Domestic Violence in Later Life – Detecting & Preventing Homicide/Suicide: Understanding Possibilities for Intervention

The information and opinions expressed here today are not necessarily those of the Government of Ontario

Presented In Collaboration:

Elder Abuse Ontario
Stop Abuse - Restore Respect
Maltraitance des personnes âgées Ontario
Arrêtez les mauvais traitements - Restaurez le respect

Western Centre for Research & Education on Violence Against Women & Children
LEARNING NETWORK

Centre for the Study of
Social and Legal Responses to Violence

January 5, 2018

Domestic Violence in Later Life – Detecting & Preventing Homicide/Suicide: Understanding Possibilities for Intervention

Welcome to Our Webinar

- All attendees will be muted during the webinar
- If you are experiencing issues please type into the chat/Question box and send to Mary Mead/Monita Persaud
- If you have a question we will spend 20 minutes near the end on Questions and Answers. Please type your questions into the chat/Question box and send to Mary Mead/Monita Persaud
- You will be prompted to fill out an evaluation form once the session has ended, please fill out the form as your feedback will guide us for our future webinars. You will also receive an email link to the evaluation after the session.

LearningNetwork

Facilitate. Educate. Collaborate.

Issue 19 | March 2017

FEMICIDE OF WOMEN WHO ARE OLDER

The Learning Network partnered with Elder Abuse Ontario and the Centre for the Study of Social and Legal Responses to Violence to examine the issue of femicide against older women.

Elder Abuse Ontario
Stop Abuse - Restore Respect
Maltraitance des personnes âgées Ontario
Arrêtez les mauvais traitements - Restaurez le respect

Centre for the Study of
Social and Legal Responses to Violence

In our last Issue (18), we partnered with Elder Abuse Ontario and focused on the types of violence experienced by women who are older, including violence by a current or former intimate partner, abuse by a family member, and abuse by a caretaker. Barriers to disclosing and seeking help, considerations for researchers and service providers, resources, and information for the public were highlighted. Requests from our readers to provide more information, resulted in our decision to focus the current newsletter on the femicide of women who are older.

To learn more about this emerging issue, we turned to one of the leading researchers on femicide, Dr. Myrna Dawson at the University of Guelph. She partnered with Danielle Sutton, a PhD student and a Senior Research Assistant at Dr. Dawson's Research Centre, to co-author Learning Network Brief 31 on the killing of 452 older women (55 yrs. & older) in Ontario over a 38-year period (1974 to 2012). The data were collected from a number of official and unofficial sources including death records kept by the Office of the Chief Coroner of Ontario, Crown Attorney files, court documents, and media coverage.

This newsletter features highlights from Sutton and Dawson's important research findings. Following each finding, a commentary is provided.

Myrna Dawson, Director, Centre for the Study of Social and Legal Responses to Violence, University of Guelph

Myrna Dawson is a Professor and Canada Research Chair in Public Policy in Criminal Justice and Director of the Centre for the Study of Social and Legal Responses to Violence (www.violenceresearch.ca), University of Guelph. She is also Co-Director of the Canadian Domestic Homicide Prevention Initiative (www.cdhpi.ca). Her most recent projects examine the role of gender and intimacy in legal responses to violence and content and uptake of recommendations from domestic violence death review committees in the international context.

Danielle Sutton, PhD Student, University of Guelph

Danielle Sutton is a PhD student in Sociology at the University of Guelph. She works as a Senior Research Assistant in analyzing the social and legal responses to violence (www.violenceresearch.ca). Special interests lie in studying homicide case characteristics at the aggregate level, with consideration given to the criminal justice response in cases involving special populations (i.e. the police, the mentally ill, ethnic minorities, and the elderly).

Femicide is the intentional killing of women and girls because they are women and girls. The majority of women killed fall into this category.

Learning Network Newsletter Issue 14: Femicide

Issue 19
Femicide of Women Who Are Older

www.vawlearningnetwork.ca/issue-19-femicide-women-who-are-older

Myrna Dawson

Director, Centre for the Study of Social and Legal Responses to Violence, University of Guelph

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Domestic Violence in Later Life – Detecting & Preventing Homicide/Suicide: Understanding Possibilities for Intervention

Myrna Dawson
Centre for the Study of Social & Legal Responses to Violence
University of Guelph

Lunch & Learn Webinar
January 30, 2018

CSSLRV
Centre for the Study of Social and Legal Responses to Violence

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Learning Objectives

1) Develop a better understanding of how intimate partner homicide and homicide-suicide involving younger and older couples (65+) differ;

2) Identify common risk factors in intimate partner homicides involving older couples;

3) Identify unique risk factors that may end in suicide of the perpetrators;

4) Using case studies, examine the circumstances of these deaths;

5) Review recommendations generated by the Domestic Violence Death Review Committee, aimed at preventing such deaths in the future;

6) Learn about resources available to service providers that can help support older couples at potential risk.

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

What is later life? What is older? Why study violence among this group?

- How or whether one is identified, or self-identifies, as older varies considerably across individuals, groups, or societies as does the label applied.
- Today, the term 'elder' is used and the age threshold of 65+, but remember this age group is far from homogenous.
- In 2016, those aged 65 and older outnumbered those aged 14 and younger, **for the first time** since the Census began.
- There are increasing concerns about unique vulnerabilities faced by aging populations, including their risk of violent victimization.
- An examination of sexual assault among older adults requires an ecological, gendered, intersectional lens.

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Challenges in studying lethal violence in later life

Consensus that research on abuse/neglect in later life still in infancy

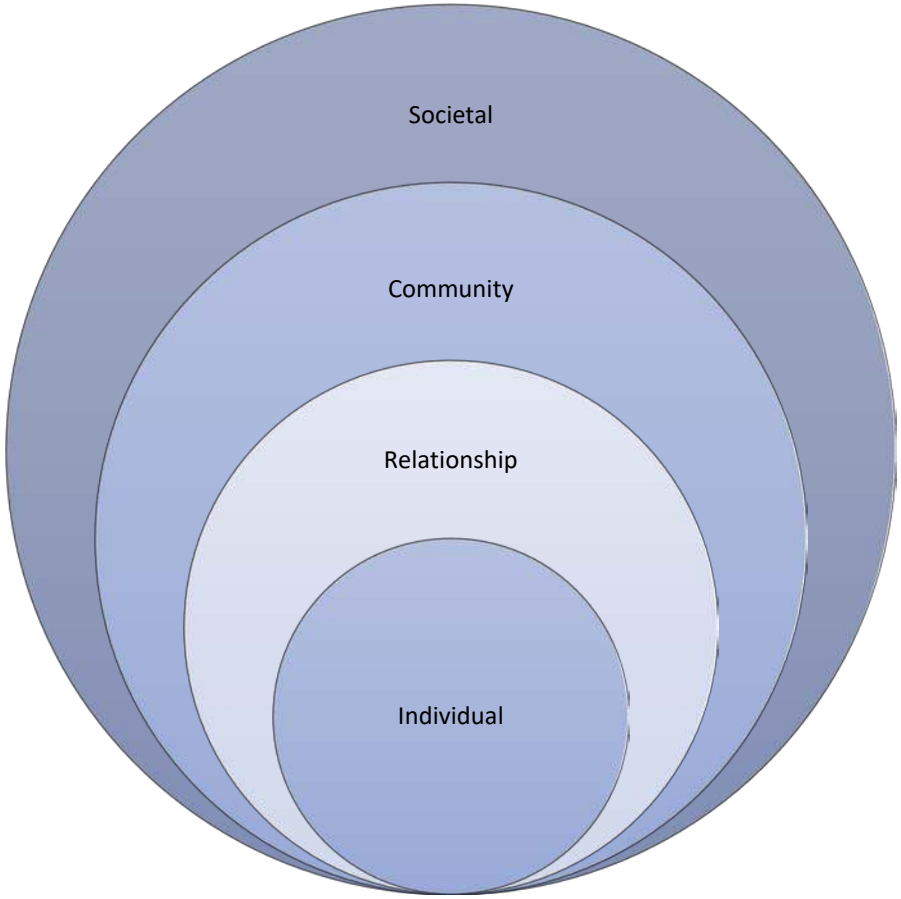
- Research divided by age: young families more focus on family/domestic violence, elder victims in elder abuse research without family/domestic orientation and sexual violence focus absent almost altogether for couples, and older women particularly.
- Relative rarity of homicide; greater challenge when focused on subtypes such as IPH or IPHS, and in particular age groups.
- Social/cultural factors contribute to difficulty detecting (ageism, patriarchal culture, conservative attitudes, privacy, social isolation).
- Difficulty in identifying homicides due to elder neglect.
- Nursing home/care facility homicides severely underreported.
- Variations in age definitions prevents accurate picture.

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Guiding frameworks

- **Ecological Framework** emphasizes how violence is facilitated by interaction of many factors at the individual, relationship, community and societal levels.



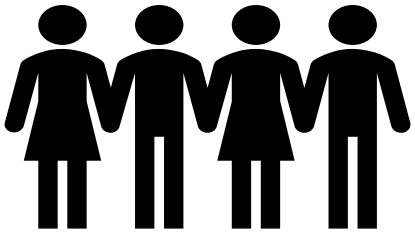
UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Guiding frameworks

- **Gender Analysis** examines differences in women's and men's lives, including those which lead to social and economic inequities for women.

- With respect to elder victimization:
  - The ratio of women to men increases with age;
  - Elder women experienced increased marginalization;
  - Longer life expectancy, increased marginalization increase risk of abuse and neglect;
  - Particularly relevant for focus in IPH and IPHS.

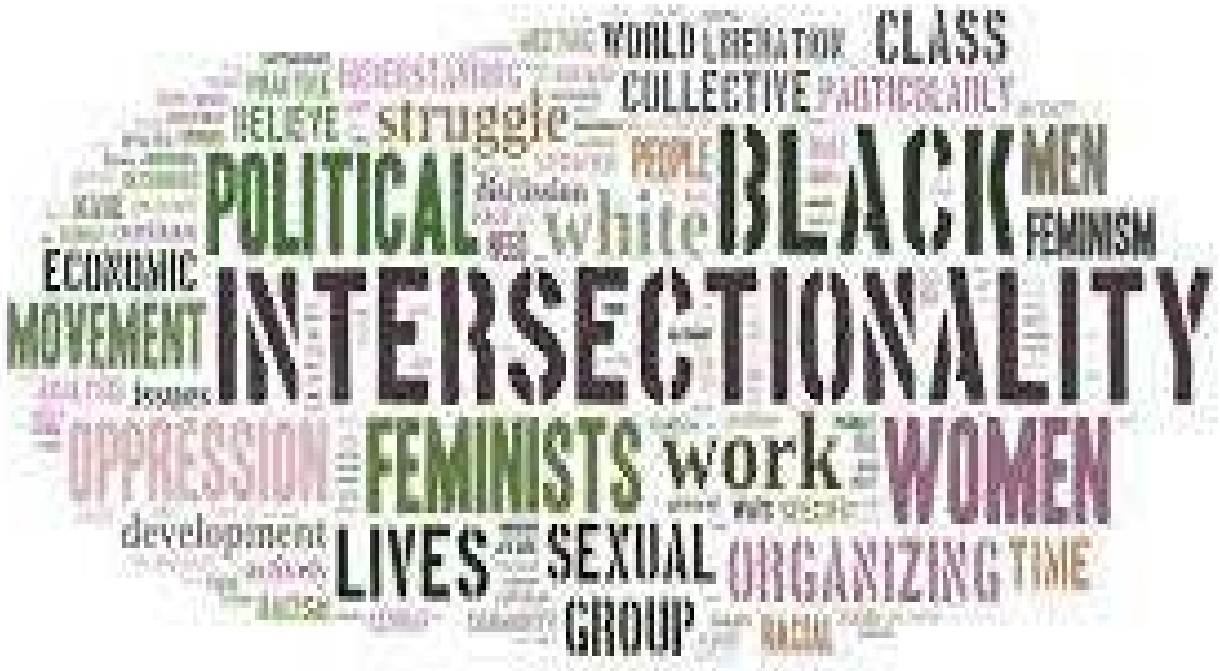


UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Guiding frameworks

- **Intersectional analysis** highlights that gender identity intersects with and is conditioned by other social identities or factors such as age, race/ethnicity, sexual orientation, ability, and so on.



Source: https://seechangehappen.co.uk/intersectionality/

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

The Broader Context – Lethal Violence in Later Life

- Existing research on elder homicide, also known as 'eldercide', shows that rates vary from 1%-11% of all homicides (Salari & Maxwell 2016).

Women

- More often perpetrated by intimate partner or family member
- More often occurs in the context of domestic violence or homicide-suicide

Men

- More often perpetrated by stranger or acquaintance
- Contexts vary from robbery to general altercations

Both elder women and men more likely to die after an assault

- Few studies examine risk factors between younger and elder couples.

- Researchers have tried to distinguish between high and low risk of lethality in IPV, but rarely focusing on IPV in later life IPV.

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

The Broader Context – Ontario, 1985-2012

- There were 990 intimate partner homicides comprising one-quarter (25%) of all 3,943 homicides during this period (average 35 per year).
- Female victims and male accused in 862 (87%) of the cases.
- Where information known, 404 (10%) of 3,943 homicides ended with offender suicide. Of 990 IPHs, 238 (24%) ended with offender suicide.
- Perpetrators male in 93% of homicide-suicides, but 98% male accused in intimate partner homicide-suicides.
- Multiple victims in 15% of all IPH (N=152)
  - 30% of IPH (N=45), male perpetrator in 96% (N=43)
  - 70% of IPHS (N=107), male perpetrator 99% (N=106)

…IPH almost exclusively male phenomenon when multiple victims (96%) and when it is IPHS with single victims (98%) or multiple victims (99%).

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

The Broader Context – Ontario, 1985-2012

Average age increases for homicides, IPH, and IPHS:

	H	IPH	IPHS
Average age of victims:	35	39	42
Average age of perpetrators:	33	41	45

Proportion IPH and IPHS of all homicides by various age thresholds and gender of the victim:

Age group	IPH	IPHS		IPH	IPHS
65 and up:	4%	7%	Female victim:	90%,	100%
60 and up:	7%	12%	Female victim:	88%,	96%
55 and up:	9%	16%	Female victim:	89%,	97%
50 and up:	13%	19%	Female victim:	91%,	98%

….underscores the reality that these are intimate partner femicides primarily, particularly when followed by suicide of perpetrator.

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Laying the foundation: Comparing IPH and IPHS

In contrast to intimate partner homicide, intimate partner homicide suicides are **more likely** to involve:

- Female victims and male perpetrators;
- Elder victims and perpetrators;
- Legally married couples;
- Couples with children;
- Couples who were both out of the labour force;
- Shooting as the cause of death;
- Jealous/spurned as motive;

But **less likely** to involve:

- Couples who were using substances at the time of the killing;
- Couples who had prior records;
- Sexual assault of the victim;
- Perpetrator's efforts to conceal crime.

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Comparing IPH between elder and younger couples

In contrast to younger couples, intimate partner homicide involving elder couples are **more likely** to:

- Be legally married;
- Be out of the labour force;
- Involve mental illness – perpetrator;
- Occur in private rather than public location.

But **less likely** to:

- Be estranged, separated;
- Involve jealousy as a motive;
- Involve substance abuse by the perpetrator;
- Involve perpetrators with prior criminal records;
- Result in a conviction of murder
- To result in shorter sentences.

All findings hold true when examining intimate femicides only.

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Comparing IPFS between elder and younger couples

In contrast to younger couples, intimate femicide suicide involving elder couples are **more likely** to:

- Be legally married
- Be out of the labour force;
- Involve mental illness – perpetrator;

But **less likely** to involve:

- Estrangement, separation;
- Jealousy as a motive;
- Known prior threats against victim by perpetrator;

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Summary: IPH & IPHS among elder couples

More common risk factors in both elder IPH & IPHS cases:

- Couples are more likely to be legally married;
- Couples are more likely to be out of the labour force;
- Cases more likely to involve perpetrator mental illness, primarily depression;

Less common risk factors in both elder IPH & IPHS cases:

- Cases less likely to involve estranged, separated couples;
- Cases less likely to involve jealousy as a motive.

Distinct to IPH, in contrast to younger couples, elder couples are:

- More likely to occur in private rather than public location;
- Less likely to involve substance abuse by the perpetrator;
- Less likely to involve perpetrators with prior criminal records.

Distinct to IPHS, elder couples are less likely than younger couples to:

- Have known prior threats against victim by perpetrator;

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Using Ontario DVDRC data and case studies to understand risk & prevention

- Risk factors do not occur in isolation, but often cluster together.

Average number of risk factors:

11 risk factors	Intimate partner homicide
11 risk factors	Younger couples
5 risk factors	Elder couples
8.5 risk factors	Intimate femicide suicide
9 risk factors	Younger couples
3.5 risk factors	Elder couples

Significantly fewer risk factors present in cases involving elder couples.

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Using Ontario DVDRC data and case studies to understand risk & prevention

Overall risk factors	Risk factors for elder couples
Domestic violence history (73%)	**Depression (diagnosis) (62%)***
Actual /pending separation (67%)	Depression, family/friends (54%)
Perpetrator depression, (50%)	Prior suicide threats (27%)
Obsessive behavior (47%)	Escalation of violence (25%)
Prior suicide threats (46%)	Misogynistic attitudes (25%)
Victim intuitive sense of fear (43%)	Domestic violence history (23%)
Perpetrator sexual jealousy (42%)	Excessive alcohol/drug use (23%)
Perpetrator unemployed (39%)	[Present in over 20% of cases]
History of violence o/s family (35%)	
Escalation of violence (34%)	
[Present in over 30% of cases]	

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Using Ontario DVDRC data and case studies to understand risk & prevention

Only one risk factor significantly more common among cases involving elder couples compared to younger couples – **Depression**:

- Perpetrator depression, professional diagnosis (62% and 25%)
- Perpetrator depression, according to family/friends (54% and 46%)

While not more common, other risk factors present in a high proportion of cases involving elder couples (> 25%):

- Prior threats to commit suicide by the perpetrator (27% and 47%)
- Escalation of violence by the perpetrator (25% and 40%)
- Misogynistic attitudes held by the perpetrator (25% and 32%)

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Case example #1:

Basic facts: Homicide-Suicide

- Victim, 88, and Perpetrator, 88; married for 62 years.
- No children. Immigrated from Germany so no family in Canada.
- Victim had significant health concerns exacerbated by a fall and hospital admission several months prior to the homicide-suicide.
- A PSW provided two hours of support weekly, but majority of her care was provided by her husband.
- Perpetrator's primary role in recent years was looking after his wife and the home; prior to wife's declining health, she did everything for him.
- The recent injury placed further stress on the perpetrator.
- The perpetrator shot the victim, called police to report the homicide, then committed suicide by shooting himself.

Risk Factors: 4

Prior threats to kill victim
Prior threats to commit suicide
Depression, perpetrator
Access to, or possession of, firearms

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Case #1 Recommendations

To the Ministry of Health and Long-Term Care and Ontario Association of Community Care Access Centres:

1. All health care providers who work with the elderly population should be educated on the risk factors related to domestic violence and potential domestic homicides.

To the Ministry of Health and Long-Term Care and the Ontario Hospital Association:

2. The Ministry of Health and Long-Term Care, in collaboration with the Ontario Hospital association, should develop information materials on structured risk assessment and risk management strategies as part of a care plan to deal with domestic violence in the elderly population similar to their efforts on suicide prevention.

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Case #1 Recommendations (cont'd)

Also to the Ministry of Health and Long-Term Care and the Ontario Hospital Association:

3. The accreditation process for Ontario hospitals should include policies and procedures directed toward the assessment and management of domestic violence in the elderly population. This should include red-flagging potential high-risk cases and ongoing information sharing amongst the multiple health professionals involved within the hospital and community including nurses, doctors, mental health professionals and personal support workers. An overall coordinated and integrated approach by geriatric services is essential.

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Case #1 Recommendations

To the Ontario Women's Directorate

4. The Ontario Women's Directorate should extend their public education efforts on domestic violence to ensure that the general public is aware of domestic violence in the elderly population.

To the hospital and Community Care Access Centre (CCAC) involved:

5. The hospital and CCAC providing care to the victim in this case should conduct internal reviews to determine what safeguards should be in place to prevent future similar deaths. The facts from this case could be used as an educational opportunity for staff.

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Case example #2:

Basic facts: Homicide-suicide

- Victim, 70, and Perpetrator, 74; married for 42 years; 4 children. ‘
- Victim had no significant health issues, stay-at-home mom, private, did not speak English well.
- Perpetrator had a history of depression and previous suicide attempts; depression increased after retirement, no longer active/physical, and other life stressors.
- Under psychiatric care three weeks prior to the homicide-suicide.
- Admitted to hospital one week prior to homicide, treated, released against family’s wishes.
- When family could not reach them, notified police who found victim on the floor and the perpetrator with a cord around next who later died in hospital.

Risk Factors: 2

Prior threats to commit suicide

Depression, perpetrator (including professional diagnosis)

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Case #2 Recommendations

To the Ministry of Health and Long-Term Care, Ministry of Community Safety and Correctional Services, Ministry of the Attorney General (Victim Services), Ontario Seniors Secretariat, Ontario Association of Community Care Access Centres, Ontario Women's Directorate and College of Physicians and Surgeons of Ontario:

1. Health care providers, police services, victim services, community care access centres, Ontario Women's Directorate, and families should receive enhanced education and training about aging couples' increased risk of intimate partner homicide-suicide, particularly if they are experiencing declining or poor health, and/or some other major life change.

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Case #2 Recommendations

To the Ministry of Health and Long-Term Care, College of Physicians and Surgeons of Ontario, Ontario Association of Community Care Access Centres and the Ontario Seniors Secretariat:

2. Health care providers should emphasize or discuss the importance of aftercare options or mechanisms for aging couples and work with their families to identify appropriate mechanisms when one partner is being treated for depression or other related mental health issues and, in particular, if there is evidence of suicidal ideation, previous suicide attempts, and/or subsequent hospitalization.

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Case example #3:

Basic facts: Homicide-suicide

- Victim, 69, and Perpetrator, 69; married for 51 years; 2 sons.
- Victim had chronic health and mobility issues, possible early dementia.
- Perpetrator retired, also in poor health, reported depressed/anxious.
- Long history of victim's physical, emotional and psychological abuse.

Risk Factors: 11

- History of domestic violence
- Prior attempts to isolate the victim
- Controlled most or all of victim's daily activities
- Prior hostage-taking or forcible confinement
- Escalation of violence
- Actual or pending separation
- Depression – in the opinion of friends and family
- Access to, or possession of firearms
- Failure to comply with authority – perpetrator
- Misogynistic attitudes – perpetrator
- Victim's intuitive sense of fear of the perpetrator

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Case #3 Recommendations

1. Police Services, Victim Services, Community Care Access Centres and health care providers to the elderly are reminded of the following resources that provide valuable information pertaining to the identification and response to elder abuse in Ontario:

- Neighbours, Friends and Families for Older Adults - “It’s Not Right!” Campaign
- Ontario Seniors’ Secretariat - www.seniors.gov.on.ca/en/elderabuse
- Ontario Network for the Prevention of Elder Abuse - www.onpea.org

To the Ministry of the Attorney General:

2. Victim Services workers are reminded that they should immediately contact police when they become aware that conditions of an order have been breached; consideration should also be given to establishing and/or revising safety planning and/or risk management measures.

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Case #3 Recommendations

To the Ministry of Community Safety and Correctional Services:

3. Police Services are reminded that conditions of release should clearly emphasize the non-discretionary nature of no-contact orders and that victims may need to be reminded/advised that the orders also apply to them not contacting the perpetrator (or alleged perpetrator).

To health care providers:

4. When dealing with possible victims of domestic violence, health care providers are reminded of the need for a formalized risk assessment to guide interventions and prioritize safety planning.

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Case example #4:

Basic facts: Homicide-suicide

- Victim, 83, and Perpetrator, 85; married for 55 years. No children.
- Victim had health issues, but none significant, reportedly still having fun and had lots of friends.
- Perpetrator retired war veteran, diagnosed several years prior with depression, many aware he was suffering insomnia for many months, depression appeared to be worsening.
- Couple reportedly did everything together, including seeing their family physician at the same time, never interviewed separately.

Risk Factors: 1

- Depression – professionally diagnosed

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Case #4 Recommendations

To geriatric health care providers:

1. Health care providers are reminded to inquire about thoughts of homicide, in addition to suicide, when interacting with elderly patients suffering from depression.

2. Health care providers are encouraged to interview couples separately, particularly when mental health issues may be present.

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Where to go from here?

What do we know about elder couples at risk?

- Greater isolation for both victims and perpetrators, particularly among some populations.
- Separation less often a risk factor for older women who are often still in relationships with perpetrators.
- Greater likelihood of mental health issues, particularly depression, among perpetrators;
- Victim's physical and/or cognitive impairments may play a role;
- The potential role of caregiver burnout, particularly if male;
- Reluctance to include authorities or rely on available resources.

UNIVERSITY of GUELPH

CHANGING LIVES IMPROVING LIFE

Where to go from here?

- Development/implementation of public education programs on risk factors for elder adults and domestic violence, particularly for marginalized/isolated populations.
- More training for professionals on more informed/appropriate responses to domestic violence cases involving elder couples, particularly where there are physical/cognitive disabilities.
- More attention to caregiver burnout when elder couples are caring for one another, particularly as it relates to depression/suicidal threats among male caregivers not used to fulfilling such roles.
- More coordination among services dealing with elder populations, domestic violence, and/or marginalized communities.
- Recognition that separation is less common as a risk factor for elderly women experiencing violence by partners they will not or cannot leave.
- **Others?**

UNIVERSITY of GUELPH

CHANGING LIVES
IMPROVING LIFE

Thank you for your time.

I am happy to have your feedback and/or to answer questions?

Contact:
Myrna Dawson
mdawson@uoguelph.ca

Elder Abuse Ontario (EAO)

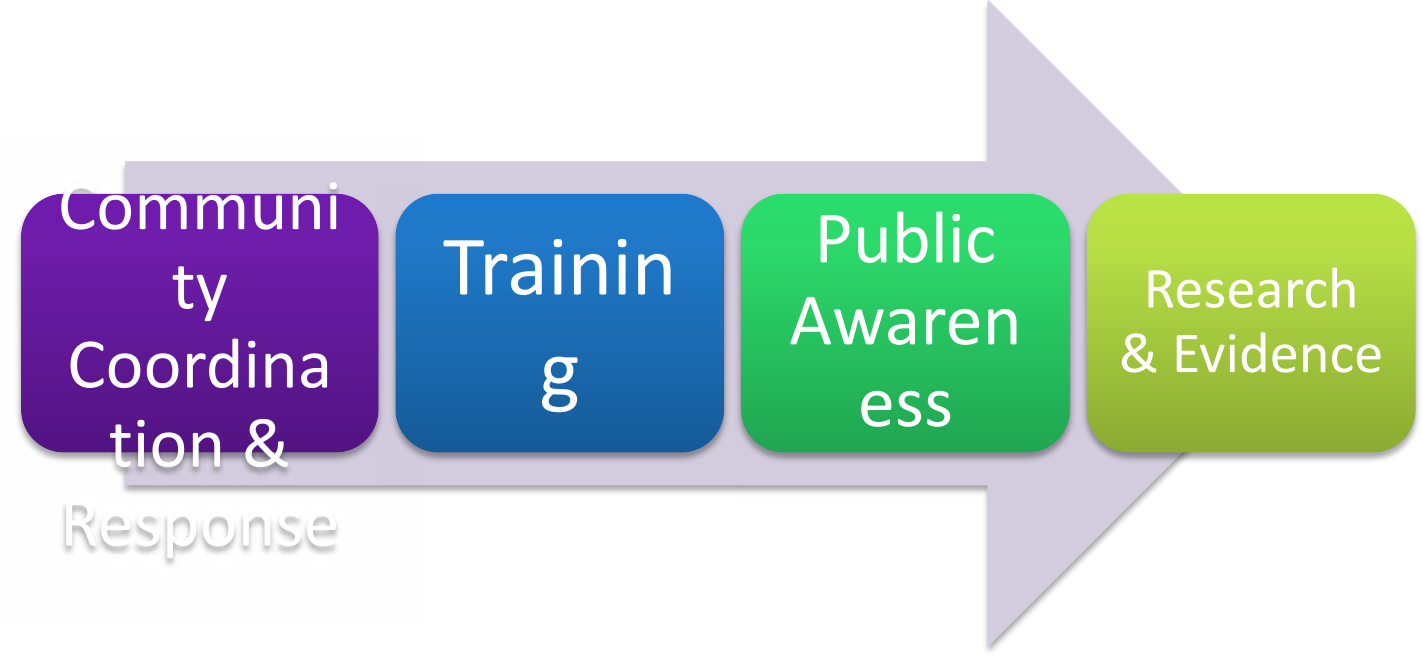
- ✓ Not-for-profit charitable organization
- ✓ Established in 1990
- ✓ Funded by the Province of Ontario, under the Ministry of Seniors Affairs

Mission: Create an Ontario where all seniors are free from abuse through awareness, education, training, collaboration, service co-ordination and advocacy.

EAO oversees the Implementation of the Ontario Strategy to combat Elder Abuse

Ontario's Strategy to Combat Elder Abuse

Comprised of 4 Major Priorities



EAO Safety Planning Webinar

The information and opinions expressed here today are not necessarily those of the Government of Ontario

Safety Planning For Older Adults in Unhealthy Relationships

http://www.elderabuseontario.com/training-education/training/webinars/

Acknowledgements

Thank You to METRAC and The Law Foundation of Ontario for supporting the development of the Safety Planning Toolkit

Visit To Our Site Today !

Explore the features, navigate the directories…
and share your comments with us.

CONTACT ELDER ABUSE ONTARIO

EAO Head Office

2 Billingham Rd, Suite #306
Toronto, ON
M9B 6E1

Tel: 416-916-6728
Email: admin@elderabuseontario.com

Website: www. elderabuseontario.com

Regional Consultant Offices

Sheila Schuehlein
West Consultant,
Tel: 647-393-3891
Email: west@elderabuseontario.com

Monita Laura Persaud
GTA Consultant/Multicultural Coordinator
Tel: 416-916-6728 ext. 224
Email: gta@elderabuseontario.com

Stephanie Cadeaux
East Consultant,
Tel: 613-406-6025
Email: east@elderabuseontario.com

THANK YOU!

UNIVERSITY of GUELPH

CHANGING LIVES
IMPROVING LIFE

CSSLRV

Centre for the Study of Social and Legal Responses to Violence