pay attention to sex/gender, thus implicitly engaging in an **H1** problem, “Denying hierarchy” with respect to sex/gender, nor do they mention the almost complete absence of concern about abusers, a **D3** problem, “Exceptional under-representation or exclusion”.

Concerning the ***Methodology*** (p. 6) section we already commented positively on the literature search. When it comes to the teleconferences, they note that it was not an ideal means of collecting information. Participants were identified by several First Nations groups, clearly an effort to avoid a **D2** problem, “Under-representation or exclusion” and therefore a positive example, but they fail to note that they did exclude a group of older people, namely those whose English or French was not good enough to communicate in a teleconference conducted in one of these two languages. As they note later on in the scan, “Many aboriginal people do not have English or French as their first language: ‘Fifty-five per cent of First Nations and Inuit Elders age 65 and older and 44 per cent of those over 55 claim an Aboriginal language as their mother tongue, with Cree, Inuktitut and Ojibwe the most widely used.’ (NIICHRO 1997).”

They also included members of the AFN but not NWAC in the teleconference (p. 7), a **D2** problem, “Under-representation or exclusion”, with the potential that the dominant perspective of the primarily male-run AFN would take precedence over the perspective of NWAC members, an **H3** problem, “Dominant perspective”. Finally, those who have no telephone access are the most isolated and potentially most vulnerable to situations of abuse. They are completely excluded, another **D2** problem, “Under-representation or exclusion”.

We presume that the contract did not allow the authors of the scan to use translators, or invite people without telephone access, but minimally the authors

should have noted the exclusion and speculated on the effect it had on the eventual results.

In their ***Definitions*** section they rely largely on First Nations/Aboriginal understandings of concepts, thus once more avoiding an **H2** problem "Maintaining hierarchy" as well as an **H3** problem, "Dominant perspective".

When it comes to ***Defining Abuse***, the authors draw on the WHO definition which defines elder abuse as "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person." (Krug 2005) (p. 10) This definition qualifies all actions that result in harm or distress suffered by older people from those towards whom there is no expectation of trust – strangers, or family members or acquaintances whom they have come to distrust - as non-abuse. This is an instance of an **F4** problem, "Assumed homogeneity", in which abusers of older people are regarded uniformly as people in a relationship of trust with the people they abuse. This does not seem to be a safe assumption to make.

In ***Numbers and Related Trends*** the authors provide some statistical information – but with the exception of three items (in the text and ***Appendix 4*** together) all of it in general terms, without taking sex into account. We learn that older women outnumber older men, but we don't know what the relative life expectancy of women and men is. We learn that "spousal violence against Aboriginal women remains more than three times higher than for non-Aboriginal women or men." This sentence is particularly problematic. Given that among non-Aboriginal people, spousal violence is much more likely to be oriented against women than against men and that it tends to be more severe and more often repeated against women, and also given that spousal violence is more likely against Aboriginal than non-Aboriginal women, it does not seems likely that spousal violence against Aboriginal women is only three times higher than for

non-Aboriginal men. This is a dramatic example of an **F1** problem, “Insensitivity to difference”.

Looking at ***Appendix 4,*** we learn that older Aboriginal women work primarily in sales and service occupations, while older men work in trades, transport and as equipment operators. We do not know whether different proportions of female and male older Aboriginal people went to residential schools, have post-secondary qualifications, are unemployed, work part-time or part-year, are less likely to use computers, etc.

By looking just at the appendix, we cannot tell whether this is a fault of the original statistics or of the authors, but we suspect that it is a combination of the two. Statistics Canada tends to break down its figures by sex, a practice that is, however, not carried through consistently, which sometimes leads to very frustrating results. A quick search showed that some of the data were available by sex, for others we did not find easy answers (and we did not check for all of the variables contained in the appendix). Wherever the problem originated, it is a blatant example of an **F1** problem, “Insensitivity to difference”. We would expect that in most if not all instances there are substantial differences between the sexes. In order to assess the relative socio-economic position of older women and men, it is important to know whether Aboriginal older women have lower income levels than comparable men, are more likely to be widowed, more likely to live in homes requiring major repairs, more or less likely to live with chronic health conditions, have a better or worse social support network, etc. Since some of these factors have been explicitly identified as risk factors, e.g. poverty and unemployment, poor health and family breakdown, while a good social support network would function as a protective factor, it would be very important to know whether women exhibit more or fewer of the characteristics which have been defined as risk and protective factors, and which we would see as descriptions of circumstances that encourage or discourage abusers. The solution to this problem is, of course, very simple: report the statistics by sex whenever they are

available. If the breakdown by sex is not available, report this as a problem that needs to be rectified.

The problem is carried forward when the report cites figures from Bent. All information is provided in general terms, “Aboriginal seniors” or “Aboriginal populations” (p. 13) – a perpetuation of an **F1** problem, “Insensitivity to difference”. We cannot tell whether the problem originated with Bent or with the authors of the scan. If the former, the solution to this problem would have been to comment critically on the lack of attention to sex paid by Bent, if the latter, the solution would be to report the data by sex.

The scan continues to cite Bent that “where there is programming to prevent or ameliorate violence to women it is most often aimed at younger women and children” (p. 13) On the hand, the scan correctly identifies an **F4** problem, ”Assumed homogeneity” among women by acknowledging that programming fails to recognize that abused women are of all ages as a **D2** problem, “Under-representation or exclusion” of women of older ages in programming. On the other hand, the scan commits a **D3** problem, “Exceptional under-representation or exclusion”, by failing to discuss violence aimed at men. We assume that programming to serve abused men is largely or completely absent. However, if so, such absence should be critically noted.

The section closes with an explanation why “seniors issues are put on the ‘bottom rung of the ladder’ of concerns in Aboriginal communities”, namely “because of the myriad of other serious issues they are presently dealing with: child welfare, economic and direct health issues-infection, chronic disease levels, lack of drinking water, housing, and amount of family violence.” (p. 13) (Native Women’s Association of Canada 2007)

If, in fact, we are dealing with a phenomenon that affects primarily women, it may also be sexism that is at work, and in the case of older women, sexism coupled

with ageism. Failing to note this is an instance of an **H1** problem, “Denying hierarchy”. As before, we are not able to determine whether the problem originated with the scan writers or the cited author. However, in a later quote by the Native Women’s Association of Canada, they identify “gendered racism” as one of the legacies of the residential school system, suggesting that the problem may be the manner in which the previous quote was selected. The solution is, of course, to explicitly recognize the existence of sexism and ageism, and at the core of it, for Aboriginal people, colonialism.

The next section deals with the ***Historical Context*** (p. 13)***.*** This section puts the current pervasive abuse into the context of recent history, with particular emphasis on the residential school experience and its legacy. By focusing on structural factors rather than only individual factors, the scan avoids an **H6** problem, “Victim-blaming”. In this section, there is also a reference to gender when dealing with the legacy of the residential school system:

- Gendered racism and resultant racialized, sexualized violence against Aboriginal women & girls
- Systemic racism (including gendered racism), poverty, unemployment, underemployment, marginalization

(Native Women’s Association of Canada 2007) (p. 15)

The authors also note appropriately that much healing is under way, thus avoiding a **D4** problem, “Denying agency”, that is, abused people are not only seen in their role of having been acted upon through being abused, but also as actors themselves in purposefully furthering their own healing.

The sections on ***Risk Factors*** and ***Culturally Generated Personal Attitudes/ Behaviours Contributing to Risk*** (p. 15) again deal with both structural and individual attributes, continuing to avoid a primary level victim blaming approach (but see our section on the topic after the critique of all three scans). However,

there is a glaring absence: there is no attention paid to perpetrators at all, an incidence of a **D3** problem, “Exceptional under-representation or exclusion”. Surely, living together with an abuser a major risk factor.

Beyond failing to include any information – or even just questions – about abusers as risk factors, the absence of concern about perpetrators of abuse pervades the entire documents.

The absence of concern about abusers may very well be a reflection of the literature, a **D3** problem, “Exceptional under-representation or exclusion”. Minimally this must be pointed out as a major and very serious omission within the literature. This is an issue to which we will return later.

With respect to the ***Intergenerational Transfer of Trauma*** (p. 17), how is this mediated by gender? The obvious difference is that men are more likely to become abusers, and women to be re-abused. This is in line with research on non-Aboriginal populations. This profound gender difference should be acknowledged, and if the literature fails to do so, this needs to be pointed out. Failing to look at gender in this context is both an **H1** problem – “Denying hierarchy” and thereby generates an **H2** problem, “Maintaining hierarchy”. A consideration of the gender hierarchy is absent not only in the text, but also in ***Appendix 7***.

Appendix 8 has a few references to gender, but manifests an interesting “D” problem, “Using double standards”, in one of its sections:

- The chances of a 16-year-old Aboriginal boy will be imprisoned at least once by the age of 25 are 70 per cent;
- The rate of incarceration of Aboriginal men is 11 times the rate of non-Aboriginal men.

• The rate of incarceration of Aboriginal women is 250 times the rate of non-Aboriginal women (although Aboriginal women comprise only 3 per cent of the population of Canada, they represent 30 per cent of the total population of federally sentenced women). (p. 15 of appendix 8)

This is an example of a **D1** problem, “Overt double standard”. We are provided with unequal information about Aboriginal women and men. We know what the chances of an Aboriginal young man are to be imprisoned, and what their rate of incarceration is compared to non-Aboriginal men, and we know that the chances of Aboriginal women to be incarcerated are hugely greater than those of non-Aboriginal women – but we do not know what the chances of being incarcerated are for Aboriginal men as compared to Aboriginal women. Neither do we know why the Aboriginal women and men are incarcerated, but we would expect that it would be for very different reasons. We also do not know what proportion of federally sentenced men is Aboriginal.

The ***Checklist to Avoid Re-Victimizing Residential School Survivors*** gives as an example for inappropriate language calling a client “sweetheart” or “honey” – (an attempt to avoid an **H5** problem, “Objectification”) but introducing a **D3** problem, “Exceptional under-representation or exclusion”, by using terms that would more likely be used with women than with men. An implicit assumption seems to be that the clients will be women who have been abused. Once again this excludes both men who have been abused as well the abusers, who also require help if they themselves were victims of abuse, both of which would be **D3** problems, “Exceptional under-representation or exclusion”.

This becomes particularly important when ***Working at Different Levels of Prevention.*** The scan states:

> “The following are critical aspects of abuse prevention programs in Aboriginal communities:

- must use a strengthening family and culture approach
- must be developed and offered within the context of the family" (p. 18)

When dealing with abuse within the context of the family, it is very possible that this includes the abuser. It is therefore very important to develop criteria explicitly for dealing with abusers in such a context, so that the victim does not get re-victimized and the abuser receives assistance to stop the abuse/abusing.

Two additional problems are introduced in the discussion about prevention programs:

> "Outlook 2007: Promising Approaches for Addressing and Preventing Abuse of Older Adults in Community settings in Canada suggested that for Aboriginal older adults, a holistically balanced home and community life is the means to combat senior abuse (CNPEA, 2007). The following are critical aspects of abuse prevention programs in Aboriginal communities:
> - must use a strengthening family and culture approach
> - must be developed and offered within the context of the family
> - contribute to capacity building
> - use Aboriginal traditional healing approaches (i.e, sharing circle)
> - raise awareness of the issue through a public campaign
> - utilize community knowledge
> - consult with communities
>
> Bent notes that "… the extended family in Aboriginal communities is still a major source of strength and encouragement for seniors despite oftentimes dismal conditions" (2009)." (Pp18-19)

The solution offered is at the level of the "victim", in this case an Aboriginal community. The onus is on the community to find "a holistically balanced home and community life [a]s the means to combat senior abuse", an **H5** Problem, "Victim-blaming". Nowhere does it say anything about what the government of Canada needs to do to redress problems that stem from colonialism, a **D3** problem "Exceptional under-representation or exclusion, for example, to stop policies of selling First Nations' land to mining companies, leaving their land and holy sites contaminated with arsenic, their water so full of PCBs that breast milk

is poisonous for their infants to drink, etc. Given the tie between the land and Aboriginal communities and the elders and future generations, this is a form of elder abuse. When colonialism has destroyed traditional gender relations, traditional ways of life, and elders live in crowded, unsanitary, violent communities, this is elder abuse. While we would not disagree with the strategies being proposed in the scan, it is clear that if the perpetrators are also not held accountable for their actions and required to change their practices, there will be no end to the violence and abuse. However, we recognize that it may not be possible to make such statements within the context of the contract and our comments are therefore to be taken as a suggestion for further efforts.

In discussing the ***Health Literature*** (p. 19) the authors note "Most health information is offered in print form and Aboriginal societies generally utilize oral transmission more than written style of communication and it often not available in traditional languages (Health Canada 1998)." (p. 19) Here we find an acknowledgement of the linguistic hierarchy – thus avoiding an **H1** problem, "Denying hierarchy". Unfortunately, such an acknowledgement is missing when it comes to the teleconferences.

The section of the scan that looks at ***Cultural Awareness/Safety Resources*** (p. 20) as well as the rest of the scan provides many useful references and suggestions. Besides the urls, in most instances short descriptions of the content are provided. This does not allow for an evaluation of the tools themselves. Here it would have been helpful if the authors of the scan had analyzed each of the tools from a *BIAS FREE* perspective and alerted the readers to any biases that may be contained within the tools. This would have been a major contribution of this scan. It would have required identifying an analytical grid that formulates a series of questions that could be applied to each tool examined. In Scan 2, such a grid was developed, although it too excluded the specific bias questions from its grid. Nonetheless, we learn significantly more about the tools from the approach taken in Scan 2 than we do from that in Scan 1.

Overall, taking Scan 1 as a whole, we found a general failure to conduct a rigorous gender analysis. There was also an almost exclusive focus on the abused rather than the abuser. While this is reflective of the literature, it is problematic, and could have been noted as a problem. As well, there was a complete omission of a critical disability analysis. This is a serious omission, given that we know that disabled persons experience much higher rates of abuse than non-disabled persons. Finally, nowhere is the service provider – client hierarchy touched upon. As Scan 2 demonstrates, this is an important hierarchy that may be oppressive in some instances.

The Omission of Concern about Abusers and the Intersection with Gender and Disability

a) Ignoring the Abuser

The title of the scan says "Promising Approaches for Addressing/Preventing Abuse…" To be successful, prevention must concern itself not just with the people who are being abused, but also – arguably primarily - with those who abuse.

There is a relentless focus on the abused, and an almost total neglect of focus on the abuser. In the entire scan, there is only one instance to which there is reference to the abuser. Under interventions at the family level, it says:

- **Whole Family** – everybody gets attended to including the alleged abuser (p. 29)

Aside from this one bullet point there is no other instance in which the abuser is noted. While the authors were very good in avoiding an **H6** problem, "Victim-

blaming", by using a number of strategies – looking at structural factors, explicitly discussing the socio-historical context within which the abuse occurs – they do not hold those responsible accountable, which is an absolutely essential part of the solution to this problem. They simply ignore the other half – and really the larger half – of the problem: Who are the abusers? Why do they abuse? Nor do we learn whom specific abusers abuse. In ***Care Needed in Beginning Conversations***, the authors state, for instance,

> Linking being free from abuse to being an issue of basic human rights and by talking about factors that produced both individual and community vulnerability are strategies that work. Worker willingness to appropriately self-disclose about themselves as people and their own lives is also important. Relationship building over time is key. (p. 25)

This is good advice – and it could equally apply to the abuser – who himself (or herself?) may have been a victim of abuse. If the intent is both to address abuse and prevent its occurrence, prevention will not happen if the abuser is ignored. This is a classic example of a **D3** problem "Exceptional under-representation or exclusion".

Solutions also focus on individual cases, and not on underlying structural issues rooted in colonialism. Leaving the abusers out of the solutions is yet another **D3** problem, "Exceptional under-representation or exclusion", and could also be seen as an **H6** problem, "Victim-blaming".

Of course, the failure to include the abuser by maintaining a single-minded focus on the abused is probably reflective of the literature that this study surveys. This is where it would have been helpful to use the overarching *BIAS FREE* Framework to examine not only what was present, but also what was absent in a particular literature.

Some of the sources cited, for instance ***A Comprehensive Approach to Concerns Arising in First Nations Communities re Abuse of Older Adults (Appendix 15,*** would lend themselves to dealing not just with the abused, but also with the abuser – but this is not stated.

We therefore find no discussion for instance of: What are warning signs that a person may be an abuser? How to deal with abusers so that they will cease to abuse? Who are the abusers? How old are they? What is their relationship to the victim? Do they tend to abuse one or multiple victims? Are there people who are simultaneously being abused while being abusive themselves? What are culturally appropriate and effective interventions at the individual, family, community and societal levels? What works, what does not work? Were all or most abusers themselves victims of abuse? If so, what healing is necessary for a person to stop becoming an abuser? How to prevent people from ever becoming an abuser? How do we address abusers in situations in which the individual abuse is the outcome of structural abuse that is deeply embedded within policy, systems and the dominant culture?

b) Ignoring Gender

Gender is by and large absent in the scan, an **H1** problem, “Denying hierarchy”. Both women and men were victims of the residential school system and of other colonial interventions that destroyed the Aboriginal way of life and resulted in abuse in many forms. When it comes to abuse, are both women and men equally likely to be abusers? Are both women and men equally like to be abused? We do not know, because gender is ignored almost to the same degree as is information about the abuser. We would expect, if the pattern among Aboriginal people follows that among non-Aboriginal people, that it is overwhelmingly men who abuse women, sometimes men who abuse men, and rarely women who abuse either women or men. This then requires explanation: Why does the residential school experience and other forms of gendered racism result in men

becoming abusers and women becoming victims of abuse (if the pattern is as hypothesized)? To get at these issues would require asking the “F” questions to identify **F1** to **F4** problems to understand the differential effect of the residential school system on males and females and on differences among male and female abusers.

All the **H1** to **H7** and **D1** to **D8** problems would have to be asked as well to get at other issues. For example, what specific aspects of the gender structure within different communities work to protect against or facilitate the occurrence of abuse? How is colonialism still operating to perpetuate gender bias that results in male domination of females, etc.?

Do sex/gender and the race and language capacity of people involved in intervention make a difference? Under what circumstances does it matter and when does it not matter?

We do not know whether these issues were discussed in the literature reviewed, since there was so little attention paid to sex/gender within the scan.

c) Disability

Finally, disability was not considered at all, an **H1** problem, “Denying hierarchy”. Among non-Aboriginals people, people with disabilities have a higher rate of abuse than their non-disabled peers. The prevalence of disability increases among women and men in older age groups, among populations exposed to wars and violence, natural disasters, outbreaks of certain diseases and structural violence. Yet, we do not know how this plays out in Aboriginal communities (an **F2** Problem, “Decontextualization”, nor whether abusers are more or less likely to target people who have become disabled as a result of these phenomena, a **D1** problem, “Overt double standard” as well as an **H5** problem, “Objectification”.

Summary:

At the beginning of this critique, we identified 8 hierarchies as relevant in this instance:

Race (white and First Nation)
Colonialism
Age (older adult, middle aged or young adult, child)
Sex/gender (male, female or other)
Disability (non-disabled – disabled)
Language (English/French and First Nations languages)
Geography (center and periphery)
Service provider - client

Each of these hierarchies, with the exception of the ability and the service provider – client hierarchies, was recognized in at least one instance within the scan, but generally, the attention paid to them is very unequal, inconsistent and not rigorous.

Overall, we found that there was a consistent effort to deal with the race hierarchy by foregrounding Aboriginal/First Nations approaches to issues. We found many instances of biases avoided with respect to this hierarchy.

We identified biases that resulted from the failure to address colonialism and the structural nature of abuse within the solutions identified for abuse within the scan. The omission of focus on abusers throughout the scan also results in a failure to address issues of colonialism and structural violence

With respect to age, the focus of the scan is on older adults, so this aspect is constantly present, however, beyond this focus we found that age was generally ignored, including a discussion of age differences among older people.

With respect to sex/gender, there are some references to the fact that women are more likely to be abused than men, but in general, the sex/gender hierarchy is ignored, unfortunately reducing the usefulness of the scan.

The language hierarchy was mentioned only twice.

A geographical hierarchy was referred to once, but obliquely.

Overall, then, we found a considerable number of biases avoided by careful attention to the race hierarchy, but we identified a large number of existing biases with respect to the other relevant hierarchies.

6) Analysis of Scan 2: *Environmental Scan and Critical Analysis of Elder Abuse Screening, Assessment and Intervention Tools for Canadian Health Care Providers,* by Charmaine Spencer, 2009.

Introduction:

In this scan, the author identified a considerable number of hierarchies and potential biases that could flow from them. As stated previously, the *BIAS FREE* Framework lends itself to recognizing biases that have been avoided as well as those which are present in a given document. Given that the author of the scan did a very good job of both reporting on existing biases in the literature and avoiding typical bias problems herself, we will present our analysis by hierarchy rather than by following the chronological order of the scan as we would normally

do in the case where the document under review has a considerable number of problems. We will also draw a few comparisons between Scan 2 and Scan 1.

Both Scan 1 and Scan 2 use the World Health Organization of abuse as their starting point:

> "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person"

We criticized this definition as being too restrictive in the Scan 1, and would make the same comment for Scan 2. On the part of the older person, there may be no expectation of trust at all if the person has experienced abuse from someone before. While some of the tools surveyed in Scan 2 clearly make an assumption that there would be an expectation of trust, others do not. We would therefore suggest that a less restrictive definition of abuse would be "a single, or repeated act, or lack of appropriate action, which causes harm or distress to an older person". However, the breach of a relationship in which there is an expectation of trust is a very important aspect of abuse, and should not be ignored. We are simply suggesting that a relationship of trust not be used as an exclusionary criterion. Doing so is an instance of a **D1** problem, “Overt double standard”.

Hierarchies that were identified:

The author identifies and discusses the following hierarchies (without necessarily naming them as such):

- sex/gender
- service provider – client
- disability

- age
- immigrant status
- socio-economic status
- LGBT status
- language
- race/ethnicity

The sex/gender hierarchy

The author consistently pays attention to the sex/gender hierarchy. For instance, in the introduction she notes:

> There may be gender differences in the types of harms, the ways they are exhibited and their impact. The circumstances under which abuse and neglect develops, the underlying factors, the personal responses, and the impact it has can be different for older women and men. While health care providers and others may be more familiar with women as victims and men as perpetrators in many areas of family violence, in this area there may be much more variation. Who is harmed and who is causing the harm can depend on type of abuse or neglect under consideration. For example, older men may be more at risk than older women of physical assaults from sons, while older women may be more at risk than older men to physical assaults from their spouse or partner. (pp. 5/6)

Gender is here recognized as shaping the experience of abuse, thus avoiding an **H1**, “Denying hierarchy” problem, and women as well as men are recognized as potential victims and abusers, thus avoiding a **D3** “Exceptional under-representation or exclusion” problem.

Her overall critique of the tools is “Gender issues are almost largely invisible in screening tools.” (p. 33) – thus identifying an overriding **H1** “Denying hierarchy” problem within the literature she scanned.

She identifies screening only because of a person’s gender as a double standard problem (p. 18) – in the *BIAS FREE* Framework, this would be specified as a **D1** problem, “Overt double standard”, in particular.

She consistently includes men as people who may be potentially abused. For instance, she identifies that one of the barriers that may prevent seniors from talking with health care providers about their abuse might be “seeing asking for help as weakness, an assault on one’s manhood” (p. 23), thus again avoiding a **D3** problem, “Exceptional under-representation or exclusion”.

The only two instances that we found in which the author herself ignored sex, occurred when she discussed how common abuse and neglect are among older adults. She cites a set of general figures rather than disaggregating them by sex (between four to ten percent of older adults experience some form of neglect or abuse – p. 12) thus exhibiting a slight **F1** problem, “Insensitivity to difference” – slight, since on the next page she provides data on the same issue, broken down by sex. Furthermore, we assume that the problem is present in the source she cites.

However, she also cites that “…Cooper, Selwood and Livingston found that 30 to 51 percent of people with dementia had experienced some form of psychological (verbal) abuse from people around them in the past year, and 11 to 20 percent had experienced some form of physical abuse.” (p. 13) This is a genuine **F1** problem, “Insensitivity to difference”, by failing to report the data by sex. We cannot tell if the problem originated with the study cited or with the author of the scan. We assume that is the former, given the carefulness with which the author of the scan deals with sex/gender in general. If this is correct, she should have

mentioned it as a problem in the literature, as she does when she notes elsewhere that there is a “general lack of gender based analysis and the paucity of research specifically on older men.” (p. 15)

The service provider – client hierarchy

A thread that runs through this entire scan is an awareness of the service provider – client hierarchy, in stark contrast to Scan 1, where this awareness is missing. The following examples demonstrate an avoidance of an **H3** problem, “Dominant perspective”, as well as implicitly challenging an existing hierarchy between the service provider as a member of the dominant group and the client as a member of the non-dominant group – thus avoiding an **H2** problem, “Maintaining hierarchy”. For instance, in the introduction she states: “Screening older adults may lead to individuals being labeled a [suspected] abuse victim or a [suspected] abuser. It may initiate a process of further investigation, and can take away rights.” (p. 7, emphasis added)

There is also no assumption that the outcomes of screening are necessarily beneficial for the clients. For instance, she notes “Research on screening women shows that screening does aid the identification of abused women. However, it has not been shown that this identification will necessarily lead to intervention or actually prevent or subsequently reduce abuse for the women.” (p. 19)

She then identifies a number of problems that may be generated through screening (ibid.) and states critically that “studies of either screening or interventions to reduce violence have not evaluated the potential harms that might arise from intervening.” (p. 20) Harm can be done particularly “when people conducting screening or assessment are not trained or are inadequately trained.” (p. 22) She notes “Some health care practitioners may have a tendency to encourage extreme "solutions" to the violence, such as telling the abused

person to file a police report immediately" (p. 26) – a step for which the client may not be ready, and which may or may not be in the client's interest.

There is also the problem that "misidentifying people as abusers or as victims because they 'fit the profile' remains very real". (p. 34)

She identifies a **D4** problem, "Denying agency", when she writes: "When a victim of domestic violence has had control of her life taken away by the abuser, she needs to have the power of making choices restored to her, not further removed by well-intended professionals." (p.36)

She also raises the interesting question " …will older adults who have chronic diseases that are managed by multiple health care providers end up with 'abuse screening fatigue'?" (p. 28) This is an identification of a potential **H5** problem, "Objectification", in so far as people are treated as objects of screening rather than treated as individuals with varying needs.

However, she fails to identify that abuse may happen within the health care system, perpetrated by the very same health care providers who are supposed to be screening for abuses. *Who screens for abuse by health care providers?* This is a very serious omission within this scan, as well as being an **H2** problem, "Maintaining hierarchy" and an **H3** problem, "Dominant perspective" – the assumption that health care providers are part of the solution and not part of the problem.

For example, the author cites a number of instruments that screen for current or future risk of abuse. She goes on to describe how, "Both types of screening measures are integral to the development [by health care providers] of intervention strategies and management plans for both the victim and the perpetrator", (pg 10). This statement reflects a very clear assumption that the abuser is outside the health care system, which may not always be true.

The disability hierarchy

There is a clear recognition of the disability hierarchy throughout the text. The author notes research that deals with disability, identifies problems in how it is done, and identifies gaps where they exist. For instance, with respect to gaps, she notes:

"Much of the existing research is from the early 1980s with younger people with disabilities who had been living in institutional type settings. The focus has also largely been on lifetime exposure and sexual abuse. Far less disability research is available on abuse or neglect from a spouse, partner or a paid or unpaid care provider… Research with men with disabilities is just emerging, seems to indicate similar rates to women, and that the abuse comes frequently from people they rely on to provide personal assistance services." (pp. 13/4) This identifies a **D3** problem, "Exceptional under-representation or exclusion".

She avoids an **F4** problem, "Assumed homogeneity" when pointing out that "assessing for sexual abuse can be highly intrusive especially for persons who are cognitively impaired and do not understand what is being asked of them." (p. 20) and does so as well when noting "People with disabilities may be less likely to disclose the abuse and can experience special barriers because they rely on the person who is abusing them for personal assistance or financial support. They may fear losing their independence if they cannot find a replacement for the abusive care provider." (pp. 13/14)

She addresses the question of whether cognitively impaired older adults can be screened and answers it with yes. (pp. 20/21) This avoids a **D2** problem, "Under-representation or exclusion". She recognizes disabled adults both as potential victims of abuse as well as potential perpetrators (p. 26) – thus avoiding a **D4**

problem, “Denying agency” as well as a **D6** problem, “Stereotyping”, by casting people with disabilities only into the victim role.

However, she also states that “Persons with severe impairment may not be able to communicate.” (p. 23) and that this is one of the barriers that need to be addressed – part of which would be to recognize that different people may communicate in different ways, rather than not being able to communicate. Communication is a 2-way process and the person who fails to communicate with the “Persons with severe impairments” equally “may not be able to communicate”. This is an **H4** problem, “Pathologization”, by pathologizing only people with impairments.

The age hierarchy

Age in this scan is acknowledged as a hierarchy. The author points out several ways in which screening tools may be ageist. For instance, she identifies screening people solely because of their age as a double standard (p. 18), in our terms a **D1** problem**,** “Overt double standard”.

She also argues that “… it is ageist and paternalistic to assume that the majority of older adults have someone giving them ‘care’.” (p. 35) – a **D6** problem**,** “Stereotyping”.

“Current research indicates that younger seniors (not older seniors) may be the ones at greater risk of harm.” (p. 33) – this avoids an **F4** problem, “Assumed homogeneity” of seniors.

The immigrant status hierarchy

Immigrant status is recognized as a hierarchy, although not very prominently. It is usually listed as one of a series of hierarchies that require attention. The immigrant status hierarchy is clearly recognized by the author through her observation that “Immigration status may be a special barrier to disclosure for sponsored immigrants, as the person may fear being deported if she or he says anything against the person sponsoring them.” (p. 24) This recognition avoids an **F2** problem, “Decontextualization”.

The socio-economic status hierarchy

Socio-economic status is another hierarchy that is recognized, but not as prominently as some of the others. The author argues that

> … many commonly used neglect indicators may have a built in socio-economic bias. They may be identifying poverty, not necessarily neglect. This lack of specificity may eventually lead to higher scrutiny of and intrusion in the lives of low income families (which are predominantly women) or older adults with intellectual disabilities who often have unmet needs. (p. 18)

This is an instance of a **D8 problem,** “Hidden double standard”, as is the next example, in which she argues,

> Some indirect questions currently in use may have socio-economic biases built into them For example, one of the questions in the long version of Hwalek Sengstock Elder Abuse Screening Test asks people “Do you have enough privacy at home?. *[sic]* Crowded quarters may be more common among low income and multigenerational households. (p. 43)

The sexual orientation/identification hierarchy

Like some of the other hierarchies, the LGBT hierarchy is acknowledged, although not highly prominent.

> Violence among lesbian, gay, bisexual and transsexual (LGBT) adults is recognized to be at least as common as among heterosexual adults. However disclosure by LGBT older adults is risky, as many health care providers tend to assume all people are heterosexual and many LGBT adults anticipate victim-blaming and insensitive treatment by health care providers. (p. 14)

The author therefore alerts the reader to the importance of the hierarchy, avoiding an **F1** problem, “Insensitivity to difference”. She goes on to suggest avoiding a **F2** problem, “Decontextualization”: “In the case of LGBT elders, the questions asked in the tool must be appropriate. At the same time, the comfort level of the health care practitioner in asking questions is also important.” (p. 47)

The linguistic hierarchy

The author of the scan urges that,

> It is essential for the health care provider to learn [to] exercise the necessary cautions in abuse situations for older adults whose first language may not be English or French, knowing when families or friends can be safely relied on for translation, and how to use formal translation services appropriately.” (p. 28)

This is an identification of an **F1** problem, “Insensitivity to difference”, and an appropriate solution.

The author notes that written screening forms may present challenges to some older adults who may have difficulties with functional literacy (p. 17). Not being able to fill out written forms is, indeed, an important point to make, and it may or may not be due to illiteracy. Some immigrants who come from non-English or French-speaking countries may find it difficult to cope with written forms in one of the official language, while they may be highly literate in their own language, and the same may apply to some Aboriginal people. She might have pointed out that treating such people as illiterate is a **D8** problem, “Hidden double standard”.

The race/ethnicity hierarchy

The author acknowledges the race/ethnicity hierarchy explicitly, as one of the hierarchies that needs to be taken into account, for instance when stating

> … older adults in Canada come from different socio-economic groups, may represent many different ethnic and cultural groups, may have different levels of physical and mental ability, and vary in their sexual orientation. Some were born and raised in Canada, others are long established residents and others are new immigrants to the country. (p. 27)

She then lists a number of factors that constitute “culturally competent screening” (ibid.)

However, she consistently misses instances in which membership in an Aboriginal group is significant and would have warranted being pointed out. For instance, part of her advice to health care providers is “to listen carefully and watch for non-verbal clues” (p. 27). Some of the instruments point to not looking the health professional in the eye as a sign of being abused, but in some

Aboriginal cultures (and some immigrant cultures) this may be a polite style of behaviour, and not a sign of abuse. By failing to point this out, she misses an instance of an **H3** problem, “Dominant perspective”, that inheres in some of the assessment tools and that would have been important to identify.

Attention Paid to the abuser

Counter to Scan #1, this scan consistently integrates the abuser into the discussion. Thus avoiding the **D3** problem, “Exceptional under-representation or exclusion” that was so prevalent in Scan 1. For instance, she argues “… screening measures are seen as integral to the development of intervention strategies and management plans for both the person being abused (victim) and the person causing the harm (perpetrator).” (p. 9) Similarly, she writes that some “instruments assess *future risk of abuse*, and have been developed to evaluate likelihood of a person becoming abusive or the likelihood of a person experiencing abuse in the future.” (p. 10)

However, while there is a whole section on groups that are at greater risk to be abused, she does not have a section on who is at greater risk to become an abuser. Nor is there a discussion of the adequacy – or inadequacy of the various tools in terms of identifying potential or actual abusers.

She does note

> There is much less information available on the ability of the screens to successfully predict future abuse in cases where there is deemed to be a substantial risk of abuse occurring in the future. Indeed, as little as 17% of the cases where people are considered “at risk of abuse “actually become abusive. (p. 34)

She goes on to argue

> The underlying research on risk factors in this area is less than satisfactory. This affects the screening and assessment tools, as well as many protocols used to identify next steps. The protocols still favour the stereotype that older adults are abused only by their adult children, and make little if any provision for spouse abuse, sexual abuse and even financial abuse. (p. 34)

This is a critique of an **H3** problem, "Dominant perspective", as well as a **D6** problem, "Stereotyping". The fact that she pays as much attention to the abuser as she does is certainly a positive factor, and avoids a **D3** problem**,** "Exceptional under-representation or exclusion"; however, we would go a lot further in critiquing the manner with which abusers are dealt. This goes along with a discussion of risk factors. We will return to this issue at the end of our report.

Types of Bias Problems Identified by the Author

The author identified a large number of the bias problems in her scan. We will here cite only one under each of the problems she mentions.

H1 "Denying hierarchy": "Gender issues are almost largely invisible in screening tools." (p. 33)

H2 "Maintaining hierarchy": "Often older people experiencing abuse earlier in life have disclosed to someone in the past (e.g., a sister or brother, a mother or father, a member of the clergy). Some may have been told to simply accept their situation." (pp. 22/3)

H3 “Dominant perspective”: “There are also concerns that the screens and assessment tools have largely developed from the perspective of and criteria of white, middle class professionals (“the dominant group“).” (p. 18)

H5 “Objectification”: “Screening persons for abuse without their express consent may violate some health care providers’ and others practitioners’ codes of ethics. Some types of assessment can be very intrusive, e.g. assessing sexual abuse of a cognitively impaired older adult who needs a physical examination and is not cooperative. Assessment is predicated on screening, and if the screening tools and process are not reliable (they are overly general), then the foundation and rationale for assessment is suspect.” (p. 51) The author’s solution to this problem is simple: “…. regardless of the legal or ethical status of screening, isn’t it simply better professional and client centred practice to ask permission rather than use subterfuge?” (ibid.)

H6 “Victim-blaming”: “Does the tool blame the victim and excuse the other person’s behaviour?” (p. 19) She notes that language such as “failing to report” is a form of victim blaming (p. 24)

F1 “Insensitivity to difference” – explicitly recognizing the importance of the various hierarchies – sex/gender, service provider client, etc.

F2 “Decontextualization: “There are significant challenges with many of the tools in that they de-contextualize events.” (p. 36)

F3 “Overgeneralization or universalization”: “Tools based on a caregiving model tend to assume dependency of the abused older person, and over-generalize relationships.” (p. 36)

F4 “Assumed homogeneity”: “… younger seniors (not older seniors) may be the ones at greater risk of harm.” (p. 33)

D1 “Overt double standard”: “screening only because of a person’s age or gender” (p. 18)

D2 “Under-representation or exclusion”: “These tools ignore relationships other than spousal or intimate partners. Older women, in particular, are very likely to become widowed, and thus many are not in a spousal or partner relationship and will be excluded by these types of tools.” (p. 36)

D3 “Exceptional under-representation or exclusion”: “There is a noticeable scarcity of research and clinical information about older men's experience of abuse.” (p. 18)

D4 “Denying agency”: “When a victim of domestic violence has had control of her life taken away by the abuser, she needs to have the power of making choices restored to her, not further removed by well-intended professionals.” (p. 36)

D5 “Treating dominant opinions as facts”: “…the health care provider may be relying solely on information from the older adult or the abuser about problems that the other person has.” (p. 41)

D6 “Stereotyping”: “By relying on out of date information, the screening and assessment process may reinforce stereotypes about abuse and neglect in later life” (p. 40)

D7 “Exaggerating differences”: In the caretaking paradigm, seniors are seen as dependent on care providers. This leads to an implicit assumption that potential victims are dependent, and abusers are not. However, the author

notes that “The assessment tools do not account for … older person’s dependency or more commonly the dependency of the person causing the harm.” (p. 46)

D8 “Hidden double standard”: “… one of the questions … asks people ‘Do you have enough privacy at home?’ Crowded quarters may be more common among low income and multigenerational households.” (p. 43)

Overall Assessment of the Analysis of Biases

Overall, this is a remarkably complete analysis of biases in screening and assessment tools. The author identified a considerable number of hierarchies to which she remained attentive throughout her analysis. Of course, some hierarchies received more attention than others, but that is not necessarily a drawback. In particular, her attention to the service provider – client was consistent throughout the text and is arguably one of the most important hierarchies that need to be considered in this context. However, her failure to address issues related to health care providers as potential abusers was a very serious short-coming, especially given the predominance of the medical model in the care of seniors and disabled people.

Other instances in which she herself introduced a bias are few and far between. While we pointed them out when we found them, there is a noticeable difference in the number and gravity of biases we identified in Scan 1 as compared in Scan 2.

It is further remarkable that she identified examples of every type of bias contained in the *BIAS FREE* Framework except one, **H7** “Appropriation”. It is likely that this is not an important bias in this context. We are thus thoroughly impressed with the analysis contained in this document.

Nevertheless, we have some suggestions for improvements.

Suggestions for Improvements:

We have two suggestions for improvement:

1. Extend the analysis contained in the Appendix by adding the *BIAS FREE* Framework into the analytical grid.
2. Re-think the twin issues of “risk” and the role of the abuser.

We will discuss the first suggestion here and the second after our analysis of Scan 3, since it applied to all three scans.

Extend the analysis contained in the appendix by adding the BIAS FREE Framework into the analytical grid.

The Appendix consists of a systematic review of the various screening tools. To undertake the review, the author created a list of questions that she applied systematically to each of the tools she reviewed, thus coming up with comparable information for each of the tools, and the ability to note gaps when information was not supplied. We agree with this approach and would simply suggest that she add one more set of questions by explicitly asking whether each tool exhibited any of the 19 problems identified in the *BIAS FREE* Framework.

This would have resulted in a number of positive results:

- We would have gained a comprehensive overview of the frequency of the types of bias problems she identified in her scan, for example: how many

of the tools are gender-insensitive? Training could then be focused on the areas of greatest need.

- Each individual tool would have been clearly identified as exhibiting – or not exhibiting – any of the 19 problems.

- Highly biased tools could thus be easily identified and retired.

- Generally useful tools with biases that could be avoided could be improved.

- By focusing on and comparing the currently best tools, bias free tools could have been constructed.

7) Analysis of Scan 3: *Report of a pan-Canadian scan to understand the Elder Abuse / Neglect training provided for Home Support Workers by academic facilities,* by the Canadian Health Care Association (CHCA).

Introduction:

This scan has so many serious methodological, theoretical and bias problems to warrant re-doing the scan. The *BIAS FREE* Framework is a tool for recognizing and eliminating biases in research that derive from oppressive social hierarchies – it is not a complete tool to guide all types of research by itself, instead, it complements other tools necessary for undertaking good research and removing biases that derive from other sources, such as within methods or statistical analyses. Nonetheless, besides using the Framework to identify biases in the

current scan, when it is meaningful to do so, we will also point out some of the more serious problems of a different nature from which this scan suffers.

Goals of the project:

Appendix 3 sets out the goals of the project:

> … to undertake a scan of Home Support Worker/Personal Care Worker curriculum in an effort to ascertain the extent of elder abuse/neglect training and education in training institutions (community colleges, private sector schools, service providers) across Canada.
>
> The intent is to summarize the degree and nature of training/education in this area and to ascertain where additional supportive tools are needed to enhance awareness of this issue among home support workers given their role in supporting the public health and well being of Canadian seniors. (p. 20)

Taking this statement as the two goals of the research, it is immediately obvious that two types of methods are called for: 1) Scan (e.g. Collection and analysis) of curricula / syllabi of actual courses; 2) Survey of Home Support Workers themselves to determine their need for additional tools. It is not possible to address both goals of the research without engaging in both of these methods.

Addressing the first goal -: scan of curricula:

Unfortunately, the authors of the scan used neither of these methods. Instead, they surveyed one person per academic institution using a questionnaire about the curriculum. We learn the name and title of the person, but nothing about his or her competence to provide a meaningful answer to any of the questions. Was it filled out by a unit head? Someone who actually taught a relevant course? A

secretary? Someone knowledgeable in the area? Someone only distantly related to the actual teaching? Was the person filling out the questionnaire female or male? Had the person been at this institution for a long time or a short time? Were the people from different institutions who provided feedback similarly placed or not? Were they similarly competent or not?

However, even if we knew these things, it would still be a biased method for conducting a scan of curricula, since all it captures is the opinion of one person about a segment of a curriculum. This is a clear a **D5** problem, “Treating dominant opinions as fact”.

We would suggest instead, that the person conducting the scan, should simply have emailed each of the institutions and asked for an electronic version of their curriculum that was relevant to the issue at hand, specifically requesting outlines or syllabi of all relevant courses. This would have been a comparatively easy and quick request to fulfill, would probably have hugely increased the response rate, and would have provided the material necessary to conduct a rigorous analysis of the curricula.

Once all the materials were assembled in this manner, we would then suggest creating an analytical grid according to which the curricula would be analyzed, similar to what was done for Scan 2, but with our proposed revisions. This would include some of the questions now contained in the current questionnaire – how much time was dedicated to the issue, was elder abuse/neglect treated in a broad manner or within a context of one or more specific illnesses - which one(s), etc.? This would provide reliable data not based on the informed or misinformed opinion of one person, but based on a rigorous analysis of the curricula.

Beyond such basic questions, we would have probed for potential biases by checking what types of abuse were included, what types were excluded, how was abuse defined? Was the focus solely on the abused person or also on the

abuser (thus avoiding a **D3** problem, “Exceptional under-representation or exclusion”). Were the gender, race/ethnicity, disability, socio-economic and other hierarchies addressed in the curriculum, (thus avoiding an **H1** problem, “Denying hierarchy”? Was there evidence of victim blaming (an **H6** problem) in the way responsibility for abuse was distributed and risk factors discussed?

Was there any consideration that the workers themselves might engage in abusive behaviour (thus avoiding a **D3** problem, “Exceptional under-representation or exclusion”)? Did they learn what might constitute and trigger abuse on the part of workers? Were they taught how to deal constructively and non-abusively with situations in which clients might engage in abusive behaviour towards workers? These are all questions that derive from the service provider – client hierarchy.

The answers to these types of questions would have provided: 1) a comprehensive overview of base data of current curricula; 2) an alert to the presence of biases within the curricula; 3) an alert to gaps in the curricula, and 4) information on the degree to which there was overlap and divergence among curricula of different institutions.

If one or more of the curricula were found to be non-biased while others were biased, the non-biased ones might have been shared (provided permission of the institutions had been obtained) with those institutions whose curricula were more biased. It would have enhanced the status of the institutions with the better curricula, which therefore would likely have provided the required permission, and constituted a real service to all other institutions. To the degree that institutions whose curricula were problematic would have been willing to learn from those who had better curricula (not to be taken as a given), it could potentially have improved the teaching at many, or at least some, institutions. All this could have been achieved with almost no extra work on the part of the contractors, since all they would have needed to do would have been to e-mail

the scan to each of the participating institutions, pointing out in a covering letter which were the best and least biased curricula, and explain why they were so judged.

Addressing the Second Goal: Enhancing the Awareness of Home Support Workers Concerning Elder Abuse/Neglect

Nonetheless, such a curriculum scan would not allow us to draw conclusions about the awareness of home support workers concerning elder abuse/neglect. People take a lot of courses, and some may learn a lot while others learn little, and all may forget a lot once the courses are over. Different students have different learning styles, so even with a good curriculum it does not follow that all students actually absorb the information provided, depending on how it was delivered, and what the situations of the students were at the time. Some students may be more resistant or receptive to certain types of information than others. Sex, race and ethnic background of the instructor and students may affect the degree of learning.

Therefore, if information on the awareness of home support workers is collected from anyone other than the home support workers themselves, we would once more encounter a **D5** problem, “Treating dominant opinions as fact”.

To avoid this **D5** problem, home support workers would therefore have to be consulted in some form. Different methods are possible, all with their own advantages and disadvantages – mailed questionnaires, electronic questionnaires, interviews per telephone or in person, focus groups, a combination of various methods, etc. Usually, choices of methods are constrained by money and time limits.

Whatever method or combination of methods would be chosen, however, questions would need to be constructed around investigating the actual awareness and knowledge of the home support workers, any biases that may be part of their understanding of the issues, by looking for any of the 19 problems identified in the *BIAS FREE* Framework, and what the workers themselves identify as their own needs in terms of knowledge. The latter avoids a **D4** problem, “Denying agency”.

Specific Bias Problems in Scan 3:

Beyond the biases and other problems already discussed, there are some specific incidences of bias problems the authors introduced into the scan.

In the formulation of the second goal there seems to be an implicit conflation of home care worker students with home support workers in the field. This is an **F1** problem, “Insensitivity to difference”. There seems to be an underlying assumption that identifying gaps in the curriculum would “summarize the degree and nature of training/education in this area” in order to “ascertain where additional supportive tools are needed to enhance awareness of this issue among home support workers”. Needs perceived by students and by those who have experience in the field tend to be quite different. What may be required would be better training as a student, or refresher courses for workers, or both.

The statement that “Seventy-eight percent (70-80 %) of home care needs are met by home support workers” (p.1) is an **F3 problem,** “Overgeneralization or universalization”. It probably means that of all the services rendered in the home, this percentage is delivered by home care workers – it does not capture the whether the needs of seniors are met up to 80%.

“Given the time and access home support workers have into the lives of seniors, they hold great potential of being the first to identify an abusive/neglectful

situation" p.1) – yes, that may be true, but it ignores the potential for home support workers to be or become abusers themselves, a **D3** problem, "Exceptional under-representation of exclusion".

"Understanding the magnitude and addressing situations of elder abuse is vital to achieving the wellbeing and quality of life for seniors." (p. 2) Yes, this may be true, once abuse has occurred, but to achieve genuine well being, abuse needs to be prevented in the first place. Omitting this aspect of the issue is an **H3** problem, "Dominant perspective".

We cannot comment on the section on findings, since there is not a sufficient description of the context to make the interpretation of the cited responses meaningful.

The definitions look fine.

When it comes to the questionnaire, we have already commented on the tool as a whole. The following comments relate to specific questions where bias problems could be averted. For example, Q 9 should be broken down by sex, since presumably a lot of the home support workers are female, but not all. Q13 asks for pure speculation on the part of the respondent, unless that respondent has access to the experience of home support workers in the field. Speculation, or asking for opinions, is not in of itself a problem, as long as the answers are strictly treated as opinions and not as facts.

Summary

Overall, this scan suffers from some serious problems, many of them having to do with the general method used and the paucity of analysis and interpretation. Because of this, the report as a whole exhibits a **D5** problem "Treating dominant opinions as facts".

Section C

8. Discussion of the three scans: A need to focus on the abuser and redefine risk

Our analysis of the three PHAC-sponsored Environmental Scans has found that the authors of all three scans had quite different understandings of what a critical social analysis entails within a research setting, and varying degrees of demonstrated capacity to conduct a critical social analysis.

As noted, the three scans are very different with respect to the awareness they demonstrate towards particular biases. However, one issue is shared among all three: a disproportionate concern with the abused, and a concern with the "risks" of a person to become abused, as compared to a concern with the abuser and for the risk of a person to become an abuser. This is evidently reflective of the literature as a whole.

We accept the categorization of risk factors for abuse in later life from Scan 2 as a good summary of the existing literature.

Table 2 Categorization of Risk Factors for Abuse in Later Life (p. 40)

Identified (well substantiated) risk factors	Possible risk factors	Contested risk factors (not supported by the research)
• shared living arrangement; • social isolation; • dementia	• gender (females more likely to be harmed than males, males more likely to be perpetrators);	• physical impairment of the older person; • victim dependency; • caregiver stress; and • intergenerational

	• relationship to victim (spouse more likely than offspring to be an abuser); • selected personality characteristics of the victim (higher hostility scores, lower locus of control scores); and • race	transmission
• selected characteristics of the abuser - specifically, mental illness, hostility, alcohol abuse; and dependency on the victim		

This is an interesting take on the literature, because the well-substantiated risk factors actually focus on characteristics of the abuser. When it comes to possible and contested risk factors, the emphasis is put back mostly on the victim.

The author of Scan 2 explicitly rejects some of the factors associated with the victim as risk factors and identifies them as a **D6** problem**,** “Stereotyping”. She states: “It is still commonplace to see advanced age, and dependency identified as risk factors in screening and assessment tools, even though the case control research on various forms of abuse do not support it. Similarly, many health care providers rely on this stereotype and consider gender, age, and health status as

signs of vulnerability to abuse." (p. 35) She suggests that research demonstrates that these stereotypes are untrue.

We would go one step further and argue that the only risk factor for a potential victim is exposure to an abuser. This avoids an **H6** problem, "Victim-blaming". To avoid this problem when it comes to the discussion of risk, we need to shift the attention from the abused to the abuser. This opens up a whole new way to approach the issue of risk of abuse, and introduces a new set of questions, such as:

- Are there types of personalities that particularly put a person at risk of becoming an abuser, and if so, what are they?
- What are early warning signs that a person may turn into an abuser?
- What circumstances facilitate the occurrence of abuse?
- What circumstances allow the abuse to happen?
- Which of these circumstances are amenable to change, which ones are not?
- What are successful ways of preventing abuse (very difficult to answer, since it would require demonstration of a negative).

We are not suggesting that research on abusers replace efforts to identify victims of abuse and to help them by mitigating effects. Instead, we are suggesting that the scope be broadened by putting, first, a greater emphasis on the abuser, second, explore the circumstances that facilitate or allow abuse to happen and third, spend some effort on identifying which of these circumstances can be changed. People who find themselves in situations that facilitate or allow abuse need to be made aware of this and learn to recognize early signs of incipient abusive behaviour and – if possible – how to change the circumstances or counter it more quickly (which may involve calling in the police sooner).

We know that many of the facilitating circumstances are structural, and that there are no quick and easy ways to address them, and that the real solution would lie in changing these structural issues, including war, extreme inequalities, and culturally-accepted and deeply embedded attitudes, policies and practices that perpetuate colonialism, ableism, and other "isms" that cause great harm to individuals and groups of people. However, in the absence of such positive changes, we can, at the very, least identify warning signs at the individual level.

9. Recommendations

In each of the three analyses, we have suggested a very clear step-wise process for applying the *BIAS FREE* Framework. We would recommend that researchers should apply the *BIAS FREE* Framework in a systematic and rigorous manner following the steps identified to avoid gender biases and biases arising from other social hierarchies in their work and to identify it in others' work. In brief this includes:

Step 1: Identifying the existing hierarchy(ies)
Step 2: Identify the dominant and non-dominant groups within the hierarchies
Step 3: Identify the existence of any biases by asking the 19 questions of the Framework.
Step 4: Take actions to address the identified biases and remove the problems.

Each of these steps needs to be repeated for each and every stage of the research process. As is evident from the critiques of the three documents under review, failure to follow these steps will likely result in biases creeping into the research process during any stage. This then leads to further compromising the research at current and subsequent stages.

In particular, we recommend that PHAC undertake a review of tools by analyzing them with the *BIAS FREE* Framework. This would demonstrate their strengths

and weaknesses with respect to gender, sexual orientation, aboriginal origin, race, health, age, socio-economic status and other social hierarchies and allow PHAC to identify the best and worst ones. The worst ones could then be discarded, and the best ones improved, as necessary.

10. Conclusions:

The analytical report has demonstrated that all three scans would have profited from drawing on the *BIAS FREE* Framework, although in different ways. The authors of Scan 1 would have been alerted to the need to take more than only one hierarchy into account. Further, the utility of the resources they found would have been hugely increased by analyzing them with the Framework. Scan 2 would have avoided the biases that we found in spite of the author's systematic and careful attempt to avoid biases deriving from social hierarchies. Scan 3 would have been conducted differently and potentially provided clear and useful data.

Analyzing the existing tools with The *BIAS FREE* Framework would allow for the creation of largely bias free tools.