



FREE FROM HARM

**TOWARD A BEST PRACTICES GUIDE
ON THE ABUSE OF OLDER WOMEN**

FREE FROM HARM Toward a Best Practices Guide on the Abuse of Older Women

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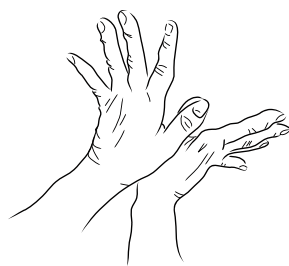
ONLINE ACCESS

The document and its appendices are available online at:

www.onpea.org

www.citizenship.gov.on.ca/seniors/index.html

www.sheridaninstitute.ca/serc



We dedicate this Resource Guide to all older women.
Their strength and resiliency inspires us.

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FREE FROM HARM

Toward a Best Practices Guide on the Abuse of Older Women

A. EXECUTIVE SUMMARY

In accordance with the March 2002 Ontario Strategy to Combat Elder Abuse, a multi-year research and consultation initiative was undertaken to review and recommend best practice guidelines available to service providers pertaining to the abuse of older women in Ontario. The central purpose of this work is to move toward a comprehensive Best Practices Guide that will be of practical value to service providers and front line workers dealing with abused older women and those susceptible to abuse.

Its undertaking is compelled by the social and cultural impacts of an aging population; the demonstrable need for improved public awareness of elder abuse generally; and the unique characteristics and needs associated with older abused women and the services provided to them. Throughout, a broad definition of abuse has been adopted, including abuse that is physical, sexual, psychological, emotional, financial, neglectful, or in violation of human or civil rights.

By providing a comprehensive resource that incorporates age, gender and cultural contexts, the Guide will help build a shared understanding at the community level that will further facilitate the co-ordination and implementation of programs and services. This shared understanding is intended to help break down the silos that often define work in the area of abuse, and help facilitate further research, policy and practice that acknowledge the totality of older women's lives.

The Guide acknowledges the great diversity of the communities of older women across Ontario. Members of local community coordinating committees that focus on the abuse of older adults or violence against women can use it to facilitate a more integrated regional approach that is responsive to the needs of their individual communities.

There are two fundamental premises underlying the development of the Guide. The first is that issues having to do with the abuse of older women are rooted in matters of interpersonal power and control. This premise is based on research that recognizes that abusers may abuse, for example, in order to meet their own needs; or on the assumption that the dependency of the abused is morally entitling; or that the eventual inheritance of finances entitles control.

The second is that community coordination is an essential component of an effective approach to the abuse of older women. Many diverse programs and sectors need to be involved to prevent abuse and to support older women who experience abuse. Older women should be able to access services and support programs at many different entry points, including services in both the violence against women and the seniors sector.

We are grateful to the many individuals and organizations who contributed to this important work.

B. ONTARIO'S STRATEGY TO COMBAT ELDER ABUSE

Ontario's Strategy to Combat Elder Abuse was launched in March 2002 as a means of creating awareness and protecting vulnerable seniors from harm. The \$4.3 million strategy was developed with advice from the private and public sectors through the Round Table on Elder Abuse.

The Ontario Seniors' Secretariat, the Ministry of the Attorney General and the Ontario Network for the Prevention of Elder Abuse (ONPEA) are partners in the implementation of the five-year Strategy. The strategy addresses three key priorities:

1. Coordination of Community Services

Strengthening communities across the province by building partnerships, promoting information sharing and supporting efforts to combat elder abuse

2. Training for Front-Line Staff

Training for front-line staff from various sectors, who work directly with seniors, to prepare and support them in recognizing and responding to elder abuse

3. Public Education to Raise Awareness

Develop a province-wide public education campaign that promotes awareness of abuse of seniors and provides information on how to access services

Regional Elder Abuse Consultants are key resources for communities across the province, supporting efforts to combat elder abuse. Consultants provide educational sessions and materials about abuse prevention to seniors, link seniors with peer support and intergenerational programming, take calls from seniors and their families about abuse and refer to appropriate agency, and consult with agencies regarding the abuse of seniors. The Consultants also support local elder abuse committees and networks; strengthen partnerships among them; facilitate and undertake education and training initiatives for professionals, volunteers and seniors; and promote information sharing among professionals and volunteers working with abused seniors. Consultants are also responsible for developing model protocols on issues such as information sharing among service providers working with abused seniors. Ontario's Regional Elder Abuse Consultants are organized by region, namely: North West, North East, West, Central West, Central East, East and the Greater Toronto Area. Contact information for Ontario's Regional Elder Abuse Consultants can be found in the tools folder at the back of this guide.

Over 350 delegates regularly attend ONPEA's annual conference on elder abuse to share in innovative ways to prevent the neglect and abuse of older Ontarians. Attendees include front-line community workers, professionals, seniors, volunteers and representatives from the health, social services and justice sectors. The development of this report and its Best Practices Guide is an important component of the Strategy to Combat Elder Abuse, and a tangible expression of important progress in the field.

C. PROJECT PARTNERS

The Ontario Network for the Prevention of Elder Abuse (ONPEA) was incorporated in 1992. It is dedicated to raising awareness of elder abuse and neglect through public education, professional training, advocacy and service coordination. In addition to implementing Ontario's Strategy to Combat Elder Abuse, ONPEA supports a growing number of projects and research in elder abuse and neglect prevention

The Ontario Seniors' Secretariat (OSS) influences and supports policy development across all government activities on behalf of Ontario's seniors. It conducts specific policy activities with a multi-ministry focus aimed at improving the lives of Ontario seniors. The OSS works with other ministries and other levels of government to identify areas where policy development and coordination can result in improved services for seniors. The OSS identifies issues and trends among Ontario's senior population through research data, demographic projections and regular dialogue with key seniors groups.

The Sheridan Elder Research Centre (SERC) is a unique applied research facility that focuses on quality of life issues associated with aging. The on-campus facility offers an accessible environment for applied research into areas of practical concern and immediate relevance to older Canadians and those who care about, and for them. SERC strives to bring together a diverse group of researchers whose combined focus on issues of aging promotes a fertile environment for creative and innovative approaches to data collection, analysis and dissemination. One of the areas of research interest at SERC is elder abuse, particularly the study of elder abuse policies.

D. CONTEXT, BARRIERS AND OBSTACLES

The aging of the population continues to have an important impact on community and government resources and priorities. In particular, the increase in the number of seniors 65 and older in Ontario continues to grow at a rate greater than that of the general population. In 2001, one Canadian in eight was aged 65 years or over. By 2026, one Canadian in five will have reached that age. As has been well documented, this demographic shift has served to raise the profile of a number of public policy issues affecting older Ontarians, including the persistent issue of elder abuse.

The abuse of older adults is often defined as any act or omission that harms a senior or jeopardizes his or her health or welfare. The World Health Organization defines abuse of older adults as "a single or repeated act, or lack of appropriate action, occurring in any relationship where there is an expectation of trust that causes harm or distress to an older person."

It is plain that abuse can and does take on many forms other than physical, including sexual, psychological, emotional, financial, neglect or the violation of human and civil rights. (See 6.5.1.1) Elder abuse can take place in the home, in a residential setting or in the

community, and financial abuse is by far its most common form, followed by emotional and physical abuse and neglect. According to *Family Violence: A Statistical Profile 2000*, a Statistics Canada report, it is estimated that between four and 10 per cent of Ontario's seniors experience some type of abuse. In Ontario, The Ontario Network for the Prevention of Elder Abuse estimates that between 50,000 and 150,000 elderly are impacted. There is widespread consensus that the number of abused adults who fail to report has the effect of increasing this number substantially.

Two thirds of seniors who reported physical abuse indicated that they were assaulted by a family member. When family members were reported as the abuser, it was most often carried out by adult children (42 per cent) or a spouse. (31 per cent) While the incidence of reported abuse is higher for women (38 per cent) than men, (18 per cent) more men report financial or emotional abuse (9 per cent) than do women. (5 per cent)

It is widely acknowledged that there are a number of theoretical perspectives that influence the understanding of elder abuse. These include conflict theory, ecology theory, exchange theory, feminist theory, functionalism, psychopathology theory, role theory, situational theory, social learning theory, vulnerability theory, and symbolic interaction. These are evidence of the complexity of the field, and the compelling need to maintain flexibility in program development and implementation.

The abuse of older women represents an important focus of work in the sector. While we have not given precise definition to the term *older*, our intent is to focus our work on seniors, (65 and older) and on those women approaching that age who, by reason of their isolation, cultural norms, familial status, domestic situation, disadvantage or disability are likely more susceptible to the conditions and determinants of abuse.

By reason of their numbers alone, older women are statistically more likely than older men to be subject to various forms of abuse. Women represent the majority of seniors living alone — a status that frequently results in social isolation and the potential for neglect or harm. In addition, women are increasingly vulnerable to abuse as a consequence of a complex number of social, familial and cultural norms and behaviours.

The abuse of older women has recently gained increased attention from those who are active in both the violence against women and the seniors service and advocacy communities. Researchers and practitioners have recognized the need for a better understanding of the barriers and challenges faced by older women who are abused, as well as the optimal means of approaching and managing the issue and its impacts.

The literature identifies numerous factors that prevent an older abused woman from seeking assistance. A lifetime of abuse has, for some older women, *normalized* the experience and hence they may not see their experience as abuse. (Hightower et. al, 2001; Pritchard, 2000; Schaeffer, 1999; Kappel and Ramji, 1998) This lack of awareness is compounded by the fact that educational initiatives might not reach them. The Older Women's Network found that, while the violence against women sector has made great progress over the last 30 years in bringing

their agenda to the fore, older women do not see the abuse they experience acknowledged in the popular media. (Kappel and Ramji, 1998) Abused older women can experience additional abuses beyond intimate partner violence that is traditionally considered to be physical, emotional or sexual abuse inflicted by a spouse. For example, they may experience financial abuse and/or neglect, and their abusers might include an adult child, another family member or a friend. Many older women do not identify themselves as abused or see the abuse experienced by younger women as different or worse.

Another major barrier for older abused women is the lack of access to accurate information about violence against women and abuse of older adults, as well as the services available to support them. (Schaeffer, 1999) In addition, older women sometimes do not understand the different kinds of abuse and what options are available to deal with them.

Research also indicates that many older victims of abuse do not seek services from agencies such as the police and health care professionals, (Kappel and Ramji, 1998) and may not tell anyone about the abuse. (Hightower et. al, 2001; Podnieks, 1992b)

When older women do seek help, they are sometimes faced with service providers and systems that are not prepared to meet their special needs. Hightower and Smith (2002) suggest that one of these barriers is the perception that family violence and elder abuse are two separate issues.

In a study by Hightower and her colleagues, (2001) women indicated that there is a clear difference in current social and cultural attitudes from those that existed during the childhood and early adulthood of women over 50. Many of the women in this study also believed that they were responsible for taking care of family members and did not want to expose long-term abuse in a marriage or abuse perpetrated by an adult child.

Older women can also face economic barriers that will affect their decision to deal with the abuse they are experiencing. While abused women of all ages can face financial barriers, older women also face reduced opportunities for employment and perhaps lower pension contributions due to limited employment and/or age discrimination. They might also have less experience in handling financial matters due to the social expectations of their time. (Hightower and Smith, 2002)

Again, it is important to recognize the diversity of older women in looking at their unique needs. Within each community, there will be additional obstacles that older women face when attempting to end the abuse. For example, for older immigrant women, language and culture can pose additional barriers. Immigration status and work history can impact on their eligibility for benefits and services. Fears of deportation if they report abuse and the fear of the justice system because of experiences in their home country also pose barriers. (Hightower & Smith, 2002)

For Francophone women and French-speaking immigrants, the availability of French language services may pose difficult challenges that further isolate abused women. (Younes, 2004)

Despite the numerous obstacles and barriers they face, the strength and resiliency of older survivors of abuse has been well-documented (Hightower et. al., 2001; Seaver, 1996; Podnieks, 1992b). Podnieks notes that there is *“strong evidence of adaptive strengths and hardiness of victims.”* Hightower and her colleagues (2001) found that even women over 80 years of age made significant changes in their lives by leaving abusive partners.

Seaver (1996) states that *“despite facing large but different barriers than those facing younger battered women, older women can free themselves from abuse or make major changes to cope with it.”* (p. 17) Seaver’s conclusions are based on the experience of three years of work with 132 abused older women in the Milwaukee program. This program demonstrated that older women will use resources such as support groups and shelters if they are accessible to them and designed for their needs. She concluded that the women had been eager to learn, had used resources well, and had responded *“enthusiastically to the idea that they deserve more peaceful lives.”* (p.19)

E. TOWARD A BEST PRACTICES GUIDE

The emergence of a Best Practices Guide in matters pertaining to the abuse of older women in Ontario is a relatively recent development.

The Abuse of Older Adults (Basic Introduction I and II) by the Ontario Network for the Prevention of Elder Abuse is an excellent primer, although not specific to older women. Breaking the Silence: Best Practices for Responding to the Abuse of Older Adults by the The Family Service Association was launched on September 24, 2004. Targeted to individuals working with older persons in a variety of sectors including community services, health care, mental health and addictions, the judicial system and others, this pioneering manual uses an approach grounded in an analysis of power and control. It is important to note the many assessment, intervention and treatment guidelines developed locally to meet local needs. These too have been reviewed, and reference is made to two such guides from Hamilton and Halton in Section 3.3.

In order to move toward a more comprehensive Best Practices Guide for older women, an extensive research and consultation agenda was undertaken in 2004/2005. It included:

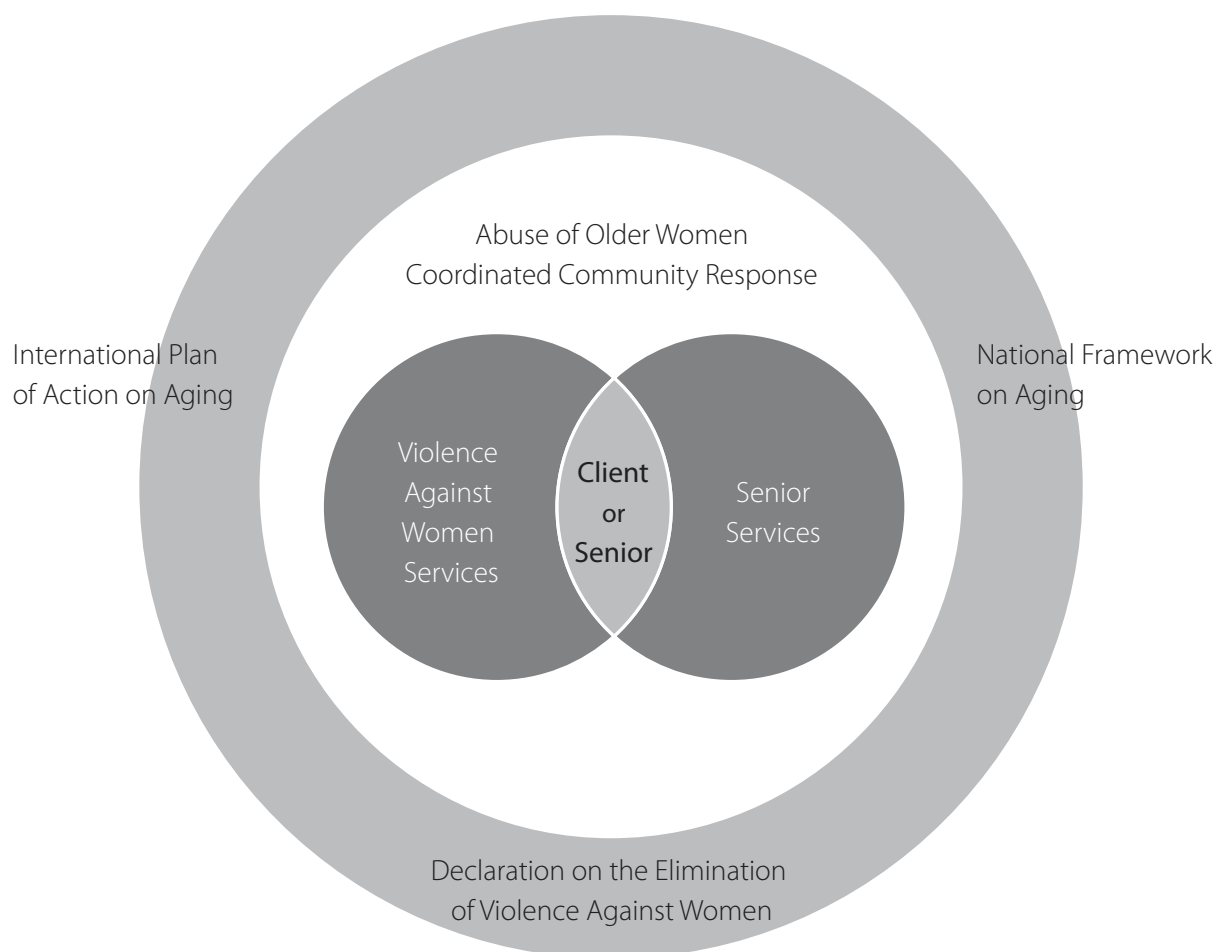
- Review and analysis of the existing literature, programs and initiatives on the abuse of older women;
- Five consultation sessions across Ontario with 39 older women, most of whom were survivors of abuse;
- Eight regional consultation sessions across Ontario with more than 126 representatives of community agencies who work with older women;
- Discussions with several key informants from Ontario and British Columbia; and
- Input at various stages of the project from a 21-member Steering Committee representing core partner organizations, health and community agencies, older women, as well as representatives who provided insight on the perspectives of women from rural, francophone, immigrant, disabled and Aboriginal groups.

That agenda led to the development of this Guide. It is intended to serve as a reference document for service providers, including programs, approaches, practices and tools to facilitate a co-ordinated community response to the abuse of older women. The Guide provides information, descriptions, and approaches that communities will be able to use to enhance and develop strategies, policies and programs to support older women. It will also help bridge the gap between those who work with abused women and those whose primary focus is working with seniors and/or the abuse of older adults.

In particular, a number of studies have identified the need for service and support organizations dealing with violence against women, and those dealing with seniors, (including those dealing with elder abuse) to collectively address the issue of abuse of older women. (Spangler and Brandl, 2003; Preston and Wahl, 2002; (Hightower, 2002; Dunlop, 2000; Kappel and Ramji, 1998; Wolf, 1998; Ministry of Citizenship, 1994)

In addition, a co-ordinated response is assisted greatly by consistently applied approaches, practices and tools, and these are proposed in the Guide. These are aligned with and build on the principles of the International Plan of Action on Aging, (United Nations, 2002) The National Framework on Aging, (Division of Aging and Seniors, 1998) and the Declaration on the Elimination of Violence against Women. (United Nations, 1993)

Figure 1 depicts a co-ordinated community response to the abuse of older women in Ontario.



INTRODUCTION

THE BEST PRACTICES GUIDE

Welcome to Free From Harm: Toward a Best Practices Guide on the Abuse of Older Women. The Guide is meant to be a hands-on tool to be used by service providers and front-line workers dealing with the abuse of older women. It is intended to help you identify gaps, build your own resources, establish links within your community and develop products that will aid you in the prevention and treatment of the abuse of older women. The Guide introduces practices and tools, including interviewing techniques and the creation of safety plans, that will be of use in assessing and responding to individual cases of abuse. From a one-to-one approach, the Guide moves to suggestions for developing a comprehensive community response to the abuse of older women. Guidelines for a community approach include working with individuals and organizations in the community to enhance the coordination of services and programs, and raising awareness about the abuse of older women through public education initiatives.

The Guide is not a finite product. The idea is to take the best practice guidelines, activities and tools presented here, and tailor them to your own community. It is imperative that you take the opportunity to assess the programs and initiatives that you pursue in order to identify gaps and explore solutions.

While on one level this is a practical guide that proposes best practices in the sector, it is also a call to action. We invite you to make a long-term commitment to the larger goal of raising awareness and the level of involvement of the community at large in addressing the abuse of older women.

The Guide is comprised of seven sections. It has been presented so as to enable either a comprehensive or a selective application. Throughout, specific examples are highlighted so as to give practical expression to the guidelines proposed.

Section 1. Support Services

This section outlines programs and services that are important in providing support to older women who have experienced abuse. It deals with peer and support groups, emergency shelter and housing, counselling and support, the justice sector, the health care sector, isolation and public awareness.

Section 2. Approaches

This section proposes core approaches of a co-ordinated community response to address and prevent the abuse of older women. It includes approaches to the empowerment of women, the integration of age and gender perspectives, diversity, distinct communities, flexibility, and awareness of assumptions.

Section 3. Practices and Tools-Working with the Individual

This section proposes core values and practices for front-line staff to employ in addressing and preventing the abuse of older women. It highlights several examples of specific practices, including asking about abuse and safety planning. It also introduces a collection of resources, or *tools* that are contained in the Tools Folder that front-line staff can use as they respond to the abuse of older women.

Section 4. Practices and Tools- Working with Staff, Teams and the Community

This section proposes core practices of a coordinated community response to address and prevent the abuse of older women. It highlights several examples of specific initiatives and programs, and focuses on the inclusion of older women, outreach, advocacy, training, education and evaluation. It also introduces a collection of resources, or *tools* that are contained in the Tools Folder, which front-line staff and coordinating committees can use ,to enhance a coordinated community response to the abuse of older women.

Tools Section 5. Tools Folder

This section is a collection of resources for front line staff and coordinating committees. These include guiding principles, an assessment and intervention guide, a model for coordinated response, family violence and control, safety planning, and financial planning.

Section 6. Acknowledgments

This section outlines the individuals and organizations whose time, energy and expertise were essential to the creation of the Guide.

Section 7. Appendices

In this section you will find the questions that were posed during the series of consultations that took place with service providers, older women and a Steering Committee.

The Guide has been translated into French to ensure that the information contained within is accessible to the Francophone community. Tools in the Tools Folder have been made available on a CD, which can be found at the back of the guide, in order to make reproducing them easy. The tools that can be used when working with individual older abused women have been designed to support ease of use for those individuals. Additional information, resources and references are available on the web at www.onpea.org.

1 SUPPORT SERVICES

- 1.1 Peer Support/Support Groups
- 1.2 Emergency Shelter and Housing
- 1.3 Individual Counselling and Support
- 1.4 Justice Sector Response and Support
- 1.5 Health Care Sector Response and Support
- 1.6 Programs to Reduce Isolation



1.1 PEER SUPPORT/SUPPORT GROUPS

The building or strengthening of social support networks is a key community approach to address the abuse of older adults, and individual support groups can be a key peer support strategy in meeting the specific needs of abused older women. (Mears and Sargent, 2002; Hightower et. al. 2001; Kappel and Ramji, 1998) These groups allow women to draw from the experiences of other group members, learn that others are in a similar situation to their own, and understand that they are not to blame for the abuse that they have experienced. Older women in support groups are empowered to learn that they are strong, resilient, able to determine their own needs, and capable of seeking help and making change. Support groups are also an effective way of breaking the pattern of isolation and restoring power and control to women who have survived abuse. (Hightower et al, 2001)

Across Ontario, there are several examples of such support groups. In some communities, existing support groups having a wide mandate provide support. Other communities have developed specific groups for older women. Group facilitators indicate that older women sometimes feel that they do not have much in common with younger women whose needs and issues are somewhat different from their own. (e.g. small children to care for or different priorities regarding employment) Similarly, there are user benefits from support groups designed to meet the needs of particular ethnic communities. Women in ethno-specific groups can talk their native language, can share immigration experiences and discuss issues of relevance to their cultures.

Peer support is also provided on a day-to-day basis by friends and neighbours. Service providers can strengthen these informal support networks by reaching out to and educating the public, including neighbours and friends, and people that older women come into contact with in their daily lives such as bank tellers, store staff and apartment managers. (Family Violence Prevention Unit, 2002)

HANDS ON

SUPPORT GROUPS FOR OLDER WOMEN IN THUNDER BAY

Faye Peterson Transition House in Thunder Bay has been providing safe shelter and support services to abused women since 1983. In 1997, some clients over the age of 50 expressed an interest in starting a support group for older women. It began with one group and then grew to two, with a third in the planning. The main objective of the groups is to provide a mechanism to help build a network among themselves so that they can share, be supported and feel safe. The groups run once a week for two hours. Each group has approximately eight members. The women in the support groups are also offered individual support on an as-needed basis. Staff trained on the issue of family violence lead the groups. Topics have included self-esteem, self-empowerment, stress management, boundaries, relationships, abuse issues, self-care, women's health, safety and self-defence. Sessions on individual topics are led by staff or guest speakers. The group provides an environment where women feel safe, comfortable and able to discuss their concerns. Women enjoy coming together with others who are experiencing similar situations and are at a similar stage in life.



CONTACT Faye Peterson Transition House

TEL 807-345-0450 **TOLL FREE** 1-800-465-6971

WEB www.fayepeterson.org

1.2 EMERGENCY SHELTER AND HOUSING

The provision of and access to emergency or transitional shelters is a well established component in the response to situations involving violence against women. So too is access to longer term affordable housing. Both of these are also important in the response to the abuse of older women.

Shelters provide a safe haven for older women who need to flee from abuse. Seniors' advocates need to work with existing shelters and government policy makers to ensure that shelters are senior friendly and can accommodate the needs of older women. This accommodation may involve:

- Structural and service accommodation for special needs such as mobility, hearing and sight impairment;
- Assistance with activities of daily living such as meal preparation;
- A quiet space away from the general chaos of the shelter;

- Allowing an extended stay to accommodate the longer time it might take an older woman to explore her options;
- Ensuring that older women do not become the *caretakers* of the house, doing extra chores, taking care of children or other duties; and
- Ensuring that staff are trained to work with older women and are familiar with community resources. (Vinton, 1999, 2003; Hightower and Smith, 2002)

Communities can also look at alternative shelter options or models for meeting the emergency shelter needs of older women. Where the numbers and expense warrant, this could include shelters dedicated for older women. A *safe-homes* model is another option to explore. (Hightower and Smith, 2004) The pilot project conducted by the British Columbia/Yukon Society of Transition Houses employed a *safe-homes* model.

HANDS ON

SAFE HAVENS FOR OLDER WOMEN THROUGH SAFE HOMES IN BRITISH COLUMBIA/YUKON

The British Columbia/Yukon Society of Transition Houses extended its network of existing safe homes in a pilot project that is providing emergency safety and refuge specific to the needs of older women. Safe Homes use volunteer private homes as emergency shelters. The model includes support services provided through an existing transition house in the community.

The location of the homes is kept highly confidential. Volunteer homeowners are recruited based on specific criteria, and are screened and trained. A key element of the success of the project is the inter-relationship between the transition house program and the safe homes provided by an outreach worker who helps ensure that there is a continuum of relevant services for older women. The outreach workers also provide information and education in the community on the issue of older women, abuse and violence.



CONTACT British Columbia/Yukon Society of Transition Houses
TEL 604-669-6943

1.3 INDIVIDUAL COUNSELLING AND SUPPORT

As is the case with younger abused women, older women require accessible and affordable counselling as an essential support.

Counselling and ongoing support can be made available through formal counselling agencies, community-based services, faith-based organizations, violence against women services, shelters and transitional programs. It may involve individual or family counselling. Communities can build on their existing counselling services by assessing how they meet the needs of older women and responding accordingly.

Telephone programs are another means for support. For the many older women who are isolated or who have mobility or transportation issues, talking to someone on the telephone can help reduce isolation and increase access to information about options and available supports. It is important that all telephone support programs in Ontario be multilingual.

HANDS ON

PROVIDING COUNSELLING AND SUPPORT TO ABUSED OLDER WOMEN IN TORONTO

The Family Service Association of Toronto (FSA) is a non-profit, United Way funded agency that serves a variety of groups in the Toronto area. Violence against women and the abuse of older adults have been of concern to the FSA for many years. With its specialized programs on both domestic violence and abuse of older adults, the FSA is in a unique position to provide support and counselling to older women that responds to their needs as women and as seniors. The counselling of abused older women is based on a perspective of empowerment. Staff members arrange home visits and/or visits in the community to make it easier for women to access services. A full range of therapeutic counselling related to the abusive situation is provided as well as counselling on a variety of other issues such as health, depression and anxiety. Counsellors conduct individual advocacy with, and on behalf of women to ensure that they gain access to necessary services. To enhance their individual counselling, FSA has created an Elder Abuse Consultation Team. The Consultation Team is comprised of members from a wide range of sectors, including criminal justice, seniors' services and violence against women. The Team consults on individual cases of abuse, suggesting options to improve the life situations of abused older adults.



CONTACT Family Service Association of Toronto

TEL 416-595-9618

WEB www.fsatoronto.com

1.4 JUSTICE SECTOR RESPONSE AND SUPPORT

The criminal justice sector plays an important role in a co-ordinated community response to abuse. People working with abused older women should be familiar with the roles of, and services provided by, justice sector services in their community, including police services, lawyers and Legal Aid, community legal clinics, the court system, and victim support services.

Some incidents of abuse may represent alleged offences under the Criminal Code. These may include physical abuse, sexual abuse, financial abuse. (e.g. theft, fraud, extortion) and neglect (breach of duty to provide necessities of life) (Preston & Wahl, 2002) If the abuse is criminal in nature, the police and the criminal justice system have the authority and the obligation to respond. An older woman has the right to decide whether or not she will involve the police or any other criminal justice sector services to assist her. For instance, she may or may not engage the services of a lawyer. It is critical that a woman be properly informed of her options and then supported in her personal choices in these matters.

Police services play an essential role in responding to abuse. These roles include investigation and enforcement; referrals to social service and community agencies; and transportation to a place of safety as required. The police can also play an important role at the community level by participating in community education and conveying the message that violence against women and the abuse of older adults is unacceptable and, at times, criminal.

There are a variety of legal issues that abused older women may face in their relations with the sector. These include property law, damage claims, sponsorship issues, divorce or family law, mental capacity issues, and powers of attorney. Older women need to be made aware that a call to the police may result in an investigation and the ultimate laying of charges. Again, older women need to be informed of the consequences of their choices.

Navigating the legal system can be intimidating, confusing, expensive and time consuming. Older abuse women should be made aware of the support and information available from all available community services, and these should constitute part of a comprehensive community response. To this end, it is important to develop your own list of local contacts.

HANDS ON

THE ADVOCACY CENTRE FOR THE ELDERLY

The Advocacy Centre for The Elderly is a community based legal clinic for low income senior citizens. ACE is managed by a volunteer board of directors at least half of whom are seniors. ACE is funded through Legal Aid Ontario and is the first legal clinic in Canada to specialize in the legal problems of seniors.

ACE provides direct legal services to low-income seniors, public legal education, and engages in law reform activities. ACE services and activities are in relation to areas of law



CONTACT The Advocacy Centre for the Elderly (ACE)

TEL 416-598-2656

WEB www.advocacycentreelderly.org



CONTACT Senior Crimestoppers

TOLL-FREE 1-800-529-9096

WEB www.seniorcrimestoppers.org



CONTACT The Victim Support Line

TOLL-FREE 1-888-579-2888



CONTACT The Ontario Provincial Police (OPP)

TOLL-FREE 1-888-310-1122

WEB www.opp.ca

1.5 HEALTH CARE SECTOR RESPONSE AND SUPPORT

There are many cases when a health care professional is the only person with whom an abused older woman comes into contact. In particular, socially isolated women may seek health-related care, but not be forthcoming as to the abuse that occasioned it. This places a special obligation on all front line health care professionals; that is, to be alert to the underlying or related issues at hand, and to make reasoned judgements on the need for referral services. They can screen for abuse. (RNAO, 2005) They can provide initial support to an older woman by simply listening, believing, and encouraging her to seek support to help deal with the abuse. They can refer the woman to appropriate services, and develop protocols for case management.

Health care professionals must routinely be involved in a co-ordinated response to the issue. (WACT, 2005) This may involve hospitals, community health services, clinics, general practitioners, specialists, neighbourhood alliances, Local Health Integration Networks, Community Care Access Centres, and others. The co-ordination of these organizations and individuals in support of the development of protocols is a highly desirable undertaking that results in greater procedural certainty, improved and consistency in the handling of abuse, and an improved likelihood of disclosure and involvement by affected older women.

HANDS ON

COMMUNITY CARE ACCESS CENTRES

Community Care Access Centres (CCACs) are local agencies that provide information about care options in your area. The CCACs were established by the Ministry of Health and Long-Term Care in 1996, to help the public access government-funded home and community services and long-term care homes. There are 42 CCACs throughout Ontario. The CCACs are your local point of access to community-based health care services. You can work with your local CCAC to enhance access and co-ordination for individuals who require care in the community. Visit the Ontario Association of Community Care Access Centres (OACCAC) website for a complete listing of regional CCAC offices in Ontario.



CONTACT Ontario Association of Community Care Access Centres (OACCAC)

WEB www.oaccac.on.ca

1.6 PROGRAMS TO REDUCE ISOLATION

Isolation is both a risk factor and a consequence of abuse experienced by many older women. Working to reduce isolation is necessary to make it easier for older women to prevent the abuse from happening, and to disclose it. While programs and initiatives specifically aimed at reducing isolation are not necessarily focused on abuse, they are an important component of a community response to it.

Programs can include any activity that will bring older women together, including education, socialization, recreation, skills development or fellowship. A range of organizations including faith communities, clubs, ethno-specific groups, libraries, tour services, or community or seniors' centres can offer these programs. It is important that a range of programs be available, accessible and affordable. Programming for extensive outreach is an essential component in their success.

HANDS ON

OSHAWA SENIOR CITIZENS CENTRE- DAY PROGRAMS

Adult day programs can be a vital tool in reducing the isolation of abused older women. For those who may be less mobile but still want to be active, day programs provide an opportunity to meet people, learn new skills and have fun. The Oshawa Senior Citizens Centre (OSCC) operates day programs six days a week at two different locations. OSCC day programs include transportation, recreational activities, a nutritious meal, assistance from friendly volunteers and staff, and access to programs and services offered at the centre. Your local CCAC case manager can provide you with information about adult day programs in your area.



CONTACT Oshawa Senior Citizens Centre

TEL 905-576-6712

WEB www.oscc.ca

HANDS ON

BARRIE WOMEN AND CHILDREN'S SHELTER

A non-profit, registered charitable organization, Women and Children's Shelter of Barrie is an emergency residence with approximately 25 beds for women and their children who are experiencing abuse in their significant relationships. Services include safe, temporary accommodation; crisis telephone counselling; on site counselling; children's services for residents; information and referral; education; guest speakers; advocacy; and followup.



CONTACT Women and Children's Shelter, Barrie

TEL (705) 728-6300

HANDS ON

CATHOLIC CROSS CULTURAL SERVICES- BRAMPTON OFFICE

This faith-based, non-profit organization provides information and orientation services to immigrants and refugees, connecting clients to basic services in the community including all levels of government. The Brampton branch offers counselling and support to families through case management, support groups, crisis intervention, etc.

The Violence Against Women program provides individual counselling and group support services for immigrant women victims of assault/abuse. Workers assist women in obtaining legal help, affordable housing and access to other support services.



CONTACT Catholic Cross Cultural Services- Brampton Office

TEL (905) 457-7740



2 APPROACHES

- 2.1** Empower Women
- 2.2** Integrate Age and Gender Perspectives
- 2.3** Build on Diversity
- 2.4** Address the Unique Needs of Distinct Communities
- 2.5** Adopt a Flexible Approach
- 2.6** Be Aware of and Challenge Assumptions

2.1 EMPOWER WOMEN

As noted earlier, a fundamental premise underlying the development of the Guide is that issues having to do with the abuse of older women are rooted in matters of interpersonal power and control.

“Empowering is the process of helping individuals to maximize their confidence, skills and abilities in order to take control of their lives and to make informed decisions that are in their best interests. Empowerment also involves the element of choice and available, accessible options.” Family Violence Prevention Unit (1994)

The use of an empowerment model is a well-established best practice in the violence against women sector. It assumes personal capacity until proven otherwise, and builds on resiliency. Empowerment also means working with a woman to determine her needs and support her choices. Integrating an empowerment model into any service, program or initiative is essential when implementing best practices to address the abuse of older women. Since abused women often feel a loss of control, establishing such control is an essential step in ending the abuse and beginning the healing process.

“Often abusers take power and control away from victims by isolating them from the people and information that can help them make thoughtful choices. Sometimes case managers and other professionals providing services unintentionally control access to information and develop goals and expectations for clients. Case managers and other helping professionals may unwittingly become like the batterer as they attempt to manage the older woman’s life using influence, power, and control within their system. Professionals must not judge an abused woman’s choices and use tactics to get her to cooperate with their agenda. An empowerment model of offering information, options, and support is much more likely to be successful and not put the woman at greater risk.” (Brandl and Raymond, 1997, 65)

SEE EMPOWERMENT MODEL IN TOOLS FOLDER

2.2 INTEGRATE AGE AND GENDER PERSPECTIVES

“As you age, situations become more difficult, more complicated.”

—Older Woman

“We ignore gender in abuse. The idea that assault is assault with no context leads to gender neutrality. That is a contributing barrier in addressing abuse.”

—Service Provider

Older women can be at a greater risk of abuse because of a *double jeopardy* status of gender and age. (Vinton, 1991) Programs and initiatives that address the abuse of older women should be guided by an integrated perspective that combines these two. Such an integrated perspective involves an appreciation for the life cycle of abuse and abuse potential, as well as an understanding that there are additional barriers and vulnerabilities that need to be addressed as a consequence of increasing age.

Combining age and gender perspectives involves integrating well established practices in the violence against women sector, (such as transitional support and safety planning) with approaches and understandings from the abuse of older adults field. These include working with agencies that provide support/care services, accommodating age related physical needs, and creating flexible models of service delivery such as home visits.

Providing services for older women who have experienced abuse does not necessarily mean advocating for separate services. Rather, it involves working with existing services to improve accessibility and ensure sensitivity to needs. Working to enhance the accessibility and sensitive support provided to older women will increase options for them, allowing them to access services at various entry points. (e.g. violence against women services, seniors services, general support services) There are many examples where this has been successfully carried out through co-ordinated service delivery and enhanced training. The research indicates that integrated programming, outreach and service delivery is associated with an increase in the number of older women accessing services. (Brandl, 1997)

HANDS ON

PARTNERING VIOLENCE AGAINST WOMEN AND WITH ELDER ABUSE NETWORK IN GUELPH AND WELLINGTON COUNTY

When the Guelph-Wellington Women in Crisis, Transitional Housing and Support Program became a member of the Wellington-Dufferin Elder Abuse Network, it experienced an increase in the number of older clients. Once members of the Network learned how the programming offered by Women in Crisis could help older women experiencing abuse, they started making referrals. The increase in the number of referrals of older women led to the creation of a successful support group. Between January and July 2004, 22% of the 131 women using their services were women 55 and older. The oldest woman to seek support/assistance was 98 years of age.



CONTACT Guelph-Wellington Women in Crisis 24 Hour Crisis Line

TEL (519) 836-5710 **TOLL FREE** 1-800-265-7233

WEB www.gwwomenincrisis.org

2.3 BUILD ON DIVERSITY

Programs and services that address the abuse of older women must be based on an understanding of and respect for the diversity of older women. Simply, older women are a heterogeneous group. An older woman is likely to define herself as belonging to more than one community. (e.g. ethno-cultural, religious, age, sexual orientation) Each community will have its own characteristics, preferences, barriers and challenges that need to be understood and recognized. Strategies must be identified and techniques developed to deal with them on an ongoing basis. (Preston and Wahl, 2002)

Diverse communities should ideally have services tailored to their unique needs, such as ethno-specific counselors or support groups. An understanding and sensitivity to cultural and faith practices and customs is essential. Women should always be asked their language preference and, if possible, a referral should be made to a language-specific service. Interpreters may also be used. In areas of the province where there are designated French-language services under the French Language Service Act, francophone women must be supported in accessing services in French. It is also essential support be provided for older women with disabilities, i.e. sign-language interpretation for the hearing impaired.

It is important not to make assumptions based on assumed cultural characteristics. Women need to define their own identities and preferences, and these must be respected. Even with broad cultural understandings, a case-by-case approach should inform all programs, interventions and initiatives.

SERVICES AND INTERVENTIONS NEED TO ADDRESS:

- Cultural diversity
- Language barriers
- Religious beliefs
- Lifestyle choices
- Poverty
- Disabilities
- Educational background
- Interpersonal relationships, i.e. family

HANDS ON

INCREASING ACCESS AND MAKING CONNECTIONS IN PEEL

In Brampton, Elder Help-Peel holds a weekly meeting for older immigrant women who are residents of Peel Region. Since 1997, the group has met for 4 to 5 hours per week. Its objective is to offer information, education and supportive services through group work and community development to diverse senior women (55+) who would like to become and/or maintain their self-sufficiency and independence. Over the years, more than 350 seniors have participated in the group. On average, 20 senior women attend the weekly sessions. The participants are immigrant women from various ethnic communities who may be newcomers or who may have lived and worked in Canada for many years. Most participants are widows and most live with their families. The program includes information sessions and educational workshops on topics of interest and relevance to the participants; leadership training and skills development; education on elder abuse; and sharing of cultural information and traditions. Women in the groups also take part in crafts, games, group outings, fitness activities and monthly birthday or special occasion luncheons. They have identified abuse as an important issue for some older immigrant women and have produced an educational video on abuse of older immigrant women.

**CONTACT** Elder Help-Peel**TEL** (905) 457-6055

HANDS ON

THE ASSAULTED WOMEN'S HELPLINE- DIVERSITY MEETS TECHNOLOGY

While the Assaulted Women's Helpline is not geared specifically towards older women, provides an excellent example of a service that employs technology to meet the needs of the diverse population it seeks to help. The Assaulted Women's Helpline provides 24-hour, 7-days-a-week crisis counselling, emotional support, information and referrals to women in up to 154 languages. The helpline also provides province-wide service to Deaf and hard of hearing women through the use of TTY line. One of the helpline's key objectives is to address the diverse needs of women in Ontario, specifically women with disabilities, immigrant women, women of colour, lesbians, bi-sexual women, transgendered women, rural and northern women, who are historically more isolated. The helpline offers support, information and referrals to service providers and other professionals in contact with abused women.

**CONTACT** The Assaulted Women's Helpline**TEL** 416-863-0511 **TOLL FREE** 1-866-863-0511**TTY** 416-863-7868 **TTY TOLL-FREE** 1-866-863-7868

2.4 ADDRESS THE UNIQUE NEEDS OF DISTINCT COMMUNITIES

Any initiative to respond to or prevent the abuse of older women must address the unique needs of women from distinct communities within the province, such as older First Nations women. First Nations people have a variety of traditions and, especially in the northern communities, speak a number of languages.

Although the issue of abuse is beginning to be addressed in First Nations communities through initiatives such as the Aboriginal Health Advocacy Initiative and education and intergenerational programs, it still remains relatively hidden. There are numerous challenges and barriers faced in addressing abuse among older First Nations women, including:

- lack of First Nations service providers
- internalized racism
- shame
- mistrust
- generational trauma
- language

Due to the unique needs of First Nations communities, attempts to deal with abuse have to be centered in the community, carried out by First Nation service providers, and guided by First Nation perspectives.

In addition, when working with older First Nations women, it is important to consider that the life expectancy for women in this community is lower than for the general population, and that this should impact on the delivery of service.

HANDS ON

ALDERVILLE FIRST NATION WOMEN'S SHELTER

This shelter provides a safe, supportive, temporary alternative to a violent home for Aboriginal and non-Aboriginal women and their children who are seeking refuge from abuse. Located in a First Nation, staff strive to overcome the unique obstacles faced by many Aboriginal women and children who access the shelter's services. The shelter also provides assistance to seniors who have experienced elder abuse. The desire of this organization is to empower women through the use of women's circles, individual counselling and support so that they may decide upon the appropriate steps to take on their path to healing.



CONTACT Alderville First Nation Women's Shelter

TEL 905-352-3708 **TOLL-FREE** 1-800-388-5171

WEB www.eagle.ca/~akg

2.5 ADOPT A FLEXIBLE APPROACH

“We need flexibility of programs because of the diversity of the province.”

—Service Provider

Services and programs are understandably provided in prescribed ways, and typically in accordance with defined criteria. While this prescription is undertaken in order to maintain a measure of fairness in application, it may also serve to deny the uniqueness of particular cases and needs.

All initiatives affecting the abuse of older women should strive to maintain sufficient flexibility in design and application so as to accommodate unique needs. They should also be reviewed and assessed from time to time in terms of their processes and outcomes to determine how well they are meeting this goal.

- **Examples of flexible approaches at various levels of intervention include:**

Holding appointments off-site to accommodate an older woman’s transportation

- or mobility needs;

Extending the length of appointments with older women to allow time to build trust,

- and to accommodate physical challenges;

Exploring changes/additions to programming within the current shelter system to meet

- the specific needs of older women; and

Expanding criteria in domestic violence programs to recognize that abusers are not only intimate partners, such as spouses, but also adult children and/or siblings.

2.6 BE AWARE OF AND CHALLENGE ASSUMPTIONS

“Older women experience discrimination and society thinks of an older woman as someone in a nursing home, all tied up!”

—Older Woman

In addition to considering facts and information, it is important for service providers to think about the attitudinal underpinnings of their work with older women, and particularly in case management. Service providers are often reluctant to admit that certain assumptions guide their work. Are we making assumptions about the woman because of her age, her disability or her ethnic group? When planning programs or initiatives related to the abuse of older women, one should consciously explore and challenge personal assumptions. A case-by-case response should be based on individual merit and needs, and not on pre-determined assumptions.

MYTHS ABOUT THE ABUSE AND NEGLECT OF OLDER WOMEN*

MYTH The abuse of older women is not related to other forms of family violence.

MYTH It is easy for older women to talk about abuse

MYTH Abuse and neglect of older women only happens at home.

MYTH It is easy to recognize when older women are being abused or neglected.

MYTH The abuse and neglect of older women is the direct result of care giver stress.

MYTH Some cultures do not abuse or neglect older women.

MYTH Older women don't have to worry about sexual assault, sexual harassment or dating violence.

MYTH The majority of older women need assistance in managing their business and personal affairs.

*Developed by and adapted with permission from Gail Holdeman, MSW, LICSW, Central Centre for Family Resources, Blaine, MN.



3 WORKING WITH THE INDIVIDUAL

- 3.1** Guiding Principles
- 3.2** ONPEA Template to Guide Thinking Through Complex Issues
- 3.3** Asking About Abuse
- 3.4** Abuse of Older Adults Assessment and Intervention Reference Guide
- 3.5** Family Violence in Later Life Power and Control Wheel
- 3.6** Safety Planning
- 3.7** Financial Planning Checklist

3.1 GUIDING PRINCIPLES

As a first step in working toward best practice, it is essential for an organization to ensure that a Statement of Guiding Principles is in place. The accompanying list of principles has been adapted from:

Woman Abuse Council of Toronto. (2002)

Best Practice Guidelines and Implementation Checklist.

Family Service Association of Toronto. (2004)

Breaking the Silence: Best Practices for Responding to the Abuse of Older Adults. (P.11)

The Council on Aging, Ottawa – Carleton. (1997)

An Elder Abuse Resource and Intervention Guide.

SEE STATEMENT OF GUIDING PRINCIPLES IN TOOLS FOLDER



CONTACT Woman Abuse Council of Toronto

TEL 416-944-9242

WEB www.womanabuse.ca



CONTACT Family Service Association of Toronto

TEL 416-595-9618

WEB www.fsatoronto.com



CONTACT The Council on Aging, Ottawa

TEL 613-789-3577

WEB www.coaottawa.ca

3.2 ONPEA TEMPLATE TO GUIDE THINKING THROUGH COMPLEX ISSUES

This template is a resource that has been developed as an aide for workers interacting with abused seniors. While it is not specific to older abused women, because it is general in its application, it can be a valuable tool for recognizing, assessing and responding to individual cases of abuse of older women. The template has been reprinted from the ONPEA Core Curriculum and Resource Guide, 2006.

Tools **SEE ONPEA TEMPLATE TO GUIDE THINKING THROUGH COMPLEX ISSUES
IN TOOLS FOLDER**

3.3 ASKING ABOUT ABUSE

“Some family doctors are very helpful. They ask you ‘what’s going on?’ and it helps you unburden yourself.”

—Older Woman

Service providers and older women across Ontario forcefully articulated the importance of asking older women about abuse. A simple question such as “Is somebody in your life taking advantage of you or mistreating you?” could eventually lead to a disclosure of abuse. Front line workers can help facilitate early identification or prevention, or simply help reduce the isolation experienced by older abused women, by asking questions about potential abuse, and then letting the woman know that if she is experiencing abuse she has options for service and action.

Health care professionals can also play a key role in asking about abuse. The Registered Nurses Association of Ontario’s 2005 Best Practice Guidelines on Woman Abuse recommends asking all women over 12 years of age about their experiences of abuse. (RNAO, 2005) When health care providers ask about abuse, they are letting a woman know that there is someone she can talk to. They are also conveying the message that she is not alone and that abuse is an issue for many women and older adults. Asking about abuse can also serve as a catalyst for social change. (Woman Abuse Council of Toronto, 2005)

Interviewing Techniques

There are a few key issues that front line workers need to consider prior to asking an older adult about elder abuse. Knowing how to ask questions, approaches to use with older adults as well as documenting facts are particularly important prior to speaking with the older adult. In the tools folder you will find list of quick reference tips for interviewing which was taken from the 2006 ONPEA Core Curriculum and Resource Guide.

Tools SEE ONPEA INTERVIEWING TECHNIQUES REFERENCE SHEET IN TOOLS FOLDER

3.4 ABUSE OF OLDER ADULTS ASSESSMENT AND INTERVENTION REFERENCE GUIDE

The reference guide that you will find in the tools folder is applicable to older men and women, and summarizes a comprehensive community response. The guide is a template that should be further adapted to the needs and priorities of local communities. The guide has been adapted from:

Brandl, B. (1997) "Developing Services for Older Abused Women: A Guide for Domestic Abuse Programs." Madison, Wisconsin: Wisconsin Coalition Against Domestic Violence.

Family Service Association of Toronto. (2004) "Breaking the Silence: Best Practices for Responding to the Abuse of Older Adults." Toronto: Family Service Association.

Halton Elder Abuse Committee, "Elder Abuse Assessment and Intervention Guide."

Hamilton Council Against Abuse of Elder Persons, "Elder Abuse Assessment and Intervention Guide."

National Clearinghouse on Abuse in Later Life, Wisconsin Aging and Disabilities Program. (2003) "Domestic Abuse in Later Life: Tips on Working with Victims."

Tools SEE ABUSE OF OLDER ADULTS ASSESSMENT AND INTERVENTION-REFERENCE GUIDE IN TOOLS FOLDER

3.5

FAMILY VIOLENCE IN LATER LIFE: POWER AND CONTROL WHEEL

"It is easier to abuse your wife when she is older because she is more dependent, more isolated. It is also a lot harder at 80 to leave and start over."

—Service Provider

The Power and Control Wheel, which you will find in the tools folder, was developed by the Wisconsin Coalition Against Domestic Violence. It is a useful tool that will help you understand the dynamics and behaviour associated with abuse experienced by older adults.

It can be helpful in guiding the development of effective work with older abused women, including the development of educational initiatives. Further information on the wheel is available at www.ncdsv.org

Tools SEE POWER AND CONTROL WHEEL IN TOOLS FOLDER

3.6 SAFETY PLANNING

This section will provide direction for the development of a safety plan. Safety planning is a well-established practice for those working with victims of violence against women. Since many older women in abusive situations do not leave the site of the abuse, a safety plan unique to their circumstances becomes an important tool in providing them with some sense of personal influence on their well being.

When subjected to violence in a relationship, a woman can increase her own safety by working with a service provider to identify steps to keep safe, and to prepare in advance for the possibility of further violence. Working with an older woman on a safety plan is an empowering strategy that results in an action plan. It allows the service provider time to engage with the woman and build trust, and provides an opportunity for the woman to reflect on her situation and explore options for dealing with the abuse.

Guidelines for Safety Planning

The following guidelines for front-line workers can help facilitate the development of safety plans for older women. Most of the material in this plan has been adapted with permission from the BC/Yukon Society of Transition Houses' document "Older Women Who are Victims of Violence in Relationships: A Facilitators' Guide." (2003) Other material is based on the recommendations of key informants.

Safety planning is an essential form of intervention for women who have experienced violence. This planning must take place on an ongoing basis within a co-ordinated network of services. Home security systems and cell phones are components of a safety plan for women in very high risk situations, but no technology can replace a comprehensive analysis of the woman's current situation and the environment in which she lives, works, and socializes. Whenever possible, steps should be taken to improve safety and security for each activity and in each location. Safety plans do not guarantee that women will be safe, but they do reduce specific risks and improve the situation for women who have left an abusive relationship. Ideally, a front line worker should work with an older woman to develop a comprehensive safety plan. However, at times it will not be possible to meet with the woman face-to-face. In these situations, one can adapt a safety plan for use by telephone. When supporting an abused woman by telephone, it is important to remember the following:

- if appropriate, block telephone caller-ID;
- a woman should always be asked if any one else is with her and if it is safe to talk; and
- the agency should not be identified when a person other than the woman herself answers the phone, and a message should not be left with any other person.

In assessing safety, it is important to focus on each woman's own experience and to validate her survival skills and the safety planning she has already put in place. In discussing past safety plans or strategies with her, find out:

- what she has tried?
- how it has worked?
- whether she would be comfortable trying some of those strategies again?
- if not, why not?
- if so, why?
- what is different this time in terms of her resources and the system's response?

The service provider's role is to help identify all the risks a woman is facing, and present her with some additional strategies or options. It is important to understand that "safety" is a relative term, and that women's lives are complex and variable; safety needs may change from day to day and from situation to situation. It is also important to realize that women will define what they see to be safety in ways that may not correspond to your understanding and definition. Unless there are exceptional extenuating circumstances, such as imminent risk to life, it is a service provider's role to help women by respecting their own assessment of their safety.

Initially, you are likely to get only a small piece of her story. However, over time and after trust has been established, you will obtain a more complete picture. The woman needs to trust that you are not going to divulge her information to others; you are not going to use the information against her or her children; and you are not going to further the aims of the system over her own needs.

As well as risks generated by the abuse, it is important to consider *life-generated risks*, which can make accessing services and trusting the system more challenging. Factors such as ageism, racism, poverty, lack of education, language barriers, limited mental and/or physical abilities, sexual orientation and geography can be barriers to the effectiveness of a safety plan. Many women from marginalized populations have experienced systematic discrimination and/or mistreatment by public authorities.

There are a number of different ways that a safety plan can be constructed. There are some specific pieces of information that each safety plan should contain. These include:

- The woman's experiences with safety planning and protection strategies: what has worked and what has not worked
- Information on the abuser's past behaviour and his or her likelihood to re-offend
- Information on whether the abuser has access to weapons and whether they have been used in the past
- Information on the status of any protection orders
- Names of friends and family members who can be trusted and are able to help
- Location of necessary documents, photos, papers, etc
- Information on the woman's daily routines, her social activities, her personal supports;
- Listing of resources that can assist the woman
- Access to information regarding counselling and other services
- A process to review and update the safety plan at regular intervals
- Opportunities to practice giving precise and accurate information regarding her whereabouts and threats to her safety

The following factors should be considered when developing safety plans:

- The woman's values and beliefs regarding her own independence and right to unrestricted movement
- The woman's willingness to, or her lack of interest in, residing in a safe place, such as a shelter or transition house
- The woman's past experiences with the justice system and other service providers

- The woman's first language and country of origin
- The woman's legal status
- The woman's physical and health status
- Any barriers that the woman might be experiencing that affect her safety, such as substance misuse or mental health issues
- The woman's access to supports within and outside her extended family
- The woman's comfort with the safety plan and her willingness to live her life within its strictures
- The woman's awareness of and experience with other potential risks, such as cyber-stalking, access to confidential information through credit card activity, and approaching/seeking assistance from organizations/agencies unfamiliar with issues related to violence against women

SEE CHECKLIST FOR CREATING SAFETY PLANS AND CHECKLIST OF FACTORS TO CONSIDER WHEN DEVELOPING SAFETY PLANS, BOTH IN TOOLS FOLDER

Sample Safety Plan

In the tools folder, you will find a sample of a safety plan that you can use with older women. A safety plan is a tool that can assist victims of abuse in identifying options, evaluating those options, and committing to a plan to reduce risk when confronted with harm or the threat of harm. It is an effective way to sit down with an older woman and to facilitate her involvement in assessing her current situation.

This safety plan was adapted with permission from the BC/Yukon Society of Transition Houses, (2003) "Older Women Who Are Victims of Violence in Relationships: A Facilitators' Guide."

Tools SEE CHECKLIST FOR WOMEN AND SAMPLE SAFETY PLAN, BOTH IN TOOLS FOLDER

3.7 FINANCIAL PLANNING CHECKLIST

For an older woman in an abusive relationship, the fear of financial insecurity is a barrier to disclosure and to the seeking of support. The financial planning checklist that you will find in the tools folder can assist in identifying and clarifying the financial and additional resources available, and the options they present.

This material is adapted with permission from the BC/Yukon Society of Transition Houses, (2003) "Older Women Who Are Victims of Violence in Relationships: A Facilitators' Guide."

Tools SEE SAMPLE FINANCIAL PLANNING CHECKLIST IN TOOLS FOLDER

4 PRACTICES & TOOLS-WORKING WITH STAFF, TEAMS & THE COMMUNITY

- 4.1** A Model for a Coordinated Community Response to the Abuse of Older Women
- 4.2** Include Older Women in a Community Response
- 4.3** Outreach
- 4.4** Advocacy
- 4.5** Training for Front Line Staff
- 4.6** Community Education and Public Awareness
- 4.7** Evaluation



4.1 A MODEL FOR A COORDINATED COMMUNITY RESPONSE TO THE ABUSE OF OLDER WOMEN

“There is a lack of services in the city. It is difficult for women to identify the workers or the services because the services are not co-ordinated. Sometimes the women are referred, but often they find the services by chance.”

—Service Provider, Ottawa

The model that you will find in the tools folder addresses both the complexity and the diversity of issues affecting abused older women. The model was proposed by the Older Women’s Network in their Study of the Shelter Needs of Abused Older Women. (1997) It should serve as a useful tool for communities to enhance their current coordination of services and initiatives. Community coordination should start with the following premises:

- Older women should be involved in the development of a coordinated community response
- The entire community, including formal and informal organizations, can be involved in action that helps to break the cycle of violence
- Key players should come together to establish the principles and values that will guide the work. Organizations already in place can form the basis of a community wide response, such as elder abuse committees and violence against women networks
- The various roles and responsibilities each stakeholder should be identified
- A shared understanding and a consensus in value-based principles should guide the work
- Protocols, procedures and more formal agreements should be cooperatively arranged
- An abused older woman should have a choice of entry to the community-wide response system
- Supports and services that are part of the response network can work together to meet the identified needs or concerns of the woman. For example, shelters can support a long-term care setting if a woman living there is a victim of abuse. Similarly, if a shelter provides a bed to an abused older woman with significant health and/or mobility issues, services in the seniors sector can provide the necessary resources and expertise

- Community businesses and financial institutions can be alert to situations of financial exploitation and be aware of the support options available
- No one service will have the knowledge, skill or expertise to address every individual situation. Consequently, a number of services can collectively address such needs
- Existing services can work together to respond to needs, and new services can be developed as required
- Committees should develop flexible plans for meeting and sharing information to accommodate the diverse needs of sectors and professional groups

Potential Team Members for a Coordinated Community Response

- Community Care Access Centre
- Hospital / Emergency Departments
- Elder Abuse Network / Council on Aging
- Community Service Agencies
- Family or Catholic Family Services
- Woman Against Violence Sector
- Police / OPP (These often have officers who specialize in elder abuse or senior's issues)
- Sexual Assault Centers
- Regional Health Departments
- Distress Centers
- Mental Health / Addiction Centers
- Settlement Agencies

- Victim Witness Assistant Programs
- Counselling
- Bank or Financial Institution
- Community Resource Center
- Senior's Center
- Deed Programs
- Family Doctor
- Clergy
- Ethnic-Cultural Community or Organization
- Seniors / Volunteers

Tools **SEE MODEL FOR A COORDINATED COMMUNITY RESPONSE TO THE ABUSE OF OLDER WOMEN AND CHECKLIST FOR COMMUNITY COORDINATION, BOTH IN TOOLS FOLDER**

4.2 INCLUDE OLDER WOMEN IN A COMMUNITY RESPONSE

"Seniors make their own choices based on their expectations and life experiences. Do not remove options and minimize contributions to decision making. Older women's contributions must be valued, sought and cultivated."

—Service Provider

In order to achieve best practices in a co-ordinated community response to the abuse of older women, older women themselves should be involved at all stages. The Family Violence Prevention Division of Health Canada (1994) identifies a continuum for the involvement of seniors in addressing abuse.

- **Community Education and Awareness Strategies**

Older women can play a role in educating the public about abuse and its underlying causes. They can participate in the planning and the delivery of educational sessions. Older women who have been abused can share their stories and pass on lessons learned from their experiences to their peers and to younger women.

- **Committee Work**

Older women from diverse backgrounds can share their insights with advisory committees, coordinating committees, service agency staff and Boards of Directors, and planning and research bodies associated with the abuse of older women. It is important that older women have some authority in the decision-making processes. It is also important to offer a comfortable environment and eliminate barriers to participation, provide clear guidelines on privacy and the expectations of participation, and reinforce the value of older women's contributions.

- **Direct Intervention**

Older women can be involved through both formal programs and informal associations and in the form of peer mentoring, peer counselling or friendly visiting. With adequate training and a comprehensive protocol in place to ensure appropriate responses, older women can connect with peers and contribute to the detection of abuse as well as providing support to women who are in abusive situations.

- **Empowering Participation**

Older women many need assistance in order to participate in any of these processes. This assistance may include paying for transportation, arranging for and paying for personal care assistants, holding meetings at convenient times, providing honoraria, and providing meeting documentation in a format that is easy to read.

4.3 OUTREACH

"The harder it is to get information, the more strikes against you, and the greater the isolation."

—Service Provider

The best articulated programs will not succeed without the level of outreach necessary to overcome the barriers that older abused women face in accessing information and seeking help. Because access to information and resources is a key to helping a woman deal with abuse, outreach needs to be an ongoing and central component of any initiative or program.

Outreach can be carried out by social networks such as families, friends, and neighbours. Individual agencies and programs can also help, as can co-ordinated community networks and coalitions. The following suggestions, obtained through surveys with Ontario service providers, may be helpful in planning outreach initiatives for older women.

- Hire outreach staff who speak the languages of older women
- Incorporate time for listening to women's life stories
- Offer "incentives" for women to attend programs; (food, fun activities)
- Incorporate the ideas of older women into your program
- Explore barriers facing older women in the community and tackle the barriers one by one
- Approach women on a one-to-one basis
- Do not pressure women to talk about abuse; instead, create an environment where they feel comfortable talking about it
- Offer transportation or subsidize transportation
- Continue outreach once a woman has joined a program through ongoing personal contact
- Create a *community* within programs — encourage friendships and support among participants so that women stay connected
- Do not focus solely on the abuse — offer programs that interest older women (e.g., art, exercise, health checks, healthy eating, computer training) while at the same time providing information on abuse
- Post information on programs for older women in as many locations as possible, including libraries, churches and newspapers
- Use home visiting (if it is safe to do so) as a strategy for reaching older women that are home-bound or isolated

- Be flexible in terms of meeting with women in places deemed safe and accessible to them in various settings
- Ensure that older women are knowledgeable about the programs and services available to them in the community
- Include both one-to-one contact and presentations to organizations that work with older women

Outreach activities should build on existing structures in the community with which older women are familiar and comfortable, or should become acquainted with, such as:

- Seniors' centres
- Faith organizations
- Services within the violence against women sector
- Community support services such as Meals on Wheels programs, adult day programs and supportive housing
- Volunteer organizations
- Public Health programs
- Businesses that serve seniors such as financial institutions, pharmacies and hairdressing salons
- Residents' organizations within residential settings

Tools **SEE CHECKLIST FOR PLANNING OUTREACH INITIATIVES FOR OLDER WOMEN IN TOOLS FOLDER**

4.4 ADVOCACY

Incorporating advocacy into all components of a response to the abuse of older women will continuously affirm the dignity and rights of older women. It will impact on legislative and regulatory reform, and help ensure that the issues and needs of older women remain at the forefront of public awareness.

The Advocacy Centre for the Elderly (Preston and Wahl, 2002) outlines three types of advocacy as important components of a response to the abuse of older women.

- Self-advocacy occurs when an older woman presents her case, or approaches an organization for help. Self-advocacy builds skills and confidence. Older women may need support and encouragement to act for themselves and express their wishes.
- Advocacy on behalf of individuals occurs when a worker, acting on instruction from an older woman, and often with the older woman, presents her case and follows up to ensure that changes in assistance or treatments have taken place. Advocacy on behalf of an older woman should occur in a way that supports the empowerment of the woman and the engagement of self-advocacy.
- Systemic advocacy involves both program and social action advocacy. Program advocacy is taking action on behalf of many individuals to attain a needed service. Social action involves actions taken to change existing systems, policies or laws.

4.5 TRAINING FOR FRONT LINE STAFF

Ongoing training for those who are involved in working with older women is important in ensuring that support services incorporate core approaches and practices. The overall goal of training should be to provide the essential skills and information required to respond in a sensitive and appropriate manner to the needs and issues of older women who have experienced abuse.

Training should be directed to those working in seniors' and violence against women organizations/services. The primary objectives of training for those working in seniors' services is to increase understanding of gender-based violence, the dynamics of abuse, and the reality of the life cycle of intimate partner abuse. Training for those working in seniors' services should include:

- a focus on particular skills such as the creation of a safety plan
- an empowerment-focused support model

- information on existing resources and services for women in the community
- an increased understanding of the links between the abuse of older adults and violence against women

Training in violence against women organizations should ensure that service providers are aware of, and understand the unique needs of older women, including:

- specific information on the aging process
- an understanding of age discrimination / ageism and its impact on older women
- an understanding of how the needs of older women are similar, and different, to those of younger women
- existing services for seniors

Opportunities for cross training should represent a regular part of community initiatives dealing with the abuse of older women. This form of training brings together people working in both violence against women and seniors' services, and has the following objectives:

- sharing each sector's expertise
- developing common understandings, definitions and frameworks to address the abuse of older women
- increasing understanding of the available resources in each sector
- problem solving on existing barriers/gaps in the current community response

HANDS ON

WEAVING THE WEB: AN EXAMPLE OF A CROSS-TRAINING OPPORTUNITY FOR SERVICE PROVIDERS IN TORONTO

A Weaving the Web Conference took place in Toronto in January 2004. The Family Service Association of Toronto and Education Wife Assault, with other community partners, conceived and organized the conference, bringing together violence against women and seniors services providers to address the gaps in service for abused older women in Toronto. Originally conceived as a forum for about 80 to 100 participants, one hundred and eighty participants attended the conference and an additional 80 names were placed on a wait list because of limited space and resources. The Conference format included keynote speakers, panel presentations, opportunities for networking, case study sessions and a synopsis of the case study group sessions. The case study sessions involved seven cross-sectoral groups that each worked on a different case. Facilitators supported the groups in problem solving and networking. Speakers from both sectors covered topics such as the justice sector response, community trends, marginalized women and the experiences of immigrant and First Nations women.

The evaluation of the conference indicated that it had been successful in bringing the VAW and Seniors sectors together and in building partnerships; identifying barriers to domestic violence and elder abuse services working together; and addressing how abuse affects older women differently when they face additional barriers such as poverty, homelessness, racialization, immigration status and disability. The evaluation also indicated that more work needs to be done to develop workable solutions to older woman abuse in the community, and strongly suggested the need for further training and cross-training opportunities.



CONTACT Education Wife Assault

TEL 416-968-3422

WEB www.womanabuseprevention.com

4.6 COMMUNITY EDUCATION AND PUBLIC AWARENESS

In spite of a concerted effort, the abuse of older women remains somewhat hidden from public view and top-of-mind public concern. This has the effect of limiting the allocation of public resources. Public education campaigns and programs are essential in raising public awareness in the community and the media. The Family Violence Prevention Unit identifies the following goals in educating the public:

- increase awareness of the fact that abuse does exist in the community;
- stimulate discussion and a growing understanding of abuse
- promote awareness of practical steps to obtain help
- increase awareness of resources available in the community

Increased awareness will encourage an older woman who is experiencing abuse to seek help. It will also help her identify where she can go for help and may motivate other community members to act on the basis of new awareness. Public education programs can be valuable at debunking myths and cultural taboos. They can also be helpful in educating the public about facts and resources and in demonstrating positive images of older women.

Older women and the communities of which they are a part need information on the dynamics of abuse, as well as rights, processes and resources. The education of older women and the facilitation of access to community-based information need to be ongoing. While some initiatives will focus generally on raising public awareness, educating older women should also be a core practice that is incorporated into all initiatives.

You should use every available opportunity to raise awareness and provide accurate information about a woman's rights, choices and options. Information can be provided through the distribution of flyers in multiple languages; presentations; individually, as part of a counselling process or other support service; and through ongoing messages and announcements on bulletin boards and other public domains.

The message should be clear, concise and jargon-free. It should help an abused older woman identify the signs of abuse and offer her clear direction on what she can do and how she can access safety and support.

The following suggestions may be helpful in planning and designing public education initiatives that will address the specific needs and issues of older abused women.

HANDS ON

The Ontario Government and its community partners screened three powerful new public service announcements (PSAs) for the first time on June 15, 2006 to mark the first World Elder Abuse Awareness Day. The PSAs depict common forms of abuse against seniors – financial, physical and emotional. The campaign was created for the Ontario Network for the Prevention of Elder Abuse (ONPEA) by the Saatchi & Saatchi advertising agency, which donated its creative talents. The PSAs are designed to act as a wake up call and raise public awareness of a societal problem that is growing in step with our seniors population. The PSAs are available for viewing on ONPEA's website www.onpea.org.

CONTACT The Ontario Network for the Prevention of Elder Abuse

WEB www.onpea.org

4.7 EVALUATION

Ongoing monitoring and evaluation helps ensure that a program is meeting its goals and objectives. Program evaluation strategies should incorporate the following:

- quantitative and qualitative information should be gathered from a variety of sources, including staff, volunteers, service-users and board members
- policies and practices should be reviewed to ensure consistency with program principles and approaches
- older women should be involved in evaluation strategies

Information about the outcomes of the evaluation and the effectiveness of the program/ initiative should ideally be shared with the public, with similar programs, and with other members of the co-ordinated response, subject to privacy considerations.

(Woman Abuse Council of Toronto, 2002)

Tools **SEE CREATING AN INFORMED SOCIETY- EVALUATION CHECKLIST AND PLANNING TEMPLATE, BOTH IN THE TOOLS FOLDER**

TOOLS FOLDER

A key part of this Guide is the collection of sample models, principles, plans and checklists that are intended to serve as practical tools in helping communities work toward enhancing their response to the abuse of older women. It is important that the tools be adapted to the particular needs of each community and that communities develop refined tools based on their particular needs. The tools can be adapted, translated and/or copied with permission and reference to the sources listed for each tool.

EMPOWER

Empathetic listening

Making time to document

Provide information

Offer options and choices

Work with violence against women and elder abuse experts

Encourage planning for safety and support

Refer to local resources

(Brandl & Raymond, 1997; Family Service Association, 2004)



Adapted from the Wisconsin Coalition Against Domestic Violence (608-255-0539) based upon the model developed by the Domestic Violence Intervention Project, Duluth, MN.

STATEMENT OF GUIDING PRINCIPLES

- It is a basic right for all individuals to live their lives free of violence and abuse.
- Older women have the right to decide whether they wish to accept help or not and to decide to stay or to leave an abusive situation.
- Older women have the right to maintain their dignity under any circumstances, and to be respected in their feelings, opinions and decisions.
- Discrimination or social exclusion of any form (gender, race, age, disability, sexualorientation, class, language and/or religion) must be challenged by all services and institutions within the community response system.
- Older women are a diverse group. All programs and initiatives for older women should value and incorporate this diversity.
- Responses to the abuse of older women should support, empower, and assist older women to make their own decisions on what to do about the abuse.
- Older women have the right to access linguistically sensitive, culturally appropriate and accountable services. This includes access to trained linguistic, cultural, and sign language interpreters.
- Abused persons are never responsible for their abuse. Abusers should be held accountable for their actions.

- Many forms of abuse against older women are criminal offences, punishable under the Criminal Code of Canada. Existing legal sanctions must be enforced consistently and vigorously.
- Abuse is a complex issue that is embedded in human relationships. It is an expression of power and control exercised over a socially vulnerable and stigmatized group of people.
- Older women must be presumed competent and capable of making decisions for themselves unless proven otherwise.
- Services for abused older women must be accountable to their users.
- Ending abuse is everyone's responsibility. Social change must occur through education and action.
- Older women should have access to help from all forms of abuse.
- Older women have the right to the basic requirements of life, including food, shelter, clothing, medical attention, social contacts and the opportunity to live meaningful and productive lives.
- Older women have a right to privacy and confidentiality.
- Older women have the right to access all the services available to younger women. When doing so, they have the right to have their particular needs acknowledged and responded to in a meaningful way.

ONPEA TEMPLATE TO GUIDE THINKING THROUGH COMPLEX ISSUES

UNDERSTANDING

RECOGNIZE INDICATORS OF ABUSE

- Why is this situation causing concern?
- What am I observing?

INTERACT WITH THE SENIOR AT RISK

- How do I feel about this situation/the alleged abuse?
- What are the values, wishes, goals of the person?
- Is the senior making the decisions?

RESPOND

- What resources are required?
- What are my responsibilities?
- What is my role on the team?

REFLECTION

ONPEA INTERVIEWING TECHNIQUES REFERENCE SHEET

Questioning Tips

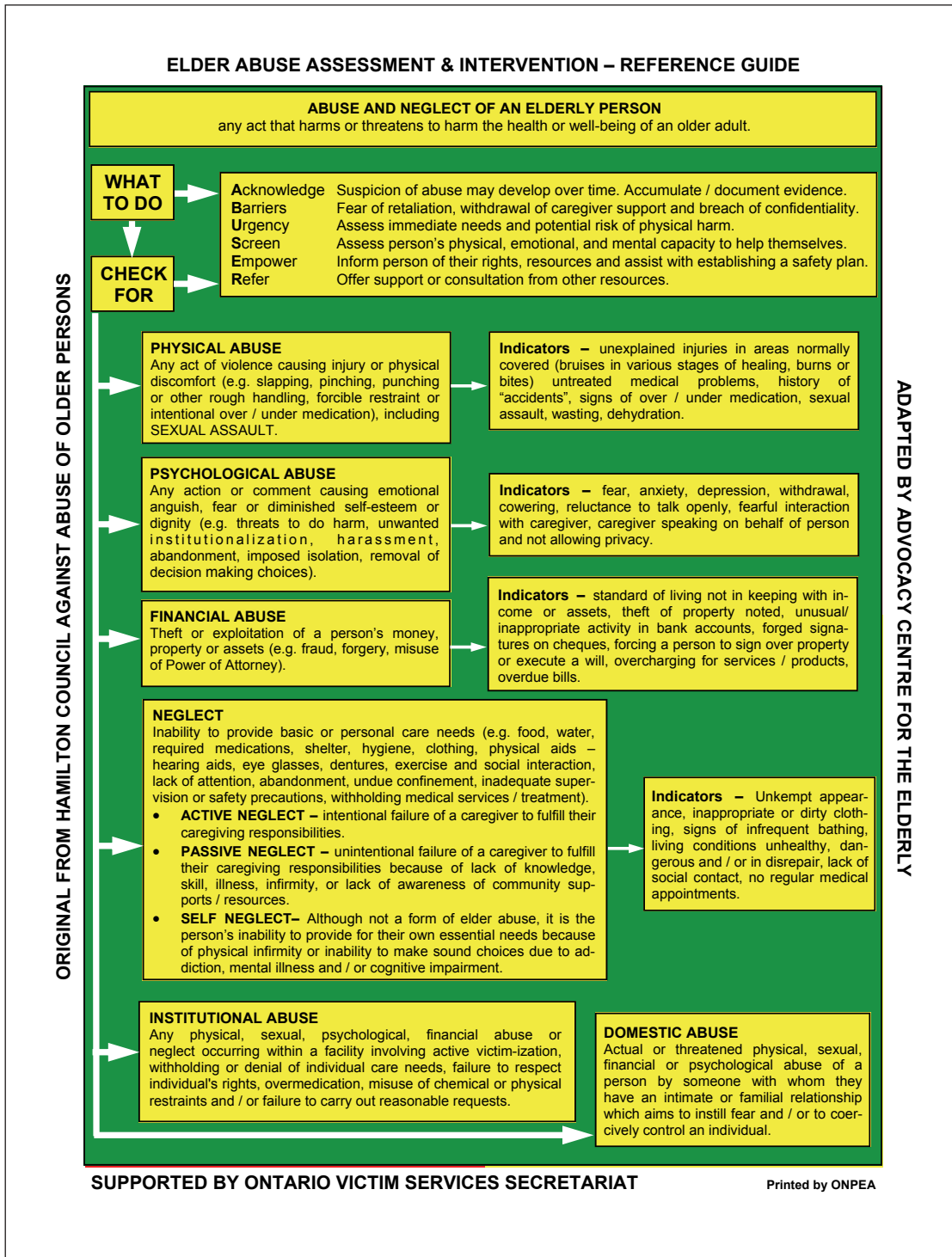
- Start with non-threatening questions regarding the older woman's perception of home safety and progress to more specific questions
- Avoid confrontations, expressions of disgust, horror or anger
- Avoid "putting down" the abuser
- Keep questions simple and direct

Communication Tips

- Talk less listen more, allow them to talk at their own pace
- Offer support, discuss options, but do not give advice
- Be alert to inconsistencies and discrepancies
- Be mindful of hearing difficulties, language barriers, cultural and religious values
- Take time while talking to the older woman. Allow time for the older woman to get her thoughts together and respond to questions before speaking to her again.
- Check if the older woman can hear the conversation; some people have impaired hearing but do not like to admit to it.

Interview Process

- Make an appointment with the older woman to arrange for the interview
- Interview the older woman and alleged abuser separately, as soon as possible following the disclosure of abuse
- Interview the victim first as this provides the victim a feeling of support and minimizes any bias from the abuser.
- Minimize the possibility of being overheard or interrupted
- Conduct the interview in a calm unhurried manner, using open ended questions whenever possible
- Refrain from jumping to conclusions before all the facts are known. Record verbatim the comments from the older woman and suspected abuser.
- Pay particular attention to any discrepancies and inconsistencies in the accounts of abuse obtained from the older woman, the alleged abuser, and other information sources
- Ask the older woman for permission to contact other involved service agencies, family members, or friends for collateral information



ELDER ABUSE ASSESSMENT & INTERVENTION – REFERENCE GUIDE

ADAPTED FROM HALTON ELDER ABUSE PREVENTION COMMITTEE

ADAPTED BY ADVOCACY CENTRE FOR THE ELDERLY

INTERVIEW STRATEGY

1. **Develop trust and be sensitive to person's culture, religion, comfort level and timing in obtaining disclosure:** Interview alone, listen, be patient, non-threatening and non-judgmental, validate feelings and offer emotional support, avoid premature assumptions and suggestions. Some cultures may require a family member to be present during the interview or it may be necessary to *negotiate* in order to interview someone alone.
2. **Note suspicious histories:** Explanation vague, bizarre or incongruent with type or degree of injury, denial of obvious injury, long delay between injury and treatment, history of "doctor shopping".
3. **Be alert to person's wishes and assess ability to understand.** Try to assess whether the person "understands" and "appreciates" what is happening and what their needs are.
4. **Identify what information is missing:** Frequency, duration, urgency, need for physical examination.
5. **Be aware of interdependent relationships / power differences:** Be cautious of involvement of third party who may be the abuser; note conflicting histories. Where appropriate, interview family members but remember it's key to TALK TO THE SENIOR even if family are available.

POSSIBLE INTERVIEW QUESTIONS

- Is there something that you would like to share with me?
- Has there been a recent incident causing you concern?
- Has anyone ever pressured or forced you to do things you didn't want to do?
- Has anyone ever tried to take advantage of you?
- Has anyone ever failed to help you take care of yourself when you needed help?
- Have you ever signed any documents that you didn't understand or didn't want to sign?
- Do you make decisions for yourself or does someone else make decisions about your life, like how or where you should live?
- Are you afraid of anyone?
- Would you like some help with...?
- It must be hard for you to look after...?

POSSIBLE INTERVENTIONS

Consider impact on the persons, their wishes, and their ability to recognize that they may be a victim of abuse. Note their understanding and appreciation of the consequences of their decisions. Understand that often before a person will seek or agree to accept help, they need to be able to trust you and know that you will follow through with the help you offer to give. Your role could be singular or part of a team of service providers that could support the person to be healthy and safe. Be aware of appropriate resources or know how to link with broader community. Follow your professional standards in obtaining client consent. If client does not consent maintain contact to initiate A and/or B. (See Below)

A. EDUCATION

Provide information and support according to the interests expressed by the person. Be aware of services outside the health care system which are specific to the needs of any older adult or specific to the needs of the older persons who are being victimized or are at risk, including social services, legal services, financial assistance, housing options and the faith community.

B. SAFETY PLAN

The plan may include a change to an element of their environment or their relationship which could result in the elimination of the role of the abuser or context of the abuse. Consider:

- Home visits, telephone contact, contact with other family and friends, regular appointments.
- Secure assets e.g. Hide emergency money (coins for pay phone) somewhere outside home.
- Give copies of important documents and keys to trusted friends or family members.
- Plan escape by packing a bag of extra clothing, medicine and personal aids (e.g. glasses, hearing aids).
- Keep phone numbers of friends, relatives, shelters or other trusted individuals handy.

C. COORDINATION AND CONSULTATION HELP HUMBERS

Some of these organizations will provide direct assistance and others will refer callers to local organizations to get information or assistance. This is not an exhaustive list. It is important to develop your own list of local contacts.

Advocacy Centre for the Elderly	1-416-598-2656
Association of Local Public Health Agencies	1-416-595-0006
Alzheimer Society of Ontario	1-416-967-5900
Ministry of Government Services — Consumer Services Bureau	1-800-889-9768
Ministry of Health - Tele Health Line	1-866-797-0000
Ministry of Health and Long Term Care - Complaints Line	1-866-434-0144
Office of the Public Guardian and Trustee	1-800-366-0335
Ontario Association of Community Care Access Centres	1-416-750-1720
Ontario Rental Housing Tribunal	1-888-332-3234
Ontario Seniors' Secretariat Info Line	1-888-910-1999
Ontario Retirement Communities Association	1-800-361-7254
Ontario Network for the Prevention of Elder Abuse	1-416-640-7784
PhoneBusters	1-888-495-8501
Senior Crime Stoppers	1-800-222-8477
Victim Support Line	1-888-579-2888

Working Together On Issues Affecting Seniors

Printed by ONPEA

CHECKLIST FOR CREATING SAFETY PLANS

Each safety plan should contain the following specific pieces of information:

1. Does the woman have any prior experience with safety planning and protection strategies? If so, what worked? What didn't work?
2. How has the abuser behaved in the past? What is the likelihood that he or she will reoffend?
3. Does the abuser have access to weapons? Have weapons been used in the past?
4. What is the status of any protection orders?
5. What are the names of any friends and family members who can be trusted and are able to help?
6. Where does the woman keep necessary documents, photos, papers, etc.?
7. Describe the woman's daily routine, social activities and personal supports?
8. What resources can assist the woman?
9. Does she have accessible information regarding counseling and other services?
10. Has a process been conceived of to review and update the safety plan at regular intervals?
11. Has the woman had opportunities to practice giving precise and accurate information regarding her whereabouts and threats to her safety?

CHECKLIST OF FACTORS TO CONSIDER WHEN DEVELOPING SAFETY PLANS

1. What are the woman's values and beliefs regarding her own independence and right to unrestricted movement?
2. Is the woman willing to reside in a safe place, such as a shelter or transition house?
3. What have been the woman's past experiences with the justice system and other service providers?
4. What is the woman's first language and country of origin?
5. What is the woman's legal status?
6. What is the woman's physical and health status?
7. Are there any barriers that the woman might be experiencing that affect her safety, such as substance misuse or mental health issues?
8. Does the woman have access to supports within and outside her extended family?
9. Is the woman comfortable with the safety plan? Is she willing to live her life within its strictures?
10. Is the woman aware of other potential risks, such as cyber-stalking, access to confidential information through credit card activity, and approaching/seeking assistance from organizations/agencies unfamiliar with issues related to violence against women? Has she had any experience with this other potential risks?

CHECKLIST FOR WOMEN

- Emergency phone numbers written out and stored in a safe place
- Emergency money, extra clothing, medication, etc. readily available
- Safe place to stay in the event of an emergency
- Escape route from the house
- Copies of relevant documents
- Identification
- Original marriage certificate or record of common-law relationship
- Recent income tax returns
- Cheque books and credit cards
- Lease, rental agreement, or house deed
- Bankbook and recent statements
- House, car, and safety deposit box keys
- Social Insurance Number and OHIP card
- Passport
- Immigration papers

MY PERSONAL SAFETY PLAN

The following steps are my plan for increasing my safety and preparing to protect myself in case of further abuse. Although I can't control my abuser's violence, I do have a choice about how I respond and how I get to safety. I will decide for myself if and when I will tell others that I have been abused, or that I am still at risk. Friends, family, and support workers can help protect me, if they know what is happening and what they can do to help. To increase my safety, I can do some or all of the following:

1. When I have to talk to the person who is abusing me in person,
I can _____

2. When I talk to the person who is abusing me on the phone,
I can _____

3. I will make up a "code word" for my family, support workers, or friends, so they know when to call for help for me. My code word is _____

4. When I feel a fight coming on, I will try to move to a place that is lowest risk for getting hurt such as _____

5. I feel safe telling the following people about my situation:

6. I can use an answering machine or ask my support worker, friends, or other family members to screen my calls and visitors. I have the right to not receive harassing phone calls.
I can ask _____ to help screen my phone calls.

7. I will keep change for phone calls with me at all times and I will call any of the following people for assistance or support.
 - Friend _____
 - Relative _____
 - Co-worker _____
 - Counsellor _____
 - Shelter _____
 - Other _____

8. When leaving social activities, I can _____
9. When walking, riding, or driving home, if problems occur,
I can _____
10. I can attend a support group for women who have been abused.
Support groups are held _____
11. In the event that I have to leave quickly,
my pet(s) can be left with _____
12. Telephone numbers I need to know:
- Police Department _____
 - Domestic Violence _____
 - Sexual Assault Program _____
 - Counsellor _____
 - Clergy Person _____
 - Support Worker _____
 - Other _____
13. If I decide to leave, I have a plan. I will practice how to get out safely. What doors, windows, elevators, stairwells, or fire escapes can I use? _____
14. I can keep my purse and my car keys ready and put them _____
in order to leave quickly.
15. I will keep money for a taxi or a taxi chit available and put it _____
in order to leave quickly.
16. I will keep copies of all of my important papers and an extra set of keys, medication and clothing at _____
17. I will sit down and review this plan every _____
in order to plan the safest way to leave _____
has agreed to help me review this plan.
18. I will ask trusted friends/family members to call 911 in the event of an emergency
and give the proper information to the dispatcher.

MY FINANCIAL CHECKLIST

This checklist is designed to assist you in determining your financial status. It lists various sources of income, assets, insurance, government benefits, and other matters related to your finances. This checklist provides space for you to fill in information about topics covered in this list, along with advice on where and how to collect more information.

This information is very important. It will help you better understand what your options are. The information can help you make a decision about whether to stay in your current residence or make a move. It may also help you decide whether or not to stay in your current relationship.

You should feel free to bring this checklist when you are discussing your situation with a counselor, lawyer, financial advisor or other professional. Don't be afraid to ask a trusted friend, relative, or a transition house worker for help in filling out this checklist. The more information you have about your options, the more helpful it will be in making your decisions. Please remember that, when asking another person for information on this checklist, make it clear that your request is to be kept confidential. If you believe that a request for information from another person may put you in danger, do not ask for it.

CURRENT BANK ACCOUNTS, ASSETS, INVESTMENTS, INSURANCE, AND TAXES**Social Insurance**

Do you know your Social Insurance Number? Yes No

List it here: _____

Do you currently receive Old Age Security Pension? Yes No

If so, how much do you receive every month in your name? \$ _____

To what address or bank account does your cheque get sent?

If it goes directly to a bank account, who has access to that account?

Guaranteed Income Supplement (GIS)

Do you and/or your spouse receive GIS? Yes No

If so, how much do you receive every month? \$ _____

(May show on your tax statement.)

To what address or bank account does your cheque get sent? _____

If you and your spouse decide to live separately, you will have to wait up to three months before you are eligible for OAS/GIS as a single person. If the separation was involuntary, such as a spouse moving into a health-care facility, generally you have to wait only one month. You need to contact Human Resources Canada (HRDC) to tell them that you have separated.



For information on possible financial assistance during this waiting period,

TELEPHONE 1-800-267-8097 (Service Ontario).



For information on the Old Age Security Program, call Human Resources Canada (HRDC) at one of the following numbers: **TOLL FREE ENGLISH** 1-800-277-9914

TOLL FREE FRENCH 1-800-277-9915 **WEB** www.sdc.gc.ca/en/isp/oas/oastoc.shtml

Canada Pension Plan (CPP)

Do you currently receive CPP?

Yes No

On what basis do you receive CPP? As a:

- Retired worker? Yes No
- Spouse of a retired worker? Yes No
- Widow? Yes No
- Disability? Yes No
- Combined (retirement & survivor) Yes No

Note: Survivor benefit can be kept if widow (er) remarries.

If so, how much do you receive every month in your name?

\$ _____

To what address or bank account does your cheque get sent?

If it goes directly to a bank account, who has access to that account?

Do you know of any reason that your CPP entitlement or amount could change in the future?

Yes No

If so, for what reasons?

Do these CPP provisions affect you?

- Credit splitting (used when relationship ends) Yes No
- Assignment of retirement pension for tax benefit Yes No

Veteran's Benefits

Are you a veteran? Yes No

Are you receiving Veteran's Benefits? Yes No

If so, how much do you receive in your name? \$ _____

To what address or bank account does your cheque get sent?

Is your husband a veteran? Yes No

Is your husband receiving Veteran's Benefits? Yes No

If so, how much does he receive? \$ _____

To what address or bank account does the cheque get sent?



There is a wide range of benefits and services available for veterans' survivors and dependents of military and civilian personnel. For more information, contact Veteran Affairs Canada at **ENGLISH** 1-866-522-2122 **FRENCH** 1-866-522-2022 **WEB** www.vac-acc.gc.ca

Are you currently receiving a pension based on your prior work? Yes No

Are you currently receiving a pension based on your husband's prior work? Yes No

Will you become eligible for a pension some time in the future? Yes No

- from your work? Yes No
- based on your husband's work? Yes No

What company is your pension received from or expected from?

What is the name and phone number of the administrator of the pension plan?

How much do you receive each month? \$ _____

Are there any conditions for you to continue receiving this pension amount? Yes No
(For example, must you be married to receive this amount?)

What happens if your husband/partner dies?

To what address or bank account does your cheque get sent?

If it goes directly to a bank account, who has access to that account?



Example of Coordinated Community Responses

CHECKLIST FOR COMMUNITY COORDINATION

1. Have older women been involved in the development of a coordinated community response?
2. Has the entire community, including formal and informal organizations, been involved in action that helps to break the cycle of violence?
3. Have the key players come together to establish the principles and values that will guide the work?
4. Have the various roles and responsibilities of each stakeholder been identified?
5. Is the work guided by a shared understanding and a consensus in value-based principles?
6. Have protocols, procedures and more formal agreements been cooperatively arranged?
7. Is there a choice of entry into the community-wide response system for older abused women?
8. Are supports and service that are part of the response network working together to meet the identified needs or concerns of the woman?
9. Have community businesses and financial institutions been alerted to situations of financial exploitation and made aware of the available support options?
10. Are existing services working together to respond to needs?
11. Have new services been developed as required?
12. Have committees developed flexible plans for meeting and sharing information to accommodate the diverse needs of sectors and professional groups?

CHECKLIST FOR PLANNING OUTREACH INITIATIVES FOR OLDER WOMEN

- Outreach staff speak the languages of older women
- Time for listening to women's life stories has been incorporated into the initiative
- Incentives for women to attend programs have been offered (i.e. food, fun activities)
- The ideas of older women have been incorporated into the program
- Barriers facing older women in the community have been explored and tackled
- Women have been approached on a one-to-one basis
- An environment where woman feel comfortable discussing abuse has been created
- Transportation has been offered or subsidized
- Once a woman has joined a program, outreach has continued through ongoing personal contact
- A *community* within programs has been created through the encouragement of friendships and support among participants
- The focus has not been solely on the abuse- programs that interest older women (e.g. art, exercise, health checks, healthy eating, computer training) have been offered, while at the same time, information on abuse has been provided
- Information on programs for older women has been posted in as many locations as possible, including libraries, churches and newspapers
- Home visiting (if it is safe to do so) has been employed as a strategy for reaching older women who are home-bound or isolated
- Staff have been flexible in terms of meeting with women in places deemed safe and accessible to them in various settings

- Staff have ensured that older women are knowledgeable about the programs and services that are available to them in the community
- Organizations that work with older women have been approached through one-to-one contact and presentations

Existing Structures within the Community with whom to Coordinate Outreach

Seniors' centres _____

Faith organizations _____

Services within the violence against women sector _____

Community support services _____

Public Health programs _____

Businesses that serve seniors _____

Residents' organizations _____

CONTACT LIST



ONTARIO'S REGIONAL ELDER ABUSE CONSULTANTS

North East Office

705-525-0077

northeast@onpea.org

Central East Office

705-745-4100

centraleast@onpea.org

East Office

613-596-5626, ext 234

east@onpea.org

North West Office

807-343-8563

northwest@onpea.org

Central West Office

905-276-3282

centralwest@onpea.org

West Office

519-971-9217

west@onpea.org

Multicultural Coordinator

416-640-7785

multicultural@onpea.org

RESOURCE LIST

CONTACT Ontario Seniors' INFOline:

TOLL-FREE 1-888-910-1999 **PHONE** 416-314-7511 **TTY TOLL-FREE** 1-800-387-5559

The Ontario Seniors' Secretariat has compiled a comprehensive directory to government and community programs and services for seniors, A Guide to Programs and Services for Seniors in Ontario. For a print copy of the guide, please contact the Ontario Seniors' INFOline. The guide is also available online at:
www.citizenship.gov.on.ca/seniors

VIDEOS

Criminal Justice Response to Domestic Violence in Later Life (also available in Spanish)

Wisconsin Coalition Against Domestic Violence.

Available from: www.wcadv.org

Elderly Immigrant Women Abuse: Stop the Silence (also available in Spanish)

Peel Elder Help

Just to Have a Peaceful Life

Terra Nova Films

A Video and Handbook for and About Older Women who have Survived Abuse.

Older Women's Long-term Survival Society (OWLS Calgary, Alberta)

The Dance

The Maricopa Elder Abuse Prevention Alliance (MEAPA).

Phoenix Area Agency on Aging

What's Age Got To Do With It? (Also available in French)

B.C./Yukon Society of Transition Houses

www.bcysth.ca

WEB SITES

Action Ontarienne Contre la Violence Faite Aux Femmes

www.francofemmes.org/aocvf

Advocacy Centre for the Elderly (ACE)

www.advocacycentreelderly.org

Assaulted Women's Helpline

www.awhl.org

B.C. Institute Against Family Violence

www.bcifv.org

Canadian Network on Elder Abuse

www.cnpea.ca

Education Wife Assault

www.womanabuseprevention.com

International Network for the Prevention on Elder Abuse

www.inpea.net

La Fédération des Aînés et des Retraités Francophones de l'Ontario (FAFO)

www.fafo.on.ca/fr

Metropolitan Action Committee on Violence Against Women and Children

www.metrac.org

National Center on Elder Abuse

www.elderabusecenter.org

National Clearinghouse on Abuse in Later Life

www.ncall.us

National Clearinghouse on Family Violence, Public Health Agency of Canada.

www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence

Older Persons' Mental Health and Addictions Network of Ontario
www.opmhan.ca

Older Women's Network (OWN)
www.olderwomensnetwork.org

Ontario Association of Non-Profit Homes and Services for Seniors
www.oanhss.org

Ontario Home Care Association
www.homecareontario.ca

Ontario Network for the Prevention of Elder Abuse (ONPEA)
www.onpea.org

Ontario Retirement Communities Association
www.orca-homes.com

Ontario Women's Justice Network
www.owjn.org

Ontario Seniors' Secretariat (OSS)
www.citizenship.gov.on.ca/seniors/index.html

Seniors Canada Online
www.seniors.gc.ca

Shelternet: Multilingual site making links for abused women
www.shelternet.ca

Woman Abuse Council of Toronto
www.womanabuse.ca

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- The Ontario Seniors' Secretariat; (OSS)
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- Daina Mueller, Hamilton Public Health and Community Services Department
- Denyse Culligan, Action Ontarienne Contre La Violence Faite aux Femmes and Fédération des Aînés et des Retraités Francophones de l'Ontario
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APPENDICES

7.1 FOCUS GROUP QUESTIONS: OLDER WOMEN

The questions put to the older women in our consultation sessions were preceded by an explanatory note, which follows:

Introduction

This project is about older women who are being abused or who have experienced abuse by people they live with or depend on for support. We are developing a handbook that will help service providers and others who would like to help older women who have experienced abuse. This handbook will help them learn about the issues and barriers older women experience, and help in the development of services and programs helpful to older women who might experience abuse. Our hope is to work towards the prevention of abuse of older women.

We are talking to women in groups in different parts of Ontario. We would like to get ideas of what people should be doing to help older women, what they have found works well, and ways to prevent the abuse of older women.

You do not need to tell us anything you do not want to. We are here to listen to what you do want to talk about. You or your comments will not be identified in any published material. I will also be collecting some information about you, but not your name. This is to help me know something about the women who participate in the focus groups. For example, I would like to know the average age, where women were born, etc. This would be helpful to the project. However, if you are uncomfortable giving me this information that is o.k.

Your information, together with information from the other groups, will be combined, summarized and integrated into the handbook. We have a consent form that explains the confidentiality of this interview. We are asking all participants to sign this form to confirm that they have received information about the interview and wish to participate.

There are no right or wrong answers in this group interview. We are looking for your experiences and your opinions. All of your comments are very important to us. The interview should take about one hour and a half to two hours. Are there any questions before we start? Is there anything I have not made clear?

QUESTIONS

1. What kind of abuse do older women experience? (Based on personal knowledge and experiences of friends and family) (Probe: physical, emotional, and systemic)
2. Where do older women in your community find help if they are being abused or at risk for abuse? (community could be ethno-cultural, geographic, etc.)
3. What kind of help is useful to an older woman when she is experiencing abuse? (Probe: formal help, informal help, and different sectors)
4. What kind of help is useful to a woman once she is away from the abuse? What does an older woman need to stay free from abuse? (Probe: formal help, informal help, different sectors)
5. What is important in a good relationship between the woman and somebody that could help her with the abuse? (Probe: qualities/knowledge of service provider, way service delivered, etc.)
6. What are the differences in the lives of women experiencing abuse who are 30 compared to those who are 65? What about those who are 55 compared to 65 or over 80? (Probe barriers, issues faced, types of abuse, availability of programs and services)
7. What do you believe is needed in this society to prevent the abuse of older women? How can we prevent the abuse from happening in the first place? (Probe education, supports, programs and attitudes)
8. Is there anything else that you would like to say about the abuse of older women?

7.2 FOCUS GROUP QUESTIONS: SERVICE PROVIDERS**The Issue: Abuse of Older Women**

1. What factors do you believe contribute to the abuse of women? Seniors? Older women?
2. What are the barriers faced by older women who have or are experiencing abuse?
3. What are the differences that diverse age groups of women experience related to their experience of abuse or being at risk of abuse? (Under 50, 50-65, 65-80, 80+)

Programs and Services

4. What kinds of programs and resources currently exist in your community to respond to and prevent the abuse of older women who have or are experiencing abuse?
5. What are the strengths of the above programs and resources? How can we build on this practice to further meet the needs and to prevent the abuse of older women?

Community Coordination

6. Do those working in the seniors' sector or elder abuse and those who work more broadly in the area of violence against women work together in your community? How can this collaboration be improved?

Working Towards Best Practice

7. What do you see as essential values and principles that should guide work on the abuse of older women?
8. What are some key factors or issues to keep in mind when developing community, education or prevention programs in response to the abuse of older women?

The Present Resource Guide

9. What are some of the parameters that should govern this guide? What should it include and what should it stay away from?
10. What would make this Guide user-friendly?
11. Who will be the biggest users of the Guide?
12. Do you have any examples of guides that we could review that you thought were particularly useful?

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6.3 RESEARCH REPORT AND CONSULTATIONS

An extensive research program was undertaken as a means of establishing the basis for the development of this Guide.

Section 1, "Research " involves the review and analysis of existing literature, programs and initiatives having to do with the abuse of older women, and represents an excellent compilation of relevant materials. The source and reference materials on which it is based are set out in Section 6.4.

Section 2, "The Perspectives of Older Women and Service Providers," summarizes the results of a series of consultations that took place with service providers, older women and a Steering Committee.

RESEARCH REPORT AND CONSULTATIONS

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1. RESEARCH

1.1 THE CONTEXT AND DYNAMICS OF ABUSE

Ontario has an aging population. Data from the Ontario Ministry of Finance (2004) indicate that the number of seniors in Ontario will increase from 1.6 million (12.8% of the population) to 3.7 million (22.3%) by 2031. Women will continue to outnumber men because of a longer life expectancy. As the population ages, there is a growing awareness that the contexts in which some people grow old are complex and difficult. This has resulted in an increased attention to the abuse of older adults and women.

The World Health Organization defines the abuse of older adults as: Single or repeated acts or lack of appropriate action occurring within a relationship where there is an expectation of trust, which causes harm or distress to an older adult. (2002)

Researchers have grouped and described the abuse experienced by older women in a variety of ways:

Physical abuse is the infliction of physical pain or bodily harm. It includes behaviours such as slapping, hitting, beating, spitting, kicking, burning or restraining.

Sexual abuse is any sexual activity involving a victim who has not given consent or who is incapable of giving consent.

Psychological or emotional abuse includes threatening, isolating, intimidating or humiliating.

Financial abuse includes illegal or improper exploitation of funds or other resources. It includes behaviours such as stealing money or property, convincing a person to give away money, misusing bank or credit cards, forging signatures on cheques or legal documents, and misusing a power of attorney.

Neglect is the refusal or failure of a person or organization to meet the needs of an older adult who is unable to meet those needs on their own. It includes behaviours such as denial of food, shelter, clothing, medical assistance or personal needs, or withholding of medication or health services.

Violation of civil/human rights involves the denial of an older person's fundamental rights. It includes withholding information, denial of privacy, denial of visitors, restriction of liberty, mail censorship or inhibition of religious practice. (Family Violence Prevention Unit, 2002; Brandl, 1997; Hightower and Smith, 2002)

A common pattern of abuse of older women is "spousal abuse grown old", in which women have experienced abuse for much of their adult lives. In some cases, the women have been in these relationships for as many as 40 or 50 years. Older women also experience abuse in new relationships. Physical abuse might start following the onset of a health condition or a changing pattern in a relationship. In some cases, the woman experiences emotional abuse, and a health condition or other change precipitates physical abuse. Women also experience abuse by their adult children. Often, the adult child is dependent on the abused woman for emotional or financial needs. (Hightower and Smith, 2002; Pillemer and Finklehor, 1989)

There is also evidence to indicate that, in some situations, a woman has multiple abusers. Pittaway and Gallagher (1995) found that, of 542 cases of elder abuse cases reviewed, 22% of the victims reported more than one abuser.

It is estimated that between 2% to 10% of seniors experience some type of abuse. (Lachs and Pillemer, 2004) Numerous studies demonstrate that a large percentage of these cases are women:

- A major study in British Columbia reviewed 542 cases of abuse of older adults in Vancouver and found that 74% of the victims were women. (Pittaway and Gallagher, 1995)
- A study in Alberta that reviewed information on 130 older clients who were abused by family members found that 86% of the victims were women. (Boyack et al, 1995)
- A study in Winnipeg that reviewed 100 cases of abuse of those 60 years of age or more (50 cases of abuse by an adult child and 50 by a spouse) found that 86% of the victims in the spousal cases and 80 percent in the adult child cases were women. (Crichton et al, 1999)

- A 2004 U.S. study of 92,000 women aged 50 to 70 found that 10,200 women had been verbally or physically abused in the past year. (89% verbal abuse alone) At the time of a three-year follow-up, an additional 2,400 more women reported abuse. This study indicates that older women experience abuse at similar rates to younger women. (Mouton et al, 2004)

Some research also indicates that family members, frequently a spouse or adult child, represent a significant number of the abusers of older women.

- Lithwick, Beaulieu and Gravel (1999) found that almost half of the 128 cases of abuse in adults aged 60 or more occurred in a spousal relationship. In many of these cases, violence had been a problem for more than 25 years.
- Seaver (1996) looked at 132 women over 50 years old who attended an abused women's program in Milwaukee, and found that 58% of the abusers were husbands and 42% were adult children.
- Pittaway and Westhues, (1993) in a review of 605 cases of adults aged 55-100 who accessed health and social service organizations in London, Ontario during a threemonth period, concluded that "most physical abuse and all cases of sexual assault in later life are perpetrated by spouses" (p.84) and that "spouses are the most common source of chronic verbal aggression." (p. 86)
- The National Elder Abuse Incidence Study in the U.S. found that family members were the perpetrators in 89.7% of the "substantiated incidents of domestic elder abuse and neglect." (NCEA, 1998, p. 7)

While there are numerous studies that have examined abuse in later life, there is much work to be done to define the full scope of the problem. Brandl and Cook-Daniels, (2002) who undertook an extensive review of the literature on abuse in later life, point out numerous limitations of existing studies. Many of the studies are small and are typically based on adults who are using a specific service, resulting in a biased sample and the exclusion of many older adults who do not come to the attention of professional services.

As well, older adults' definitions of abuse often do not match those defined by professionals in measurement or assessment tools. Statistics Canada (1998) also notes that current statistics are likely an underestimate of the problem since women might be reluctant to identify themselves as abused due to a lack of awareness, guilt, fear or embarrassment.

1.2 THE UNIQUE NEEDS OF OLDER WOMEN

In defining the meaning of *older*, many publications and specific initiatives for older women have focused on women 50 years and older (Duncan, 2002, Hightower et al, 2001; Kappel and Ramji, 1998, Brandl, 1997). Brandl (1997) stresses that age is only a chronological number. A woman's health, genetic make-up and lifestyle are more important in determining her quality of life than her chronological age. She explains how in Wisconsin they identify women 50 years and older for the focus of their programs on older women because of the shorter life span of some groups of women (e.g. poorer women). In addition, women over 50 do not typically contact violence against women services, and may not be eligible for many financial services available to women over 60. Brandl cautions that defining later life as 50 years and over involves a broad age span and that it is a challenge to ensure that programs and services meet the needs of women ages 50, 70 and 90.

While many changes brought about by the aging process can be universal, each person is affected differently. The onset of various aging processes, such as hearing loss, will affect each individual at different times and in different degrees. For some women, the aging process will compound other factors in life and increase vulnerability to abuse. (ONPEA & Toronto Rape Crisis Centre/Multicultural Women Against Rape, 1995/1996)

When addressing the unique needs of older women, it is important to remember that older women are a heterogeneous group. Age and gender are not the only considerations when looking at the particular needs of older women. Numerous other social and demographic characteristics can increase vulnerability, discrimination and isolation, and/or contribute to resiliency when a woman is faced with abuse. Ethnicity, socio-economic status, race, religion, disability and gender orientation are factors that help determine how a woman defines herself and how she seeks help. These must all be considered in responding to the needs of older women. In addition, the values and cultures of older women may well be different from those of younger women. Diverse values and cultural norms can affect an older woman's experience of abuse and how she deals with the abuse.

Many women have grown up with the expectation that they have to make the best of the life circumstances they are faced with. Many older women have had hard lives, living through the 1930's depression, coming from war torn countries, experiencing multiple losses of friends and family as they age, and experiencing culture shock when they immigrate. They do not see themselves as having options or choices. (Kappel and Ramji, 1998, p. 33)

Studies of older women in British Columbia (Hightower and Smith, 2002) and in England, (Pritchard, 2000) indicate that older abused women need the following: advice; counselling; food and warmth; a safe place; control over one's life; housing information; physical help; privacy; information on who to call for help; money; company; choices/options; to be listened to; and the cessation of abuse.

A study on conducting research on the sexual assault of older women concluded that older women have different needs than younger women.

The impact of sexual assault may be different for senior women than for younger women due to greater feelings of shame, different needs with regard to protecting one's family, feelings of fear and vulnerability, and more difficulty in discussing their feelings about the assault. (Ontario Ministry of Citizenship, 1994, p. 8)

1.3 A NEED TO INTEGRATE AGE AND GENDER PERSPECTIVES

The United Nations International Plan of Action on Ageing (UN, 2002) supports the need to develop and maintain a gender perspective in understanding and responding to the abuse of older adults. The Plan aims to ensure that people everywhere are able to age with security and dignity, and are able to participate in their societies as citizens with full rights. In September 2002, the United Nations Economic Commission for Europe,

(UNECE) of which Canada is a member, approved a Regional Implementation Strategy for the Plan. The Strategy gives particular priority to several areas, including a gender perspective in all aging policies, striving to maintain quality of life at all ages, and independent living.

The Toronto Declaration on the Global Prevention of Elder Abuse states that women are particularly vulnerable to abuse in later life. It also urges those working in the field of elder abuse to "consider a gender perspective." (World Health Organization, 2002)

Many researchers and practitioners believe that a violence against women framework should be used to study and respond to the abuse experienced by older women. While violence against women has been recognized as a significant social, economic and health problem, there has been, until recently, a general perception that gender-based violence is a "problem for younger women and that violent behaviour within a family setting ceases at some mature age." (Hightower, 2002, 1) Research has clearly indicated, however, that abuse does not stop by reason of old age. In fact, those working from a more gender-focused framework of abuse in later life recognize that older women face a double jeopardy: they are vulnerable to abuse because of the liabilities associated with being a woman, and by reason of growing older. (Vinton, 1999)

A violence against women framework defines the abuse of older women as:

...any act of gender-based violence or threats of such acts, coercion or arbitrary deprivation of liberty that results in or is likely to result in harm or suffering to older women, including physical abuse, psychological abuse, financial abuse, neglect, sexual assault and violation of human rights. (United Nations Declaration of the Elimination of Violence Against Women, 1993)

There is a growing body of literature that clearly articulates the need to incorporate a gender perspective into theory and practice that addresses the abuse of older adults. (Education Wife Assault, 2005; Fisher et. al, 2003; Nerenberg, 2002; Mears and Sargent, 2002; Hightower, et. al 2001; Hightower, 2002; Kappel and Ramji, 1998) At the same time, violence against women researchers and advocates are paying attention to the issues concerning intimate partner interpersonal violence against older women. (Fisher et. al., 2003) The research in this area proposes a more integrated approach to the abuse of older women that incorporates age, gender and other factors such as ethnicity.

This integrated approach has evolved from an awareness that, until recently, violence against women and seniors' services have not adequately dealt with the specific dynamics of the abuse experienced by older women and the specific needs and challenges in dealing with this type of abuse. (Hightower, 2002; Vinton, 1999; Brandl, 2000; Kappel and Ramji, 1998)

While the literature on violence against women has a lot to contribute, the issue of abuse of older women has several other layers of complexity that make it limited. Models that just deal with the issue of elder abuse without considering the special issues of gender are also limited. (Kappel and Ramji, 1998,p.14)

Focusing mostly on age as a determinant in the abuse of older adults has been limiting. Over the past several years, many researchers and practitioners have made strides by acknowledging and integrating the links between the abuse of older adults and violence against women perspectives. (Penhale, 2003; Nerenberg, 2002; Brandl, 2002; Vinton, 1999)

Numerous authors propose models for responding to the abuse faced by older women. These models, like those that examine abuse in younger women, focus on power and control, but with age and the effects of age discrimination as an added factor. Hightower and Smith (2001) report that since violence against women has been well documented and established as hinging on the control and domination of women, abuse in the lives of older women is based on a combination of gender, power and ageism.

Nerenberg (2002) also articulates the importance of gender in an analysis of the abuse of older women. She says that the violence against women literature has documented extensively how women are vulnerable to violence because of their unequal economic, social and political status in society. These inequalities further limit a woman's ability to stop the violence. Those working in violence against women's services have established the experience of inequality as the core of the issue and have defined best practices and corresponding interventions that are consistent with this perspective.

The Family Service Association of Toronto (2004), in their best practice guide on responding to abuse of older adults, does not necessarily suggest the integration of a gender perspective in responding to the abuse of older adults. Their recommendations for best practices, however, are congruent with most models of abuse of older women, including power and control as a causal factor in abuse of older adults and an empowerment model for response.

Health Canada's Family Violence Prevention Unit (2002) proposes a family violence framework to understand and respond to the abuse of older adults.

"Using a family violence framework can provide a better understanding of the dynamics of abuse; ensure that interventions empower victims to help themselves; develop effective prevention, intervention and support strategies; and encourage collaboration with and among service providers working in the area of family violence."

(Family Violence Prevention Unit, 2002, 11)

Another factor that becomes important when integrating age and gender into a model to address abuse is the understanding that abuse is not something that women experience only in their senior years. (Hightower et. al, 2001; Kristiansen, 2004) Kristiansen stresses the importance of focusing on the past abuse that older women have experienced, and, given the prevalence of violence, including sexual assault, affecting women across the life span, there is a need to understand how these experiences affect the lives of older women.

The abuse that children and younger women experience does have a connection to the abuse that women experience in later life. For example, Pittaway, Weshues and Peressini (1995) explored the risk factors for elder abuse and neglect of 385 adults who took part in their study. Those adults who had experienced child abuse were more than twice as likely to report having been physically abused since the age of 55, compared to those who had not been assaulted as a child. Those who had been physically assaulted as a younger adult were almost five times more likely to experience physical abuse after the age of 55. The relationships with earlier abuse were also the same for chronic verbal abuse.

2 THE PERSPECTIVES OF OLDER WOMEN AND SERVICE PROVIDERS

2.1 CONSULTATIONS

Service Providers

Eight regional service provider consultation sessions were held in Etobicoke, Ottawa, (English and French) Englehart, Hamilton, Toronto, York Region, Windsor and Thunder Bay. These involved involving more than 126 representatives of a wide variety of organizations:

- Hospitals
- Home care support services
- Women's organizations
- Seniors' support services
- Aboriginal programs and services
- Francophone organizations
- Public Health
- Seniors' Mental Health Services
- Long-term care
- Senior residences
- Violence –against–women
- Police
- Ethno-specific organizations
- Counselling agencies
- Community Health Centres
- Elder Abuse Services

Most participants held management, direct service, advocacy, policy and volunteer positions within their organizations. Most spent at least 25 per cent of their time working with older women or on abuse issues.

In addition, a separate consultation was held with five representatives from francophone service organizations in the Thunder Bay area to discuss the concerns and needs of francophone older women. Three additional service providers/advocates in Toronto, Sudbury and Ottawa provided input on the specific needs of francophone older women in their communities.

Older Women

Five consultation groups were held with 39 older women in Guelph, Ottawa, Thunder Bay, Toronto and Brampton. Four of the groups included women from support groups for older women who are experiencing or have experienced abuse. One group was a general support group for senior immigrant women.

The age range of the participants varied considerably, from 47 to 85, with the majority over the age of 60 and at least seven women over the age of 70. Some of the younger participants were in a group for older women because their situations were similar to the abuse experienced by older women. (one woman aged 47 had been abused by both her spouse and adult children) Participants in the first four groups did not reasonably represent the diversity of the Ontario population. As a result, a decision was made to hold three more group consultations – one with immigrant older women, one with Aboriginal older women, and one with older women in a rural area. Unfortunately, the consultations planned with the latter two could not be held within existing time frames. However, we are confident that the perspectives raised by service providers are representative of these groups. As we were unable to locate a support group for older immigrant women who have been abused, we consulted with a general support group.

At least 30 participants had experienced abuse by a spouse, adult child, or by both a spouse and adult child. Twenty-five of the 26 women who completed demographic questionnaires indicated that they had experienced abuse by a spouse. Eight of the women (32%) who had experienced abuse by a spouse stated that an adult child had also abused them. One woman had experienced abuse by an adult child only. Seventeen women (68%) said that someone else on whom they were dependent also abused them. While this number is significant statistically, we cannot be certain if this abuse was in reference to a perceived mistreatment by society generally, or specific abuse situations by family members, friends, neighbours or caregivers.

Since background information on the group of immigrant women was not available, their group facilitator summarized their backgrounds. She said that one or two women in her groups have disclosed abuse, but the women tend to talk about others they know who have experienced abuse. They do not frame their experiences with adult children as abuse, but do talk about very difficult and stressful intergenerational issues.

Steering Committee

The Committee was comprised of 21 members representing core partner organizations, health and community agencies and older women, as well as representatives who provided input on the perspectives of women from rural, francophone, immigrant, disabled and Aboriginal groups. Discussions also took place with several key informants from Ontario and British Columbia.

2.2 THE CONTEXT OF ABUSE

The results of the regional consultation sessions across Ontario were generally consistent with the findings in the literature on the abuse of older women.

Older women experience many forms of abuse, including financial, physical, sexual, emotional, and neglect. Participants talked mostly about abuse by spouses and adult children, but also about the systemic abuse in residential settings and the more general, society-wide

systemic abuse experienced by older women. Older women in particular described how they experienced discrimination, they were not taken seriously, and they were lonely, isolated, and invisible. Participants stressed that women experience abuse across the lifespan, but as they age, they experience increased vulnerabilities such as health-related issues and increased isolation that exacerbate the risk of abuse and the barriers to addressing abuse.

“It is easier to abuse your wife when she is older because she is more dependent, more isolated. It is also a lot harder at 80 to leave and start over.”

—Service Provider.

2.3 A NEGLECTED ISSUE

“Older women experience discrimination and society thinks of an older woman as someone in a nursing home, all tied up!”

—Older Woman.

Many service providers across Ontario stated that until recently, there has been a lack of attention to the abuse of older adults, and more specifically, the abuse of older women. They believe that this is reflective of a general devaluing of older people and specifically, a more pronounced devaluing of older women. Factors such as poverty, language, race, sexual orientation and physical and mental ability also contribute to the discrimination, invisibility, and devaluing of older women. Older women reinforced this view with many statements about their feelings of invisibility, how they do not feel listened to, and how they perceive that they have little value in society.

2.4 BARRIERS TO SEEKING SUPPORT

“The harder it is to get information, the more strikes against you, and the greater the isolation.”

—Service Provider.

Many barriers help keep abuse hidden and prevent abused older women from seeking help. Participants discussed the following barriers:

- Lack of knowledge of abuse (by both service providers and older women)
- Guilt and shame
- Fear of the unknown, of change, of being alone
- Fear of retribution from family
- Emotional attachments, dependency on the abuser, and the abuser's dependency on them;
- Financial limitations;
- Normalization of long-term abuse;
- Culture and tradition: beliefs in keeping the family together;
- Lack of support to access help;
- People do not believe the abuse is occurring;
- Limitations in rural areas, including isolation, privacy issues, travel and limited resources; and
- the difficulty of acknowledging that an adult child is the abuser.

"As you age, situations become more difficult, more complicated."

—Older Woman.

Barriers to seeking help or leaving an abusive relationship also increase with age because of factors such as isolation, greater difficulty in making new friends, increased physical limitations, and generational values.

2.5 THE DIVERSITY OF OLDER WOMEN

“We need flexibility of programs because of the diversity of the province.”
—Service Provider.

The results of the regional consultations produced strong consensus that any initiative to respond to or prevent the abuse of older women must take into account the great diversity of older women across the province. The location of an older woman in a remote, rural or urban community, whether she is English or French speaking, Canadian born, First Nations or an immigrant, will influence if and how she seeks help, the barriers she might encounter, and how services should be provided to best meet her needs. Service providers shared their experiences in working with women from specific groups.

Immigrant Women

The specific needs and issues of older immigrant women were discussed in all regional consultation sessions with service providers, and in one group with older immigrant women. These consultations emphasized the conviction that all services and programs to address the abuse of older women should include and respond to an understanding of the issues and barriers faced by older immigrant women, and adopt a cross-cultural perspective to understanding abuse and its impact.

Older abused immigrant women might experience any of the barriers encountered by older women, but they also face the additional barriers: language and access to interpreters; cultural traditions and expectations; increased isolation due to cultural and language barriers; and a lack of culturally appropriate services or understanding.

Some older immigrant women who come to Canada are sponsored by adult children. Sometimes, the women come to help care for their grandchildren. They might be isolated, unable to speak the language, completely dependent on their family, and/or have limited access to resources and information. Where there is also abuse, it is very difficult for these women to seek support.

In other cases, older women who have lived in the community for many years remain isolated and disconnected from the larger community. Service providers stated that this group of women is “not easily identified or easy to reach.”

Francophone Women

The specific issues and needs of Francophone women were addressed with one group of Francophone women, as well as in four of the eight regional consultation sessions – three individual consultations with key informants, and two sessions specifically with Francophone service providers in Ottawa and Thunder Bay. Service providers specified that issues vary across

the province, depending on whether or not the older woman lives in an area designated by law to receive French language services. Some areas are well served, whereas in other areas, women have no access to counselling or other services in French other areas, although it is their legal right to receive them.

Difficulty in attracting qualified Francophone service providers and a lack of information available in French are two barriers that prevent a comprehensive approach to dealing with the abuse of older Francophone women.

The service providers and the older women also identified barriers experienced specifically by older Francophone women: geographic isolation; transportation and confidentiality in northern and remote communities; traditional values; and a higher rate of illiteracy.

Immigrant women from French-speaking countries experience additional barriers that require special consideration. For example, many French-speaking women from African or Caribbean countries face racism, discrimination and a lack of recognition of their professional qualifications.

Service providers also cautioned about making assumptions regarding English language skills. The fact that a Francophone woman can speak English, at any level of proficiency, does not take away her right to receive services in French. Moreover, it is well documented that in a crisis situation, speaking and understanding another language is difficult for anyone. As Francophone women age, it may become more difficult for them to speak and understand English. They may feign comprehension, for fear of losing access to the available help they need, or for fear of getting no help at all. It is important that service providers ask all Francophone women if they wish to express themselves in their mother tongue. They should also remind them of their right under the French Language Services Act to obtain service in French and offer to help them obtain such services where available.

First Nations Women

In five of the eight regional sessions, service providers talked about the unique needs of older First Nations women. The heterogeneity of First Nations people was emphasized. First Nations people have a variety of traditions and, especially in the northern communities, speak a number of languages.

Although the issue of abuse is beginning to be addressed in First Nations communities through initiatives such as the Aboriginal Health Advocacy Initiative and education and intergenerational programs, it still remains relatively hidden. There are numerous challenges and barriers faced in addressing abuse among older First Nations women, including: lack of First Nations service providers, internalized racism, shame, mistrust, generational trauma and language.

Due to the unique needs of First Nations communities, service providers emphasized that attempts to deal with abuse have to be centered in the community, carried out by First Nation service providers, and guided by First Nation perspectives.

In addition, when working with older First Nations women, it is important to consider that the life expectancy for women in this community is lower than for the general population, and that this should impact on the delivery of service.

Women in Northern and Remote Communities

In the Northern Ontario sessions, service providers and older women discussed the particular issues and needs related to older women in northern or remote communities. They stated that services are limited and spread out geographically. In these areas, transportation is a significant barrier, especially for older women who might not have access to a car or be able to drive. Due to low population densities in some in many areas, services are not available.

Working in these remote areas poses numerous challenges. Providers know that it is important to reach the very isolated, but this takes time and may result in the neglect of other clients. They stated that funders frequently fail to acknowledge the time it takes to conduct outreach in rural and remote areas.

Other Women

Participants also discussed the need to address the specific barriers and challenges experienced by older women who are illiterate, physically disabled, cognitively impaired or who are in same-sex relationships.

2.6 UNDERSTANDING ABUSE FROM AN INTEGRATED AGE AND GENDER PERSPECTIVE

“We ignore gender in abuse. The idea that assault is assault with no context leads to gender neutrality. That is a contributing barrier in addressing abuse.”

—Service Provider.

A majority of service providers in the consultation sessions framed the abuse of older women within a context of violence against women, with age posing additional risks and barriers. In numerous groups, older women questioned why we called it “elder abuse.” Many had experienced abuse for a long time and did not see the abuse specifically as an age-related issue.

The consultations indicate that while there is some integration among violence against women and seniors services in several regions of Ontario, the two do not routinely work together, and that the lack of integration of the two service systems is a contributing factor to under-servicing.

2.7 EXISTING SERVICES AND PROGRAMS

Service providers identified a number of strengths in existing programs and services. Some of these are initiated by violence against women services, and some from services specifically addressing the abuse of older adults. A few exist that are a cross-pollination of these two sectors. Service providers specified that when working with older women, it is important to know the strengths of all existing services, specifically those that work with abused women, and to ensure that older women are properly referred to appropriate services.

“Some family doctors are very helpful. They ask you ‘what’s going on?’ and it helps you unburden yourself.”

—Older Woman.

Women spoke of a variety of sources of support, including family physicians, clergy, general services for abused women, lawyers, family counselors and support groups. They also suggested how service providers could be more receptive and helpful to them:

- believing them
- listening to them
- offering options rather than telling them what to do
- being patient
- offering encouragement
- improving communication among service providers

Specific programs or community supports that would help older women include:

- community support groups
- education and awareness on abuse and program options
- home visiting
- financial support
- assistance in gaining employment
- training and assistance with new technologies
- improved continuity of services;
- opportunities to hear other women's stories
- opportunities to tell one's own story
- support from neighbours and friends

- social activities to help reduce loneliness and isolation
- counselling supports geared specifically to older women who are abused.

Participants talked extensively about limitations in services and programs for older women who have experienced abuse. In general, they focused on three main limitations: Lack of Services for Abused Older Adults Generally and Older Women Specifically.

“There is a lack of services in the city. It is difficult for women to identify the workers or services because the services are not co-ordinated. Sometimes the women are referred, but often they find the services by chance.”

—Service Provider, Ottawa

Service providers in many of the regions talked about a lack of services. These include:

- Housing
- Counselling
- Research and evaluation
- Case consultation
- Shelters, especially in rural areas
- Specific programs for older women
- Coordination of services
- Crisis response

“In a rural area, it is very difficult to find help because there is a lack of resources. If you know where to get help, but do not have a car or can’t drive, then you cannot get any help either. There is little for women in general, recreational services only. You have to drive into Ottawa to get help and I live 20 minutes from Ottawa. Often the only recourse is the phone. In general, people do not know where to go for help. This leaves abused persons alone with their problems.”

—Older Woman.

Older women also discussed the difficulties they encountered when seeking help for abuse, especially in finding appropriate services. They mentioned that neither they nor their service providers knew about existing services for older abused women. One woman said, “Help is often found by accident.” Program criteria often exclude women because of their age or the nature of the problem, compounded by the other difficulties such as lack of transportation and limited services in rural areas.

Many participants identified shortcomings in the medical profession with respect to dealing with abuse, such as a lack of sensitivity on the part of some physicians and inadequate time taken to talk to women. Doctors sometimes overlook or misdiagnose the physical and mental health consequences of abuse, which often results in the prescription of medication for anxiety, depression or other mental health conditions arising from abuse.

There is a shortage of language-specific services to accommodate women who do not speak English. Francophone women also experience difficulty in accessing services in French that should be available to them in designated areas of the province.

Lack of Sustainable Funding

According to service providers across Ontario, a lack of funding, and particularly sustainable funding, impede best practice. A community’s inability to sustain funding can result in:

- A lack of services;
- Difficulties in the coordination of services
- Inconsistency of services across the province
- Difficulty in maintaining long-term staff positions
- Difficulty in developing and maintaining a community protocol for response

Service Inadequacy

Service providers talked about how, within existing services, there is a lack of response to the particular needs of older women. Specifically, they reported a lack of gender analysis in the frameworks used by those working within elder abuse services. Gender-neutral frameworks tend to ignore power and control in an abuse situation. Service providers reported that this can result in abuse being attributed to caregiver stress and that the focus can shift from support for the victim to the abuser. The use of gender-neutral frameworks can also result in a failure to adopt practices that are well established within violence against women services, such as safety planning, and the utilization of an empowerment model.

Service providers also pointed out that while violence against women organizations do a better job of integrating a gender perspective, they often fall short in addressing the needs of older women. For example, they might not consider mobility issues when planning services, or appreciate that older women may require more time spent in counselling.

2.8 BEST PRACTICE PRINCIPLES

During our consultations with service providers, a number of features of best practice program, values and principles were put forward. These have been presented in five thematic categories.

Co-ordinated Support Services

The results of the consultations clearly indicate that a co-ordinated system of support services for older women is a critical best practice. These supports include:

- Peer support
- Counselling and transitional supports
- Activities to reduce isolation
- Intergenerational programs
- Transitional shelters and supportive housing
- Support through family physicians and/or other health care workers

It was strongly held that two components for the local co-ordination of services were essential:

- A community co-ordinating committee
- The integration of violence against women and elder abuse services

For those working with seniors, this means reaching out to those organizations working with women; ensuring that they respond to the needs of older women; and securing the representation of older women on committees co-ordinating the abuse of older adults. It also means referring older women experiencing abuse to services for abused women, such as transitional support programs.

Service providers emphasized the importance of professional training as a component of providing services for older women. Cross training of those in the violence against women

sector, those in the seniors sector, and others who work with older women is also an important part of creating a co-ordinated response. The curriculum should include information on the specific needs of older women, the dynamics of abuse, and recognition of biases of age, gender and culture. Service providers also stated that training should be directed to many professional groups, including physicians and those working in the justice system.

Public Awareness and Access to Information

The importance of raising public awareness on the abuse of older women was emphasized at all consultations across Ontario. Older women stressed that overcoming a lack of information and education on abuse, rights and services is a key best practice.

Fostering Independence in Older Women

“Seniors make their own choices based on their expectations and life experiences. Do not remove options and minimize contributions to decision making. Older women’s contributions must be valued, sought and cultivated.”

—Service Provider.

Like their younger counterparts, older women want to, and are capable of, making their own decisions. Service providers should foster independence and support older women by listening, encouraging, offering and clarifying viable options, and providing support during and following decisions. This is a best practice which might also include economic support to leave an abusive relationship and transfer to safe housing; ongoing learning on how to become more self-sufficient and how to improve self-esteem; as well as information on safety planning.

- **Incorporating Diversity in Programs and Services**

The consultation provided numerous recommendations for incorporating diversity

- and cultural sensitivity into programs and services as a best practice, including

Adapting all program approaches to ensure sufficient flexibility to meet individual needs

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- Recognize the complexity of cases and broader contributing factors such as culture, race and religion
- Recognize the unique issues of older women and incorporate them into program models
- Emphasize and focus on the empowerment of older women

- Refer to ethno-specific programs and French-language programs when requested, if available
- Advocate for the availability of, and support the use of cultural interpreters

Integrating the Perspectives of Older Women

At every step of the process, include women who have experienced abuse.

Service Provider.

Service providers across Ontario stressed the need to involve older women in all initiatives as a best practice. Older women should be consulted and their views incorporated into educational campaigns, services and programs, as should their participation in co-ordinating committees. The perspectives of older women are essential to fostering a best practice approach to the abuse of older women.

7. FUTURE DIRECTIONS

As a result of the extensive work undertaken, a number of proposals are being put forward that are intended to enhance the usefulness of this Guide.

In addition, we are hopeful that others will follow on the path toward the development of best practices in the field. In that regard, we have set out a series of future directions intended to provide insight and guidance on issues of research; public awareness; training; community co-ordination; and enhanced support

1 THE CURRENCY AND USEFULNESS OF THE BEST PRACTICES GUIDE

- The Guide should be evaluated on a regular basis for its currency and relevance, and proposals put forward for further research and action.
- The Guide should be reviewed to ensure that it meets the needs of the Francophone community.
- Training and orientation sessions on the Guide should be provided to members of abuse of older adults coordinating committees across Ontario.
- A task force should be established on the abuse of older women to further explore gaps in services and make recommendations to enhance research, policy, and community capacity.

2 ADVANCING RESEARCH AND DEVELOPMENT OF BEST PRACTICES

- Research should be undertaken on the development of outreach models focusing specifically on the barriers experienced by immigrant older women, older women living in rural areas, older francophone women and older aboriginal women.
- Research and evaluation should take place into the capacities and needs of support groups for older women, with a focus on means to service isolated, “hard to reach” older women.
- Research and evaluation should take place on the capacities and needs of the violence against women sector in serving the needs of older abused women.

- Research should be undertaken to evaluate the prospects of improved coordination and integration of services provided by the violence against women and the abuse of older adult sectors.

3 RAISING PUBLIC AWARENESS

- Awareness raising initiatives should involve the representation and active involvement of older women in outreach and public awareness campaigns.
- Public awareness campaigns should be multilingual. Copy information should be simple, jargon-free, and easy to read and understand.
- Public awareness campaigns should include information on how services available to younger women are also available for older women, including transitional counselling and shelter services.
- Media relations should be undertaken to attempt to create positive images of older women and their contributions to their communities.
- A dossier should be created to highlight personal examples of the resiliency of older women who have surviving long-term abuse and made positive changes in their lives.
- Public awareness campaigns should include the message that abuse happens across the life span, and that communities and generations need to work together to prevent abuse.
- Education on age discrimination and abuse across the life span and should be considered for inclusion in the Ontario primary and secondary school curriculum.

4 PROFESSIONAL TRAINING

- An electronic *chat room* should be developed to facilitate the awareness of sharing of issues on appropriate strategies for service providers working on abuse across the life span.
- Cross-training opportunities should be available at local and provincial levels for those working in the violence against women and seniors sectors.
- Training on the abuse of older adults should incorporate gender and diversity components of abuse in later life.
- Professional programs in colleges and universities (including nursing, medicine, social work, counselling) should include training on the abuse of older women and appropriate responses.

5 ENHANCING COMMUNITY COORDINATION

- A strategy should be developed to facilitate cooperation among all sectors (either at the local or provincial level) in addressing systemic barriers that prevent women from accessing the help they need.
- Funding should be made available to build community leadership and capacity on the abuse of older women.
- Violence against women and abuse of older adults coordinating committees should all invite older women to serve as representatives.
- A community TRIAGE system should be developed to assist older women in accessing services that meet their individual needs.
- A model/process is developed to facilitate ongoing communications and discussion of common issues between local violence against women and abuse of older adults coordinating committees.

6 ENHANCING SUPPORTS

- Funding should be made available in support of more peer counselling and support groups across Ontario communities for older women who have experienced abuse.
- Community programs and initiatives that serve older women should facilitate the involvement of older women in program planning and implementation.
- Long-term funding should be made available to establish and maintain programs to support older women on an ongoing basis.
- The “safe homes” project in British Columbia should be explored for its application in Ontario to improve community capacity to meet the transitional housing needs of diverse older women who are being abused.
- Violence against women services should improve their understanding of the special needs of older women and adapt their practices and policies to reflect these needs.
- Health care providers should increase their awareness and understanding and of the abuse of older women and implement appropriate protocols for service and referral.
- Financial and housing support programs should be reviewed to determine their adequacy in serving older abused women who are compelled to remain in an abusive situation.
- Peer support programs on elder abuse should be developed through faith communities, seniors centres and other informal community supports.