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Case 8 : Reaching the Hard-to-Reach: Conducting Research on Elder Abuse in Toronto's Arab Community

Matthew Maelzer
Western University

Sepali Guruge
Ryerson University

Amardeep Thind
Western University

CASE 8

Reaching the Hard-to-Reach: Conducting Research on Elder Abuse in Toronto's Arab Community

Matthew Maelzer, BSc, MPH (MPH Class of 2018)
Sepali Guruge, RN, PhD (Professor and Research Chair in Urban Health,
Co-Director, Centre for Global Health and Health Equity, Ryerson University)[1]
Amardeep Thind, MD, PhD (Professor, Western University)

Caroline opened her office window as far as she could. It was an exceptionally warm morning in Ashcroft, and the air conditioning unit was malfunctioning. The past few summers in the city had seen spells of record heat—a seasonal revolt against the characteristic frigidity of Canadian winters. Because of her experience researching intimate partner violence over the past five years, Caroline had been offered the research coordinator position for the Elder Abuse Project at Rudyard University. Excited to work on a topic that was almost nonexistent within the literature—the prevalence of domestic elder abuse within Ashcroft's Arab community—Caroline had readily accepted the offer and assumed leadership of the research team. Recently, however, she had begun to ask herself whether she had made the right decision. The city's Arab community was proving to be considerably difficult to reach.

Caroline wiped her forehead and opened her laptop to check her email. No new messages. Over the past few weeks, she had gone to great lengths to recruit Canadian Arab participants for focus group interviews on the topic of elder abuse. The qualitative data from these interviews would allow her research team to better understand the experience of Arab elders, identify risk factors for elder abuse in the community, and develop strategies to combat these risks. Unfortunately, she was encountering little success.

Caroline had decided to use standard, purposive sampling methods to find older adults within the community who would be interested in participating in focus groups. She had hired two university undergraduate research assistants to distribute English and Arabic recruitment flyers that described the study to places frequented by Arabic-speaking older adults (Exhibit 1). These locations included community centres and the offices of settlement service providers. After realizing that this recruitment strategy had led to few responses, her team had arranged a meeting with a sympathetic imam who allowed them to formally advertise the study in one of Ashcroft's most heavily attended mosques. With a list of the mosque's attendants made available for focus group recruitment, the team had resorted to cold calling congregants and asking if there was anyone in the household over 60 years of age who would be interested in participating in a study about the experiences of older adult immigrants in Canada. Together, their efforts had yielded eight participants—just enough for one focus group.

More difficulties arose during the group interview. Of the eight Arabic-speaking older adults who had agreed to participate, only six showed up to the university at the scheduled time, and they were all men. Having experience with research on intimate partner violence, Caroline knew that abuse is often a difficult topic to discuss. She was aware of the necessary confidentiality protocols, and made sure to inform the group that their information would be protected. Expecting that language was likely to pose an issue, she had also ensured that a translator who could speak both Arabic and English was available. This was fortunate because three of the older adults possessed only a limited grasp of the English language and would have otherwise had to rely on the other participants to translate their contributions. It quickly became clear, however, that despite Caroline's efforts, a considerable level of discomfort remained, which hindered the open sharing of information. Caroline asked herself why the approach that had served her so well in the past was failing to yield the same results with this community. The answer made itself apparent when she asked why nobody had shown interest in the refreshments that she had provided. "It's Ramadan," one of the participants answered.

Sitting at her desk, Caroline thought seriously about what had gone wrong. She realized that her team's failures in participant recruitment and focus group facilitation were likely attributable to their adherence to a traditional research approach and a lack of understanding of the Arab community's cultural norms. For the project to continue, she would have to begin developing trust with a community that she knew little about. Caroline realized that she needed to approach the project from a different angle. Taking a sip of her coffee, she called a meeting with the research team to decide where to begin.

ELDER ABUSE IN ETHNOCULTURAL MINORITY GROUPS

Elder abuse is defined by the World Health Organization 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" (World Health Organization, 2002). With elders defined as people who are 60 years of age and older, the following types of abuse have been recognized within the research and policy framework: (1) physical abuse, which includes acts done with the intention of causing physical pain or injury; (2) psychological abuse, defined as acts done with the intention of causing emotional pain or injury; (3) sexual assault; (4) material exploitation, involving the misappropriation of the old person's money or property; and (5) neglect, or the failure of a designated caregiver to meet the needs of a dependent old person (Lachs & Pillemer, 2004). It is important to note that a large proportion of elder abuse occurs in the domestic setting, with evidence suggesting that one in seven older adults experiences abuse in some form, though this likely underestimates the true number because of underreporting (Miller, 2012). Abuse is often carried out by children, sons- and daughters-in-law, and grandchildren. Increases in reports and attention mean that elder abuse has been recognized as a major social and public health problem worldwide. This concern may be attributed to demographic shifts in many countries, where the ratio of older to younger adults is rapidly increasing. In addition to a larger vulnerable population, adult children are increasingly called upon to care for their elderly parents, despite the fact that many lack the capacity, skills, or resources to engage in this obligation successfully (Miller, 2012).

Elder abuse is not an isolated phenomenon, and older adults from every racial, ethnic, and cultural group are impacted. The risk for domestic elder abuse and neglect is associated with a combination of characteristics and contextual circumstances surrounding both the victim and the perpetrator. Commonly identified risk factors for elder abuse in ethnocultural minority groups include social isolation, physical or cognitive impairment, intergenerational cohabitation, physical and financial dependence, gender, a lack of stable income, and an inability to speak the local language (Miller, 2012). Current Canadian immigration policies may also act as a

contributing factor. The 10-year residency requirement to qualify for an Old Age Security pension, for example, may place additional financial burdens on caregivers, thereby increasing the likelihood of abuse.

The way elder abuse is defined may also be influenced by cultural norms. Some South Asian communities, for example, may consider the failure to visit older family members as a form of psychological neglect, which is in contrast to the prevalent Western perception that this respects privacy and autonomy (Miller, 2012). These variations in perspective may, therefore, lead to the failure to recognize abusive situations. Culture may also have an influence on the expectations for caregiver roles and responsibilities. Conflict can occur when differences in these expectations arise between older and younger generations (Miller, 2012).

THE ELDER ABUSE PROJECT

Caroline and her team hope to achieve two research goals through the Elder Abuse Project. In the project's first phase, they aim to identify the key risk factors for elder abuse in Ashcroft's Arab community. Once these have been identified and understood, they will be used in the second phase as the basis for developing culturally relevant strategies to address these risks.

The research team will begin by collecting qualitative data through focus group interviews held with three separate stakeholder groups—older adults from the community, the older adults' family members, and formal service providers. Examples of formal service providers include settlement workers, providers of legal services, and health care workers. The team plans to conduct four separate focus group sessions with each of the stakeholder groups, with a range of eight to 10 participants at each interview. Knowing that focus groups are less rigid and give historically silenced participants the opportunity to tell their own stories, Caroline selected this type of group as the procedure of choice for data collection. Each focus group would be audio recorded and facilitated by research assistants who have been trained in group interviewing techniques.

After this step is completed, research assistants will transcribe the recordings into text, code the results, and extrapolate the themes. Data will be analyzed to compile a list of risk factors for elder abuse that have been self-defined by Ashcroft's Arab community. Though these risk factors are often similar across many ethnocultural minority groups, they frequently differ in their level of significance to a particular community. Caroline and her team will, therefore, be able to utilize the findings of the project's first phase to generate targeted strategies to address these risks and improve health outcomes.

THE CANADIAN ARAB COMMUNITY OF ASHCROFT
Demographics

Located in Southern Ontario, Ashcroft is a large city with a population of 1,126,243. A long history of immigration to the region means that, similar to many major Canadian cities, Ashcroft is rich in ethnocultural diversity. In 2010, the immigration of Arabs to Canada reached record numbers, second only to the immigration of Filipinos. Large numbers of these immigrants chose to settle in Ashcroft and the surrounding area, meaning that 18% of the Canadian Arab population can now be found in this region. According to census data, this represents a visible minority community of 53,025, or 4.71% of the total population of the city. Canadian Arabs are themselves a diverse population, originating from countries such as Egypt, Lebanon, Somalia, Iraq, Palestine, Syria, Morocco, and Algeria, among others. This diversity means that a significant amount of internal variability exists within the population, manifesting in differences of language, religion, history, and tradition. Nevertheless, a strong sense of ethnic identity helps to ensure that Ashcroft's Arab communities remain unified.

Many Canadian Arabs have settled in Quebec or Ontario since 1985, meaning that relative to a number of well-established immigrant groups in Ashcroft, the Arab community is newer to the city and less established. In Ashcroft's Arab newcomer families, the rate of children, stepchildren, and grandchildren who live in the same dwelling as their parents is much higher than in the general population, meaning that these children are less likely to live independently as single adults. Furthermore, 81% of Canadian Arabs living in the city are Canadian citizens and 74% have completed a postsecondary education; however, they have not yet achieved the same standards of living as the rest of the population, especially in terms of employment and income (Exhibit 2). A higher rate of unemployment within the Arab community is a significant concern, as is the gap in average total income between the community and the general population of Ashcroft. With the onset of the Syrian civil war, the city has also seen a massive influx of Syrian refugees. Along with difficulties faced in obtaining stable employment and affordable housing, their shared experience of violence and brutal conflict means that many of these Syrian newcomers suffer from negative health outcomes related to trauma (Chung et al., 2018).

Religion
In Ashcroft, 49% of the Arab community practises the Muslim faith whereas 41% of the community practises Christianity. Numerous mosques are available to people in the city who practise Islam, particularly in areas where the Arab community is most densely settled. Specific to the religion is the yearly observation of fasting during Ramadan—the ninth month of the Islamic lunar calendar. During Ramadan, Muslims do not eat or drink from sunrise to sunset but they break their daily fasts through shared meals with family and friends. Because Ramadan occurs according to the Islamic lunar calendar, it moves backward approximately 10 days every year relative to the Gregorian calendar (Nicks, 2016). In years when it occurs during the summer, high temperatures mean that fasting can be especially challenging.

In accordance with the five pillars of Islam, *Salat* (or daily prayers) is performed five times daily at dawn, in the middle of the day, during the late afternoon, immediately after sunset, and in between sunset and midnight (British Broadcasting Corporation, 2009). Although mosques are the preferred place of congregational prayer, Muslims may perform Salat in any environment that is clean and free from impurities (Kabbani, 2018). Additionally, worshippers are called to attend a noon prayer held at their local mosque every Friday throughout the year (Why Islam, 2017).

Language
Although Arabic is the most commonly shared language of Canadian Arabs and is spoken by more than half the population, dispersal, among other factors, has caused more Canadian Arabs to adopt English and French (Dajani, 2014a). Differing levels of proficiency and frequency of practise of all three languages across ethnic groups within the Canadian Arab community reflect its diversity in country of origin and cultural heritage, as well as the level of integration achieved by Canadian Arabs in adopting Canada's official languages as their own (Dajani, 2014a). For instance, current statistics illustrate that the most prevalent language spoken at home for Lebanese, Syrian, and Egyptian Canadians is English (Dajani, 2014a). Canadian Arabs of other ethnic origins, including those from Palestine and Somalia, appear to speak English and Arabic at home more equally (Dajani, 2014a).

Social and Familial Norms
Marriage is an integral aspect of Canadian Arab culture, with a large percentage of Canadian Arabs acknowledging its value and indicating a cultural commitment to the institution (Dajani,

2015). Central to Arab family life is the importance of honour, "emphasizing reputation and maintaining the status quo" (Rasmi & Daly, 2015). Based on this principle, there is a strong expectation that children respect and obey their parents, though the relationship is simultaneously characterized by "warm and interconnected" qualities (Rasmi, Chuang, & Hennig, 2016). Moreover, strong familial ties within the Canadian Arab population foster a collectivist culture often contrasted by Western individualism. This particular collision of beliefs can lead to acculturation gaps—a process whereby children and their parents develop conflicting cultural values—that have the potential to disrupt the family equilibrium (Rasmi et al., 2016).

Recognizing that significant differences in perspective can arise from contrasting cultural norms and beliefs, Caroline understands that incorporating a better comprehension of the Canadian Arab culture into her research practice would greatly benefit the Elder Abuse Project. Improving the cultural competence of her research team could help them address and mitigate participants' mistrust of the academic process.

SERVICE PROVIDERS FOR THE ARAB COMMUNITY IN ASHCROFT
New Foundations Community Centre
Established in 1976, the New Foundations Community Centre (NFCC) is a not-for-profit organization that assists immigrants with networking and issues related to settlement and social services. Although the Centre is actively involved with individuals from all cultures, religions, and ethnicities, and it is not affiliated with any specific religion or political sector, it primarily serves members of Ashcroft's Arab community. Located in the city's east district, the Centre ultimately acts as a hub for anyone in the area wishing to access social services and become active citizens in their new country.

Extending to a broad range of age groups and newcomers, the NFCC's services include programs for sponsored immigrants, seniors, women, children and youth, newcomers, and refugees. The Centre also assists people with social services such as housing referrals, and applying for social insurance numbers, Ontario Health Insurance Plan cards, driver's licenses, and Canadian citizenship. Ensuring immigrants receive the appropriate documentation is necessary at the most basic level to having them become healthy and active participants in Canadian daily life. The NFCC additionally offers aid with specialized settlement issues, including advice regarding legal and immigration concerns, information about cultural safety within the Canadian environment, and counselling services on domestic violence and gambling issues. Regular information sessions are held at the Centre to discuss family reunification, peoples' rights and responsibilities in Canada, and financial issues such as banking and budgeting. These services and classes can be invaluable to newcomers to Canada who may not speak English and are still adjusting to the cultural differences of their new home.
The organization has recently initiated the Foundations for Syrian Newcomers Program, which was launched to assist Syrian refugees with accessing services and building social capital so that they can better navigate the challenges inherent to their transition. With an emphasis on providing ongoing support through counselling and services, and connecting newcomers from Syria to the Arab community and to the city's other populations, the Foundations for Syrian Newcomers Program and the NFCC have the potential to positively impact this vulnerable population.

ORIGIN Immigrant Services
With four locations across Greater Ashcroft, ORIGIN is a multicultural organization that provides services to hundreds of diverse immigrant communities and newcomers requiring assistance. In order to meet the needs of each population accessing various social services, ORIGIN offers

assistance in more than 15 languages, and helps ensure each group feels recognized and empowered. The organization's emphasis on policies including non-discrimination, anti-racism, and accessibility helps it achieve these desired outcomes. Furthermore, ORIGIN offers services pertaining to family and mental health, including medical clinics, crisis and elder abuse counselling, intervention groups for men and women, and other relevant services for youth, seniors, refugees, women, and people looking for specific opportunities. With a variety of services and programs available, ORIGIN's primary mission is to assist newcomers and immigrants in becoming self-sufficient members of their new country. Although its focus is not specific to Ashcroft's Arab community, ORIGIN has recently expanded its outreach to include more than 1000 Canadian Arabs, many of whom are older adults.

COMMUNITY-BASED PARTICIPATORY RESEARCH

Community-based participatory research (CBPR) has emerged as an alternative paradigm to traditional research practice. Current "outside expert" perspectives have proven to be problematic when addressing issues faced by historically marginalized populations and in solving problems that stem from racial and ethnic health disparities. Furthermore, among these vulnerable groups, histories of exploitation and neglect in research have led to mistrust of the academic process. Reflecting on their inability to recruit participants from Ashcroft's Arab community, Caroline and her research team understand the need to step back from their top-down approach. Defined as the "systematic investigation with the participation of those affected by an issue for purposes of education and action or affecting social change", CBPR emphasizes equal participation by community members, organizational representatives, and academic researchers (Green, George, & Daniel, 1995). It offers the opportunity to develop partnerships with the intended communities such that research questions target issues that reflect the self-defined concerns of the pertinent community members. Further, implementing CBPR principles can improve the cultural sensitivity of interventions created to address these concerns.

Often, outside researchers maintain an inaccurate and unrealistic understanding about how a community functions. Therefore, within the CBPR process, it is critical that academic researchers are able to meet a community where it is and on its own terms. Community members, organizational representatives, and academic researchers can collaborate to recruit participants, building on community assets and pre-existing structures (Hergenrather, Geishecker, McGuire-Kuletz, Gitlin, & Rhodes, 2010). This collaborative effort can significantly improve outcomes in the recruitment and retention of participants.

As an outsider to the Arab community, Caroline realized that her team lacks the perspective and lived experience of community members that could better inform strategies to engage this hard-to-reach group. As representatives from an academic institution, it is essential that they first establish a rapport with their target population to build trust with potential participants. Caroline made a list of the organizations that provide services to the Arab community in Ashcroft and identified those organizations that work regularly with older adult immigrants. She knew that cultivating positive relationships with these organizations would prove invaluable to the project. How could the research team begin to develop partnerships with community service providers and other key stakeholders? In what ways could these partnerships improve project outcomes? Keeping these questions in mind, Caroline arranged a meeting first with a representative from the NFCC.

NEXT STEPS

Caroline and her research team's current approach to the Elder Abuse Project is not working. Participant recruitment from this hard-to-reach population has slowed to a standstill. Mistrust with the research process and the team's failure to consider the cultural norms of Ashcroft's

Arab community have significantly inhibited the sharing of information within focus groups. A new approach is needed.

Caroline stepped out of her office and began her journey to the NFCC for her meeting with one of their representatives, Abeer Said. She understood that her team's most significant barriers were their limited relationship with the Arab community and their inadequate understanding of the community's cultural norms. She hoped that both problems could be solved by developing a close partnership with the NFCC, one of the city's most reputable service providers. If these principles proved effective in practice, they could potentially be applied to other marginalized groups in the future. Though cultural contexts differ, the necessity of community partnerships and the benefits derived from giving communities autonomy over their own health would apply universally to any group. How can the research team shift from using an ineffective traditional research approach to using a CBPR paradigm? What steps can Caroline take to develop relationships between academia and the community and ensure the building of trust? How can Caroline incorporate cultural competency into her research practice, and to what extent can this incorporation improve study outcomes?

EXHIBIT 1
Sample Flyer for Recruiting Older Adults from the Arab Community of Ashcroft

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(SAMPLE RECRUITMENT FLYER)

**Department of Immigrant Health
Rudyard University**

**PARTICIPANTS NEEDED FOR
RESEARCH ON ELDER ABUSE**

Are you:

- ☐ 60 years or older?
- ☐ An immigrant to Canada who identifies as Arab?
- ☐ Currently living in Ashcroft, Ontario or the Greater Ashcroft Area?
- ☐ Someone who has experienced abuse or neglect while living in Canada? OR do you know an older person from the Arab community who has been abused or neglected?

If you answered yes to the questions above, you are invited to take part in a study to understand why older immigrants experience abuse.

As a participant in this study, you would be asked to:

1. Complete a survey about elder abuse in your community
2. Participate in a group discussion about older adults' experience of elder abuse in the Arab community

Compensation for your time, and travel expenses will be provided

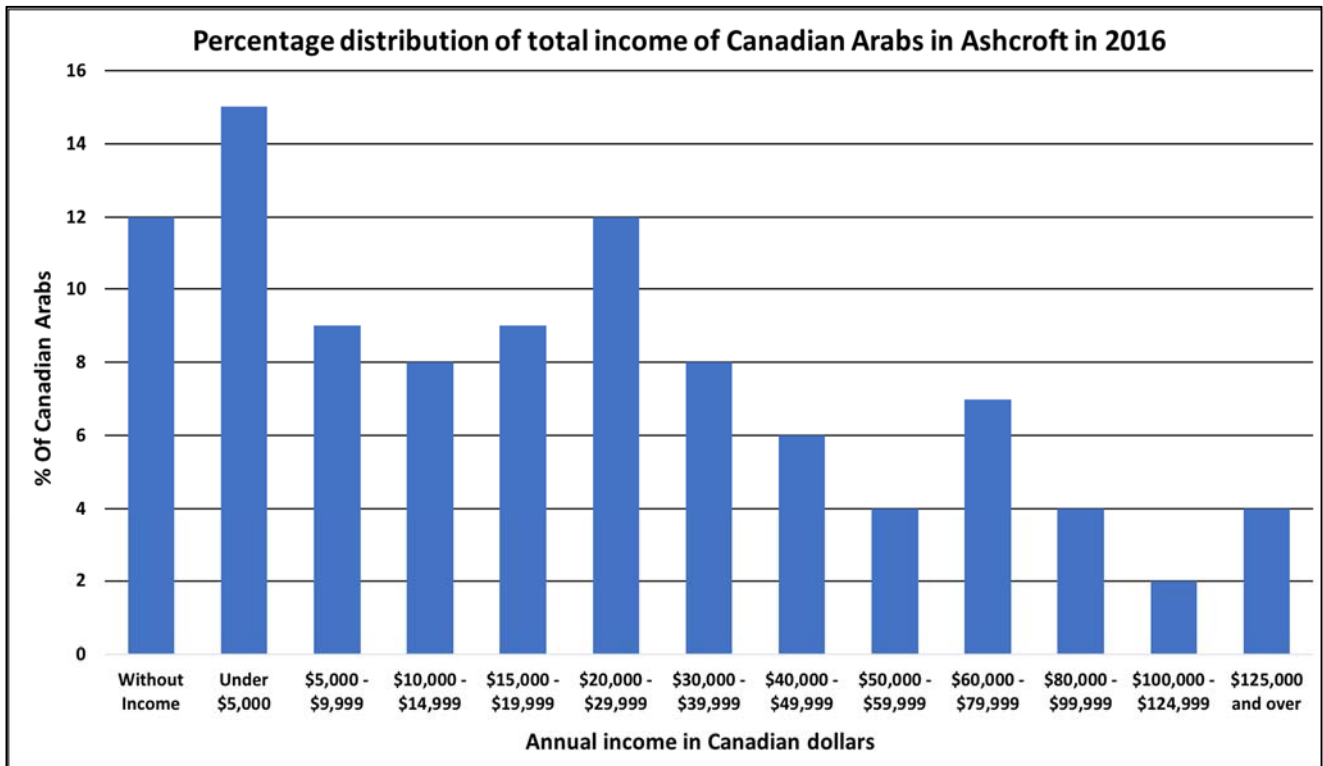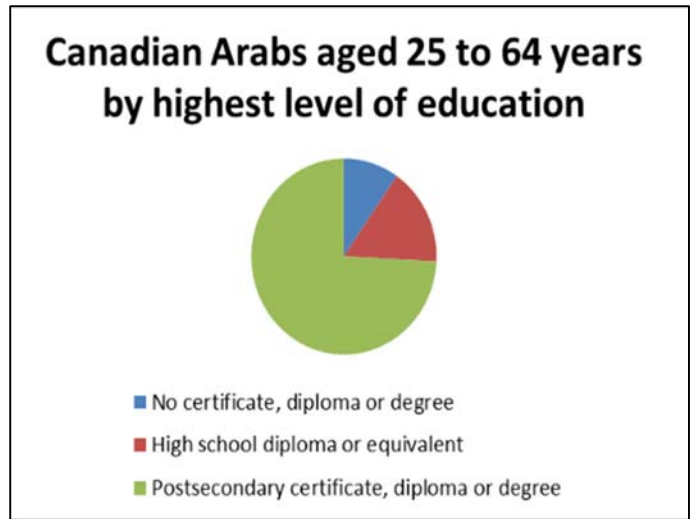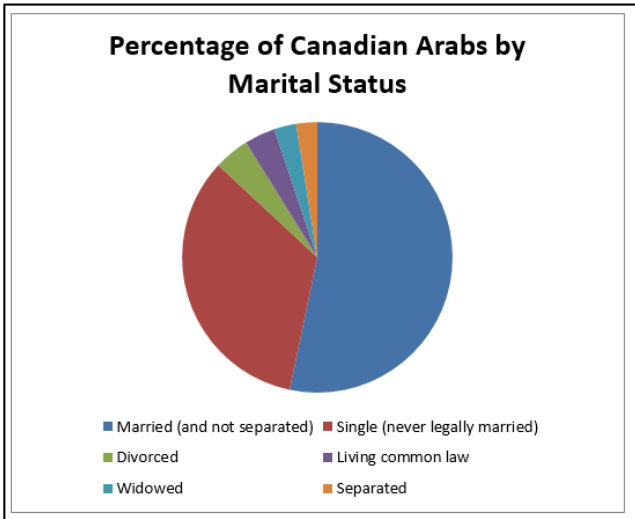For more information about this study, or to volunteer for this study, please contact:
Caroline Rochester
Department of Immigrant Health
at
123-456-7890 Ext. 1111 or
Email: **caroline.rochester@rudyard.ca**

Source: Created by authors.

EXHIBIT 2
Demographics of the Arab Community of Ashcroft

Percentage of Canadian Arabs by Marital Status

- Married (and not separated)
- Single (never legally married)
- Divorced
- Living common law
- Widowed
- Separated

Canadian Arabs aged 25 to 64 years by highest level of education

- No certificate, diploma or degree
- High school diploma or equivalent
- Postsecondary certificate, diploma or degree

Percentage distribution of total income of Canadian Arabs in Ashcroft in 2016

Source: Dajani, 2014b; Dajani, 2015. Reproduced with permission from the Canadian Arab Institute.

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INSTRUCTOR GUIDANCE

Reaching the Hard-to-Reach: Conducting Research on Elder Abuse in Toronto's Arab Community

Matthew Maelzer, BSc, MPH (MPH Class of 2018)
Sepali Guruge, RN, PhD (Professor and Research Chair in Urban Health,
Co-Director, Centre for Global Health and Health Equity, Ryerson University)[1]
Amardeep Thind, MD, PhD (Professor, Western University)

BACKGROUND

A number of factors common to the post-migration context have been shown to negatively impact the lives of new immigrants to Canada. Within the Arab community in Ashcroft, certain factors such as sponsorship requirements, intergenerational cohabitation practices, financial dependence, language barriers, and cultural stigmas often act as risk factors, increasing the vulnerability of older adults to abuse. Caroline Rochester has recently accepted the research coordinator position for the Elder Abuse Project at Rudyard University. The goal of the study is to identify the key factors that increase the risk of abuse of elders in the Arab community. Once these factors are better understood, it will be possible to develop culturally relevant strategies to address the risks that are amenable to change.

Caroline's team wants to collect qualitative data by organizing focus group interviews with community members; however, she is running into numerous difficulties conducting research with this hard-to-reach population. Mistrust of the research process and the absence of mutually beneficial relationships with the community have brought participant recruitment to a standstill. Moreover, the team's failure to consider the cultural context of the population being studied has directly inhibited the progress of the project. It is clear that the current research methodology is not working and that a new approach is required. Caroline wonders what actions she should take to improve the research process.

The goal of this case is to introduce readers to a number of commonly encountered concerns when conducting research with hard-to-reach and vulnerable populations. Through the development of solutions to the problems faced by the protagonist, readers will become more familiar with the principles of community-based participatory research and gain an understanding of the importance of cultural competence in research practice.

OBJECTIVES

1. Recognize the effect of intersecting risk factors in increasing the vulnerability of specific populations to elder abuse.
2. Understand the application of focus group methodology when conducting qualitative research.
3. Identify strategies to recruit research participants from hard-to-reach populations.

4. Describe the importance of maintaining cultural competence in research practice.
5. Apply principles of community-based participatory research to improve project outcomes.

DISCUSSION QUESTIONS

1. Why are older adults within the Arab community considered 'hard-to-reach?'
2. Define 'community-based participatory research'. What are the key principles of this research paradigm?
3. Create definitions of 'culture' and 'cultural competency' with your learning team. What aspects of culture should be considered when conducting research on elder abuse in Ashcroft's Arab community?
4. How can the research team gain the trust of the focus group participants? Suggest some strategies.
5. Is the use of focus groups appropriate for this research project? What issues might arise from their use?

KEYWORDS

Community-based participatory research; cultural competency; elder abuse; hard-to-reach populations; intersectionality