

Violence Across the Lifespan: Understanding & Responding to Violence Against Older Women in Ontario

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Association of Interval & Transition Houses (OAITH)

Land Acknowledgement

OAITH would like to acknowledge the many territories of Turtle Island (Canada) on which we work and reside and value the relationships we are building as we learn more about the treaties.

As a sector we must continuously work on and lean into discussions and actionable change as it relates to reconciliation, and the 231 individual calls for justice. To do this, we require principled leadership that is predicated on the acknowledgment and truths of the harms historically and currently put onto Indigenous Communities. These harms primarily situated in colonial violence, have been upheld for hundreds of years that still exist today in our own organizations, communities and systems.

Understanding these truths will move us from **remembering** Indigenous Women and Girls as Missing and Murdered to **knowing** them and embracing their strength, knowledge, leadership, solutions and contributions to create safer communities for all Indigenous Peoples.

Experiences of Abuse & Barriers to Support: Unique Considerations for Older Women

Femicide & Older Women

Risk & Safety

Trauma Informed Work with Older Women - Concrete Suggestions



Ontario Association of Interval & Transition Houses

Lifecourse Framework

- Contextualizes experiences of abuse and violence, and potential risk of harm and lethality within experiences of gender, aging & systemic oppression
- Scope of relationship type
- Life experiences and life stages often compartmentalized; survivor as a whole
- Legacies of trauma



What is the impact of violence on an older woman?

Impacts of violence can accumulate over a woman's life and **compound effects of violence experienced throughout the life stages**. For example, women who experience intimate partner violence are more likely to experience depression if they have a complex history of trauma beginning in childhood. Impacts of violence are also compounded by systemic oppression and intergenerational trauma (residential schools, for example) which also increases stigma leading to barriers in accessing support.

INFANCY

- Injury
- Difficulty with regulation of emotions
- Attachment problems
- Developmental and growth delays

CHILDHOOD

- Anxiety/mood disorders
- ADHD
- Behavioural difficulties
- Low self-esteem
- Peer difficulties
- Academic problems

ADOLESCENCE

- Conduct disorders
- Substance abuse
- Suicide attempts
- Risky behaviours (e.g. unprotected sex)
- Eating disorders
- Dating violence prevention

ADULTHOOD

- Personality disorders
- Chronic disease and pain
- Relationship problems
- IPV perpetration
- Mistreatment of own children

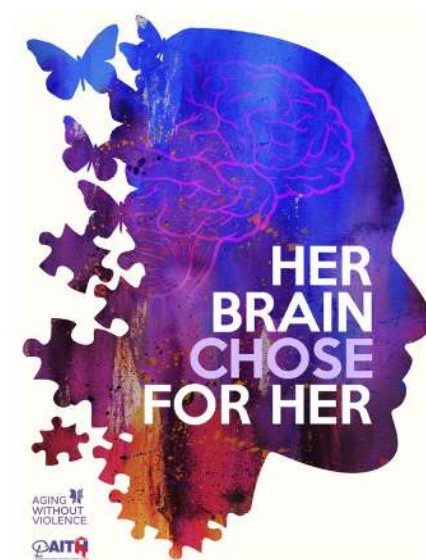
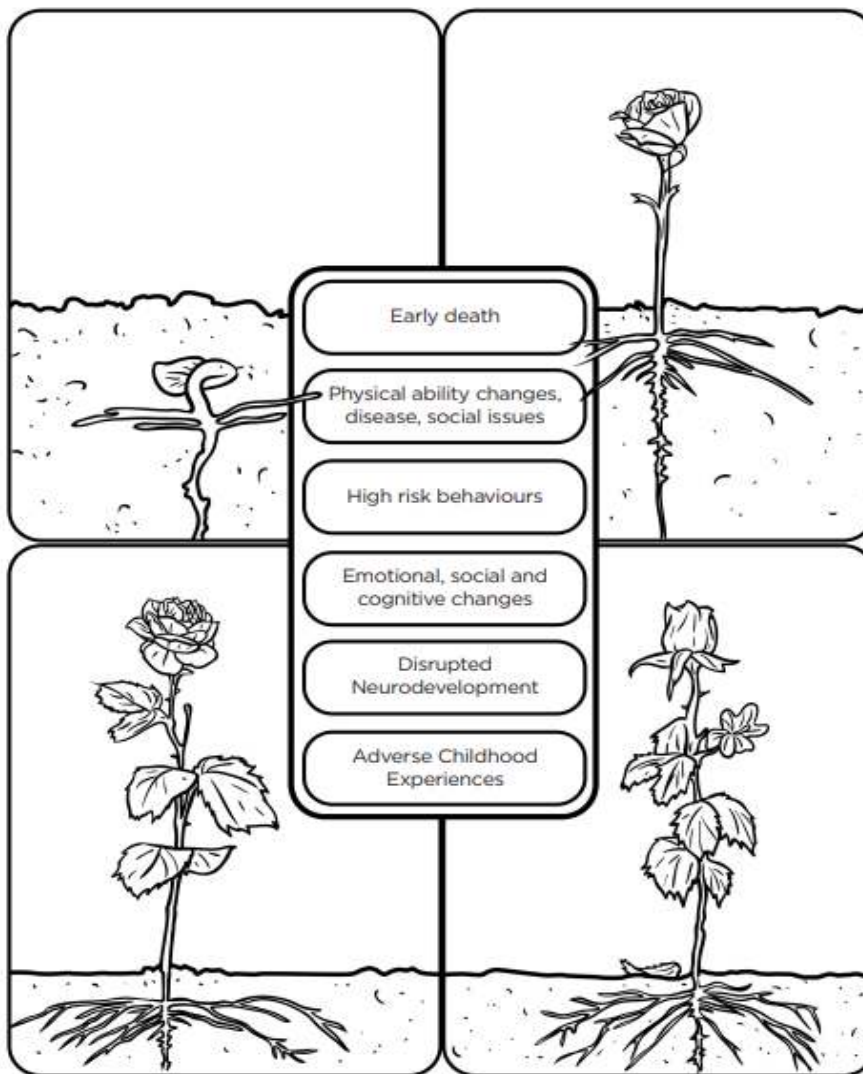
OLD AGE

- Depression
- Decreased life expectancy
- Financial problems

AGING  WITHOUT VIOLENCE

Content from: MacMillan, H.L. & Walker, C.N. (2014). Research brief: Interventions to prevent child maltreatment. Revised. Preventing Violence Across the Lifespan Research Network. London, ON: -adapted from Learning Network Newsletter, Issue 18, March 2016.

Effects of Trauma Across the Lifespan



herbrainchose.oaith.ca



Experiences of Abuse- Unique Considerations for Older Women

- Additional barriers to accessing services (including emergency services)
- Older women experiencing abuse/violence more likely to be financially dependent on their abuser(s) than younger women
- Marginalized older women (for example gender diverse, Indigenous, immigrant, racialized, differently abled) described as invisible and often at higher risk for violence and physical harm/lethality by their abuser(s)
- Unique impacts of complex trauma and sexual violence in later life and across the lifespan (post menopausal considerations)
- Different attitudes about abuse and relationships,
- Distrust of services

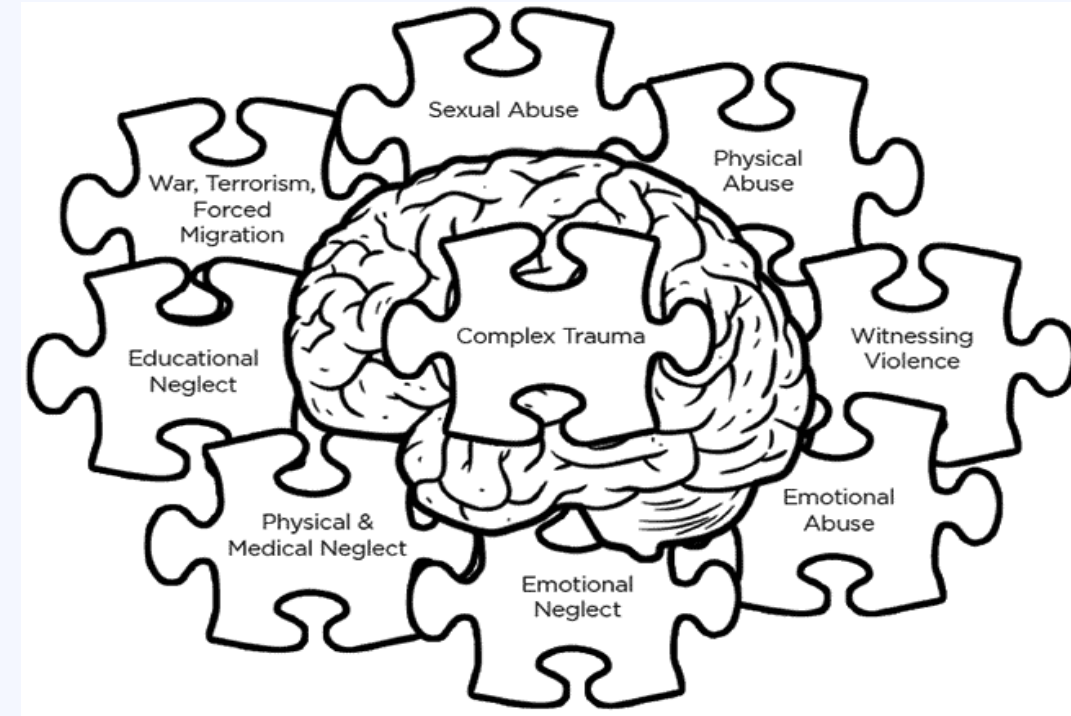
Increased barriers to accessing services & supports = increased risk



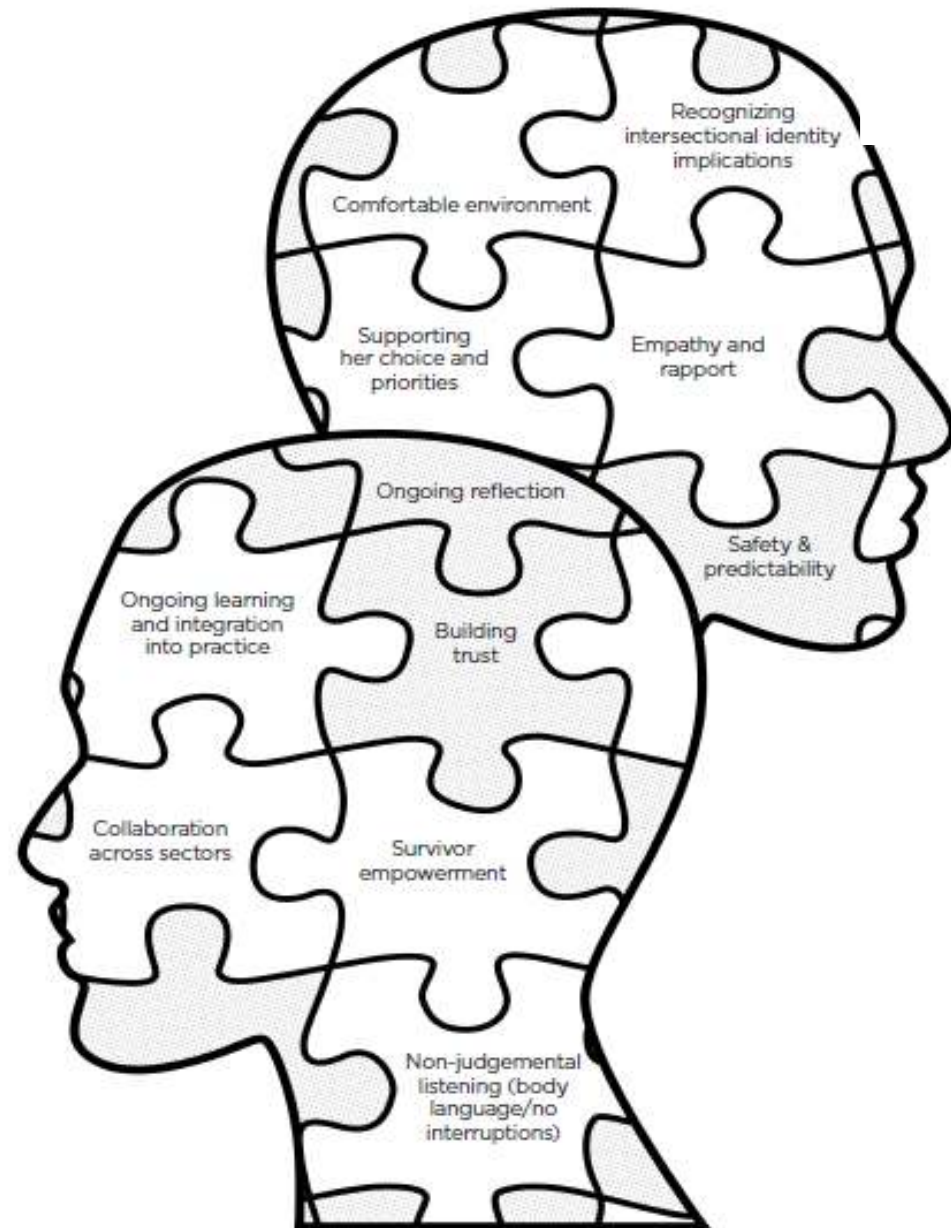
Complex Trauma with Older Survivors: Realities of service

CONSIDERATIONS:

- How are complex cases recognized differently within caseload division?
- Length of time needed to complete risk assessment & safety planning
- Who is coordinating the collaboration between sectors
- How is a trauma lens utilized to evaluate client engagement in services and supports?
- Client feedback opportunities?
- Evaluation of appropriateness for virtual services
- Trauma impacts on ability to engage in services



- Client-centered
- Trauma-Competency across organizational levels
- Trustworthiness
- Strength-based
- Evolving capacity



Challenging behaviour	Potential non-trauma informed response	Trauma-informed Response	Strategies to address challenge within trauma informed framework?
Not showing up to appointments/ arriving late	<ul style="list-style-type: none"> • Doesn't need service • Not in "the right place" for service • Doesn't care • Is disrespectful • Lazy • "Misuser" of services • Wasting time and resources 	<p>Many survivors of trauma experience sleep disturbances and hyperarousal which leads to memory issues and "head fog" - this might make keeping track of appointments or attending early morning appointments difficult.</p> <p>Not showing up may be a protective coping mechanism to avoid traumatization from :</p> <ul style="list-style-type: none"> -having to tell her story again and again -re-victimization -retribution from a current perpetrator 	<ul style="list-style-type: none"> • Ask what might be helpful re: appointment reminders (send text, email or call for reminder, provide calendar/notebook/daytimer) • Avoid any body language, words, and tone which may be perceived as shaming • Advocate for trauma-informed policies re: no-shows within your workplace/sector • Provide choices when possible about when, where, how often, and how long appointments are • Ask if there are past negative experiences with services that might be impacting meeting attendance • Offer ideas to improve sleep: progressive muscle relaxation, music, deep breathing, exercise • Ask about transportation, safety & mobility barriers

Example for interagency team discussion involving CJS partners:

Adapted from: Trauma Informed Oregon

Disassociation is the brain's way of disconnecting the body from a traumatic experience, or the impacts of trauma.

How might a trauma survivor's disassociation be misinterpreted/categorized during a police interview?

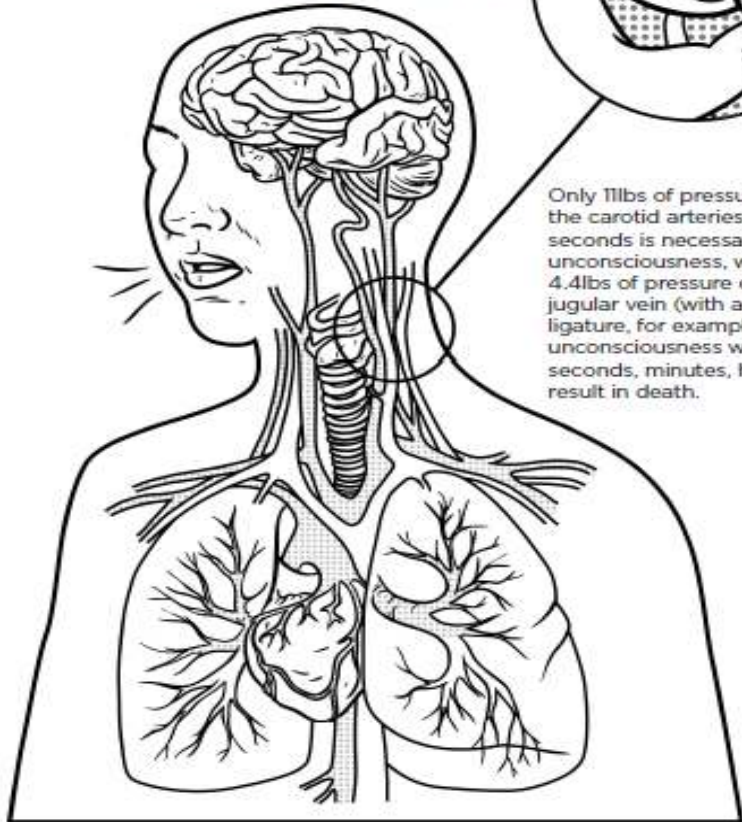


Traumatic Brain Injury & Strangulation

Approximately 20 lbs of pressure to open a soda can



Only 11lbs of pressure on the carotid arteries for ten seconds is necessary to cause unconsciousness, whereas 4.4lbs of pressure on the jugular vein (with a belt or ligature, for example) will cause unconsciousness which could last seconds, minutes, hours, days, or result in death.



Signs may include voice changes, difficulty/painful swallowing, hyperventilation, difficulty breathing, chin abrasions, scratches, abrasions, scrapes, redness/bruising on neck, petechiae (tiny red spots indicating ruptured capillaries), ligature marks, neck swelling, memory loss, and vomiting.

Older Women & TBI

- Number of TBIs reported by women have gone up 80% in last 10 years (Sutten et al, 2018) – fastest growing incidence
- Rates of IPV survivors with head injuries unknown – strangulation not always disclosed
- TBI disrupts neuroendocrine system, growth hormones, estrogen
- TBI risk factor for cognitive decline and accelerated aging
- Little research re: relationship between TBI and menopause
- Symptoms of menopause are similar to post concussion





Reducing Barriers

- Collaboration across disciplines, generations and communities
- Promoting intergenerational mentorship
- Culturally and linguistically appropriate service and outreach
- Visibility of marginalized identities within staff, management, board and volunteer levels
- Welcome, accessible, equitable spaces- “Perceive & Feel Framework”- 519
- Inclusive policies based on intersectional approaches
- Increasing knowledge of capacity concerns and intersections with trauma
- Age specific supports
- Rethinking “empowerment” model
- Physical accessibility of spaces
- Noise levels of spaces
- Terminology “abuse” “violence”



Who is part of their community's Elder Response Network (EAN) ?



What about your community's Violence
Against Women Coordinating
Committee (VAWCC) ?



Beyond Silos

- Elder Abuse & Gender Based Violence
- Types of violence - distinct but connected
- Current and past experiences & risk
- Risk Assessment, Safety Planning & Risk Assessment
- Trauma-informed capacity & risk assessment capacity
- Actuarial and Structured Professional Judgement tools
- Practice & Advocacy



How are the unique needs of older women considered within the context of gender-based violence?

How is violence from a partner or ex partner considered within elder-abuse services and outreach?



2021-2022 ANNUAL FEMICIDE LIST- SNAPSHOT OF TRENDS

Not Just About Intimate Partner Violence: 19 Intimate partner femicides (37%), 11 femicides perpetrated by family members (21%), 8 femicides perpetrated by men known to the victim (15%) and 14 femicides cases where relationship details have not been provided but evidence suggests the killing was targeted (27%). Responses to address gender-based violence (GBV) and femicide prevention must be broad in scope and apply to a range of victim perpetrator relationships and all types of gender-based violence.

Home Is Not Safe For Everyone: 77% of all femicide cases this year occurred either inside, or outside of a residence. Access to safe, affordable housing is a human right which affects every aspect of well-being, however many women, children and gender-diverse individuals experiencing violence face constant fear of violence while at home.

Systemic & Structural Inequity: Indigenous identities account for 2.8% in Ontario, yet 4% of all victims in the 20/21 femicide data were Indigenous women. Similarly, 4.7% of Ontario's population is Black, yet, Black women account for 8% of victims on the 21/22 femicide data. Indigenous, Black and Racialized women experiencing violence have diverse, unique needs that are often overlooked in research, policy and practice—leading to increased barriers to gender-based violence support. Colonization, racial and cultural systemic violence lead to the invisibility of Indigenous and Black women within femicide discourse compounding both the risk of femicide and overall impacts of gender-based violence.

Femicides Occur Across the Lifespan: The youngest femicide victim was 8 years old and the oldest femicide victim, this year, was 88 years old. Femicide victims over the age of 55 represented 21%. Impacts of all forms of GBV compound as survivors age, ultimately accumulating throughout the life stages. Impacts of violence are also compounded by systemic oppression and intergenerational trauma (including residential schools), contributing to increased stigma for older women and additional barriers in accessing support. Despite this, GBV service and prevention is often focused only on younger women.

Rural and Small Communities: 17% of Femicide victims were killed in a rural or small population center. Those experiencing gender-based violence in rural areas often face additional risks and barriers to support, including physical and social isolation, long distances between neighbours, lack of or no accessible transportation, limited services, lack of anonymity, animal and livestock responsibilities, and limited affordable housing.

Access the 2021-2022 Annual Femicide List: bit.ly/2021-2022FemicideList

Learn more about We Count Femicide Because and
OAITH's Femicide Work: bit.ly/WeCountFemicideBecause

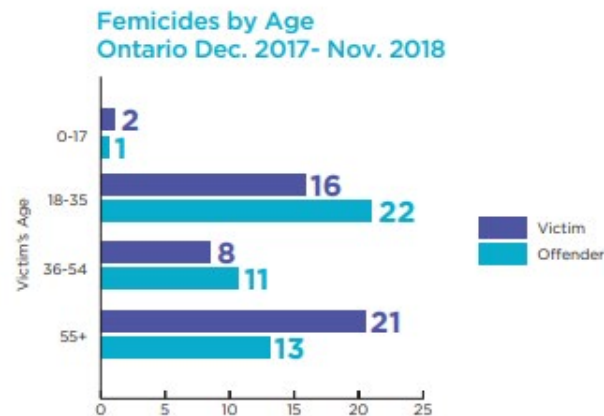
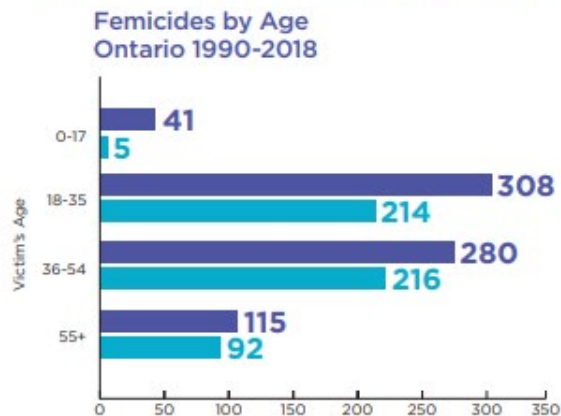


Women over age 55 are losing their lives to gender-based violence

For more information, visit
www.oaith.ca

Are femicide rates of older women increasing?

Media reports of Femicide against older women in Ontario are increasing. 45% (21/47) of femicide victims from December 2017-November 2018 have been women aged 55 or older; this rate has nearly doubled compared to femicide rates between November 2016- December 2017 (29%). (OAITH and University of Guelph Ontario Femicide Data, 2018).

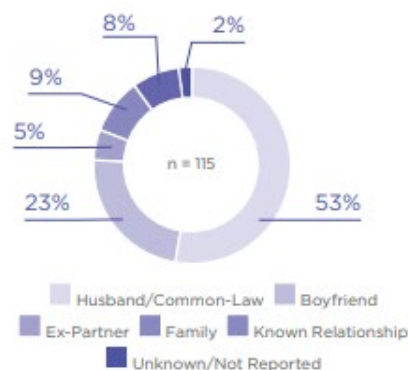


Who are the perpetrators of violence against older women?

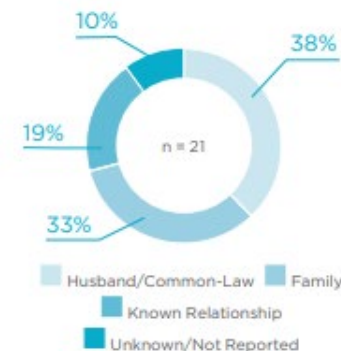
Femicide victims over 55 years old are most **likely to be killed by their partner** (including husband and boyfriend), son, ex-partner, or neighbour.

Between December 2017-November 2018, 38% of femicides of older women were committed by their partners, 33% by a family member such as a son, son-in-law or grandson, 19% by a neighbour or acquaintance, and in 10% of cases the victim-offender relationship is unknown.

Femicides by Victim-Offender Relationship 55+ 1990-2018



Femicides by Victim-Offender Relationship 55+ Dec 2017- March 2018



OAITH's Femicide Data

- 2019-2020 & 2020-2021 Annual Femicide lists- most common victims older women (doesn't include 'unknown')
- Perpetrators are more likely to be younger than victims
- 2019-2020 & 2020-2021- Trauma the most common cause of death
- 2020-2021 list- 80% of all family femicides on list older women
- Femicide locations include 'retirement home'

Figure 7
Examination of Relationship Type by Victim Age Group

Femicide Victims 36 Years of age and Older Killed by Perpetrators Across all Relationship Types
 2020-2021 Annual Femicide List

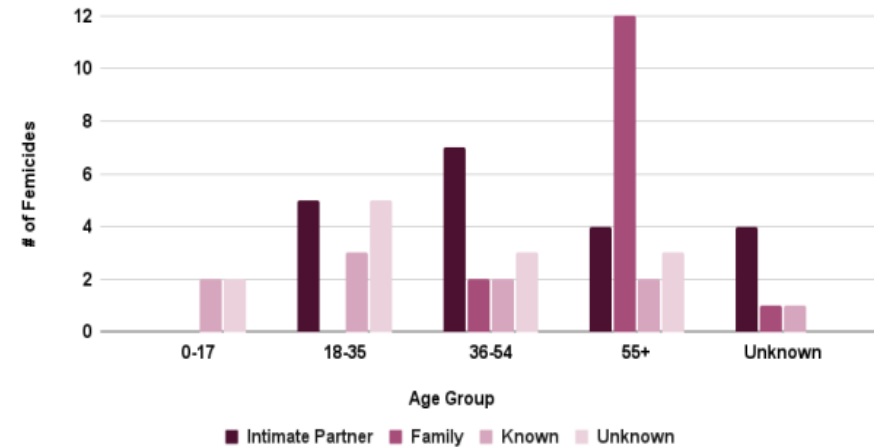
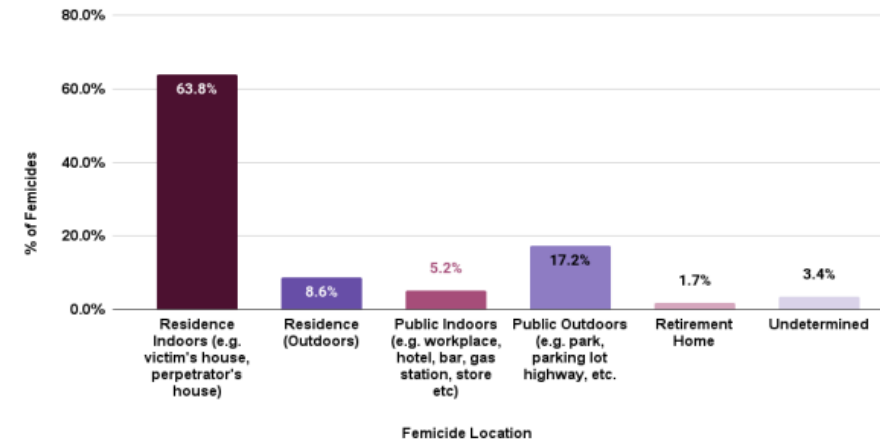


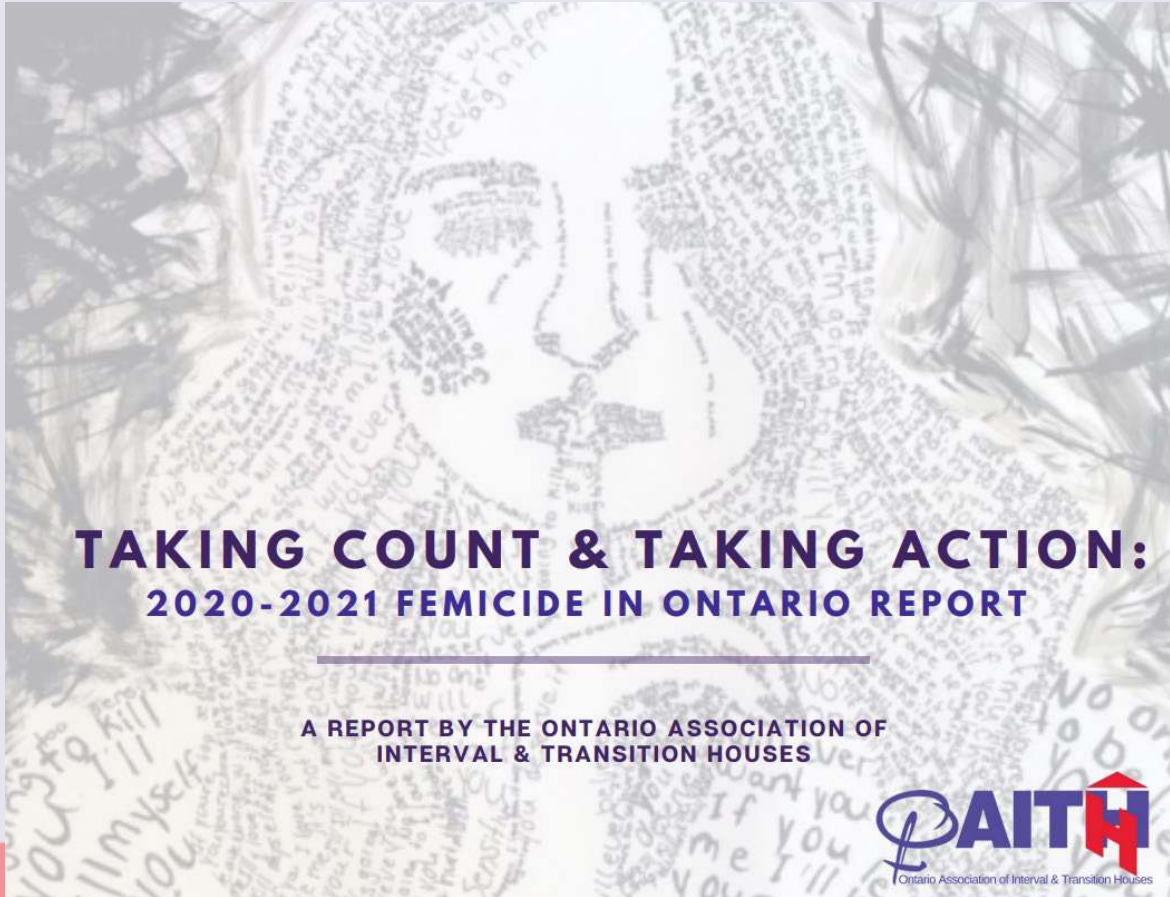
Figure 15
Examination of Femicide Victims' Place of Death



Femicide Victims Were Most Commonly Killed Inside of a Residence
 2020-2021 Annual Femicide List



#WeCountFemicideBecause



Femicide Victims Confirmed Total: 8

- Toronto Region**
Vanessa Kurpiewska - Toronto, ON
National Media: <https://bit.ly/VanessaKurpiewskaNationalPost>
Local Media: <https://bit.ly/VanessaKurpiewskaTorontoSun>
Television Media: <https://bit.ly/VanessaKurpiewskaCBCNews>
- East Region**
Sommer Boudreau - Deep River, ON
National Media:
Local Media: <https://bit.ly/SommerBoudreauOttawaCitizen>
Television Media: <https://bit.ly/SommerBoudreauCBCNews>
- Teil-Lyn Cook - Oshawa, ON**
National Media:
Local Media: <https://bit.ly/Teil-LynCookTorSun>
Television Media: <https://bit.ly/Teil-LynCookGlobal>
- Central Region**
Pawanpreet Kaur - Mississauga, ON
National Media: <https://bit.ly/PawanpreetKaurTorontoStar>
Local Media: <https://bit.ly/PawanpreetKaurInSauga>
Television Media: <https://bit.ly/PawanpreetKaurCBCNews>
- Helen Lorraine Manock - Vaughan, ON**
National Media: <https://bit.ly/HelenLorraineManockNationalPost>
Local Media: <https://bit.ly/HelenLorraineManockYorkRegionNews>
Television Media: <https://bit.ly/HelenLorraineManockGlobalNews>
- Rita Camilleri - Vaughan, ON**
National Media: <https://bit.ly/RitaCamilleriTorStar>
Local Media: <https://bit.ly/RitaCamilleriTorSun>
Television Media: <https://bit.ly/RitaCamilleriCBCNews>
- Adrienne Nesich - New Tecumseth, ON**
National Media: <https://bit.ly/AdrienneNesichGlobeAndMail>
Local Media: <https://bit.ly/AdrienneNesichSimcoeNews>
Television Media: <https://bit.ly/AdrienneNesichCTVNews>
- Matteo Nesich - New Tecumseth, ON**
National Media:
Local Media: <https://bit.ly/MatteoNesichOrilliaMatters>
Television Media: <https://bit.ly/MatteoNesichGlobalNews>



Femicide & Older Women

Figure 6

Relationship Between
Perpetrators and Victims



Femicides Were Most Commonly Perpetrated by An Intimate Partner Or A Family Member

2020-2021 Annual Femicide List

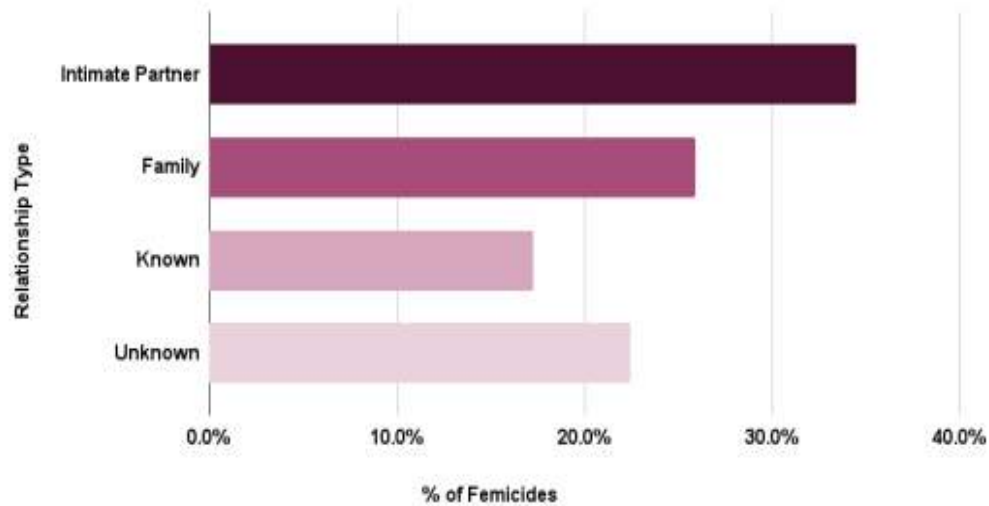


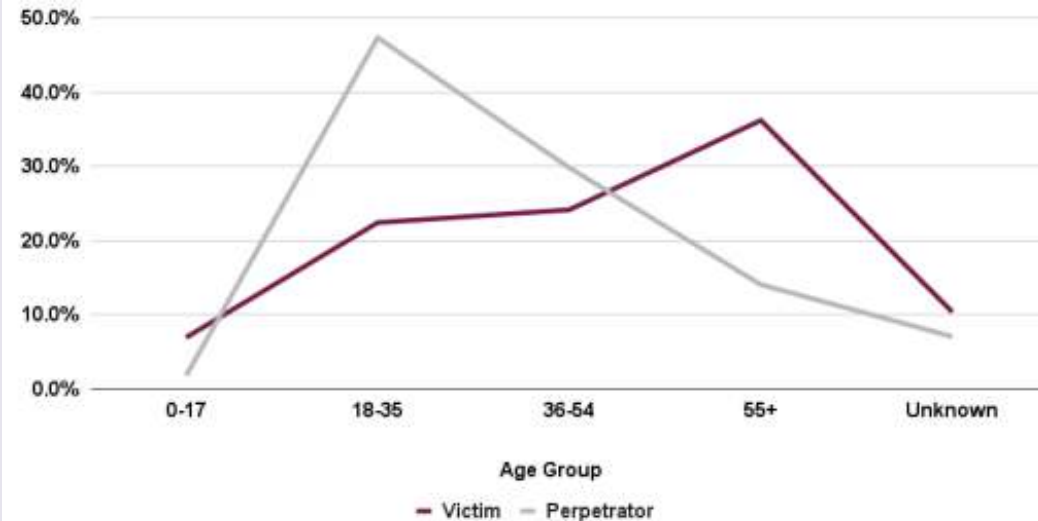
Figure 4

Comparison of Victim and
Perpetrator Ages



Women 55 and Older Most Common Femicide Victims

2020-2021 Annual Femicide List



Femicide in Ontario- An Intersectional Lens

Table 3

Comparison of Racial Demographics of Ontario and the Ontario Annual Femicide



Femicide Victim Race and Population Race Comparison Nov. 2020 - Nov. 2021			
Race	% of Ontario Population	Victim Race	% of Femicide Victims
White	67.9%	White	41.4%
South Asian (India, Pakistan)	8.7%	South Asian (Afghanistan, Pakistan, India)	12.1%
West Asian (Iran, Afghanistan)	1.2%	N/A	
Chinese	5.7%	East Asian (China, Japan)	0.0%
Filipino	2.4%	N/A	
Southeast Asian	1.0%	South East Asian (Philippines, Vietnam)	3.4%
Black	4.7%	Black	12.1%
Visible minority, n.i.e.	0.7%	Visible Minority n.i.e.	1.7%
Indigenous	2.8%	Indigenous	6.9%
N/A		Unknown	22.4%



High Risk Factors

DVDRC

- History of Domestic Violence
- Actual or pending separation
- Perpetrator depressed
- Obsessive behaviour displayed by perpetrator
- Prior threats/attempts to commit suicide
- Victim had intuitive sense of fear
- Perpetrator sexual jealousy
- Prior threats to kill victim
- Excessive alcohol/drug use
- Perpetrator unemployed

B SAFER

- Serious physical/sexual offense
- Serious violent threats, ideations, or intent
- Escalation of physical/sexual violence or threats/ideation/intent
- Violations of civil or criminal court orders
- Negative attitudes about spousal assault
- Other Serious Criminality
- Relationship problems
- Employment and/or Financial Problems
- Substance Abuse
- Mental Disorder

Danger Assessment

- Increase in severity or frequency over the past year
- Owns a gun
- Left after living together during past year
- Unemployed
- Threats to kill
- Avoiding arrest
- Child not his
- Forced sex
- Strangulation/choking
- Illegal drugs
- Alcoholic/problem drinker
- Controls daily activities
- Violent, constant jealousy
- Assaulted while pregnant
- Suicide attempts/threats
- Threats/harm to children
- Fear for life
- Harassment/stalking



Risk Assessment & Management with Older Women

Key points to explore

- Perception of risk
- Perception of violence/abuse and historical context
- Fear of Services
- Social isolation
- Health issues
- Impacts of abuse on relationships with grandchildren
- Access to accessibility devices/backup devices
- Physical or cognitive limitations
- Caregiver role of survivor or aggressor
- Abuser POA for attorney or personal care
- Taking breaks during assessment if needed
- Large print assessment forms/client documents
- Undiagnosed TBI implications

- **Physical** (health, mobility, memory caregiver)
- **Emotional** (depression, hopelessness)
- **Financial** (fear of losing home)
- **Attitudinal** (beliefs about help seeking, abuse)



Older Women & TBI

- Number of TBIs reported by women have gone up 80% in last 10 years (Sutten et al, 2018) – fastest growing incidence
- Rates of IPV survivors with head injuries unknown – strangulation not always disclosed
- TBI disrupts neuroendocrine system, growth hormones, estrogen
- TBI risk factor for cognitive decline and accelerated aging
- Little research re: relationship between TBI and menopause
- Symptoms of menopause are similar to post concussion
- Adults 55+ who have experienced a TBI have a 44% increased risk of developing Parkinson's over 5-7 years. This risk doubles following more severe or more frequent TBI, compared with mild or single TBI (mild TBI- 24%, moderate to severe TBI- 50%) (*2015 Literature review, MD edge Neurology*)
- 66% of TBIs for older adults due to falls
- MRI can not detect a concussion, post concussion, or other mild traumatic brain injuries
- Symptoms from a TBI may not show up for hours or days
- Older age negatively influences outcomes after TBI
- Current “one size fits all” approach to managing older adults with TBI neglects issues related to gender and age specifically (*Thompson et. Al, 2006*)
- Preventing head trauma can help prevent neurodegenerative diseases such as Parkinson's (*ibid.*)

Mitigation: use of art and music, light level awareness, trauma-informed spaces





Trauma Informed Work with Older Women

- Schedule extra time when possible
- Patience- slow down!
- Large print resources
- Unique harm reduction resources
- Linguistically and culturally appropriate resources
- Collaboration in-between EA and VAW system tables; connect with your local EAN if not already- offer a tour
- Training , curriculum, and tools specific to risk management older women.
- Cross sector collaboration essential for risk management in situations of violence against older an older woman with capacity issues or perpetrator with capacity issues
- Collection of data re: numbers of older (aged 55+) women accessing services
- Go to where the older women are- don't wait for them to come to you
- Avoid lengthy to-do lists
- Consider her mobility limitations in safety planning – extra assistive devices?
- Ask about sleep





Engaging Older Women in Risk Assessment & Safety Planning

Language considerations

- Victim vs **survivor**
- Elder vs **older**
- Perpetrator vs **aggressor**
- Abuse vs **unsafe behaviour**
- Women's shelter vs **Gender-based violence supports**

Applicability of Risk Assessment Tools

- Capacity
- Ongoing connection with client
- Method of communication
- Access to information about the aggressor
- Crisis response/impacts of trauma
- Culture and language

Managing Risk


- Collaboration with GBV & older-adult supports, behavioural services, healthcare, aggressor and healthy masculinity supports
- Non CJS options; transformative and alternative justice
- Coordinating systems navigation and collaboration




Alternatives to “are you experiencing abuse?”

- Are you ever fearful of your partner/ex partner/husband/family member?
- If you had a magic wand, what would you change about the behaviour of your partner/ ex partner/husband/ family member?
- What do things look like when they are at their worst?
- Do you ever feel like you are ‘walking on eggshells’ around your partner/ex partner/husband/family member
- How have you been sleeping?

POTENTIAL FACTORS IMPACTING SLEEP



- Nightmares
- Chronic pain associated with aging
- Alcohol and drug use (including caffeine)
- Side effects of medication
- Menopause and hormonal changes
- Mental health and neuropsychiatric changes: depression, anxiety, Parkinson's disease, dementia
- Symptoms related to Traumatic Brain Injury (TBI)
- Emotional regulation impacts of past trauma (i.e. anxiety)
- Current abusive relationships (either directly as a tactic of abuse, or indirectly as a result of conflict/instability)
- Impacts on physiology related to aging
- Past assault (i.e. sexual violence) while sleeping/at night
- Hunger (food insecurity)

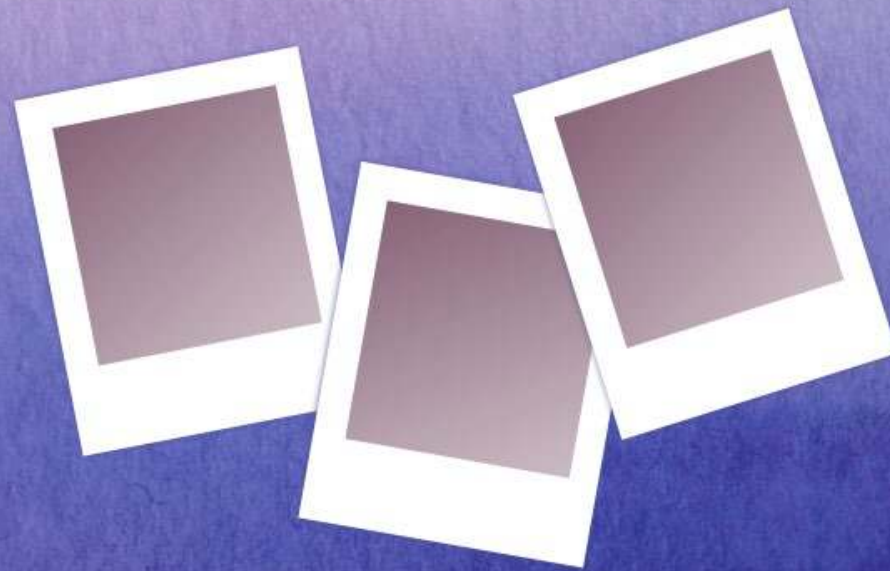


"(Older women are) subject to scams, financial abuse from their own children and at the whim of systems which won't be responsive unless you make noise. We aren't valued- we become invisible. I notice it, how absolutely invisible you can be when you get older! Especially when you are an older female, especially given the way in which we construct femininity and the way in which we laud youth and don't have much positive to say about old women." (AWV Gap Analysis, research participant)



How will your agency show **older women** they are **valued** within your services?





The women in this ad feel the way they look.

Older women experiencing violence often feel invisible. The warning signs are clear when you know what to look for.

Senior Safety Line: 1-866-299-1011



Agency Considerations

- Outreach targeted towards older women
- Signage
- Accessibility
- Collaboration with older adult specific services and system planning tables
- Specific programming for older women
- Age-inclusive focused training and advocacy
- Risk assessment training opportunities specific to older women and abuse/violence



Risk Management and Working with Older Women Experiencing Abuse

About this course

In this self-paced course you will learn about effective risk management with older women in Ontario who have experienced violence/abuse. This course is guided by a trauma-informed framework and developed for those who want to increase their capacity to work with older women who have experienced violence to manage risk of physical harm and lethality from an (ex) intimate partner and/or family member. This course was developed in collaboration with Atria Women's Resource Society.

You will learn

1. How gender-based violence and being older intersect
2. How to address the barriers older women face, in escaping abuse and accessing services
3. How to respond with older women experiencing violence by assessing and managing risk of harm

After completion you will be able to

1. Identify and understand issues unique and distinct for women over 55
2. Respond effectively using Risk Management, Risk Assessment, Safety Planning and Monitoring
3. Incorporate promising practices in communicating risk to older women
4. Apply an intersectoral collaborative approach to risk management

How do I register?

To gain access to this course, please register with the Training Hub to set up your free account by visiting training.oaith.ca.

Preventing and Responding to Violence Against Older Women

About this course

In this self-paced module the specific needs, and survivor-centred responses required to better support older women who have experienced violence will be explored. Understanding legislation, barriers, risk assessment and communication have different implications when working with older women. As Ontario's population ages, our VAW programs and services need to move towards age-friendly models. Various tools, resources and scenarios will be used to support your learning and knowledge development. This course was developed in collaboration with Elder Abuse Ontario.

You will learn

1. Types of Abuse Older Women Experience
2. Barriers for Older Women When Accessing Services
3. Understanding Legislation Impacting Older Women
4. About Risk Assessment Tools
5. Communication Strategies for working with Older Women

After completion you will be able to

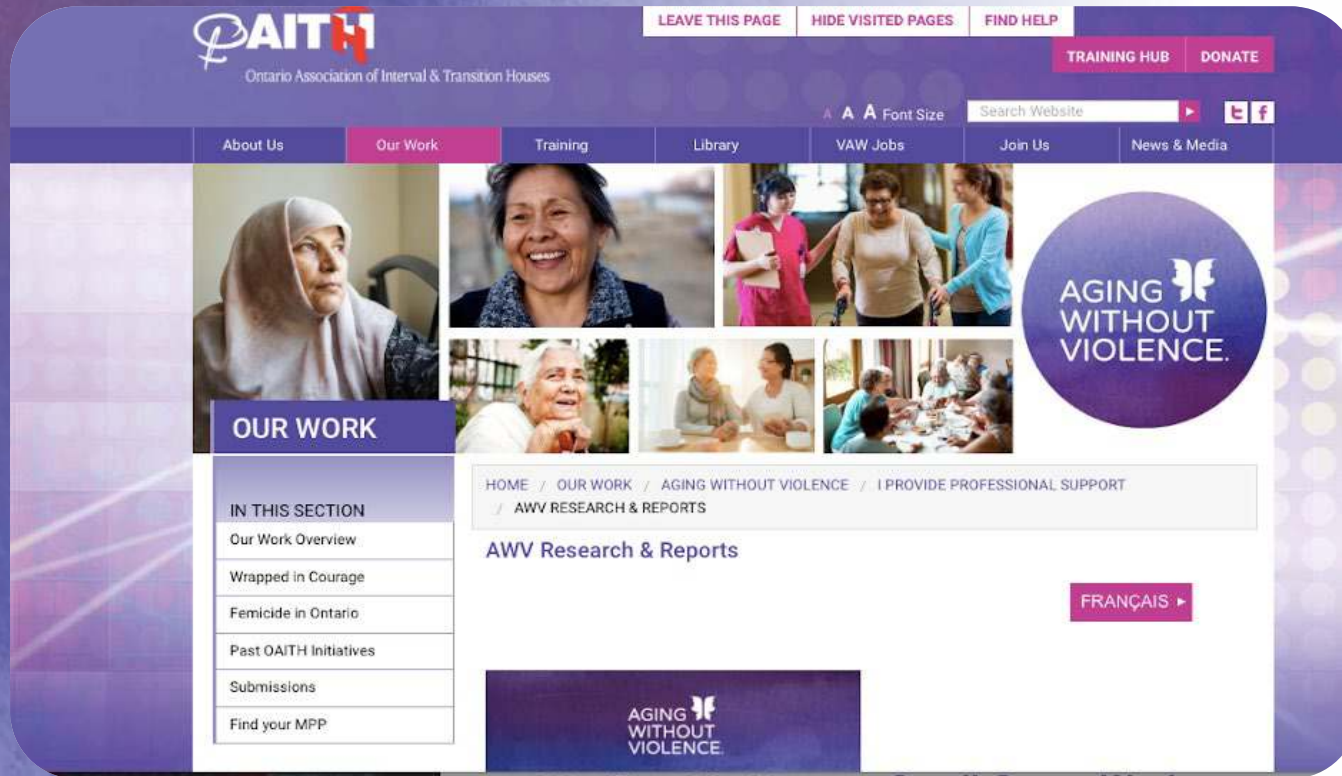
1. Know the physical and emotional signs associated with abuse in older women.
2. How to build a therapeutic relationship with older women.
3. How to choose the most appropriate risk assessment tools.
4. Increased ability to effectively communicate with older women.
5. Knowledge of the barriers to disclosure of abuse in older women and how to circumvent this.

How do I register?

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Older Women & GBV Content



- Tools and resources for service providers
- Where to find help for older women experiencing violence
- Information for the personal supports of older women
- Aging Without Violence Gap Analysis, Forum Report, and environmental scan

www.oaith.ca



AGING 
WITHOUT
VIOLENCE.

Gap Analysis

Strengthening Gender-Based Responses to End Violence
Against Older Women in Ontario

Prepared by:

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Nicole Beatty, Senior Consultant, Global Philanthropic

Published July 2018

BENEATH THE ICEBERG

VIDEO GUIDE



Training video: bit.ly/2V6VnKV



Prepared by: Amber Wardell
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amber@oath.ca

July 2021



Word to the Wise- Factsheet Highlight – Resources related to age, capacity, and consent

What is important to know about capacity issues when working with older women experiencing violence?

Understanding capacity laws and utilizing capacity-related resources and supports may be useful if an older woman you are working with has capacity issues, is experiencing abuse from a caregiver or from her Power of Attorney or is caring for an abusive spouse/family member.

In Ontario, matters related to mental capacity are governed by the **Substitute Decisions Act**, the **Health Care Consent Act**, and the **Mental Health Act**.

Threats to try to have an older woman's rights taken away by means of capacity assessment or misuse of Power of Attorney may be used by an abusive partner or family member as a tactic of power and control. Providing information about her rights, offering support during appointments, and connecting her with a resource to provide more information (such as the **Seniors Safety Line** 1-866-299-1011) can help increase her safety and provide choices.

Under the Ontario Human Rights Code, "before determining that a person lacks capacity, an organization, assessment body, evaluator, etc. has the duty to explore accommodation options to the point of undue hardship."¹

Never assume capacity issues or ability limitations due to age. If you are unsure if an older woman is capable, presume capacity and work with her to get a Capacity Assessment through the **Capacity Assessment Office** (CAO): CAO@ontario.ca 1-866-521-1033

If an older woman is deemed incapable by a capacity assessor, work with the older woman and her **Power of Attorney** (POA) or substitute decision maker to access services and support.

If the POA or substitute decision maker is abusive, call the Office of the Public Guardian of Trustees (OPGT): Toll Free: 1-800-518-7901 TTY: 1-877-425-0575

If the older woman is capable of making decisions she will choose if she wants to report to police, however if she is living in long term care or a retirement home the service provider is obligated to report abuse.

If an older woman has been assessed and disagrees with the incapacity finding, a review can be requested from the **consent and capacity board**: ccb@ontario.ca Toll free: 1-866-777-7391 TTY: 1-877-301-0889

Capacity & intimate relationships

In Ontario, decisions related to marriage, separation and divorce only require a low level of capacity on the "competency hierarchy". One Ontario Court of Appeal case found a woman in the early stages of Alzheimer's disease had the capacity to decide to leave her husband, although she had been deemed as lacking the capacity to understand financial and legal issues and instruct council.²

Capacity & sexual consent

When a person with cognitive impairments is deemed incapable, this does not mean they are mentally incapable for all purposes at all times. The assessment of sexual consent capacity is complex, and distinct from other types of capacities due to the fluidity of intimate relationships, barriers to usage of substitute decision-makers or guardians, and lack of assessment and diagnosis strategies.^{3,4}



OCT.24.18
1-2:30pm EST

**Colonization,
Oppression and
Racism:
Understanding
Violence against
Indigenous
women who are
older**



Amber Skye, Researcher,
Six Nations of the Grand River

[Register Here](#)

AGING
WITHOUT
VIOLENCE.



Funded by the Government of Ontario



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Tuesday Jan. 22, 2019
11:30am-1:30 pm EST

**Sexual Violence and
Older Women in Long
Term Care: Intersectoral
Approaches and
Promising Practices**

Presented by

**Rosalyn
Forrester,**
Community Support
& Outreach, Interim
Place
and

**Tammy
Rankin**
Senior Safety Advisor,
Regional Municipality
of Durham
Long Term Care &
Services for Seniors
Division



TREE TRACKER WORKSHEET

This worksheet uses the metaphor of a tree to help clients and service providers track the root causes and signs of impact related to the trauma (or secondary trauma) they have experienced. It also prompts exploration of nourishing supports, activities, and relationships and associated signs of wellness.

ROOTS OF TRAUMA

1

Begin with the bottom left section. Fill in examples of trauma /secondary trauma you have experienced or are experiencing. Examples for clients may include racism, trauma within a residential school, witnessing physical violence as a child, sexual violence by partner throughout marriage. Examples for service providers may include workplace violence, complex trauma cases, high trauma caseload, experiences of violence and may also include systemic oppression such as racism, ableism, sexism, and ageism.

ROOTS OF NOURISHMENT

3

Shifting to a positive focus, move on to the roots of nourishment in the bottom right section of the tree. Examples include counselling, spending time with friends, nature walks, exercise, and time spent with pets, and artwork. Examples for professionals may also include a balanced caseload, and clinical supervision.

SIGNS OF IMPACT OF TRAUMA

2

Next, move on to the section showing the leaves above the roots of trauma on the top left section of the tree and list any impacts/signs of impacts of trauma. Examples may include depression, nightmares, anger, memory issues, overspending, flashbacks, joint pain and headaches.

SIGNS OF WELLNESS

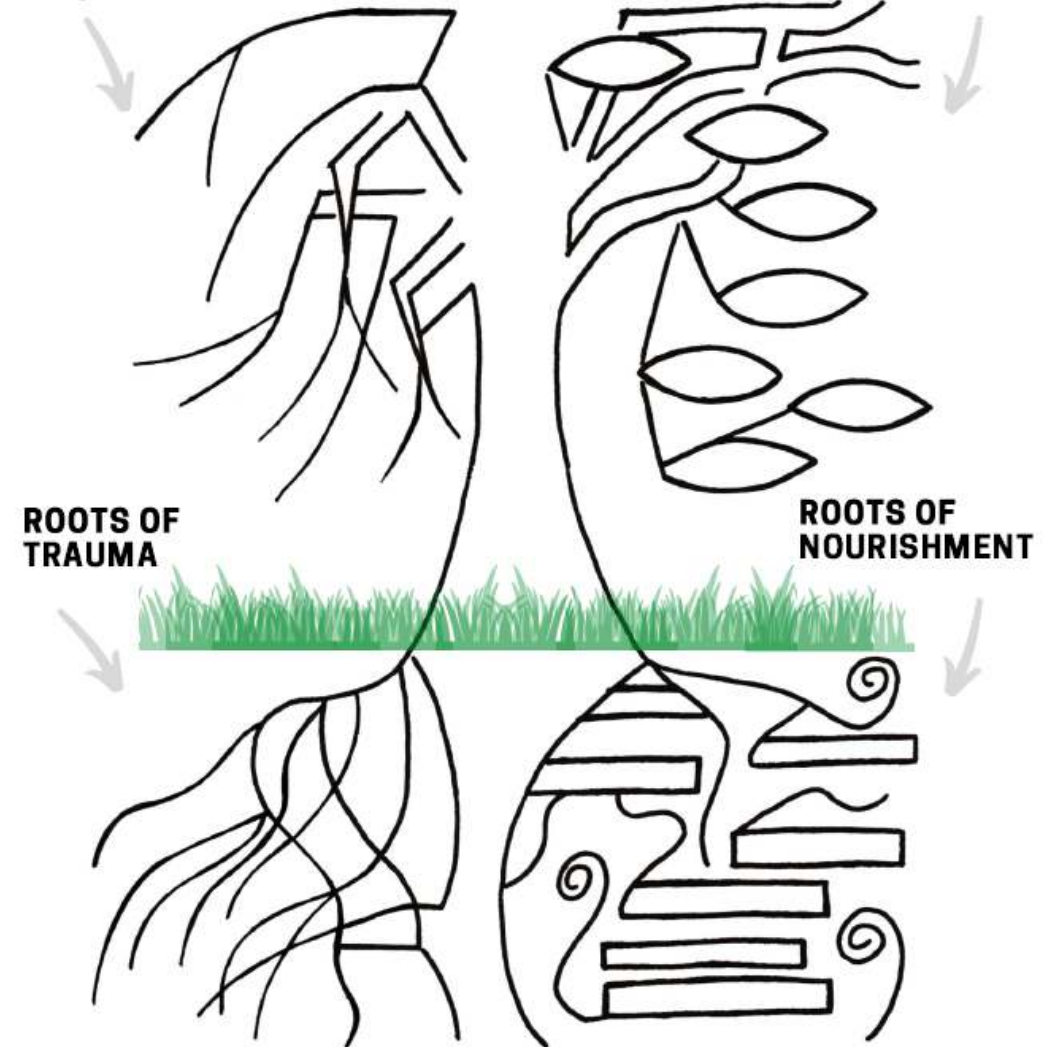
4

End the exercise with a reflection of the physical, emotional, and relational signs which show overall wellness. This may include feeling hopeful of the future, stability within relationships, feeling overall balance within your life, and physical health.

TREE TRACKER WORKSHEET

SIGNS OF
IMPACT OF
TRAUMA

SIGNS OF
WELLNESS



ARE YOU WEARING A PURPLE SCARF TODAY?



Wear a purple scarf show gender-based survivors you believe in their courage and support during [#WomanAbusePreventionMonth](#)

wrappedincourage.ca





Systemic issues that need to be addressed to prevent gender-based violence and femicide in Ontario



1. Reduce **poverty** through decent work, living wages, affordable childcare, improving food insecurity and income supports # # # # #
2. Increase affordability, access to **housing** and supportive housing supply # # # # #
3. Increase access to **health and trauma care** supports, harm reduction services, sexual health services and ensure the protection of reproductive rights, care and services # # # # #
4. Address **geographical connectivity** and the digital divide by increasing access to safe and affordable transportation, cellular coverage and affordable high-speed internet across the province # # # # #
5. New and sustainable investments to **core GBV services** and prevention programs for survivors, children and those who cause harm # # # # #
6. Respond to the **systemic issues** and ongoing colonization leading to the disproportionate rates of violence and murder that is experienced by Indigenous women, girls and two-spirit individuals and implement the **231 calls for justice** # # # # #
7. Improve **equitable response** through policy, **training and education** to address racism, hatred and oppression; Anti-Asian Racism, Anti-Black Racism, Anti-Indigenous Racism, Anti-Semitism, Nazi-Racism, Islamophobia, Homophobia, Transphobia, Transmisogyny and Ableism # # # # #
8. Increase access to a responsive **legal and criminal justice system** # # # # #
9. Respond to the needs of the **aging population** and address the increase in violence and **femicide rates** among women above the age of 55 # # # # #
10. Ensure **gender-responsive planning** to environmental disasters and climate change impacts that lead to poverty, housing displacement, food insecurity, as this increases the risks of **gender-based violence** # # # # #

Media Tips: bit.ly/FemicideMediaTips

Annual Lists: bit.ly/AnnualFemicideLists

Learn More: bit.ly/WeCountFemicideBecause

Monthly Snapshots: bit.ly/MonthlyFemicideReports

Join the We Count Femicide Because Mailing List:

bit.ly/FemicideNewsletter

Questions, Errors or Omissions: info@oait.ca





mulberry: Gender Based Violence (GBV) Services in Ontario

mulberry provides contact information for a variety of services, including emergency women's shelters, sexual assault centers, community GBV services and many more. Information regarding services can be accessed through a service listing, a map based search and via tailored search results populated via an interactive GBV services quiz.



www.mulberryfinder.ca

QUICK EXIT

QUICK HELP

Talk4Healing
(14 Indigenous Languages)
(24/7 Phone/Text):
1-855-554-4325
Live Chat (24/7):

[Visit Site](#)

Fem'aide (24/7 Francophone Support)
1-877-336-2433

Assaulted Women's Helpline (154 Languages)
(24/7 Support Line):
1-866-863-0511
Live Chat (Mon-Fri 11am-8pmEST):

[Visit Site](#)

Elder Abuse Ontario

<http://www.elderabuseontario.com/>

(416) 916-6728

Senior's Safety Line: 1-866-299-1011

Assaulted Women's Helpline

www.awhl.org

1-866-863-0511

Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres

www.satcontario.com/en/home.php

(416) 323-7518



Amber Wardell

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Coordinator

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Thank you!