

RECOGNITION

Module 5: Diversity, ageism and violence

In this module:

- Diversity and older persons;
- Diversity competence;
- What are dimensions of diversity;
- Why is it important to know about dimensions of diversity;
- Prejudice, stereotyping and discrimination;
- Forms of prejudice, stereotypes and discrimination;
- The complex problem of ageism;
- Stereotypes and older persons;
- Age, privilege and power;
- Violence affects different older persons in different ways;
- Interacting with older people who are different from you;
- Take action;
- Stories from the front lines; and,
- Questions for reflection.

Diversity and older persons

Diversity is the differences that exist among people. Diversity recognizes, respects and values individual differences so that each of us is able to make the most of our potential. Diversity is about seeing that we each have different knowledge and life experiences. We each have our own unique ways of meeting life's challenges and interacting with one another.

Even among older people there is great diversity. Examining life from an older person's perspective may mean looking at life through the eyes of a 61-year-old person with a disability or a progressive illness. It may mean seeing things from the perspective of an 84-year-old man living in a remote or Aboriginal community, or a 70-year-old female business executive, or a 78-year-old refugee from Colombia who speaks no English.

There is also great age diversity among older persons in this province. In 2011, 48,855 people in Newfoundland and Labrador were age 65-74; 24,695 were age 75-84; and 8,560 were age 85 or older.³⁰ The needs of each of these groups can be quite different. This is even more so if we take into account other aspects of diversity such as gender, ability and disability, or health status.

It is not our differences that divide us. It is our failure to accept, appreciate and celebrate those differences. Newfoundland and Labrador's population is the oldest in Canada. We need to recognize and value the diversity in our older population. We need to see our individual differences as strengths, resources and precious sources of knowledge, wisdom and experience.

Diversity competence

Diversity competence is the ability of individuals and *systems* to respond respectfully and effectively to individuals of all diverse backgrounds in a manner that protects and upholds their dignity and recognizes and values differences. We are each grounded in our own culture, history and experience. These provide us with guidelines for what is “right” and what is “wrong”. They give us rules for how we are supposed to behave. Our unique backgrounds and perspectives may explain our gut reactions to situations where we feel a person from a different culture, for example, is being “difficult” or doing something “wrong”. In fact that person's action might be quite appropriate in that person's own culture. Diversity competence leads to openness, appreciation and a sense of wonder about others. It reduces the fear of the unknown (the source of stereotypes).

This learning module will help you develop curiosity, learn, and transform individual, organizational and societal practices and perspectives. With diversity competence, you can take your first steps towards putting diversity into action.

³⁰ Statistics Canada. (2012). *2011 Census Profile*. Retrieved from: <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/index.cfm?Lang=E>.

What are dimensions of diversity?

There are many dimensions of human diversity. Some of these dimensions, like birthplace and ethnicity, are **primary dimensions** or core elements of a person that we are born with. They usually cannot be changed. **Secondary dimensions**, such as marital status, education and income, have a powerful impact on our core identities. These are elements over which we have at least some degree of control or choice.

Listed below are just a few of the many dimensions of diversity. You may be able to think of others:

- Age;
- Ethnicity;
- Culture;
- Sex;
- Gender;
- Sexual orientation;
- Physical ability;
- Mental ability;
- Spirituality or religion;
- Marital status;
- Parental status;
- Education;
- Income;
- Profession/occupation;
- Language;
- Communication style;
- Place of origin;
- Life experiences;
- Health habits and food choices;
- Geographic location;
- Physical appearance; and,
- Ancestry.

Why is it important to know about dimensions of diversity?

All the dimensions of diversity are interdependent. They work together to form a person's self-concept. These dimensions are the filters through which we view the world. They shape our values, priorities and perceptions.

No two people see the world exactly the same way. This is because each of us has a unique combination of dimensions of diversity. Each of us engages with others based on our unique viewpoint. This is shaped by these dimensions of diversity and our own experiences. Positive human relationships occur when people accept and value differences in others.

The greater the number of differences between people, the more challenging it can be to establish understanding, trust and respect. Conflicts, discrimination and oppression can occur - and stereotypes, judgments and assumptions can be made - among people with different dimensions of diversity. These interpersonal issues can have harmful effects on people and relationships.

Prejudice, stereotyping and discrimination

All forms of prejudice, stereotyping and discrimination have roots in ignorance and fear, seek to preserve power and control through a range of methods that include violence and threats, and assume natural superiority of one group over another.

Prejudice means **pre-judge**. We pre-judge people based on one or more of their dimensions of diversity. Negative *attitudes* about members of a certain group based on preconceived notions are called *prejudices*. People who hold prejudices tend to think of others in terms of stereotypes rather than as unique individuals.

Stereotypes are **generalizations** made about a whole group. Stereotypes do not acknowledge individual differences. Stereotypes are general, biased ideas about what various age groups, ethnic groups, socioeconomic classes, people with disabilities and so forth are "really like".

- We all carry stereotypes around with us. We get them from our families, peers, society and the media.
- Some stereotypes might seem harmless. Some may even seem positive (“all boys are good at math”), but those too can have negative impacts.
- Stereotypes keep us from seeing the whole person. This devalues people, insulting them and limiting their potential.

Discrimination is an **action** (or lack of action) taken against individuals or groups, based on negative values, attitudes or beliefs, that excludes, harms or limits the opportunities of others. Discrimination is the denial of fair treatment or equal rights. If you believe that older adults are all frail, that is a stereotype. If you refuse to hire someone simply because the person is a senior citizen, you may be engaging in discrimination.

Forms of prejudice, stereotypes and discrimination

There are many forms of prejudice, stereotyping and discrimination. All have one thing in common: they all involve *distancing* – the idea that “we” (the dominant group) are not like “them” (the subordinate group). Here are some common forms of prejudice, stereotyping and discrimination in our society:

| | | |
|---------------------|---|---|
| Ageism | is prejudice, stereotyping or discrimination | against people because of age. |
| Ableism | | against persons with disabilities. |
| Classism | | against people because of their social status or income (socioeconomic status). |
| Heterosexism | | against people who are gay, lesbian, bisexual or transgender. |
| Racism | | based on racial background. |
| Sexism | | based on sex. |

The complex problem of ageism

Older adults are often not well-respected in our society. Attitudes are often negative toward older people and aging. As people age, they are often stereotyped as “inferior”, “feeble” or “useless”. This negative view of aging contributes towards older persons’ invisibility, marginalization and social exclusion. They become seen as second-class citizens. Their needs and their lives are treated as if they are less important and do not matter as much as those of younger people.

We have defined ageism as prejudice, stereotyping or discrimination against people because they are older. We also need to think about the many dimensions of diversity of people in later life besides age. Older people can also be:

- Wealthy or poor;
- Urban or rural;
- Gay, lesbian, bisexual, transgender or heterosexual;
- Single or in a relationship;
- Male or female; and/or,
- Educated or have little education.

Other dimensions of diversity among older persons that need to be recognized include health or family status, immigration and citizenship status, ethnic origin, and mental, physical, or intellectual disabilities.

Older persons who identify with one or more of the following dimensions of diversity may be subject to negative judgments, stereotypes and discrimination:

- Age: young-old, middle-old and old-old;
- Ability: intellectual, physical or other disabilities;
- Mental status: mental illness or cognitive impairment such as dementia;
- Sexual orientation: gay, lesbian, bisexual, or transgender;
- Aboriginal: on or off reserve, status or non-status;
- Location: rural, remote, isolated or urban;
- Income: low income, receiving Income Support or federal Guaranteed Income Supplement;

- Housing: social housing, location of home, quality and safety of neighbourhood, condition of home;
- Culture/ethnicity: different than the dominant culture;
- Food preferences: ethnic, based on culture or religion;
- Education and literacy: little education, low literacy;
- Marital status: widowed, divorced, never married; and,
- Health status, habits and personal hygiene: “eccentric” or self-neglectful, yet harming no one.

Stereotypes and older persons

There are many stereotypes about older persons that lead to increased vulnerability to violence, very often by people in positions of trust such as family members, friends and caregivers. Negative attitudes are often expressed in perceptions about aging and family violence. Here are some examples:

Stereotype 1: Older victims of violence are responsible for getting hurt: it’s their own fault.

- **The reality:** No one ever deserves to be harmed or neglected. Responsibility for violence rests solely with the perpetrator. For example, a focus on “caregiver stress” as a cause of violence tends to “forgive” the abuser and can promote victim-blaming (“I can’t be changing his clothes five times a day. He’s too demanding!”). While reducing caregiver stress may help prevent some violence, no amount of stress excuses violence.

Stereotype 2: Older people are “burdens” to their families.

- **The reality:** Although many older people depend on their families for support, often the relationship is one of mutual help between generations. For example, an adult daughter picks up groceries and brings them to her mother’s house once a week. In return, the mother will prepare supper for the two of them on a regular basis. In many families, mutual dependency does not lead to violence. In fact, violence

is more common when the perpetrator depends on the victim in some way, for example, when an adult child lives in the senior parent's home.

Stereotype 3: Older adult violence does not occur in some cultures.

- **The reality:** Violence against older persons span all cultures and religious traditions. Many stereotypes about culture and family violence exist. For example, many people believe that violence does not occur in cultures that respect their elder members. Unfortunately, this is not the case; violence against older persons occurs in virtually all cultures.

Age, privilege and power

Privilege refers to a special right or advantage allowed or available only to particular individuals or groups. This includes “unearned advantages” based solely on circumstances of birth or inheritance. Another way to think about privilege is as an unbalanced ranking of a group that has unearned advantages over another group (the subordinate group), at the expense of the subordinate group.

Power is the ability to influence the behavior of others; can be used to positively influence others, or negatively control and intimidate others. Privilege and power are automatically granted by society to those of a certain age group, economic class, gender, ethnicity, skin colour or sexual orientation.

In Canadian culture, privilege is most often granted to the middle and upper classes, and more so to white heterosexual males. Women, persons of differing race or ethnicity, persons of lower economic status, persons with disabilities, and gay, lesbian, bisexual and transgender persons have usually achieved certain human rights only through citizen advocacy and special protective laws.

Age privilege, in Western society, is the wide range of privileges given to people who are not old. This also includes the “privilege” of not facing the significant discriminatory barriers and obstacles that often limit older

persons. In some cultures however, age privilege means the opposite: older persons are valued for their wisdom and experience.

Age privilege in our society means that young and middle-aged adults will:

- rarely have their mental capacity questioned when they make decisions that are judged unwise;
- not be treated by a health care or legal professional in a rude or patronizing manner; and,
- not have to live in age-segregated housing.

Violence affects different older persons in different ways

Ageism can negatively affect the health and well-being of older people. It can lead to violence. Society's tolerance of violence against women and children is reflected in its tolerance of violence against older persons.

Until recent years, research on violence against older persons has studied the quality and life circumstances of the older person and the perpetrator, and the relationship between the two. There has been less research on the intersection of violence, aging and ageism with ethnicity, culture, sexual orientation, ability, socio-economic status and other dimensions of diversity.

Below are listed a number of older adult populations who, because of societal status or attitudes, may be subject to prejudice, stereotyping or discrimination and violence. Violence in these groups may have special dimensions or underlying factors and may play out in different ways.

Older women

- Ageism experienced by women is rooted in sexism.
- Generalizations about older women often take the form of mistaken and negative stereotypes. In these stereotypes, older women are typically described as inactive, unattractive, defenseless, lonely, unhealthy, dependent, passive and asexual.
 - Women live, on average, six years longer than men.³¹

³¹ Government of Newfoundland and Labrador. (no date). *Provincial Healthy Aging Policy Framework*. Retrieved from: http://www.health.gov.nl.ca/health/publications/ha_policy_framework.pdf.

- Almost half (42 percent) of single, widowed or divorced Canadian women over age 65 are poor.³²
- Women often find themselves trapped in isolation, as primary caregivers for ailing spouses or parents. This can go on for years with little relief for older women with few resources.

Older adult immigrants, refugees and new Canadians

- Canada is a very diverse country with an increasing variety of cultures and languages.
- Being a new Canadian can be very isolating. Mostly when a person has a limited network of family and friends.
- Immigrants, refugees and new Canadians may not receive appropriate support in shelters or from other community organizations. Staff and volunteers must become familiar with diverse cultures and languages, and be trained in cultural sensitivity.
- Many refugees have been abused or tortured in their homelands. They have the added stress of waiting for the results of their citizenship applications.
- Many immigrants and refugees live in poverty and have few resources. Some newcomers to Canada may not qualify for government financial assistance.
- Problems with disclosing violence are universal. Specific challenges that may complicate the issue of violence against older persons from other cultures include:
 - Distrust of authorities: Older adult immigrants and refugees may suffer from culture shock, may come from conflict zones or may have experienced multiple traumas. They may not trust authorities and institutions;
 - Immigration status: Lack of knowledge about sponsorship rules and Canadian laws and rights; fear of being deported;
 - Financial or social dependency on the perpetrator (family and/or sponsors) can raise fears and make seeking help very difficult;

³² Canadian Research Institute for the Advancement of Women. (no date). *Women and Poverty: Third Edition*. Retrieved from: <http://criaw-icref.ca/womenandpoverty>.

- Language barriers: Not being able to communicate in the language of the new culture can leave an older person virtually defenseless against violence and exploitation; and,
- The definition of violence or abuse: This may vary from one culture to another. Some older adults will tolerate some forms of violence or abuse, making it less likely that they will seek help.

Aboriginal older persons

- Aboriginal groups vary by language, laws, customs and values. What is tolerated or unacceptable in one Aboriginal group or community may not be the same in another.
- Most Aboriginal communities see the Elder as someone who is spiritual and wise in the history, traditions and practices of the culture. The Elder is seen as a leader and can be of any age, and not necessarily a “senior”. That is one reason this manual frames the issue as “violence against older persons” rather than “elder abuse”.
- Aboriginal older persons are often at risk of violence.
 - Colonization and the breakdown of the family unit have left many Aboriginal people unable to care, feel or know what it means to be a family.
 - Many Aboriginal communities have lost their lands, languages, religions and cultures.
 - These injustices have led to serious social problems, such as substance abuse, poor health and extreme poverty in many communities.
 - These injustices and racism have increased the risk of violence for Aboriginal older persons, women and children.

Older persons living with disabilities

- In 2006, 40.9 per cent of people aged 65 and older in Newfoundland and Labrador were living with a disability.³³

³³ Statistics Canada. (2010). *Participation and Activity Limitation Survey, 2006*. Retrieved from: <http://www.statcan.gc.ca/pub/89-628-x/89-628-x2010015-eng.pdf>.

- Violence and fear of violence are very real concerns for older persons living with disabilities.
- Older persons with disabilities are less limited by their disabilities than they are by lack of accessibility, services and supports. This leads to greater dependence on caregivers, family members and neighbours. Remember that perpetrators of violence are very often those persons closest to the older person.
- Older persons with dementia may be more likely to experience violence since their ability to communicate may be impaired.

Lesbian, gay, bisexual and transgender older persons

- Lesbian, gay, bisexual and transgender (LGBT) older persons come from just about every culture, religion, social class, occupation, political affiliation, age and ability.
- Many older LGBT adults lived through times of great hostility and harsh judgments towards people with differing sexual orientations. They have experienced prejudice, stereotyping and discrimination.
- Older LGBT persons may find that relevant and acceptable social and community services are difficult to find or access. This isolation makes it especially difficult for older LGBT persons who are involved in relationships where there is violence.

Older persons living with HIV/AIDS

- Older persons living with HIV/AIDS often face fear and ignorance. This includes sexism, racism and homophobia.
- These older persons often struggle to access proper health care services. The stereotype persists that “old people don’t get HIV/AIDS”.
- An older person who has been in a situation where there has been violence and has also been involved in unprotected sex must have access to HIV testing and support. However, given the fear and stereotyping of people with HIV/AIDS, it may be difficult to find these services.

Isolated and rural older persons

- There are many small rural and remote communities in this province where older persons make up half of the population. These communities can be unsafe for older persons because of the isolation and lack of services such as public transportation.
- Many communities do not have local police in place. Depending on the community, police stations may be distant. Police may arrive too late to protect the older person.
- People know each other in small communities. An older person may not feel safe disclosing violence to a doctor, police officer or community leader. She or he may fear that person will tell others in the community.

Interacting with older people who are different from you

Several issues may arise in your interactions with older people who are different from you. These differences need not be a barrier to helping the older person, as long as these differences are respectfully acknowledged and addressed.

- Stereotypes of older people as burdens, confused or frail can lead to violence. It is easier to harm those whom we do not see as equal human beings.
- It can be hard to build trust with someone from another culture. Allow time for the relationship to grow and for trust to develop.
- Words may have different meanings in different cultures (for example, violence may be understood to mean physical violence only). Non-verbal cues, such as gestures and eye contact, may have different meanings too.
- Gender differences between a caregiver and an older person may create more challenges in some cultures than others.
- Lesbian, gay, bisexual and transgender older persons need service providers who will treat them with respect. Transgender older persons should be referred to and addressed by the name and pronoun they prefer and use.

- Older Aboriginal victims of violence might not want:
 - To leave their homes or their land, even when they have been harmed; and/or,
 - To seek help outside their extended family.
- Older persons who do not speak English as a first language may not be able to express themselves clearly in English. It may be uncomfortable for them to discuss private matters such as violence in the presence of an interpreter, who may be a (biased) family member or friend.

Take action

- Examine your own biases and stereotypes about people who are different from you.
- Embrace and value diversity in individuals.
- Be an active listener.
- Question ageist language and images. Challenge people who tell ageist jokes. There are plenty of examples of people who do not fit the stereotypes of what it means to be “old”.
- Treat people of all ages with respect. “Over the hill” is a negative attitude, not an age.
- Replace judgment and assumptions with respectful curiosity. Ask older people about their culture, customs and views. Learn how their culture impacted and shaped their lives. Ask them to tell stories from when they were young.
- Find out about aging and aging care in other cultures and religions. Do this research to ensure that you ask useful, nonjudgmental questions. Remember that, even within a culture or religious tradition, each person and situation is different.

STORIES FROM THE FRONT LINES

The dietary department

Mena, 82, is a new resident in a long-term care home. One of the home's volunteer visitors comes from the same cultural background as Mena and speaks the same language. The volunteer discovered that Mena was not eating because the food in the home was totally unfamiliar to her. The volunteer offered to share some of her recipes with the dietary department. This led to the home reviewing its policies regarding culture-specific foods and making a change. Now, at least one culturally-familiar food option is included at every meal.

Prayer time

Saamir was a 72-year-old Muslim man who lived in a long-term care home. Saamir needed to say his prayers five times each day. One day, a woman walked into his room and said she was there to clean. Saamir asked her to come back a short while later, after he had finished praying. The woman insisted she had to clean immediately.

The family translator

A police officer was called to a domestic dispute. When he arrived at the home, he found a middle-aged man and an older woman talking to each other in a language that the officer did not recognize. The older woman was visibly upset. The officer saw no signs of struggle. The man said to the officer in English, "This is my mom and she called the police because that is the only number she knew. She just had a problem with her bank statement. There really is no problem and I am sorry for any inconvenience to you."

The officer turned to the mother and asked in English, "Why did you call the police? Is there a problem?" The mother did not respond. The officer asked the son to translate. The son said something to his mother, who shook her

head. The son again told the officer that his mother had made a mistake and was sorry for bothering the police.

Mr. and Mrs. Tarkani

Mr. and Mrs. Tarkani are both in their seventies. They have lived in Newfoundland and Labrador for two years. At one point, they decided to return to live in their native Pakistan where they had family and friends. However, things did not work out as expected. They came back to live in this province. They stayed with relatives for a while, but that did not go well either. A family member brought them to a local social service agency and left them there. The Tarkanis were admitted to a residential care home on an emergency basis.

Mr. and Mrs. Tarkani are both physically frail. Mr. Tarkani has diabetes, and has had a foot amputated as a result of complications from the illness. Mrs. Tarkani also has diabetes, as well as heart disease. They are the only persons of colour in the residence, and feel very alone, especially Mrs. Tarkani, who speaks no English at all. No one from their family ever comes to visit. Other residents are very unwelcoming to them, and seem especially hostile to Mr. Tarkani. They sometimes make racist remarks.

As the weeks go by, the Tarkanis begin spending more and more time in their room. They stop coming to the cafeteria for meals. Staff notice that Mrs. Tarkani has been crying a great deal. That seems odd, since the couple appears to be devoted to each other. The staff is convinced that the problem is not between Mr. and Mrs. Tarkani. When asked by staff how they can help, Mr. Tarkani says that his wife is just “too sensitive”. That is all that he will say.

QUESTIONS FOR REFLECTION

1. Review the list of dimensions of diversity. Describe the core dimensions and other dimensions of diversity that make you who *you* are, a unique human being in the world.
2. Were you ever a target of prejudice or discrimination? What were the circumstances? How did this affect your self-esteem?
3. What is your attitude toward an older person:
 - Whose first language is not English?
 - Who has an accent or is hard to understand?
 - Whose religion is different from yours?
 - Who is gay or lesbian?
 - Who has a skin colour that is different from yours?
4. Recall an experience you may have had where the different values, customs or practices of another person or group made you feel uncomfortable. What dimensions of diversity were present? What were some of the issues for you? What might you do next time to address these feelings?
5. As an adult, what prejudices might you be holding onto from your parents or other childhood caregivers? Explain.
6. Are you working to overcome any prejudices? What would be the benefits of doing so?