

Fostering Safety Across the Lifespan: *Increasing Capacity to Support Older Women Experiencing Gender-Based Violence in Ontario*

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Association of Interval & Transition Houses (OAITH)

Land Acknowledgement

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

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

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

Resource Context

Specific Tools & Resources

Training

Ongoing Skill Development



Ontario Association of Interval & Transition Houses

About OAITH & The Aging Without Violence Project

The screenshot displays the OAITH website's 'Aging Without Violence' project page. The header includes the OAITH logo, navigation links (LEAVE THIS PAGE, HIDE VISITED PAGES, FIND HELP, OLDER WOMEN, TRAINING HUB, DONATE), a search bar, and social media icons. The main navigation bar features 'About Us', 'Our Work', 'Training', 'Library', 'VAW Jobs', 'Join Us', and 'News & Media'. The 'Our Work' section is highlighted, showing a grid of images: a woman in a hijab, a smiling woman, a woman with a walker, and a group of people at a table. A large purple circle on the right contains the text 'AGING WITHOUT VIOLENCE' with a butterfly icon. Below the images, a sidebar lists 'OUR WORK' categories: 'IN THIS SECTION' (Our Work Overview, Wrapped in Courage, Aging Without Violence, I need safety and support, I provide professional support, I am a friend or family member), 'Femicide in Ontario', 'Past OAITH Initiatives', 'Submissions', and 'Find your MPP'. The main content area is titled 'Aging Without Violence' and includes a 'FRANÇAIS' button and three call-to-action buttons: 'I NEED SAFETY AND SUPPORT', 'I PROVIDE PROFESSIONAL SUPPORT', and 'I AM A FRIEND OR FAMILY MEMBER'. The text describes the project's funding and goals, including showcasing responses, providing opportunities to connect across sectors, and identifying gaps in service delivery.

OAITH
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Font Size Search Website

About Us **Our Work** Training Library VAW Jobs Join Us News & Media

OUR WORK

IN THIS SECTION

- Our Work Overview
- Wrapped in Courage
- Aging Without Violence**
 - I need safety and support
 - I provide professional support
 - I am a friend or family member
- Femicide in Ontario
- Past OAITH Initiatives
- Submissions
- Find your MPP

Aging Without Violence

FRANÇAIS

I NEED SAFETY AND SUPPORT I PROVIDE PROFESSIONAL SUPPORT I AM A FRIEND OR FAMILY MEMBER

In 2018 the Ontario Association of Interval and Transition Houses (OAITH) received funding from the Ministry of Community and Social Services, through Ontario's Senior Strategy, to lead a 4-year training and resource project focused on ending violence against older women in Ontario (Jan. 2018- March. 2021).

The Aging Without Violence (AWV) project is guided by an inter-sector provincial advisory including stakeholders with expertise in violence against older women, public education, service provider training, research, and improved community responses.

Goals of the AWV project include:

- Showcasing existing responses, programs and research in the area of older women who've experienced violence
- Providing opportunities to connect across the VAW, health, residential care, housing sectors
- Identifying gaps in service delivery, resources, systems and research to inform specific service provider training



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

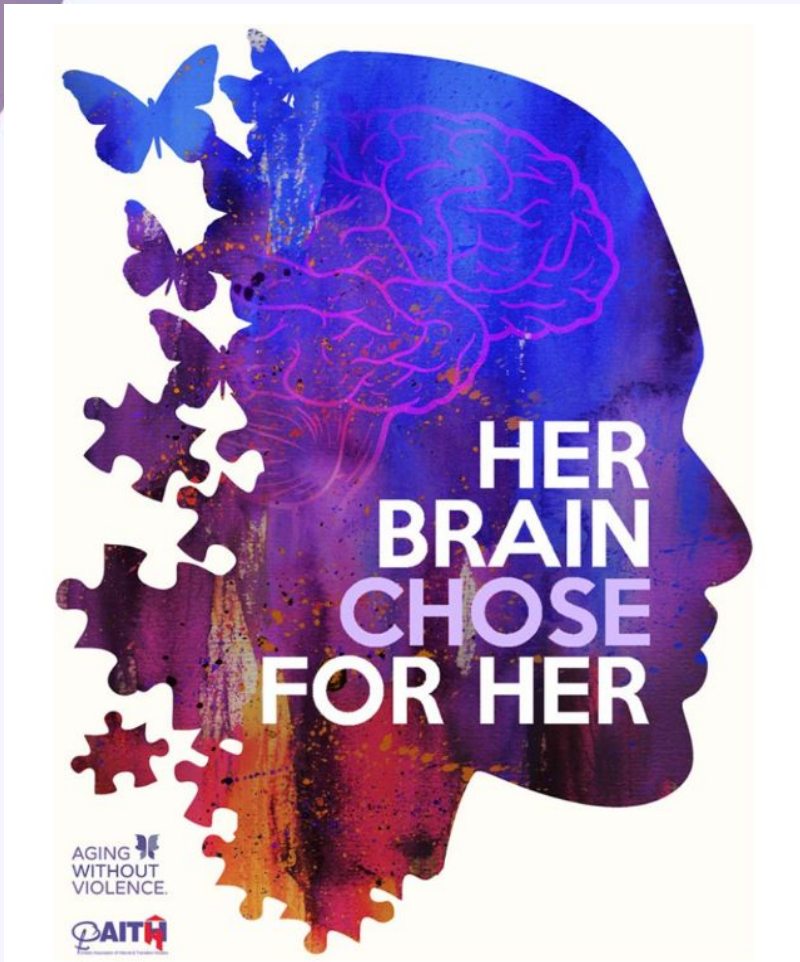


Feminist, Intersectional Analysis:

- Lifecourse perspective
- Identity lens, including gender
- Historical relationships of power between agencies, sectors & communities
- Valuing evidence, including lived experiences of survivors
- Recognizing where we are at



Specific Tools & Resources

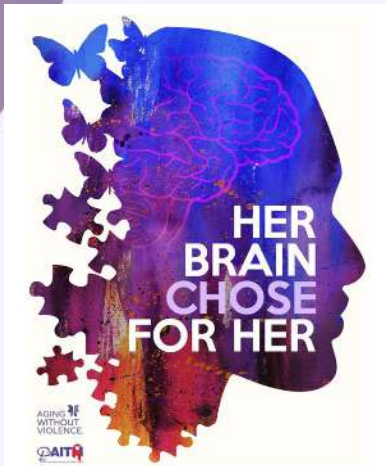


- Understanding synaptic activity, neurotransmitters, nervous system responses, and brain structures associated with stress and trauma beyond flight and fight mode;
- How traumatic events impact an individual's emotions and behaviour;
- How the brain processes and recalls traumatic events and how to best provide support;
- The developing brain, adverse childhood experiences, intergenerational trauma, and options for healing;
- Using an intersectional lens when providing trauma-informed care;
- The implications of complex trauma across a woman's lifespan and trauma-informed approaches specific to the needs of older women;
- Possible pathways to healing, recovery, and resilience for survivors of violence;
- Language, approaches, and techniques which may be helpful in providing service, care and support to women who have experienced trauma;
- The importance of contextualizing trauma within the oppression of social groups, impact of sexism, classism, racism, ableism, homophobia, and transphobia and impacts of trauma from individuals and larger systems.

- Download as a PDF or interact online - it's a document and a web-application!

herbrainchose.oaith.ca





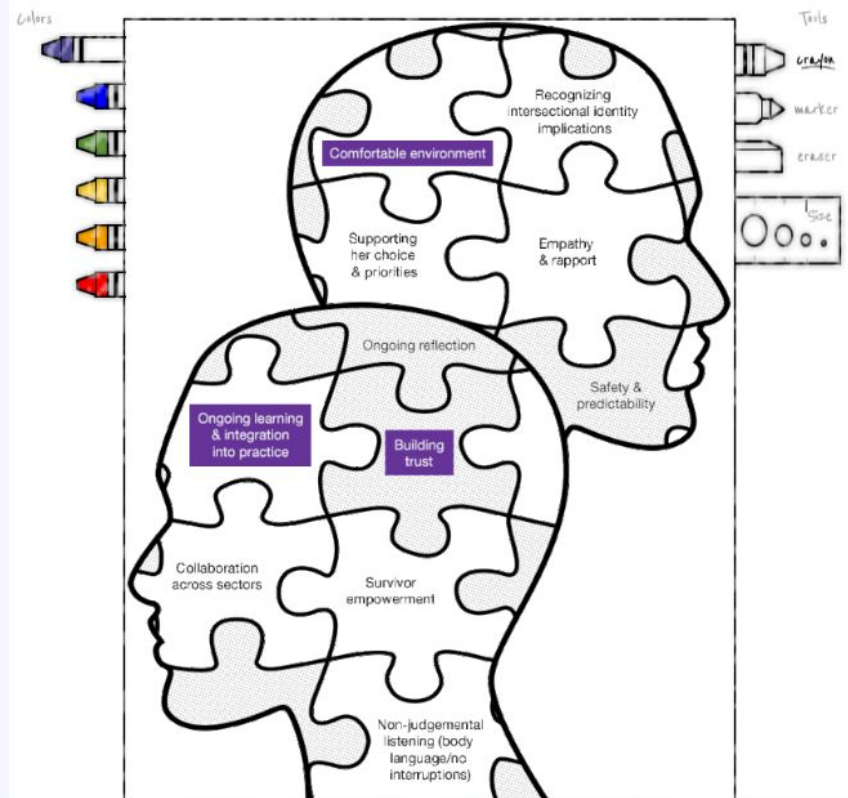
Trauma-Informed Principles Colouring Tool

Each puzzle piece of this image notes one trauma informed principle which may guide your work, many of which further information has been provided on in previous chapters.

There are also several sections below you can click on to learn more about, including "Comfortable environment", "Building Trust" and "Ongoing learning and integration into practice."

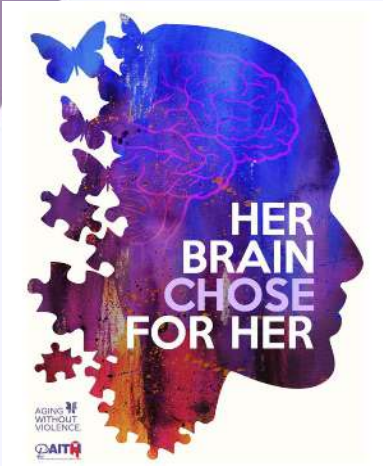
Colour each puzzle piece GREEN which notes a trauma informed principle you are confident in your ability to understand and apply within your work.

Colour each puzzle piece YELLOW which notes a principle you are committed to exploring further as you increase your capacity to provide trauma informed support and services.



“Often it isn’t the initiating trauma that creates seemingly insurmountable pain, but the lack of support after.”

- S. Kelley Harrell



Frontal Lobe - Purple

Located directly behind the forehead on the surface of the brain, the frontal lobe is the largest lobe in the cerebrum as well as the most common region of injury in traumatic brain injury with the most wide spanning associated symptoms. Sometimes called the "upper brain" this area is key for high level executive functions like thinking critically, strategizing, planning and problem solving as well as voluntary movement and expressive language. It is often thought of as an emotional control centre and home to individual personality. The frontal lobe is involved in sexual and social behaviour, judgement, memory, language, problem solving, motor functions and impulse control.

Listen to Frontal Lobe - Purple:

0:00 / 1:00

Temporal Lobe
Brain Stem
Cerebellum

Trauma is an event (or series of events) which causes fear, horror, or terror, along with actual or perceived lack of control. Trauma also refers to the ways in which traumatic events can disrupt functioning. Women are about twice as likely as men to experience impacts of trauma which may be characterized as symptoms of Post-Traumatic

Brain Colouring Tool

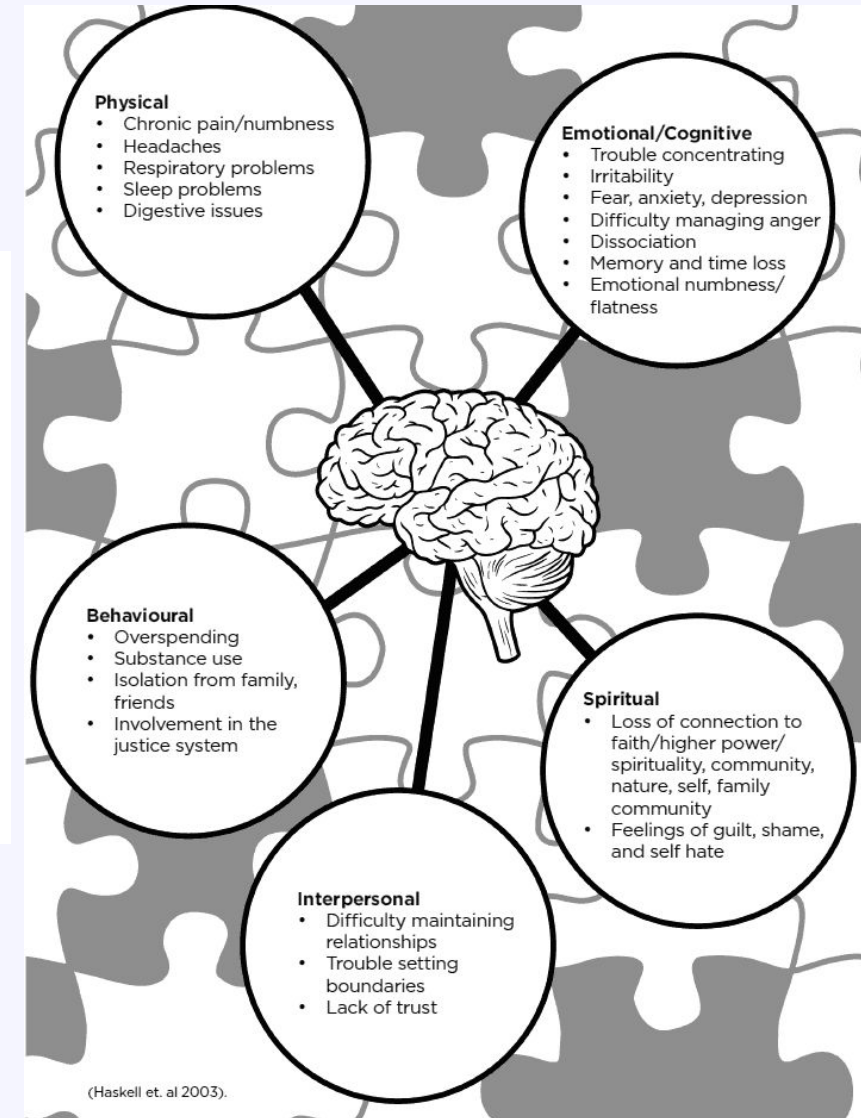
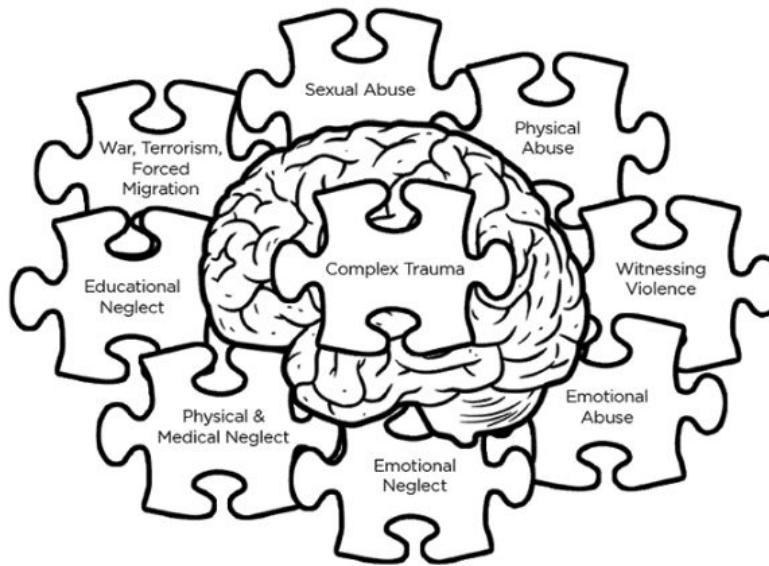
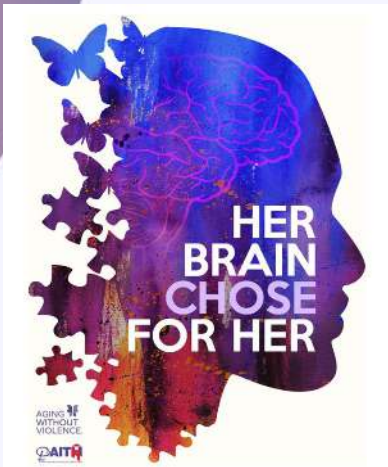
Suggested Colouring: Colour the frontal lobe PURPLE, the Parietal Lobe BLUE, the Occipital Lobe GREEN, the Cerebellum YELLOW, the Brain stem ORANGE, and the Temporal Lobe RED

Using the same colours for the same areas of the brain while you complete the entire Visual Training Tool will help to cement learning.

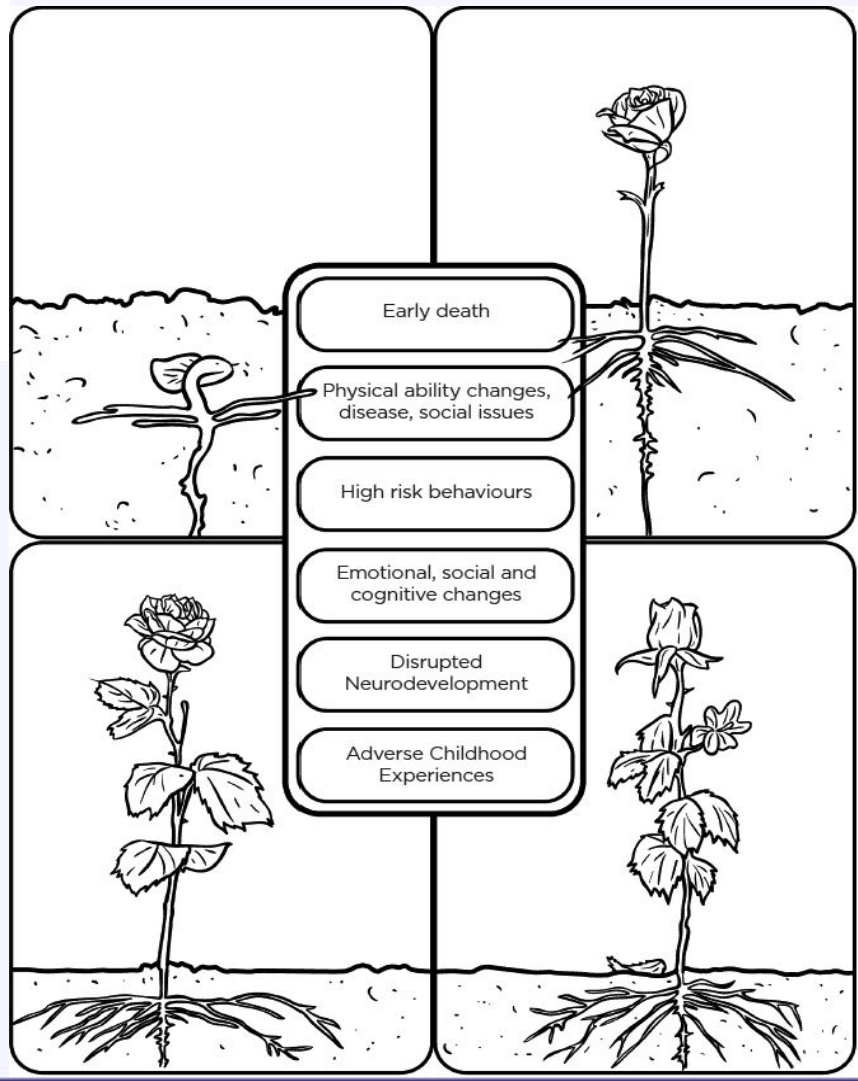
Colors

Frontal Lobe
Parietal Lobe
Occipital Lobe
Temporal Lobe
Brain Stem
Cerebellum

Tools
crayon
marker
eraser
Size



(Haskell et. al 2003).

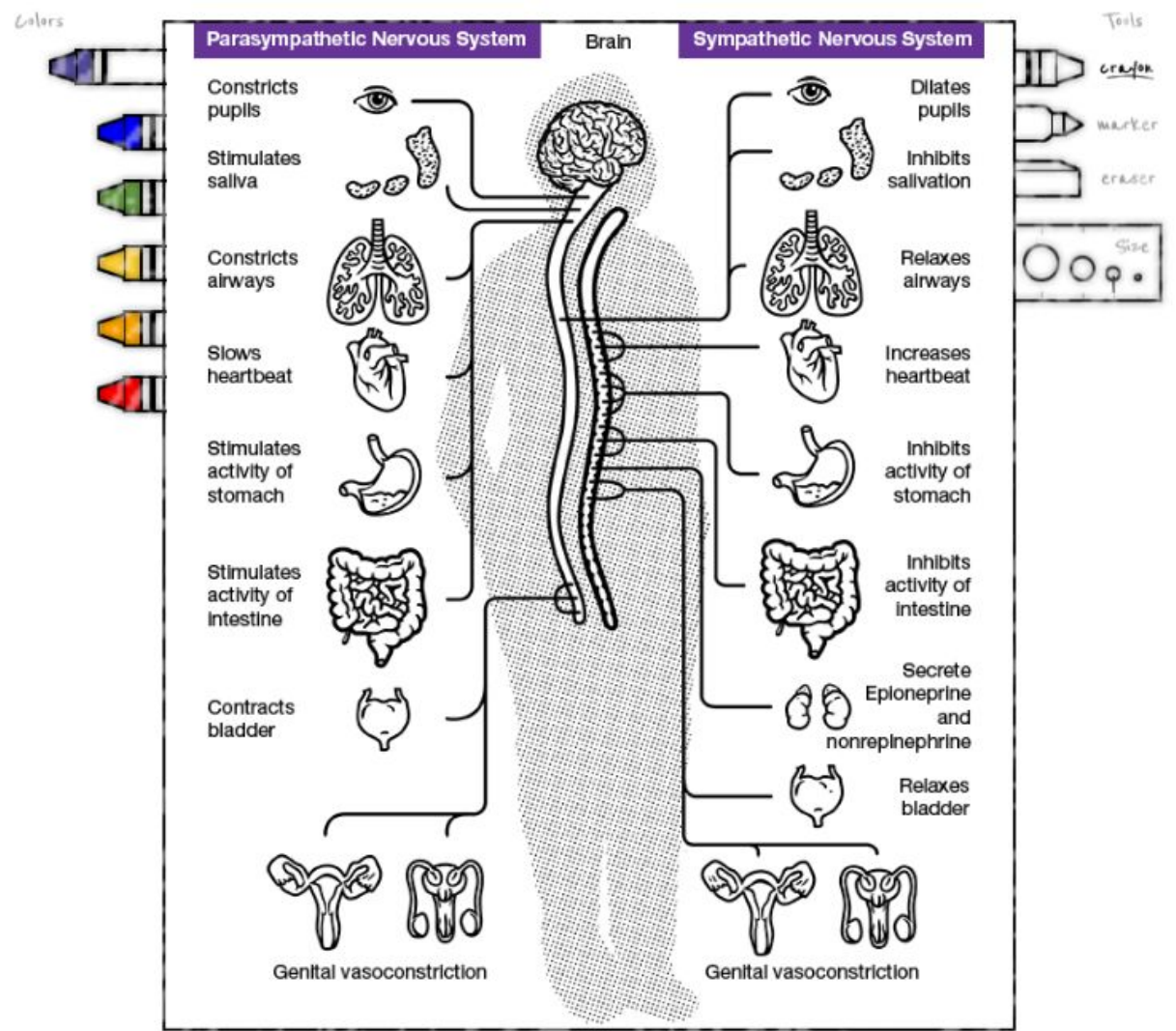


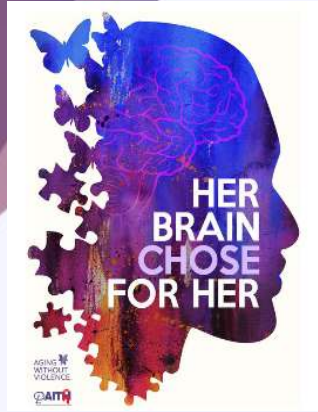
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Nervous System Colouring Tool

Colour the elements of the PNS on the left side of the page in blue and green to represent trauma responses including freeze, flag, and faint.

Colour the elements of the Sympathetic Nervous System red and orange to represent responses including flight and fight.





Complicated Grief

Grief is a shock that unfolds in phases – the immediate, acute pain of loss, and the extended mourning period afterwards. Grief activates the stress response and causes areas of the brain that regulate emotion to become underactive. In the immediate aftermath of loss, a woman might be tearful, sleepless, irritable. Her memory might suffer. Grief can compromise a woman's immune system so that she's more vulnerable to illness.

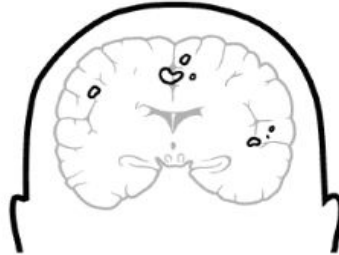
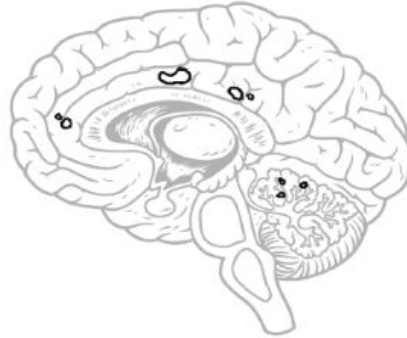
In the past, grief and trauma were mainly thought of as separate, but recent thinking sees them as entities that interact.

Complicated grief (sometimes called **traumatic grief**) involves a bereaved person suffering from stress and despair that remain at acute levels for longer than a year. About 9% of older women who have been bereaved experience complicated grief (Shear et. al, 2014).

Complicated grief is debilitating. A woman who suffers from it will be preoccupied with intense yearning for the deceased person – yearning that impedes her ability to function in her daily life. Symptoms of complicated grief include: numbness; feelings of purposelessness and living in a fog; a sense that life is empty; a fragmented sense of trust/security.

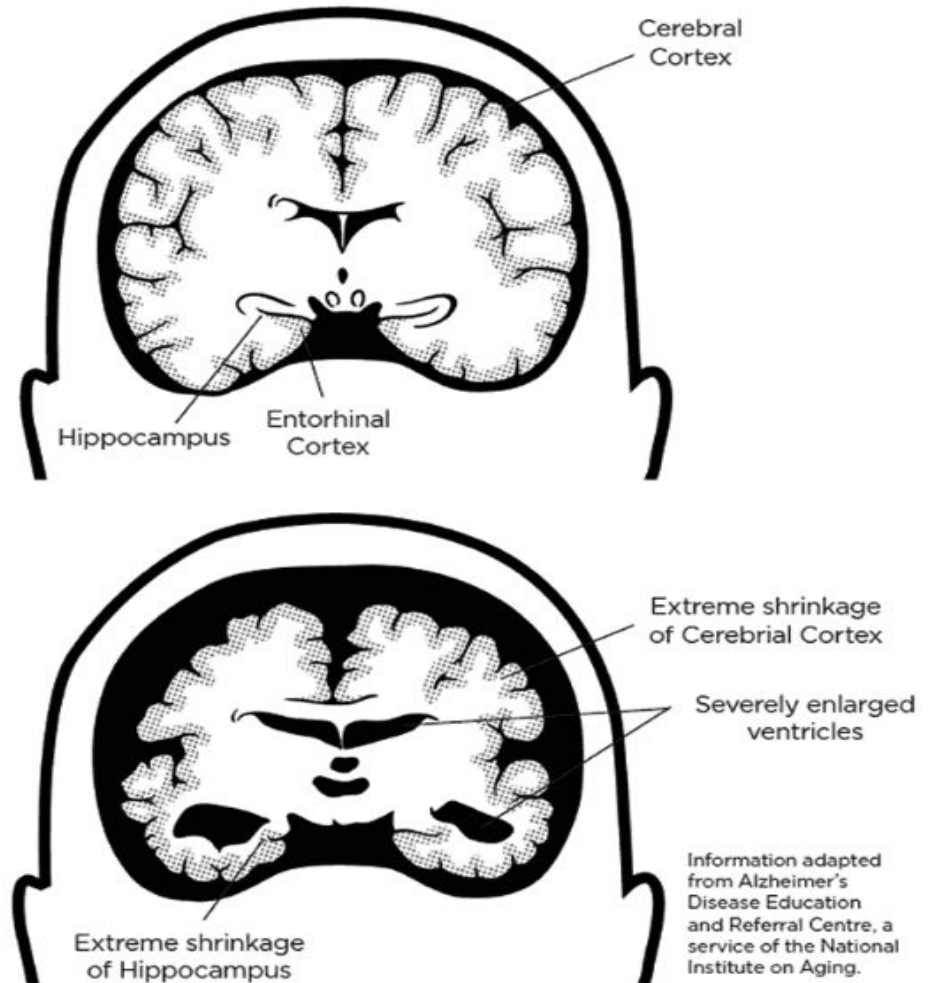
Heart pain is rooted in the brain

Neurobiological markers of complicated grief include higher than normal levels of the stress hormone **cortisol**, and greater activation of the **nucleus accumbens** (a key brain region involved in pleasure and addiction) when looking at pictures of the deceased person (O'Connor, 2019; Regehr & Sussman, 2004).



Dementia Effects and the Brain

Compare the two brain images below. The first image depicts a healthy brain, while the second shows the brain of a person with dementia. Note how much smaller the brain on the right is. Note too how the **ventricles** – cavities in the brain – are enlarged in the brain on the right. Reduced brain volume is characteristic of many types of dementia.



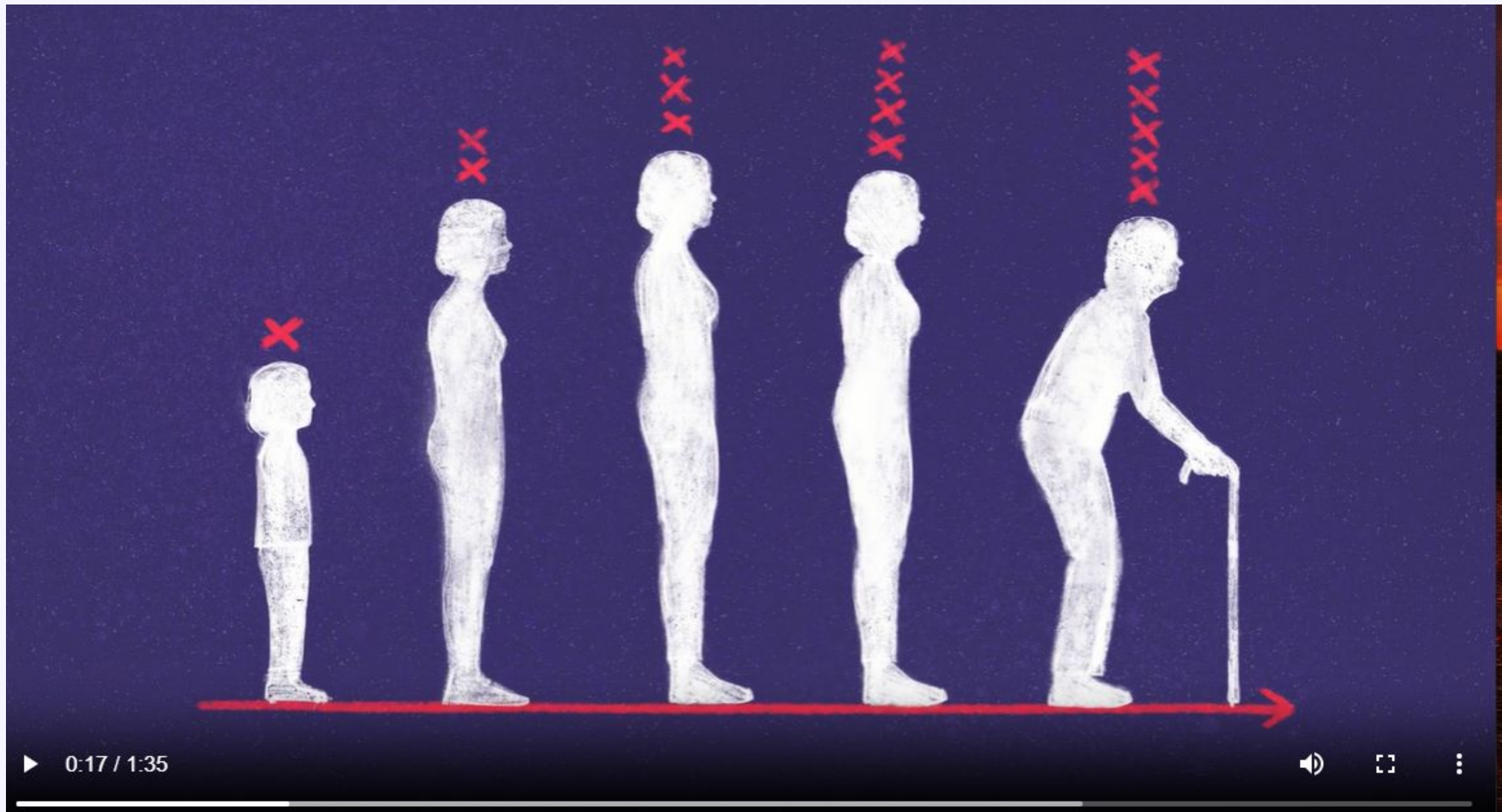
Information adapted from Alzheimer's Disease Education and Referral Centre, a service of the National Institute on Aging.

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Food for Thought:

- How would cognitive changes associated with dementia affect a trauma survivor's ability to navigate services, retain information, and attend appointments? What actions could be taken to mitigate any barriers?



bit.ly/ltsJustTheToaster



Experiences of Abuse- Unique Considerations for Older Women

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

Increased barriers to accessing services & supports = increased risk





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WORD TO THE WISE Gender-neutral terms contribute to the invisibility of violence against older women

For more information, visit www.oaith.ca

Why use the term “Violence Against Older Women?” rather than “Elder Abuse” or “Family Violence”?

By using the term **Violence Against Older Women (VAOW)** in research, policy, and practice rather than the gender neutral terms of “elder abuse” or age neutral terms of “family violence” or “violence against women” we recognize:

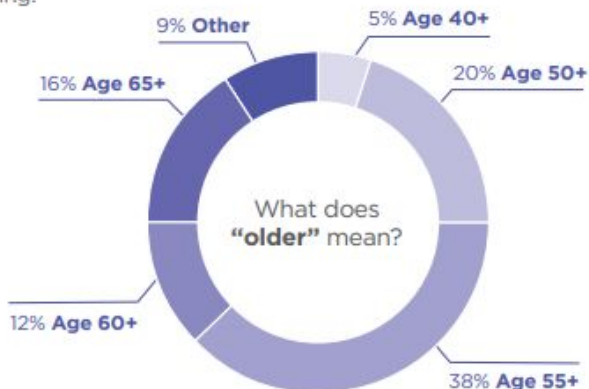
- The context of **gender** when recognizing and responding to violence against older women
- Implications of **aging** related to women’s experiences of violence
- The importance of an **intersectional approach** which considers systemic oppression including ageism, racism and sexism

Types VAOW may include: physical abuse, sexual abuse, neglect, financial abuse, spiritual abuse, psychological/emotional/verbal abuse and stalking.

Perpetrators may include: partner, ex partner, family member, friend, professional service provider, neighbour, co-worker, acquaintance, stranger or anyone in a position of power and trust in her life.

At what age does a woman become “older?”

Although a variety of sources may identify older to include those above ages 50, 60, and 65, Aging Without Violence research indicates **55+ as the most common age** connected with the term “older”.



1



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WITHOUT
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WORD TO THE WISE

Existing resources need to be utilized to meet the needs of older women experiencing violence

For more
information, visit
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Helpful Resources

Native Women's Association of Canada- NWAC

Founded on the collective goal to enhance, promote, and foster the social, economic, cultural and political well-being of First Nations, Métis and Inuit women. Advocacy and information in the following areas: policy, legal issues, Missing and Murdered Indigenous Women and Girls (MMIWG)

[Grandmother Spirit Project- Resource Booklet- Safety and Wellbeing for Senior Aboriginal Women](#)

National Initiative for the Care of the Elderly (NICE)

NICE is an international network of researchers, practitioners and students dedicated to improving the care of older adults, both in Canada and abroad.

Resources include information booklets for older women experiencing abuse, toolkits for caregivers and self-care, legal information and resources for grandparents raising their grandchildren, Respect All poster, ROPE: Relating to Older People Evaluation

[Bridging Aging and Women Abuse: A resource for service providers working with older women experiencing abuse](#)

Elder Abuse Ontario (EAO)

Formerly known as ONPEA, EAO is a provincial non-profit organization focused on service coordination, building local capacity of front-line workers, caregivers, and community networks, by providing public education and training of professionals/service providers and families of seniors, to raise awareness around elder abuse issues. Examples of tools and resources: reports and research, education (full curriculums, intervention tools, videos, digital PDFs and Spanish materials), webinars, symposiums, workshops, conferences. Coordination of Elder Abuse Response Networks (EANs) across Ontario.

[Free From Harm: Toward a Best Practices Guide on the Abuse of Older Women](#)

National Clearinghouse on Abuse Later in Life (NCALL)

Collection of publications and resources to help others better understand and respond to abuse later in life.

[Advocate's Toolkit- how to meet the needs of older survivors of abuse.](#)

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VAW Learning Network (Centre for Research & Education on Violence Against Women & Children- Western University)

An initiative based at the Centre for Research & Education on Violence Against Women & Children, the Learning Network provides public education and professional training materials developed to address violence against women. The Learning Network provides resources and materials including: research, quarterly Newsletter, Resource Library, Knowledge Hub, live and pre-recorded webinars and other training opportunities focused on violence against women.

[Violence Against Women who are Older
Factsheet- Newsletter issue 19](#)

[Femicide of Women Who Are Older- Newsletter
issue 18](#)

Registered Nurses' Association of Ontario (RNAO)

Resources and e-training focused on the prevention of Abuse and Neglect including :Long-Term Care Best Practices Toolkit, 2nd edition: Implementing and sustaining evidence-based practices in long-term care), RNAO Best Practice Guidelines, Organization Assessment, Implementation and Evaluation, Clinical Assessment and Care Planning, Brief Abuse Screen for the Elderly (BASE), Caregiver Abuse Screen (CASE), Comprehensive Geriatric Assessment (CGA) Toolkit, Culturally Sensitive Care - Practice Guideline, Definitions of Abuse and Neglect of Older Adults, Elder Abuse - Assessment and Intervention Reference Guide.

[Preventing and Addressing Abuse and Neglect
of Older Adults: Person-Centred, Collaborative,
System-Wide Approaches](#)

It's Not Right: Neighbours, Friends, and Families for Older Adults

It's Not Right Neighbours, Friends, and Families is a public education campaign to raise awareness of the signs of elder abuse so that those close to an older person experiencing abuse can help. Brochures, interactive presentations, and train the trainer workshops available.

[How You Can Identify Risk of Abuse and Help
Older Adults at Risk](#)

Ontario Association of Interval and Transition Homes (OAITH)

OAITH courses are designed for people working in VAW shelters in Ontario and for all others who work in the VAW sector or in roles that involve supporting, advocating, or providing services for women who have experienced violence. Self-guided courses include: Service Providers: Preventing and Responding to Violence Against Older Women, Feminist Analysis of Mental Health, Harm Reduction for VAW Counsellors & Advocates. Live webinars, trainings, and conferences available regularly. Gender-based violence focused Library Database.

2

Increased knowledge, visibility, and support needed for older LGBTQ+ women who have experienced violence

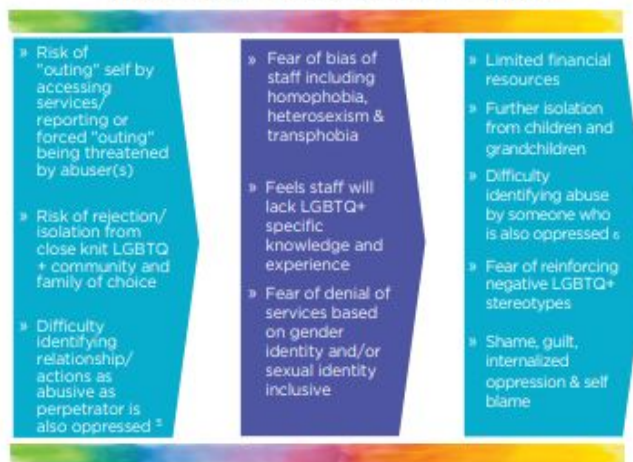
For more information, visit www.oaith.ca

Violence against older LGBTQ+ women

- Violence against older LGBTQ+ women takes many forms and may be perpetrated by partners, ex partners, family members, caregivers, acquaintances, professionals/staff, and other residents of long term care homes and/or retirement homes.
- Women who identify as lesbian or bisexual are twice as likely as their heterosexual counterparts to report having been the victim of spousal violence.¹
- Older LGBTQ+ women are at an increased risk for abuse by a family member or caregiver. (including neglect) than younger LGBTQ+ women as well as financial abuse and exploitation.²
- Older LGBTQ+ women are more likely than their hetero and cis gendered counterparts to live alone, and less likely to have a partner or supportive children.³

Many LGBTQ+ women who are older report negative perceptions of social service, VAW, and healthcare systems which have historically problematized, criminalized, and pathologized their sexual and gender identities throughout most of their lifetime. In order to survive, many LGBTQ+ older women have had to deny and conceal their gender and sexual identities while accessing care in a variety of sectors to ensure access to the same resources and supports available to other older adults. Older LGBTQ+ women have also chosen to avoid supports and services (such as healthcare, which provides a vital link to VAW services including shelters, counselling, and transitional support) rather than be put in situations in which they must conceal their authentic selves or risk being treated poorly by professionals.⁴

Understanding barriers to support, service, and care for LGBTQ+ older women



November 20th - Transgender Day of Remembrance

20 years ago on November 28th, 1998, Rita Hester was brutally killed a week before she turned 35, and it was this act of anti-trans violence which inspired the first Transgender Day of Remembrance the following year. It is a day of remembering our dead and committing to fight for our living, a day of publicly mourning and honouring the lives of those we have lost by raising awareness as we join our voices to call out for change. The Aging Without Violence project recognizes the 2982 cases (369 in the past year) of reported killings of trans and gender-diverse people worldwide between Jan. 2008- Sep. 2018.⁶

"I've never been interested in being invisible and erased." - Laverne Cox

Strategies to increase visibility, accessibility and staff capacity

Across sectors (including research?), intersectional approaches are needed which acknowledge the complexity and fluidity of intersecting identities such as gender, sexuality, age, race, ability, and class. Collaboration across disciplines, generations and communities, in addition to detailed, sector specific training can help to ensure older LGBTQ+ women have access to care, support, and services which meet their needs after experiencing violence.

Visit **OAITH** and **The 519** online to explore training opportunities focused on increasing your capacity to effectively meet the needs of older LGBTQ+ women who have experienced violence. Strategies to improve service include:

- Promoting **intergenerational mentorship** programs
- **Culturally sensitive, LGBTQ+ 55+ outreach programs**
- Learning about **LGBTQ+ histories**
- Organizing/supporting **Gender - Sexuality Alliances (GSAs)** within adult services and across communities
- **Visibility** of LGBTQ+ older women within staff, management, board and volunteer levels
- Implementation of **LGBTQ+ inclusive policies** and ongoing review of measurement of success in creating change.⁸
- Using the **"Perceive & Feel Framework"** to ensure materials, language, forms, and spaces are welcoming, accessible, and equitable⁹



Capacity Concerns

Some LGBTQ+ adults experiencing dementia "may exhibit behavioural changes, such as being more or less guarded about their sexual orientation, gender identity, and expression. Sometimes this can result in problematic consequences, like inadvertently outing themselves, or ending significant relationships." These factors should be considered during risk assessment and risk management, in particular safety planning.¹⁰

1 Statistics Canada. Family Violence in Canada, a statistical profile (2014).

2 Brown, Teresa. "LGBT Aging and Rhetorical Silence." Journal of Sexuality, Research, and Social Policy (2009).

3 Robson, Claire, et al. "Raising Awareness and Addressing Elder Abuse in the LGBT Community: An Intergenerational Arts Project. Language and Literacy (2018).

4 Ibid.

5 The 519. "Creating Authentic Spaces: A Gender Identity and Gender Expression Toolkit to Support the Implementation of Institutional and Social Change."

6 Trans Murder Monitoring. 2018 Update. Available at: <https://transrespect.org/en/tmm-update-trans-day-of-remembrance-2018/>

7 A significant gap in research exists regarding older LGBTQ+ women in Ontario and Canada. In particular, gender diverse and transgender older women are noticeably absent from available research, and recent data specific to LGBTQ+ older women in Ontario and Canada who have experienced violence is extremely limited. Much of existing large sample provincial and national research does not distinguish between LGBTQ+ identities and has little information on women over 55 years old. Research which does contain data on older bisexual and lesbian women rarely contains any acknowledgment of older trans women, older LGBTQ+ women of colour, older women with gender non conforming identities, or older women who identify as queer, pansexual, two-spirit, or with multiple or fluid LGBTQ+ identities. This exclusion of LGBTQ+ older women from research has potentially resulted in an underestimation of rates of violence against LGBTQ+ women, particularly when samples include only younger women who have possibly had fewer intimate partners throughout their lives than older women.

8 We recommend the scorecard included in The 519's "Creating Authentic Spaces: A Gender Identity and Gender Expression Toolkit to Support the Implementation of Institutional and Social Change." Accessible at: <http://www.the519.org/education-training-resources/transinclusion-matters/creating-authentic-spaces>

9 The 519. "Still Here, Still Queer: A Handbook for Affirming LGBTQ Older Adults". Available at: <http://www.the519.org/education-training/stillhere-still-queer>

10 Ibid.



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WORD TO THE WISE Women over age 55 are losing their lives to gender-based violence

ISSUE 5 DECEMBER 2018

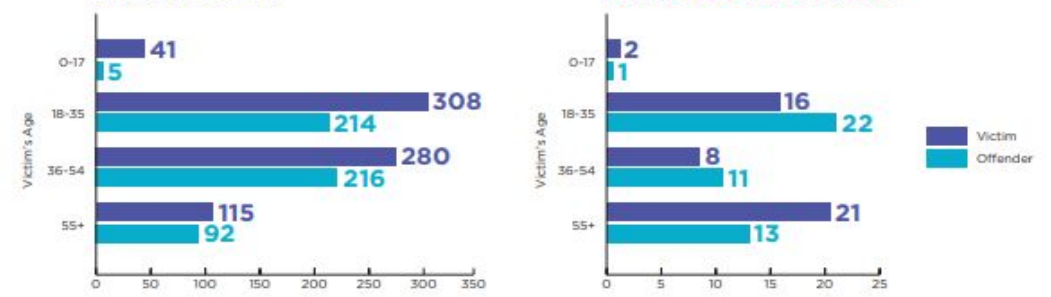
For more information, visit www.oaith.ca

Are femicide rates of older women increasing?

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

Femicides by Age Ontario 1990-2018

Femicides by Age Ontario Dec. 2017- Nov. 2018



5

Who are the perpetrators of violence against older women?

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

Femicides by Victim-Offender Relationship 55+ 1990-2018

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



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



Knowledge of capacity, violence and risk is vital in supporting older women

For more information, visit
www.oaith.ca

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

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

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

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

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

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

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

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

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

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

Capacity & intimate relationships

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

Capacity & sexual consent

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

6

¹ Ontario Human Rights Commission, "Consent and Capacity" <http://www.ohrc.on.ca/en/policy-preventing-discrimination-based-mental-health-disabilities-and-addictions/16-consent-and-capacity>

² Ibid.

³ Steele, D. and Syme, M. (2016) "Sexual Consent Capacity Assessment with Older Adults." *Clinical Neuropsychology*, Volume 31, Issue 6.

⁴ For more information and legal considerations see Renshaw-Walker, B.(2012). "Assessing Capacity to Consent to Sexual Activity: Legal Considerations." *Journal of Ethics in Mental Health* https://iemh.ca/issues/v7/documents/IFMH_Vol7AssessingCapacitytoConsenttoSexualActivity.pdf



Increased knowledge and support for older women living in rural areas who have experienced violence

For more information, visit
www.oaith.ca

Additional Barriers & Risks for Older Women in Rural Areas

Violence against older women in rural areas takes many forms. It may be perpetrated by partners, ex partners, family members, caregivers, acquaintances, professionals/staff, and other residents of long term care homes and/or retirement homes. In Canada, rates of family violence are higher for older women living in rural areas versus urban.¹⁻² Research shows that older women often experience additional barriers to seeking help compared to their younger counterparts, including a distrust of systems and authorities, attitudes of acceptance surrounding abuse, and beliefs that the home is private. Many of these barriers are exacerbated for older women living in rural areas who “may face additional personal and familiar pressures to stay” in violent situations and “additional values and expectations preventing women from seeking help, such as the value of self-sufficiency and distrust of state intervention and outsiders offering help.”³

“Women of all ages face barriers to accessing support in rural communities, including social norms, lack of anonymity, lack of transportation, limited services, livestock responsibilities and physical isolation. Many of these factors also increase risk of harm and lethality from abusive partners, family members, neighbours, or acquaintances including access to firearms and isolation.”⁴

RURALITY - MORE THAN A PLACE ON A MAP

Across the literature and research there are considerable variations in what constitutes a rural area. “The treatises of alternative views are numerous and varied. One longstanding debate is whether “rural” is a geographical concept, a location with boundaries on a map, or whether it is a social representation, a community of interest, a culture and way of life.”⁶ Geographical considerations may include factors such as population density, population size, distance from urban areas, distance to essential services, and regional contexts such as labour market dynamics and settlement patterns.⁷

Addressing barriers to services for older women in rural areas who have experienced violence⁵



Isolation - Emotional, Physical and Profound

Women who experience abuse often describe feeling emotionally isolated from friends, family and social supports. “Conditions of rurality such as long distances, lack of transportation, limited services, and rigid small town social structures further complicated the isolation experienced by rural women.”⁸

Limited access to transportation can create barriers to service for older women experiencing abuse (especially those with decreased mobility), as well as increase the risk of harm and ability to access social supports, employment, and training opportunities.

“If you’re stuck on a farm, or even in small areas, you don’t have a car and you don’t have any way to get to these places to get the help that you need ... you’re stuck.”⁹

Housing

Lack of affordable, accessible housing is a significant concern for older women experiencing violence in rural areas. Older women in rural areas are more likely than their urban counterparts to “live in older single-family houses with large yards” which are less accessible than modern homes, more expensive to heat and maintain.”¹⁰ This may increase barriers to living independently safely. Options for housing targeted towards older adults are limited in rural areas, and those which do exist may be located significant distances from other vital services. Research has also highlighted the lack of “First Nations, Métis & Inuit specific housing and culturally relevant support services” across Ontario and the negative impact of lack of affordable, accessible housing on the physical, emotional, mental, and spiritual health of Indigenous women of all ages.¹¹

1 Statistics Canada, “Family Violence in Canada: A Statistical Profile, 2013”.

2 There is a lack of research specific to older Ontario women living in rural communities. Research focused on rural areas rarely includes information on women over age 55, and research focused on older adults in rural areas lacks gender specific data, including the previous reference cited which focused on older adults in general.

3 Allcock, Annelies. “Older women and domestic abuse: ESSS Outline,” (2018).

4 Banman, Victoria. “Domestic Homicide Risk Factors: Rural and Urban Considerations.” (2015).

5 For further recommendations specific to IPV and older women, see: Brossoie, Brown, Roberto et al. “Violence Against Rural Older Women: Promoting Community Awareness and Action” (2013). Accessed from: <https://www.nlm.nih.gov/pmc/articles/PMC3609035/>

6 Statistics Canada, “Rural and Small Town Canada Analysis Bulletin.” Vol. 3, No.3. (2001).

7 Ibid.

8 Department of Justice Canada. “The Ontario Rural Women Abuse Study, final report.” (2015).

9 Ibid. Survivor from Grey-Bruce, Ontario.

10 Newsletter of the National Advisory Council on Aging, Vol. 9, No. 1.

11 Ontario Native Women’s Association, “Housing, Homelessness and Poverty.” Accessed from: <http://www.onwa.ca/article/housing-homelessness-and-poverty-1264.asp>

Older Marginalized Women in Rural Areas

Marginalized older women, including racialized women, immigrant and refugee older women, Indigenous women, LGBTQ+ and differently abled women have been identified as having diverse, unique needs which are often overlooked in research, policy, and practice in rural areas. These needs must be considered and mitigated with region and culturally specific services, resources, and staff training.

Unique and Diverse Barriers for Immigrant and Refugee Older Women

For more information, visit www.oaith.ca

Violence Against Immigrant and Refugee Older Women

Landed immigrant (Sponsored, Family, Economic, and Other status) and refugee (Assisted, Sponsored, and Asylum status) older women were born outside of Canada and have been granted permanent resident rights. Canada's immigrant and refugee population is diverse in country of origin, cultures, languages, and religions, with over 200 languages reported as mother tongues. In languages where there is no equivalent to the word "abuse" this is often described by older women as disrespect.¹ Older immigrant women represent a larger proportion of Canada's rapidly aging population than their male counterparts, and experience unique barriers to accessing services including: increased isolation, strong dependency on family members who may be abusive/neglectful/violent and in a sponsor and/or caregiver role and living in poverty.



Factors Contributing to Abuse and/or Increased Vulnerability of Older Immigrant and Refugee Women Experiencing Violence

- Social isolation of older immigrant and refugee older women and/or their families
- Language barriers
- Financial constraints in the family
- Financial dependency of the older immigrant or refugee woman on family members
- Lack of information about rights, resources, services, caregiver burnout, and potential post migration status changes in the community and at home³
- Older immigrant and refugee women may be hesitant to trust police, health, and other services as a result of their experiences in Canada and/or their country of origin
- Lack of culturally and linguistically appropriate approaches and services, screening and assessment tools, and information about resources and services, including translation and interpretation services⁴
- Intersections of systemic oppression including sexism, racism and ageism
- Lack of research focused on abuse of older immigrant and refugee women
- Lack of knowledge of LGBTQ+ and VAW specific terms translated appropriately
- The Canadian job market devalues the training and education from the older woman's country of origin

"A significant issue we see impacting older immigrant and refugee women experiencing violence in Ontario is dependency on family members. They may have limited information and live with family members who limit access to information. For 10 years they do not qualify for assistance, leaving them open to abuse and financial dependency, especially from family members."

- Kripa Sekhar, Executive Director, South Asian Women's Centre

Immigrant and Refugee Women Who Are Older Experience Violence in Distinct Ways

Research shows older immigrant women may experience violence exerted by her community in relation to leaving an abusive partner, living independently, refusing unpaid work or gaining paid employment.⁵ They are also more likely to live with family members than their younger counterparts, with 41% of immigrant women aged 65 and older in Canada living with at least one relative, compared to only 4.6% of Canadian born women.⁶ Older immigrant women in Ontario may have their citizenship status threatened by their employer, (ex)partner, caregiver, child, or other family members such as adult grandchildren and daughters and sons -in- laws. They may have experiences of intergenerational and complex trauma including experiences of war in their countries of origin and may distrust official services, systems, and authorities.⁷ If an older immigrant or refugee woman has cognitive capacity issues, abusive family members and/or caregivers may exert control by providing misinformation regarding her rights and choices in relation to Canadian Power of Attorney Laws.

Financial dependency on family members (including sponsors) is a significant factor for older immigrant women in Ontario who may be experiencing violence. Immigrant and refugee older women are typically ineligible to receive age specific government income supports which require a 10-year residency such as Old Age Security, and employment-related settlement services for older immigrant and refugee women are extremely limited. They may rely on abusive caregivers, partners, children partners or other family members for learning and communicating in English and/or French, transportation, and assistance accessing services including settlement organizations, age specific supports, healthcare specialists, and violence against women services.⁸

RESOURCES FOR SERVICE PROVIDERS:

Canadian Council for Refugees - Violence Against Newcomer Women:
<https://ccrweb.ca/en/violence-against-women>

Canadian Domestic Homicide Prevention Initiative - Culturally-Informed Risk and Safety Strategies:
<http://cdhpi.ca/domestic-homicide-immigrant-and-refugee-populations>

Ontario Council of Agencies Serving Immigrants - GBV Initiative: <http://www.ocasi.org/gender-based-violence>

Violence Against Women Learning Network- Issue 26: Intimate Partner Violence Against Immigrant and Refugee Women: <http://www.vawlearningnetwork.ca/issue-26-intimate-partner-violence-against-immigrant-and-refugee-women>

1 Matsuoka, Atsuko & Guruge, Sepali & Koehn, Sharon & Beaulieu, Marie & Ploeg, Jenny. (2013). Prevention of abuse of older women in the post-migration context in Canada. Canadian Review of Social Policy. (Special Issue on Aging). 107-120.

2 South Asian Women's Centre - www.sawc.org

3 Territorial Committee of Officials (Seniors).

4 Matsuoka, Atsuko & Guruge, Sepali & Koehn, Sharon & Beaulieu, Marie & Ploeg, Jenny. (2013). Prevention of abuse of older women in the post-migration context in Canada. Canadian Review of Social Policy. (Special Issue on Aging). 107-120.

5 Violence Against Women & Girls. (2016). "Brief on Violence Against Older Women."

6 Statistics Canada (2016). "Women in Canada: An Gender-based Statistical Report, Seventh edition."

7 Neighbours, Friends, and Families. Violence Against Senior Newcomer Women. Accessed from: <https://www.vawlearningnetwork.ca/issue-26-intimate-partner-violence-against-immigrant-and-refugee-women/>

8 CERIS. (2018). "Recent Canadian Immigrant Seniors: A Literature Review of Settlement Experiences and Services."

Older Women & Sexual Violence: Addressing Gaps in Knowledge, Research, and Service

For more
information, visit
www.oaith.ca

An Invisible Issue: Sexual Violence Against Older Women

Across all ages, sexual violence is one of the most underreported crimes and is often described as an "invisible" issue, compounding the invisibility many older survivors of violence already feel within services. The term sexual violence has a broad scope rarely recognized within research, including "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting."¹

Estimates indicate up to 10% of older adults are victims of violent crimes in Canada, including sexual assault.² Rates of sexual violence are higher when women are older, 2SLGBTQ, racialized, low income, homeless and differently abled. Older women with cognitive impairments are rarely included in studies of elder abuse and sexual violence. The limited research available does indicate increased severity of physical assault when combined with sexual assault/violence and are described as particularly ritualistic and violent.

Sexual Violence and Long Term Care

Staff, family members of residents, owners of Long Term Care (LTC) homes, doctors, nurses, and other health care professionals have a legal obligation to immediately report any suspicions with reasonable grounds of harm or risk of harm, which includes sexual violence.⁵ Risk for experiencing, and perpetrating sexual violence is higher for residents with cognitive impairments such as dementia. Older women with dementia may be targeted by sexual predators within LTC settings, and risk management complications include lack of memory recall in relation to disclosures and forensic exam consent.

A recent literature review completed by CNPEA identifies sexual abuse of older adults as the most underreported and least acknowledged forms of violence against older women.³ Women aged 65-80 in Canada report experiencing physical or sexual violence/assault nearly three times more frequently than their male counterparts.⁴ Incidence of sexual violence against women is unknown due to the conflation of physical and sexual violence in elder abuse research and lack of age related data within sexual violence research.

Perpetrators of Sexual Violence Against Older Women

Older women have been sexually assaulted primarily by men including family members, intimate and past partners, caregivers/service providers, acquaintances and residents of care facilities. Older Indigenous women may have experienced sexual violence within a residential school. An older woman may be a caregiver to her perpetrator, or depend on her perpetrator as a caregiver.

Understanding the Unique Impacts of Sexual Violence on Older Women

Women can experience sexual violence across the lifespan, from childhood to older adulthood. For older women, experiences of sexual violence throughout the lifespan can become compounded leading to physical, behavioral, emotional and cognitive changes. Barriers to support include mobility changes associated with aging and social stigma related to both older age and sexual violence. Particular challenges exist when supporting older women with dementia in relation to the sexual violence they may have experienced. Older women who have been sexually assaulted are more likely than younger women to experience severe genital trauma, chronic pain and bruising.⁶

Factors which may affect the impacts of sexual violence include:

- A history of intergenerational trauma, childhood sexual abuse or other significant traumatic experience(s); many older women are survivors of childhood sexual abuse
- The characteristics of the sexual violence experienced (nature, intensity, frequency, duration)
- The responses of others following disclosure/reporting of the sexual violence (e.g. positive or negative; helpful or not helpful)

These factors have significant implications for understanding and mitigating impacts of sexual violence on the survivor. Disclosures which are met with positive, support responses have the capacity to improve psychological health, sense of comfort, support, and validation and access to desired outcomes such as protecting others and perpetrator penalization.⁷

OAITH thanks the Ontario Coalition of Rape Crisis Centres (OCRCC) for their contributions to this fact sheet. Access a list of OCRCC members via : sexualassaultsupport.ca/support/

Access Elder Abuse Ontario Training & Intervention Tools specific to older adults and sexual violence via: www.elderabuseontario.com/training-education/training/intervention-tools/

Building Capacity, Bridging Gaps

Research indicates the need for:

- Training for professionals (especially those within long term care and dementia services) focused on laws, risk factors, signs, symptoms and patterns associated with sexual violence both in survivors and perpetrators⁸
- Reducing stigma and shame which may be generationally tied to views of sexuality, age and sexual health⁹
- Increased collaboration between domestic violence, sexual violence, elder abuse, social work, health care and justice sectors, including community-based experts and advocates
- Increased training for forensic evidence professionals to include information specific to older women¹⁰
- Increased awareness and tailored training and support for those who work with older women focused on the impact of working with older women who have experienced sexual violence
- Further research focused on promoting resiliency for older survivors of sexual violence

¹World Health Organization. "Understanding and Addressing Violence Against Women." (2002).

²Canadian Network for the Prevention of Elder Abuse. "Sexual Assault Against Older Adults, a Literature Review." (2018).

³ *Ibid.*

⁴ *Ibid.*

⁵ Long-Term Care Homes Act, 2007, S.O. 2007,c.8

⁶ Bows, H. Practitioner Views on the Impacts, Challenges, and Barriers in Supporting Older Survivors of Sexual Violence. *Urban Education*, 24(9), 220-230. (2018).

⁷ Information in this section, thanks to: Violence Against Women Learning Network, Centre for Research & Education on Violence Against Women and Children, Western University. *Overcoming Barriers and Enhancing Supportive Responses: The Research on Sexual Violence Against Women, A Resource Document*. 4-5;25. (May 2012).

⁸Canadian Network for the Prevention of Elder Abuse. "Sexual Assault Against Older Adults, a Literature Review." (2018).

⁹ *Ibid.*

¹⁰ Bows, H. Practitioner Views on the Impacts, Challenges, and Barriers in Supporting Older Survivors of Sexual Violence. *Urban Education*, 24(9), 220-230. (2018).



Aging Without Violence is sponsored by OAITH and funded by the Government of Ontario



WORD TO THE WISE

Unique and Diverse Barriers for Older Women with Disabilities and Older d/Deaf Women

ISSUE 10 - MARCH 2020

For more information, visit www.oaith.ca

The Scope of Violence Against Older Women with Disabilities and Older d/Deaf Women



Across all age groups, d/Deaf women and with disabilities are more likely than their male counterparts to experience a wide range of forms of violence throughout their lives, and twice as likely to experience forms of violence which result in physical injury and fear for her life.¹ Women with disabilities also experience higher rates of violence than temporarily/currently abled women, particularly if they are also marginalized based on race, class, sexuality, gender identity and/or citizenship status.² In addition to physical accessibility issues, barriers to service for older women with disabilities and d/Deaf women include social exclusion, discrimination (ableism, racism, sexism, ageism, classism, homophobia, transphobia, etc.), limited economic barriers, lack of accessible transportation, housing and awareness. As numbers of older women in Ontario increase,³ the numbers of women with disabilities and d/Deaf women with unique service and support needs and barriers will also rise. Older women are more likely than their male counterparts to experience a disability, partly due to the differences in disease prevalence rates for older women and men.

Resources for Service Providers Working with Older d/Deaf women and Older Women with Disabilities who have Experienced Violence

-  **Inclusive VAW Shelters for Older Women with Disabilities and Older Deaf Women**- Resource Guide from Springtide Resources
-  **Older Adult Abuse and Dementia**- Literature Review from Alzheimer society of Canada
-  **Abused & Brain Injured Toolkit Guide**- Web-based toolkit by the Acquired Brain Injury Research Lab at the University of Toronto abitookit.ca

Language Matters: Intersectional Identities & Ability

Within the *"Her Brain Chose For Her"*⁴ training tool we use the language of "temporarily/currently abled" within the included intersectionality wheel in hopes of broadening the conversation about ability when it comes to intersectional approaches. This language was developed by the AWW project in collaboration with ability and inclusion activist and educator Marianne Park and recognizes:

- Due to the impacts of injury, illness, or aging, many of us will lose our full cognitive and/or physical abilities at some point in our lives and therefore may only be "temporarily" abled, however some "currently abled" persons may die young or live to an older age without ever experiencing a reduction in ability level
- We all may experience limitations to our cognitive or physical abilities at some point in our lives, to varying degrees
- Many disabilities are invisible including anxiety and depression
- Ability may be in relation to cognitive or physical ability, or both. The previous term of "Temporarily Able Bodied (TAB)" is problematic as it only includes physical ability.



10



1 Statistics Canada (2018). "2017 Canadian Survey on Disability."
2 *ibid*.
3 Ontario Association of Interval and Transition Houses (2018). "Word to the Wise Issue 1: Gender-neutral terms contribute to the invisibility of violence against older women." Available via www.oaith.ca/oaith-work/aging-without-violence/i-provide-professional-support/vaow-handouts-and-tools.html

SCENARIO

Raneeta is a 62-year-old woman who recently called for support as she is worried about her husband of 40 years. Raneeta and her husband live on a farm and do not have many friends or family, although sometimes Raneeta speaks with her sisters in India via phone. Raneeta seems anxious while you are speaking. Raneeta is worried about her husband, who has started drinking more lately. Raneeta's husband has threatened to kill her on numerous occasions and has been obsessing over her whereabouts, accusing her of adultery and following her. Raneeta's husband recently began to purchase firearms. Raneeta spoke about being shocked when her husband ridiculed her in front of neighbours last week, as he has never done this before. Raneeta's husband has never physically harmed her.

Raneeta and her husband receive social assistance. Raneeta uses a cane due to knee and hip issues and is rarely able to access a vehicle.

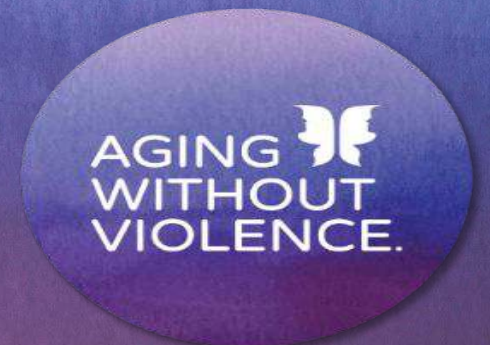


High Risk Scenario Responses

- 62 year old racialized woman
- Emotionally, socially and physically isolated
- Increase in abusive behaviours
- Control, tracking
- Recent firearms purchase
- Threats involving firearm

Safety planning – 42%

Explore client's needs, goals, priorities – 18%



"Ellen and Richard" A discussion Prompt Video

- This video depicts emotional abuse within an Audiology waitroom between an older woman and her partner. Discussion prompts suggest strategies for engagement and intervention.



BENEATH THE ICEBERG

VIDEO GUIDE



Training video: bit.ly/2V6VnKV

Violence Against Older Women (VAOW) Online Training

Online Training, Webinars & Webcasts

PREVENTING & RESPONDING TO VIOLENCE AGAINST OLDER WOMEN ▶

This 1.5 hour webinar focuses on increasing agency and worker capacity to respond to violence against older women. Information includes:

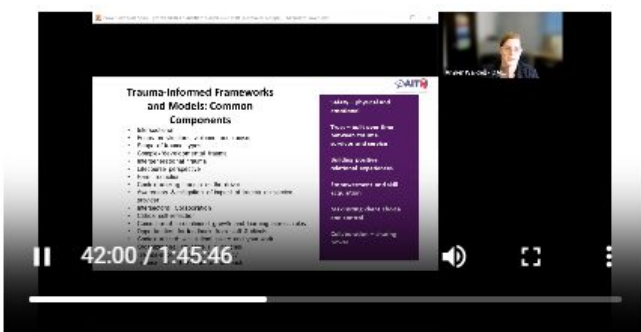
- Experiences of Abuse & Barriers to Support: Unique Considerations for Older Women
- Femicide & Older Women
- Risk Assessment & Management with Older Women
- Trauma Informed Work with Older women
- Agency Considerations - Outreach, Resources & Service
- OAITH Training & Resources specific to an Intersectional Lifecourse Perspective



INTERMEDIATE FOUNDATIONS OF GENDER-BASED VIOLENCE PRACTICE ▶

This 1 hour 45 minute webinar focuses on intersectional and trauma-informed frameworks, meaningful inclusion within gender-based violence services and rights-based primary prevention models. Information includes:

- Trauma Informed frameworks, concrete strategies and resources for GBV agencies & workers (models, complex trauma, addressing survivor needs, trauma-informed debriefing)
- Towards Understanding & Inclusion: Specific Community Needs (promoting sex worker rights, trans and gender-diverse inclusion, Indigenous survivors of GBV, men and boys)
- Primary Prevention & Community Engagement (trauma-informed consent)



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



Risk Management and Working with Older Women Experiencing Abuse

About this course

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

You will learn

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

After completion you will be able to

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

How do I register?

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

Preventing and Responding to Violence Against Older Women

About this course

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

You will learn

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

After completion you will be able to

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

How do I register?

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



Beyond Silos

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





mulberry: Gender Based Violence (GBV) Services in Ontario

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



Find Support



Online Safety



Safety Resources

www.mulberryfinder.ca

QUICK EXIT

QUICK HELP

Talk4Healing

(14 Indigenous Languages)

(24/7 Phone/Text):

1-855-554-4325

Live Chat (24/7):

[Visit Site](#)

Fem'aide (24/7

Francophone Support)

1-877-336-2433

Assaulted Women's Helpline (154 Languages)

(24/7 Support Line):

1-866-863-0511

Live Chat (Mon-Fri

11am-8pmEST):

[Visit Site](#)

Services Legend



Voices for Women Sudbury Sexual Assault Centre

VAW Emergency Shelter, Victim Services

Far far away, behind the word mountains, far from the countries Vokalia and Consonantia, there live the blind texts. Separated they live in Bookmarksgrove right at the coast of the Semantics, a large language ocean. A small river named Duden flows by their place and supplies it with the necessary regalia. It is a paradisematic country, in which roasted parts of sentences fly into your mouth.

Location: Sudbury, Ontario
Crisis Line: 705-854-0837
Text: 705-854-0837
Email: info@voicesforwomen.ca
Web: https://www.voicesforwomen.ca/



LEARN MORE

Interval House of Ottawa

Sexual Assault Centers, VAW Emergency Shelter, Women's Centres



Far far away, behind the word mountains, far from the countries Vokalia and Consonantia, there live the blind texts. Separated they live in Bookmarksgrove right at the coast of the Semantics, a large language ocean. A small river named Duden flows by their place and supplies it with the necessary regalia. It is a paradisematic country, in which roasted parts of sentences fly into your mouth.

Location: Ottawa, Ontario
Crisis Line: 705-854-0837
Text: 705-854-0837
Email: info@intervalhouse.ca
Web: https://www.intervalhouse.ca/

Voices for Women Sudbury Sexual Assault Centre

VAW Emergency Shelter, Victim Services

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 Map View
  Print Page

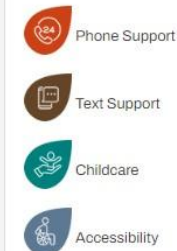
Organization Information

Address: 127 Cedar St, Sudbury, Ontario, P3E 1A9
Office Hours: Mon-Fri 7:30 to 5:30
Phone Number: 705-854-0837
Crisis Line: 705-854-0837
Email: info@voicesforwomen.ca
Web: https://www.voicesforwomen.ca/

Services Available: VAW Shelter
Organization Located In: Rural/Urban Mix (population 30,000-99,999)

Languages Available: Anishinaabe, English, French, Ojibwe, Punjabi

Services at a Glance



QUICK EXIT

QUICK HELP

How to Search for Services



[Find Support](#) [Safety Information](#) [About](#) [🔍](#)



Find Support

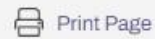
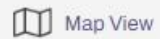
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Need some help deciding what type of support services best suit your needs? Try our interactive quiz.



Search By:

Service Type	Organization Type	Specialized Programming	Language
Accessibility	Pets	Service Delivery	Mobile Services
Enter location or postal code			
		SEARCH	RESET



Services Legend



How Organizations Register



Welcome to mulberry!

mulberry is a directory including a wide range of gender-based violence (GBV) services that are available in Ontario. Our goal is to make it easy for community members and service providers across Ontario to find the information they need about services and supports related to gender-based violence. This includes:

- GBV Organizations and Programs
- GBV Public Awareness & Education Programs
- Indigenous-focused Organizations, Programs & Supports
- Survivor-led Community Groups, Services & Supports
- GBV-focused Child and Youth Organizations and Programs
- Perpetrator/Aggressor Organizations and Programs

To List Your Services/Programs on mulberry:

1. Either login below or create an account to login

Login

Don't have an account?

[REQUEST ACCESS NOW!](#)

Username

Password

[LOGIN](#)

Remember Me

[Forgot your password?](#)

Elder Abuse Ontario

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

(416) 916-6728

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

Assaulted Women's Helpline

www.awhl.org

1-866-863-0511

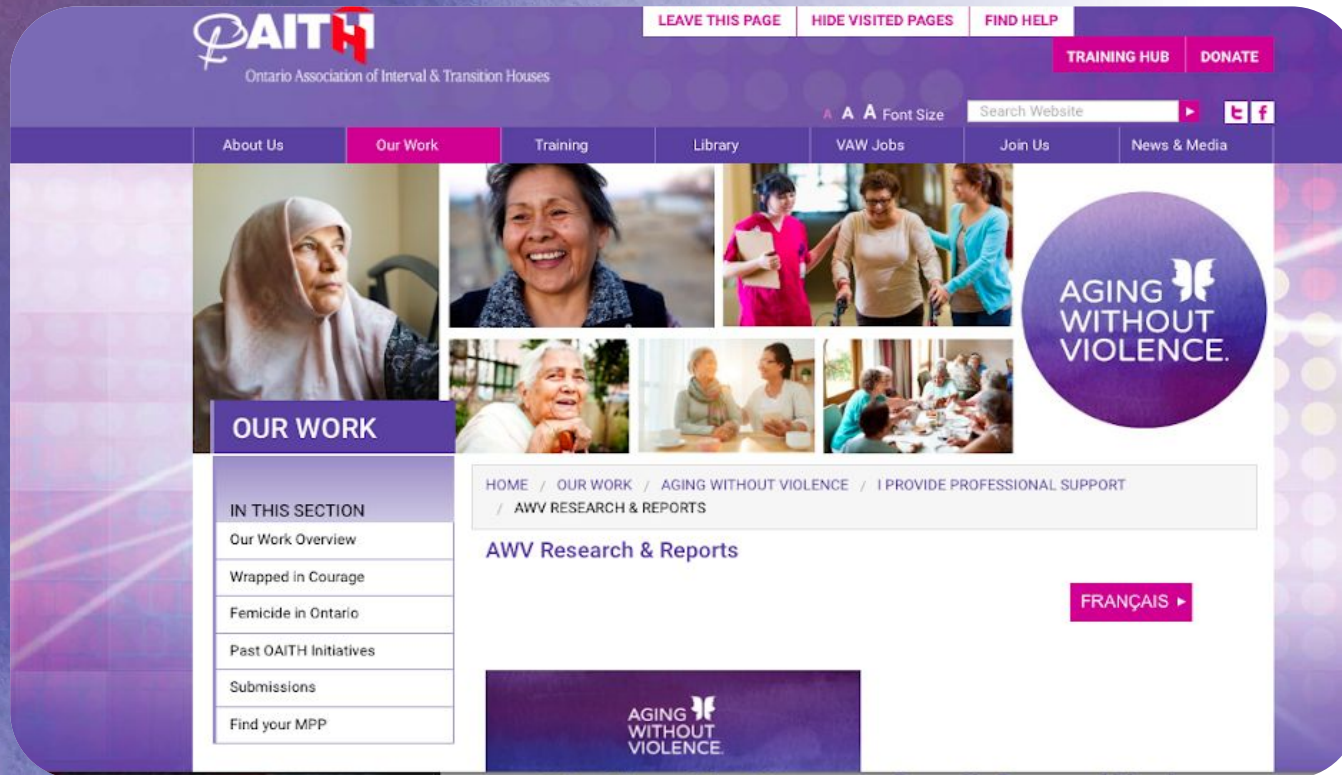
Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres

www.satcontario.com/en/home.php

(416) 323-7518



Older Women & GBV Content



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

www.oaith.ca



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