RESPECT AGING:
AN EDUCATION AND TRAINING PROGRAM FOR RECOGNIZING, PREVENTING AND INTERVENING IN VIOLENCE AGAINST OLDER PERSONS

PARTICIPANT MANUAL

Violence Prevention Initiative – Women's Policy Office
Government of Newfoundland and Labrador

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INTRODUCTION

About this Manual

The Violence Prevention Initiative (VPI) is a multi-departmental, government-community partnership coordinated by the Women's Policy Office, Executive Council, Government of Newfoundland and Labrador. The VPI seeks long-term solutions to violence experienced by those most at risk in our society. One VPI priority is to provide information and resources on recognizing, preventing and intervening in violence against older persons.

Violence against older persons is a social issue of growing concern. It has a great impact on people's health, well-being and sense of security. We have an aging population, and people are living longer. According to the 2011 Census, individuals age 65 and older made up close to 16 per cent of the province's population.[1] That figure will increase to 24 per cent by 2025.[2] Newfoundland and Labrador currently has the oldest population in Canada.[3] The problem of violence against older persons will likely get worse unless we are able to effectively increase our awareness, knowledge and skills in violence recognition, prevention and intervention.

This manual was developed as part of a four-year collaborative project between the Violence Prevention Initiative and the Office for Aging and Seniors, Department of Health and Community Services. The goal of the project is to educate and train various target audiences to support them in recognizing, preventing and intervening in violence against older persons. The vision for this project is that all older persons in this province should be able to live free of fear, exploitation and violence in communities that are safe and supportive.

[1] Government of Newfoundland and Labrador. (2012, May). *Age and Sex Population, Newfoundland and Labrador, 2011 Census.* Retrieved from: http://www.stats.gov.nl.ca/statistics/Census2011/PDF/AGE_SingleYear%20Age%20Sex_NL_2011.pdf.
[2] Government of Newfoundland and Labrador. (2012, April). *Population Projections Newfoundland and Labrador*. Retrieved from: http://www.economics.gov.nl.ca/pdf/Popbyagemedium-web.pdf.
[3] Statistics Canada. (2013, January). *Canada's Population Estimates: Age and Sex*. Retrieved from: http://www.statcan.gc.ca/daily-quotidien/110928/dq110928a-eng.htm.

The *Respect Aging* manual is meant to raise awareness and provide information, resources and tools for anyone who interacts with older persons affected by violence or most likely to experience violence.

This manual includes research and experience drawn from Violence Prevention Initiative projects and campaigns. It also uses ideas, insights and advice from people – including older persons - involved in violence prevention and older persons' issues across the province and the country.

This manual is based on the following violence prevention principles:

- People have the right to a safe and secure environment;
- Health, well-being and productivity are enhanced in a violence-free environment;
- The social and cultural roots of violence are based on inequality. Factors such as ability, sexual orientation, economic status or ethnicity can put some populations such as women, children and older persons at even higher risk of violence;
- Society reinforces violence through expressions of sexism, ageism, classism, heterosexism and other biased attitudes;
- Violence is a choice and is preventable. There is strong evidence that effective intervention can reduce and prevent violence;
- Prevention of violence is everyone's responsibility;
- The elimination of violence requires a comprehensive response including prevention, public education, services and enforcement of the law; and,
- Criminal and other acts of violence and abuse require effective consequences, including punishment under the law.

Features of this manual

At the beginning of the manual you will find a section on *Definitions*. You may want to refer to it as you read through the modules. The last section of the manual, *Links*, provides internet resources for additional information or research.

The manual provides information, resources and tools in three focus areas: Recognition, Prevention and Intervention.

Recognition: Violence against older persons cannot be addressed unless it is recognized and reported. The Recognition section looks at:

- The types and indicators (signs) of violence;
- Violence against older persons in residential care facilities;
- Gender dynamics of violence against older persons;
- Diversity, ageism and violence;
- Dynamics of family violence; and,
- The impact and effects of violence against older persons.

Prevention: Prevention of violence against older persons involves building skills and increasing knowledge and awareness. In this section, you will find information on:

- Risk factors and protective factors;
- The root causes of violence;
- Self-understanding for violence prevention;
- Safety planning, both for the older persons themselves and for people who work or interact with older persons most likely to experience violence; and,
- Self-care for helpers, which suggests healthy coping strategies for people who work with victims of violence.

Intervention*:* In this training manual, Intervention is based on the principle that older persons have the right to make their own choices about their lives. This section contains information on:

- The Violence Prevention Continuum, a model that suggests three ways to address and prevent violence against older persons;
- Intervention approaches and practices, including supportive legislative interventions;
- Barriers and risks in reporting violence; and,
- Helpful resources, including emergency contact information.

Stories from the Front Lines

In most modules of the manual you will find *Stories from the Front Lines*. Many of these stories describe real situations of violence that have happened to older people in this province. Each story was shared by someone who works with older persons in Newfoundland and Labrador. In all stories, names, ages and other identifying information have been changed to maintain privacy.

A Note about Language

Focus on "violence against older persons", rather than "elder abuse"

In this manual, you will see that we use the term "violence against older persons," rather than "elder abuse" or "senior abuse". We believe this language is important for a number of reasons:

1. Violence against older persons is part of the social problem of violence against all age groups. When we refer to "violence against older persons", we understand that violence can occur at any time in a person's life. Some people think that violence is only a problem of the young. They think that violent behaviour simply stops at a certain age. The truth is that violence - acts of power and control - exists across the lifespan. A woman who has been physically harmed by her spouse throughout her marriage does not suddenly become a victim of "elder abuse" at age sixty-five; she is a victim of violence;

2. Because of ageism, the expressions "elder abuse" or "senior abuse" may inaccurately imply less serious violence. The terms "elderly" and "seniors" sometimes evoke stereotypical images of vulnerability, unproductiveness and burden. These prejudices are reflected in society's attitudes and treatment of older persons. Using the term "older persons" includes them in the continuum of the lifespan. It does not just relate to a point in time at which the stereotypes of aging suddenly apply; and,

3. The term “elder” is often used in Aboriginal contexts to describe cultural and spiritual guides who have gifts of insight and understanding. Aboriginal Elders transmit the collective wisdom of the generations. This training program is concerned with violence against older persons from all walks of life and from all cultures. Therefore, the phrase “elder abuse” is not used in this manual.

Who Should Use this Manual?

Respect Aging may be used by anyone who interacts with older persons, and by older persons themselves. It is meant to be an educational resource. This manual provides information and practical tools for violence recognition, prevention and intervention. This material will be useful to you if you are a/an:

- Caregiver (paid or unpaid) for an older person;
- Community leader;
- Community worker;
- Family member of an older person;
- Financial services provider;
- Friend of an older person;
- Government employee;
- Health care professional;
- Justice or law enforcement professional;
- Neighbour of an older person;
- Older person;
- Service provider;
- Volunteer; and/or,
- Youth.

This manual was developed to be used as part of a training program to prevent violence against older persons. Please contact the Violence Prevention Initiative to find out about obtaining the Trainer’s Guide that accompanies this manual:

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DEFINITIONS

Ableism:
- Negative stereotyping, prejudice or discrimination against people with disabilities.
- Involves negative attitudes, false information and mistaken beliefs about people with disabilities.

Abuse:
- One aspect of the spectrum of violence that occurs when differences in power and control exist between people.

Ageism:
- Negative stereotyping, prejudice or discrimination against people based on their age.
- Involves negative attitudes, false information and mistaken beliefs about people of a certain age.

Age privilege:
- Refers to the benefits and rights afforded individuals by a social, economic, political or ideological system.
- A person may experience both privilege and discrimination at any particular age, depending on the social situation.

Bias:
- A tendency to think or behave in a certain way.
- A preference for one person or group of people over another.

Burnout:
- A state of emotional, mental, and physical exhaustion caused by extreme and prolonged stress.

Capacity:
- A person's ability to understand information about decisions concerning their health care, physical, emotional, psychological, financial, legal, residential or social needs, and to appreciate the likely consequences of making decisions or not making decisions.

Classism:

- Negative stereotyping, prejudice or discrimination based on economic status.
- Involves negative attitudes, false information and mistaken beliefs about people of a certain economic status.

Colonialism:

- The control of one nation by people "transplanted" from another nation which is often geographically distant and has a different culture and dominant racial or ethnic group.

Control:

- Using power, authority or influence over a person or group.
- The process by which a person or group is compelled by those in power to follow rules, orders and instructions.

Cultural competency:

- The ability to interact and communicate effectively with people of different cultures and socio-economic backgrounds.

Culture:

- All the unique material and non-material components of a society or group that are passed from one generation to the next.
- These could include symbols, language, traditions, customs, values and beliefs.

Culture shock:

- Anxiety that comes from living in a new and very different environment.
- Can involve language barriers, information overload, home sickness, isolation, technology gaps and generation gaps.

Disability:

- Disability is an evolving concept. It results from the interaction between persons with impairments and attitudinal and environmental barriers that prevent full participation in society on an equal basis with others.
- People with disabilities include persons with long-term physical, mental, intellectual or sensory impairments that, in relation to attitudinal and

environmental barriers, prevent full and active participation in society on an equal basis with others.

Discrimination:

- Any action (or lack of action) taken against individuals or groups, based on negative values, attitudes or beliefs, that excludes, harms or limits the opportunities of others
- Often is a result of prejudice and bias.

Diversity:

- The differences that exist among people, such as sex, age, race, ethnicity, gender, ability, economic status, sexual orientation, culture, religion or spirituality, geography and social status.

Diversity competence:

- The ability of individuals and systems to respond respectfully and effectively to individuals of all diverse backgrounds in a manner that protects and upholds their dignity and recognizes and values differences.

Dominant group:

- Any group in society with power to control resources and establish societal norms, laws and policies.
- Dominant group members see themselves as “the norm” or often “better” than subordinate group members.

Ethnicity:

- Shared membership in a common cultural group which practice that group’s customs, beliefs and language.

Family violence:

- All forms of violence that take place within the family where there are relationships of kinship, dependency and trust.

Gender:

- The behaviours and roles we consider socially appropriate for the members of each sex. Gender refers to the relationship between women and men and the way it is socially constructed.

Heterosexism:

- Negative stereotyping, prejudice or discrimination against people who are gay, lesbian, bisexual or transgender.
- Involves negative attitudes, false information and mistaken beliefs about gay, lesbian, bisexual or transgender persons.

Homophobia:

- Unreasonable fear of lesbian, gay, bisexual and transgender persons.
- Involves negative attitudes, false information and mistaken beliefs about gay, lesbian, bisexual or transgender persons.

Indicator:

- A thing, trend or fact that indicates the current state of something, or whether it has changed or is changing.

Institution:

- A set of organized beliefs and rules that establish how a society will try to meet its basic social needs. Major social institutions include family, school, peer groups, mass media and government.

Institutional violence:

- The rules, practices and procedures that directly and deliberately prevent individuals or groups from having full and equal participation in society.

Intimate partner violence:

- Violence that occurs within an intimate relationship such as marriage, common-law or dating.

Long-term care home:
- An accredited facility normally operated by a Regional Health Authority that provides on-site professional health and nursing support and care on a long-term basis.

Marginalization:
- The social process where an individual or group is excluded from the broader society and given lesser importance and/or value.

Older person:
- A person that has reached a certain age that varies among countries, but is often associated with retirement age.

Operational standards:
- A set of expectations and guidelines for the minimum requirements of service provision, such as requirements provided in personal care homes or long-term care homes.

Perpetrator:
- Someone who commits a criminal, illegal or violent act.

Personal care home:
- A privately owned and operated residential home for older adults who need assistance with daily living.
- Individuals living in personal care homes do not require onsite health or nursing services, but may require the service of a visiting professional.
- Personal care homes are licensed by the Regional Health Authorities.

Power:
- The ability to influence the behavior of others.
- Power can be used to positively influence others, or negatively control and intimidate others.

Prejudice:
- A negative attitude based on preconceived notions about members of certain groups ("pre-judge").
- These negative attitudes are based on little or no factual basis.

Privilege:

- A special right or advantage allowed or available only to particular individuals or groups.

Protective factor:

- A condition or characteristic that helps people deal more effectively with stressful events and lessens risk or vulnerability. Examples include skills, strengths, resources, supports and coping strategies.

Racism:

- Negative stereotyping, prejudice or discrimination against people on the basis of racial background.
- Involves negative attitudes, false information and mistaken beliefs about people of certain racial backgrounds.

Residential care:

- Care that is provided in a residence or institution that is not the client's original primary residence/home. Examples include long-term care facilities, personal care homes, and alternate family care homes.

Risk factor:

- A condition or characteristic that increases one's risk or vulnerability to harm.

Self-determination:

- An individual's right to make decisions about their own life.

Sex:

- The biological and physical differences between women and men.

Sexism:

- Negative stereotyping, prejudice or discrimination against people on the basis of sex.
- Involves negative attitudes, false information and mistaken beliefs about people of a certain sex.

Sexual orientation:

- A person's feelings of sexual, emotional and/or romantic attraction towards a partner(s) of the opposite sex, same sex, both sexes, neither sex, or another sex.

Social exclusion:

- When society fails to provide certain individuals and groups with those rights and benefits normally available to its members, such as employment, adequate housing, health care, education and training, in order to fully participate in society.

Social inclusion:

- When society provides certain rights to all individuals and groups, such as employment, adequate housing, health care, education and training to enable their full participation in society.

Social system:

- An organization of people into groups or structures with different functions characteristics, origin or status. A social system exists to satisfy some purpose or goal.

Stereotypes:

- General, biased ideas about a whole group which does not recognize individual differences.

Stress:

- The body's reaction to a change that requires a physical, mental or emotional adjustment or response.

Subordinate group:

- A group that is subject to the authority or control of a more dominant group. Members of a subordinate group have less economic power, social influence and privilege than the dominant group.

System:

- A group or combination of interconnected or interacting elements that form a collective unit; an organization.

Systems change:

- A process that changes the way an organization or community makes decisions about policies, programs, resources, and the way it delivers services and supports to its members.

Systemic violence:

- Practices that have a harmful impact on subordinate group members even though the organizational norms and rules were created with no intent to cause harm.

Vicarious trauma:

- The negative changes that happen to helping professionals, volunteers and others over time that result from empathetic dealings with clients and victims and hearing or seeing their traumatic experiences.

Violence:

- Is most commonly understood as a pattern of behaviour intended to establish and maintain control over family, household members, intimate partners, colleagues, individuals or groups.
- May occur only once, can involve various tactics of subtle manipulation or may occur frequently while escalating over a period of months or years.
- While violent offenders are most often known to their victims (intimate or estranged partners and spouses, family members, relatives, peers, caregivers, colleagues, etc.), acts of violence may, in rare cases, also be committed by strangers.

RECOGNITION
Module 1: Types of violence

In this module:

- **Recognizing violence;**
- **Types of violence;**
- **Stories from the front lines; and,**
- **Questions for reflection.**

Recognizing violence

To begin to work on preventing violence against older persons, it is important to first be familiar with the various types of violence experienced by older persons. Knowing these types of violence and being able to recognize them when they occur are the first steps in violence prevention.

It is also important to recognize that violence against older persons:

- Includes both intentional and unintentional acts;
- Can occur in all economic, social and cultural groups;
- Can occur in the home, community and in residential care facilities; and,
- Can happen once, occasionally or on an ongoing basis.

Types of Violence

In this section you will learn about nine main types of violence that are experienced by older persons: physical, psychological, emotional, verbal, sexual, financial, neglect, spiritual and cultural. Under each heading you will find examples of each type of violence. Some examples of violence may fall under more than one heading because of the impact of this type of violence on an older person.

1. Physical Violence

Physical violence occurs when someone uses a part of their body or an object to control a person's actions.

Physical violence includes, but is not limited to:

- Using physical force which results in pain, discomfort or injury;
- Hitting, pinching, hair-pulling, arm-twisting, strangling, burning, stabbing, punching, pushing, slapping, beating, shoving, kicking, choking, biting, force-feeding, or any other rough treatment;
- Assault with a weapon or other object;
- Threats with a weapon or object;
- Deliberate exposure to severe weather or inappropriate room temperatures; and,
- Murder.

Medication abuse

- Inappropriate use of medication, including:
  - Withholding medication;
  - Not complying with prescription instructions; and,
  - Over- or under-medication.

Restraints abuse

- Forcible confinement;
- Excessive, unwarranted or unnecessary use of physical restraints;
- Forcing a person to remain in bed;
- Unwarranted use of medication to control a person (also called "chemical restraint"); and,
- Tying the person to a bed or chair.

2. Sexual Violence

Sexual violence occurs when a person is forced to unwillingly take part in sexual activity.

Sexual violence includes, but is not limited to:

- Touching in a sexual manner without consent (i.e., kissing, grabbing, fondling);
- Forced sexual intercourse;
- Forcing a person to perform sexual acts that may be degrading or painful;
- Beating sexual parts of the body;
- Forcing a person to view pornographic material; forcing participation in pornographic filming;
- Using a weapon to force compliance;
- Exhibitionism;
- Making unwelcome sexual comments or jokes; leering behaviour;
- Withholding sexual affection;
- Denial of a person's sexuality or privacy (watching);
- Denial of sexual information and education;
- Humiliating, criticizing or trying to control a person's sexuality;
- Forced prostitution;
- Unfounded allegations of promiscuity and/or infidelity; and,
- Purposefully exposing the person to HIV-AIDS or other sexually transmitted infections.

3. Emotional Violence

Emotional violence occurs when someone says or does something to make a person feel stupid or worthless.

Emotional violence includes, but is not limited to:

- Name calling;
- Blaming all relationship problems on the person;
- Using silent treatment;
- Not allowing the person to have contact with family and friends;
- Destroying possessions;
- Jealousy;
- Humiliating or making fun of the person;
- Intimidating the person; causing fear to gain control;
- Threatening to hurt oneself if the person does not cooperate;
- Threatening to abandon the person; and,

- Threatening to have the person deported (if they are an immigrant).

4. Psychological Violence

Psychological violence occurs when someone uses threats and causes fear in a person to gain control.

Psychological violence includes, but is not limited to:

- Threatening to harm the person or her or his family if she or he leaves;
- Threatening to harm oneself;
- Threats of violence;
- Threats of abandonment;
- Stalking/criminal harassment;
- Destruction of personal property;
- Verbal aggression;
- Socially isolating the person;
- Not allowing access to a telephone;
- Not allowing a competent person to make decisions;
- Inappropriately controlling the person's activities;
- Treating a person like a child or a servant;
- Withholding companionship or affection;
- Use of undue pressure to:
    - Sign legal documents;
    - Not seek legal assistance or advice;
    - Move out of the home;
    - Make or change a legal will or beneficiary;
    - Make or change an advance health care directive;
    - Give money or other possessions to relatives or other caregivers; and,
    - Do things the person does not want to do.

5. Spiritual Violence

Spiritual (or religious) violence occurs when someone uses a person's spiritual beliefs to manipulate, dominate or control the person.

Spiritual violence includes, but is not limited to:

- Not allowing the person to follow her or his preferred spiritual or religious tradition;
- Forcing a spiritual or religious path or practice on another person;
- Belittling or making fun of a person's spiritual or religious tradition, beliefs or practices; and,
- Using one's spiritual or religious position, rituals or practices to manipulate, dominate or control a person.

6. Cultural Violence

Cultural violence occurs when a person is harmed as a result of practices that are part of her or his culture, religion or tradition.

Cultural violence includes, but is not limited to:

- Committing "honour" or other crimes against women in some parts of the world, where women especially may be physically harmed, shunned, maimed or killed for:
    - Falling in love with the "wrong" person;
    - Seeking divorce;
    - Infidelity, committing adultery;
    - Being raped;
    - Practicing witchcraft; and,
    - Being older.
- Cultural violence may take place in some of the following ways:
    - Lynching or stoning;
    - Banishment;
    - Abandonment of an older person at hospital by family;
    - Female circumcision;
    - Rape-marriage;
    - Sexual slavery; and,
    - Murder.

7. Verbal Abuse

Verbal abuse occurs when someone uses language, whether spoken or written, to cause harm to a person.

Verbal abuse includes, but is not limited to:

- Recalling a person's past mistakes;
- Expressing negative expectations;
- Expressing distrust;
- Threatening violence against a person or her or his family members;
- Yelling;
- Lying;
- Name-calling;
- Insulting, swearing;
- Withholding important information;
- Unreasonably ordering around;
- Talking unkindly about death to a person; and,
- Telling a person she or he is worthless or nothing but trouble.

8. Financial Abuse

Financial abuse occurs when someone controls a person's financial resources without the person's consent or misuses those resources.

Financial abuse includes, but is not limited to:

- Not allowing the person to participate in educational programs;
- Forcing the person to work outside the home;
- Refusing to let the person work outside the home or attend school;
- Controlling the person's choice of occupation;
- Illegally or improperly using a person's money, assets or property;
- Acts of fraud, pulling off a scam against a person;
- Taking funds from the person without permission for one's own use;
- Misusing funds through lies, trickery, controlling or withholding money;
- Not allowing access to bank accounts, savings, or other income;

- Giving an allowance and then requiring justification for all money spent;
- Persuading the person to buy a product or give away money;
- Selling the house, furnishings or other possessions without permission;
- Forging a signature on pension cheques or legal documents;
- Misusing a power of attorney, an enduring power of attorney or legal guardianship;
- Not paying bills;
- Opening mail without permission;
- Living in a person's home without paying fairly for expenses; and,
- Destroying personal property.

9. Neglect

Neglect refers to situations in which your basic needs are not being met by someone who is responsible to provide your care or to assist you.

Neglect includes, but is not limited to, the following:

- Failing to meet the needs of a person who is unable to meet those needs alone;
- Abandonment in a public setting; and
- Not remaining with a person who needs help.

Physical neglect

- Disregarding necessities of daily living, including failing to provide adequate or necessary:
    - Nutrition or fluids;
    - Shelter;
    - Clean clothes and linens;
    - Social companionship; and
    - Failing to turn a bed-ridden person frequently to prevent stiffness and bed-sores.

Medical neglect

- Ignoring special dietary requirements;
- Not providing needed medications;
- Not calling a physician; not reporting or taking action on a medical condition, injury or problem; and
- Not being aware of the possible negative effects of medications.

Note about Self-Neglect

- An older person who is self-neglecting is causing harm to himself or herself, as opposed to being harmed by someone else.
- Self-neglect is not considered to be in the same category as violence. However, in situations where there is self-neglect, violence or abuse may also be present, including neglect by another person.
- In respecting an individual's right to choose, any adult has a right to live in conditions that could be viewed by others as inappropriate or unsafe, as long as there is no risk of serious harm to self or others. However, it is possible that the person does not have information about self-care, or home care services, or other forms of assistance. If this is the case, consider offering help with information or resources.
- In Newfoundland and Labrador, the *Adult Protection Act* exists to protect adults who lack capacity and who are neglected and abused. It is required by law for all citizens to report situations where abuse, neglect and self-neglect is suspected. See Module 14 for more information about interventions, and Module 16 for helpful resources.

STORIES FROM THE FRONT LINES

See if you can identify all the various types of violence that might be present in the following scenarios:

Gloria

Gloria, 75, cannot read or write and had been quite dependent on her husband, who recently died. Her son and daughter-in-law have now moved into her home and have taken control of her finances. They neglect to pay her bills in order to purchase things they "need" more. They refuse to assist her with monitoring her blood sugar levels and do not take her to medical appointments. They can go for days without speaking to her.

- ☐ Physical violence
- ☐ Psychological violence
- ☐ Emotional violence
- ☐ Verbal abuse
- ☐ Sexual violence
- ☐ Financial abuse
- ☐ Neglect
- ☐ Spiritual or religious violence
- ☐ Cultural violence

Jack

Jack, 83, has been admitted to a long-term care facility. His family comes to visit him often. When they do, they usually ask him for money, saying that they need the funds for food or for their children. There is a history of alcohol abuse in the family. Some family members appear drunk and smell of alcohol when they visit the home. Jack is capable of making his own decisions, but he gives the money to them for fear that that they will not visit him.

- ☐ Physical violence
- ☐ Psychological violence

- ☐ Emotional violence
- ☐ Verbal abuse
- ☐ Sexual violence
- ☐ Financial abuse
- ☐ Neglect
- ☐ Spiritual or religious violence
- ☐ Cultural violence

QUESTIONS FOR REFLECTION

1. Which types of violence had you not thought about before?

2. How did you feel as you were reading about the different types of violence against older persons?

3. Unfortunately, almost everyone experiences or witnesses violence at some point and in some aspect of life – in school, in the workplace, on the street, through family or friends. Can you determine whether you or someone you know has experienced or been affected by any of the types of violence mentioned in this module?

4. How will you use your knowledge of types of violence in your work? In your community? At home? With relatives or friends?

RECOGNITION
Module 2: Indicators of violence

In this module:

- **Recognizing signs of violence;**
- **Difficulties in recognizing violence against older persons;**
- **Indicators of violence;**
- **Quick reference to possible signs of violence against an older person;**
- **Stories from the front lines; and,**
- **Questions for reflection.**

Recognizing signs of violence

Module 1 described nine types of violence that can hurt older persons: physical, psychological, emotional, verbal, sexual, financial, neglect, spiritual or religious, and cultural. People who come into contact with older persons need to know how to recognize the signs of violence perpetrated against older persons. A **perpetrator** is someone who injures or harms another person, and can include anyone in a position of trust, control or authority. In this module, we focus on the observable signs - also called indicators - of violence against an older person. These may occur whether the older person lives in his or her own home, or with family or friends in the community.

Difficulties in recognizing violence against older persons

Sometimes violence against an older person is missed because:

- The perpetrator may try to hide the evidence of violence;
- The perpetrator may prevent access to the older person;
- The older person may hide evidence to protect the perpetrator (for example, the older person may be afraid to lose the support of a caregiver who is violent);

- The older person may not complain, due to illness, injury or threats by the perpetrator; and,
- Some signs of violence, such as changes in behaviour, can be signs or symptoms of other illnesses or diseases, or can be side effects of medications.

Service providers, volunteers, family and friends need to be alert to signs and subtle changes in the older person's behaviour and activities. Violence may be an issue for an older person with unexplained injuries.

Indicators of violence

Below you will find a list of indicators for each of the nine types of violence that can be committed against older persons, followed by questions to help you explore further whether or not you should be concerned. These indicators are not always proof that violence has occurred, but they may provide clues that a problem exists. Remember that *any* type of violence causes pain, whether it is physical harm, emotional or mental suffering, or damage to the spirit. Whatever the form, violence affects a person's health and well-being.

Physical violence

Indicators

- Broken bones, fractures, sprains
- Broken teeth or dentures
- Grip marks (bruising shaped like fingers and thumbs)
- Hypothermia (from prolonged exposure to cold)
- Hyperthermia (from prolonged exposure to heat)
- High blood pressure, asthma or other medical conditions affected by stress
- Unexplained:
    - old and new bruises at the same time
    - scratches, bites, cuts, swelling, new scars
    - head, hand, arm, leg injuries
    - burns, punctures

Behavioural indicators

- Frequent visits to Emergency, history of “accidents”
- “Doctor hopping” (changing doctors often to avoid injury detection)
- Depression
- Upset or agitation

Medication abuse

- Drowsiness, confusion, disorientation, incoherence
- Hyperactivity
- Poor balance, frequent falls
- Abnormal blood/urine tests
- Reduced or heightened effects from medications
- “Pharmacy hopping” (changing pharmacies often to avoid detection of medication abuse)

Excessive restraint use

- Rope-burns or gag marks
- Bruises, tearing of skin, welts that keep reappearing in same places on body
- Bilateral bruising (bruising on opposite sides of body)
- Confinement to one area of the home for no apparent reason

Questions for deeper exploration

1. Does the older person appear fearful or anxious (cowering, trembling, clinging) around a certain person?
2. Is there a lack of needed medical aids? (For example, the older person does not have a required walker, hearing aid, glasses or dentures.)
3. Is the older person wearing more clothing than usual (possibly hiding injuries)?
4. Does someone other than the older person manage his or her medications?

Psychological violence
Emotional violence
Verbal abuse

Indicators

- Agitated, irritated, angry, anxious, flat, resigned, withdrawn, passive, unresponsive
- Disoriented, confused
- Too much or too little sleep
- Crying
- Depression, sadness
- Silence, secrecy, evasiveness, denial
- Reports feelings of hopelessness, helplessness
- Speech is hesitant, unusually quiet or loud, fast or slow
- Low self-esteem, shame, self-blame
- Significant changes in weight
- Has no privacy

In the presence of the caregiver

- Psychosomatic complaints (complaints that are caused or aggravated by stress)
- Fearfulness around a certain person (trembling, clinging)
- Wants to avoid contact with a certain person
- Waits for others to answer questions from health or other professionals

Questions for deeper exploration

1. Are there sudden changes in the older person's behaviour? For example, does the person suddenly seem to be anxious most of the time?
2. Does the older person's behaviour change when a certain person enters or leaves the room?
3. How do family members, friends, service providers, volunteer visitors or caregivers behave toward the older person? Are they verbally abusive? Do they always speak *for* the older person?

Sexual violence

Indicators

- Pain, bruising, bleeding, redness or swelling in vaginal/rectal area
- Bloody, stained or torn underwear
- Trouble sitting or walking
- Frequent urinary infections
- Unexplained sexually transmitted infection or disease
- Refusal to be washed in genital area
- Withdrawal, fear, depression, anger, insomnia
- Upset or agitation around a certain person

Questions for deeper exploration

1. Besides sexual violence, is there evidence of other violence?
2. Has the older person been tested for a sexually transmitted disease?
3. If there is a history of sexual violence, are safety plans for the older person in place?
4. Does the older person not want to be alone with a certain person?

Financial abuse

Indicators

- Confusion about finances
- Needing permission from others to spend money
- Signing a legal document without understanding
- No money for necessities
- No receipts for funds spent on the older person's behalf
- Signature on documents and cheques does not match older person's signature
- Caregiver, friend or family members moving in against older person's wishes or without sharing costs
- Poor care or living conditions, despite adequate funds
- Visitors only on cheque days
- Unexplained or sudden:

- trouble paying bills, overdue household bills
- withdrawal of money from accounts
- transfer of assets to others; other names being added to bank accounts
- changing of a will or power of attorney
- missing possessions
- changes in banking habits; access to bank or credit cards by someone else

Questions for deeper exploration

1. Does someone else manage the older person's finances for no clear reason?
2. Do others living with the older person seem to have more possessions than they should, given their income?
3. Does the older person seem to have a lower standard of living than others living in the same house?
4. Has there been a sudden *change* in standard of living, residence, or living arrangement?
5. Does the older person have a close family member with a substance abuse or gambling problem?

Neglect

Physical neglect

- Immobility, weakness, bed sores
- Restlessness, drowsiness, too much or too little sleep
- Unexplained weight loss, malnourishment, dehydration
- Mouth sores, cracked lips, decayed teeth
- Body odour, lice, urine burns
- Unkempt, uncut nails, unshaven
- Wearing same clothes each day, wearing inappropriate clothing
- Hypothermia (from prolonged exposure to cold)
- Hyperthermia (from prolonged exposure to heat)
- Poor physical condition, missing doctor appointments, receiving few or no needed health services

Environmental neglect

- Soiled bed sheets and clothing
- Lack of needed medical aids such as hearing aids, cane, walker, dentures, glasses
- Lack of safety, left alone even though supervision or assistance required
- Older person worse off than others in home
- Confinement to one area of the home
- Filth in the home, pest infestation
- Locks on fridge or kitchen cupboards
- Little or no food in the home

Questions for deeper exploration

1. Does the individual living with the older person appear not to care about the person's needs?
2. Is the older person left alone for long periods with nothing to do and no visitors?
3. Does the older person have access to a phone or the internet?
4. Does the older person live in a basement while the rest of the family lives upstairs? Can the older person climb the stairs? Is there easy access to a bathroom?

Spiritual violence

Indicators

- Denied access to spiritual or religious items such as sacred books, prayer shawl, beads
- Forced attendance at religious services
- Forced to eat foods not permitted by her or his religion (such as pork or beef)
- Sudden lack of interest in religion
- Spouse of older person will not grant separation or divorce, citing religious law
- No longer participating in or attending a preferred religious or spiritual community's events

Questions for deeper exploration

1. Does the older person have the freedom, access and tools to express and practice her or his religion?
2. Is the older person being forced to take part in someone else's religion?

Cultural violence

Indicators

- No access to traditional healers or medicines
- Denied foods of his or her culture, even if those foods are available locally
- Not allowed to take part in cultural events or celebrations
- Not allowed to speak the language that is most familiar
- Being isolated, injured or murdered for:
    - loving the "wrong" person
    - seeking divorce
    - adultery
    - being raped
    - having a same-sex relationship

Questions for deeper exploration

1. Does the older person have cultural beliefs or past negative experiences that relate to social services or police? Might these affect his or her decision or willingness to seek help?
2. Are there cultural gender issues? Might these issues prevent access by service providers or police to older women most likely to experience violence?
3. How do those whose English language skills are limited access resources?
4. What do you know about family relationships, family customs and violence in the culture of the older person? What can you learn?

ALERT!
QUICK REFERENCE GUIDE TO POSSIBLE SIGNS OF VIOLENCE AGAINST AN OLDER PERSON

Possible Indicators of Violence

- An older person reports being injured or harmed in some way
- Unexplained injuries
- Sudden changes in behavior
- Conflicting accounts of events between an older person and significant others
- Lack of food, water or utilities
- Sudden drop in cash or assets
- Family suddenly shows up, moves in
- Fear of a family member, friend, caregiver or service provider

Possible Indicators of Violence on the Part of a Significant Other

- Lack of concern, anger, aggression toward the older person
- Reports that conflict with those of the older person
- Flirting with the older person
- Past substance abuse, criminal acts or family violence
- Lack of affection toward the older person
- Preventing the older person from using the phone, internet or having visitors
- Deserting an older person at a shopping mall, hospital or other institution
- Refusing to cooperate with health care providers in planning for care.

STORIES FROM THE FRONT LINES

Charles and Helen

Charles, 85, had been living with Helen, 60, for 25 years. They never married, but Helen took good care of him. Charles had a safe and loving home.

Charles became ill and was taken to hospital. Upon his release, he was admitted to a long-term care home by his adult children. Charles had not had a relationship with them for the 25 years he was with Helen.

Helen was not allowed to see Charles in long-term care. Charles' family told Helen that he was incompetent and could not make decisions. She was told to forget Charles.

The family gave the staff at the home details of what they wanted for Charles' care. He was not permitted to go outside. Charles was not allowed to accept any of the items brought to him almost daily by Helen (favourite foods, underwear or socks). The staff told him that he had to "move on" without Helen. Charles told them that he was going to leave the home on his own to be with her. The staff said they would have him arrested if he tried to leave.

QUESTIONS FOR REFLECTION

1. On the chart below, identify types of violence from Charles' story. Next to each type, write down any indicators that correspond to the type of violence.

✓	**Type**	**Indicators**
	Physical violence	
	Psychological violence	
	Emotional violence	
	Verbal abuse	
	Sexual violence	
	Financial abuse	
	Neglect	
	Spiritual or religious violence	
	Cultural violence	

2. Use Charles' story to answer the following questions:
   - What might you ask to establish whether Charles is a victim of violence? Who would you ask? Who do you think are the perpetrators in this story?
   - How might you react if you were Charles? If you were Helen? If you were the family? If you were staff in the home?
   - What feelings came up for you as you read about the signs of violence in this story?

3. In your interactions with older persons, here are some questions to ask yourself that may help identify possible violence:

- Why does this situation concern me?
- What am I seeing?
- What are the person's rights in this situation? Are these rights being violated?

RECOGNITION
Module 3: Violence against older persons in residential care facilities

In this module:

- **Violence in residential care facilities;**
- **Residential care facilities for older persons in Newfoundland and Labrador;**
- **Who is most likely to experience violence in residential care facilities;**
- **Residents in long-term care homes;**
- **Types of violence in residential care facilities for older persons;**
- **Why does violence occur in residential care facilities;**
- **Systemic problems in residential care facilities;**
- **Older persons have rights too;**
- **What can be done? Promising practices to preventing violence against older persons in residential care facilities;**
- **What to do if you witness or suspect violence against an older person in a residential care facility in Newfoundland and Labrador;**
- **TOOL: Contact information for reporting suspected or actual violence against a patient or resident in a residential care facility;**
- **Action steps;**
- **Stories from the front lines; and,**
- **Questions for reflection.**

Violence in residential care facilities

This module will explore violence against older persons who live in certain types of institutions, also called residential care facilities. Most types of violence against older persons that occur in the home or community can also happen in residential care facilities. These include:

- Physical violence;
- Psychological violence;

- Emotional violence;
- Verbal abuse;
- Sexual violence;
- Financial abuse;
- Spiritual violence;
- Cultural violence; and,
- Neglect.

The way residential care facilities are set up and operated creates a situation where there are significant differences in power among management, staff, other health care providers, residents, volunteers, caregivers and families. These facilities by their very nature can create vulnerability and dependency among residents. Institutions exist because large numbers of people working together are able to do more good than can be done by individuals working on their own. However, the collective nature of institutions also means there is a greater potential for violence, since there are more people and more interactions.

Residential care facilities for older persons in Newfoundland and Labrador

In Newfoundland and Labrador, there are several kinds of places where older persons live. In this module, we look mostly at the following two models of residential care facilities:

Personal care homes

- Are private, operated for profit.
- Are licensed, regulated and monitored by the four Regional Health Authorities.
- Provide supervised care and minimal help with activities of daily living.
- Are for people who do not need on-site health services, but may use services of visiting health professionals.
- Have approximately 4,000 beds across the province.[4]

[4] Government of Newfoundland and Labrador. (2012). *Close to Home: A Strategy for Long-Term Care and Community Support Services 2012.* Retrieved from: http://www.health.gov.nl.ca/health/long_term_care/ltc_plan.pdf.

Long-term care

- Are public, accredited facilities operated by the Regional Health Authorities.
- Provide long-term nursing care and professional services for residents with higher-level care needs.
- Have approximately 2,800 beds available provincially.[5]

In some communities there may also be long-term care beds for older persons in community health centres, hospitals or Veterans' Pavilions. Community care homes, alternate family care homes, individual living arrangements and cooperative apartments provide accommodations for adults with intellectual disabilities or mental health challenges.

Assisted-living residences are private, for-profit businesses. These residences are for adults who can live independently, but require help with daily activities. Services may include:

- Meals;
- Housekeeping;
- Laundry;
- Social and recreational activities; and,
- 24-hour emergency response system.

Congregate housing is a type of assisted-living arrangement that is based on "independence through interdependence". In congregate housing, residents help each other, and may hire services such as home support when required.

Another kind of setting where older persons live is a seniors' residence, also called a retirement home, senior citizens' apartment or seniors' cottage. These tend to be for those who require little or no daily assistance. These rental units are owned and operated by a variety of organizations and businesses, and may be for-profit or not-for-profit.

[5] Government of Newfoundland and Labrador. (2012). *Close to Home: A Strategy for Long-Term Care and Community Support Services 2012.* Retrieved from: http://www.health.gov.nl.ca/health/long_term_care/ltc_plan.pdf.

Who is most likely to experience violence in residential care facilities?

Older adults who live in residential care facilities can be more likely to experience violence. Some populations may be at higher risk of mistreatment because they come from two demographic groups which are more likely to experience violence in the larger community: women and older persons with disabilities.

Women

- According to the 2011 Census, there are more older women living in Newfoundland and Labrador than older men. Approximately 63 per cent of individuals aged 80 and up are women.[6]
- It is mostly older women who experience violence in residential care facilities, because more older women live in these settings.

Adults in residential care facilities in NL (2009-10)[7]	**Women**	**Men**
Age 80 to 84	691	319
Age 85 years and older	1,720	555

Residents in long-term care homes

- Long-term care residents often depend on others for care and support. This makes them more likely to experience violence.
- They are probably also the least able to protect themselves.
- Individuals, 85 years and older, represent the largest age group in long-term care.
- These older persons have more complex needs.

[6] Statistics Canada. (2013, July). *Population by Broad Age Groups and Sex, 2011 Counts for Females, for Canada, Provinces and Territories*. Retrieved from: http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/hlt-fst/as-sa/Pages/highlight.cfm?TabID=1&Lang=E&Asc=0&PRCode=01&OrderBy=6&Sex=3&View=1&tableID=21&queryID=1.
[7] Statistics Canada. (2011). *Residential Care Facilities 2009/2010.* Ottawa, ON: Minister of Industry.

- Older persons in long-term care are more likely to have dementia, disability from stroke or mobility issues.

It is very important to understand that age itself does not create vulnerability. However, advanced age is often accompanied by various physical, mental and social challenges. An older person's socio-economic status and unique life experiences may also be factors. These factors may contribute to increased vulnerability to violence in long-term care.

Types of violence in residential care facilities for older persons

Most violence committed against older persons in residential care facilities involves failure to respect the basic rights of residents on a day-to-day basis. This includes:

- Psychological neglect;
- Childish language;
- Failing to respect freedom;
- Excessive use of physical or chemical restraints;
- Imposing care when the person does not want it;
- Rushing through care (when taking more time may cause less aggression);
- Pushing the person in a wheelchair without saying where she/he is going;
- Taking the person's belongings without asking;
- Not calling the older person by the name she/he prefers;
- Not taking into account dietary restrictions or preferences; and,
- Not allowing an older person who has the ability to manage his/her own money.

Violence in residential care facilities may be committed by individuals, or it can be *systemic.* Systemic violence refers to practices (within an institution or organization) that have a harmful impact on subordinate group members even though the organizational norms and rules were created with no intent to cause harm, for example:

- Some rules can have a negative impact on older persons. A long-term care home might not allow residents to bathe or shower

unsupervised. This policy is meant to ensure resident safety. However, it denies privacy to those who are able to bathe alone.

- Everyday practices that have become the norm in residential care - combined with lack of training, sensitivity or awareness - may cause residents to be mistreated. One example is the routine use of adult diapers, rather than having staff available to help the older person to the washroom.
- Institutional violence may relate to people's rights to accept or refuse treatment. For instance:
    - Requiring that all persons sign Advance Health Care Directives before admittance to long-term care.
    - Placing a "Do not resuscitate" order in medical records without asking the older person or family.
    - Ignoring a mentally competent person's health decisions.

Why does violence occur in residential care facilities?

Violence can happen in all kinds of residential care facilities, including those with good reputations. The reasons for this vary.

- Smaller private residences may lack funds to meet growing needs.
- Larger long-term care homes tend to be more rigid and bureaucratic. As a result, these homes may become overly impersonal and de-humanizing.
- Residents may be isolated and have no one to speak up for them. Isolation can result from:
    - Being widowed, death of siblings and friends, personality quirks;
    - Physical distance from family or friends, especially if the person moves outside of his or her community;
    - Children moving out of rural communities and leaving the province;
    - Location of the facility far from the larger community;
    - Communication challenges: mobility issues, strokes, language or cultural differences may affect staff's ability to recognize and respond to resident needs; and/or,

    - Few outsiders having contact with older persons in residential care, making it easier for violence to remain hidden.
- Ageism may be a factor. Due to stereotypes or prejudices against older persons, residents may be ignored or seen as “inconveniences”. This risks their being treated as “lesser” persons. Their preferences and wishes may carry less weight than those of others. For example, theft from a resident (financial abuse) may occur because the person may be seen as "less deserving". It is assumed that “he won’t miss it" or "she’s in a home and doesn’t need it anymore".

Systemic problems in residential care facilities

The way a residential care facility is staffed and administered may either promote or prevent violence. Strong leadership and attention to growth and development of the organization will result in a respectful environment that recognizes the dignity and value of each individual, including:

- Residents;
- Staff;
- Other health care workers;
- Other service providers;
- Volunteers;
- Family;
- Friends;
- Other caregivers; and,
- Other visitors.

Some of the indicators that systemic violence may be present in a residential care facility include:

- Sustained poor quality care (not isolated incidents);
- Staff people do not see what they are doing as wrong or as a problem (no expressed guilt, shame or regret);
- Failure of administrators to deal with violence in an effective manner;

- Staff are afraid to report violence for fear of losing their jobs or affecting relationships with co-workers;
- Lack of clarity or shared understanding about violence due to:
    - diversity in values and beliefs;
    - cultural differences among staff; and,
    - lack of education and training.
- Staff not trained to care for residents who have physical or cognitive impairments;
- Trouble finding and keeping qualified staff due to wages, working conditions or morale problems;
- Staff or volunteers not knowing how to handle or report situations of violence; and/or.
- Staff taking revenge on a resident, reflecting a lack of:
    - training in dealing with aggressive behaviour;
    - understanding of the resident's condition; and,
    - compassion.

Older persons have rights too

When an older person moves into a residential care facility, it becomes the facility's duty to provide care. The Government of Newfoundland and Labrador recognizes that institutional violence, affecting some of our most vulnerable citizens, is an important health and social problem that cannot be considered separate from quality of care. To address the Provincial Government's commitment to improving the quality of life for all citizens, **Operational Standards** for personal care homes and long-term care homes were developed. These Standards are meant to ensure safe, quality care for older persons in residential care facilities.

Residents have the same rights as all other adults. They do not "leave their rights at the door". Residents, and their families, may not know that they have the same rights as people who live in the community, and should not have to experience violence or violation of their rights.

The provincial Operational Standards for personal care and long-term care homes provide guidelines for residential care facilities that are violence-free

and that treat residents with dignity and respect. These Standards can be found online at:

Newfoundland and Labrador: Provincial Operational Standards for Personal Care Homes.
www.health.gov.nl.ca/health/publications/april07_pch_manual.pdf.

Newfoundland and Labrador: Provincial Operational Standards for Long-Term Care Homes.
www.health.gov.nl.ca/health/publications/long_term_care_standard.pdf.

What can be done? Promising practices in preventing violence against older persons in residential care facilities

There are many policies and procedures in place to prevent violence in residential care facilities. There has not been enough research on this issue in Canada to know if they are being effective.

There are a number of practices that show promise in preventing violence against older persons in residential care facilities. For example, residential care facilities can become aware of and act on those things that stop people from speaking out on actual or suspected violence. This includes:

- Not knowing how to report an incident;
- Fear of retaliation;
- Fear of being labeled as a “disruptive old person”;
- Fear of getting “evicted” or discharged for doing something against the “rules”; and,
- Worry about getting someone fired.

A promising practice in this case would be to ensure that the voices of residents, families and staff are heard by creating an environment of openness and listening without judgment. Families should be encouraged to visit, and regular meetings should be held with families to ensure they are satisfied with the level of care being provided to their family member. Residential care facilities should be encouraged to have older persons

(especially residents and patients, where possible) and their families participate on boards and steering committees.

Other promising practices for preventing violence in residential care facilities include:

- Conducting awareness-raising campaigns on ageism and violence against older persons;
- Training staff to effectively meet the care needs of residents; and,
- Encouraging a culture of respect and compassion among staff towards residents and each other.

Other ways to create violence-free residential care facilities include:

- Develop an organizational culture that openly acknowledges the potential for violence, and take steps for violence prevention;
- Hold regular discussion and education sessions with staff, residents and family to talk about violence;
- Avoid using labels and negative terms ("bed blocker", "I have to *do* Mrs. Smith");
- Hire enough staff to meet the needs of residents;
- Support staff by offering mandatory, continuous education and training opportunities;
- Give residents choices in activities and opportunities for community involvement;
- Ensure residents have advocates when needed;
- Ensure staff are spending time with residents and patients; and,
- Have transparent policies and procedures for reporting.

What to do if you witness or suspect violence against an older person in a residential care facility in Newfoundland and Labrador

- If you work or volunteer in the health care system, tell your supervisor.
- If you are family, a friend, caregiver or visitor, consult the Regional Health Authorities list below to report your concern.

- For emergency contacts and other resources, see Module 16, *Helpful resources.*
- If you have any concerns about reporting violence against an older person, see Module 15, *Barriers and risks in reporting violence.*
- Contact numbers and other information may change over time. Make copies of the blank Contact Information chart below. Fill it out. Review and update the information from time-to-time. Keep the chart near your work station for quick reference.

Regional Health Authorities

Contact numbers for reporting suspected or actual violence against an older person:

- *Eastern Regional Health Authority* - Rural Avalon
  (709) 786-5245
- *Eastern Regional Health Authority* - St. John's Region
  (709) 752-4885
- *Eastern Regional Health Authority* - Bonavista, Clarenville, Burin Peninsula
  (709) 466-5707
- *Central Regional Health Authority*
  (709) 651-6340
- *Western Regional Health Authority*
  (709) 634-5551 Ext. 226
- *Labrador-Grenfell Regional Health Authority*
  (709) 454-0372

TOOL: Contact Information for Reporting Suspected or Actual Violence against a Patient or Resident in a Residential Care Facility

Instructions: Make a copy of the blank chart below. Fill it in. Keep it updated. Keep the chart near your work station.

<table>
<tr><td>Emergency numbers</td><td>☐ 911
or
☐ Police:
_____

☐ Police:
_____</td></tr>
<tr><td rowspan="3">Regional Health Authority

☐ Eastern

☐ Central

☐ Western

☐ Labrador-Grenfell</td><td>Contact name:
_____

Phone number:
_____</td></tr>
<tr><td>Contact name:
_____

Phone number:
_____</td></tr>
<tr><td>Contact name:
_____

Phone number:
_____</td></tr>
</table>

Other important numbers:	Contact name: _____ Organization: _____ Phone number: _____
	Contact name: _____ Organization: _____ Phone number: _____
	Contact name: _____ Organization: _____ Phone number: _____

ACTION STEPS

In addition to the steps below, also see Module 14, *Intervention approaches, practices and supportive legislation*.

- Take all reports of violence seriously.
- Make a list of all personal care and long-term care homes in your region.
- Learn about the complaint and reporting procedures in the personal care and long-term care homes in your region.
- Become familiar with the Operational Standards for personal care and long-term care homes. Find out if any homes have a Residents' Bill of Rights.
- Learn about the types of violence listed in the *Criminal Code of Canada*.
- Understand your legal obligations regarding reporting violence. Know if and what you are required to report.

STORIES FROM THE FRONT LINES

Michael

Michael, 87, lives in a long-term care home. He is blind, and has diabetes and mild dementia. Michael does not like having his blood sugar checked. Sometimes, staff will sneak up and restrain him to get a blood sample. This often leaves bruises. Michael also requires help with meals, but the home has limited staff resources. If no one is there to help him eat, his meal is often taken away before he has finished.

Stan

Stan, 69, just moved to a long-term care home. He was very capable of getting to the bathroom with a little help. Stan was put into an adult diaper soon after moving in. He asked for help to go to the bathroom and was told, “Your toilet is on you now”.

Stella

Stella, 61, was diagnosed with Alzheimer’s disease when she was 48. She had to move into the dementia unit of a hospital when she was 60. Stella was sexually attacked by another patient. The family expected the police to be called. Management did not do so. The family tried to have patients better monitored to prevent this from ever happening again. Management will not admit that the attack happened, even though there were witnesses.

QUESTIONS FOR REFLECTION

1. Imagine that you have a close older family member who enters long-term care. What would you do to ensure a violence-free, respectful and dignified living situation for your loved one?

2. When have you ever been in an institutional setting? (Remember, schools, hospitals and governments are institutions.) What was it like?

3. List the things that define “quality of life” for you. What makes your life worth living? Now imagine that you are living in long-term care. Define “quality of life” for yourself in that situation. Is this definition the same as the first? If not, what has changed? What does this tell you?

4. What have you seen that might be considered institutional or systemic violence? Did you think it was violence at the time? Did you report it? If not, why?

RECOGNITION
Module 4: Gender dynamics of violence against older persons

In this module:

- **Gender-based violence against older persons;**
- **Perpetrators;**
- **Victims;**
- **Older victims of violent crime reported to police, by sex and relationship to accused;**
- **The intersection of gender and ageism;**
- **Issues faced by older female victims of violence;**
- **Issues faced by older male victims of violence;**
- **Stories from the front lines; and,**
- **Questions for reflection.**

Gender-based violence against older persons

Issues of power and control are central to the problem of violence, and particularly gender-based violence. There has been a great deal of investigation in Canada on gender-related family violence and child abuse. There has only been a limited amount of research and analysis that has examined violence against older persons from a gender perspective.

Many of the statistics on violence come from crimes that are reported to police. The problem is that much of the violence committed against older persons is never reported. This makes it hard to establish the actual prevalence of this type of violence.

We know that, generally speaking, women are more likely than men to be victims of violence, and most perpetrators of violence are men. From the research and data that are available, we know that the same gender trends apply to older populations.[8,9]

[8] Statistics Canada. (2009, October). *Family Violence in Canada: A Statistical Profile*. Retrieved from: http://www.statcan.gc.ca/pub/85-224-x/85-224-x2009000-eng.pdf.
[9] Edwards, Peggy. (2009). *Elder Abuse in Canada: A Gender-Based Analysis.* Ottawa, ON: Public Health Agency of Canada.

Perpetrators[10]

- In 2011, approximately 8,500 Canadians aged 65 years and older were the victim of a violent crime. More than one-third (34%) were victimized by a family member, while just under one in five (19%) were victimized by a casual acquaintance. More than one-quarter (27%) of older persons who had been victimized in 2011 were victimized by a stranger.
- The police-reported rate of older persons victimized by a grown child was one and a half times higher than the rate victimized by spouses, who were the second most common perpetrators of family violence against older persons.
- The rate of older females who were victimized by a spouse was almost double the rate for older males (21 versus 11 per 100,000 population).
- Despite having consistently lower rates of victimization compared to older females, older males were more likely to be victimized by an extended family member.

Victims

- Older women are the victims in about two-thirds of the cases of violence that come to the attention of community agencies.[11]
- In 2011, the rate of violent crime reported to police was higher for older men than for older women.[12] This may be because of under-reporting or problems collecting information on violence against older persons.
- On average, women live longer than men.[13] This leaves them at greater risk of violence at home or in residential care facilities.
- The vast majority of older victims of sexual and physical violence are women.[14]

[10] All information under this heading from:
Statistics Canada. (2013). *Family Violence in Canada: A Statistical Profile, 2011.* Ottawa, ON: Minister of Industry.
[11] Bain, P. and C. Spencer. (2009, April). *What is Abuse of Older Adults?* Retrieved from: http://www.health.alberta.ca/documents/WEAAD-Factsheet2-Abuse-EN.pdf.
[12] Statistics Canada. (2013). *Family Violence in Canada: A Statistical Profile, 2011*. Ottawa, ON: Minister of Industry.
[13] Government of Newfoundland and Labrador. (no date). *Provincial Healthy Aging Policy Framework.* Retrieved from: http://www.health.gov.nl.ca/health/publications/ha_policy_framework.pdf.
[14] Canadian Network for the Prevention of Elder Abuse. (2011, December, 13). *Abuse in Institutions.* Retrieved from: http://www.cnpea.ca/abuse_in_institutions.htm.

- In 2011, older women suffered higher rates of family violence than older men.[15]
- In 2011, older men were more likely to be victimized by an extended family member than older women.[16]
- In 2011, older women were more likely to be victimized by a spouse than older men.[17]
- In 2011, older women were nearly twice as likely as older men to be victimized by a spouse or ex-spouse.[18]

Older victims of violent crime reported to police, by sex and relationship to accused (2011)

According to the 2013 Statistics Canada report of Family Violence in Canada, in 2011 senior women (age 65-89 years) in Canada had higher rates of violent victimization by a family member (67 per 100,000) compared to senior men (61 per 100,000)[19].

RELATIONSHIP OF ACCUSED TO VICTIM	**FEMALE** *(Rate per 100,000 population)*	**MALE** *(Rate per 100,000 population)*
Strangers	33	66
Spouse / Ex-spouse	21	11
Adult Child	27	24
Sibling	7	7
Extended family	11	12
Friends, acquaintances, other	51	70
Total rate of reported violent crimes against older adults age 65 to 89 years in 2011	**151**	**179**

[15] Statistics Canada. (2013). *Family Violence in Canada: A Statistical Profile, 2011.* Ottawa, ON: Minister of Industry.
[16] Ibid
[17] Ibid
[18] Ibid
[19] Ibid

The intersection of gender and ageism

Ageism is also a factor in gendered violence against older persons. Adult sons have power based on their gender. They also have power based on their youth – power that comes from *not being old*. Many boys are still raised to be strong and to control their emotions. Ageism views older persons as weak, dependent and "past their prime". These attitudes are fostered by a society that values youth and views older persons as powerless. Given these attitudes, it is no surprise that older persons are treated as vulnerable and tend to be subject to victimization by their adult sons.

Issues faced by older female victims of violence

- In 2011, older women were most likely to be killed by their spouse (41%) or son (36%).[20]
- Older women are more likely than older men to be emotionally or financially abused by a child, relative, friend or caregiver.[21]
- Women aged 65 and over are slightly more likely than men to report having been emotionally or financially abused.[22]
- In 2011, the rate of family homicides for older women was more than double the rate for older men (4.3 compared to 1.8 per 1,000,000).[23]
- Financial abuse affects older women more than older men. A greater proportion of women than men already live in poverty.[24]
- As women live longer than men, there is more chronic disease among older women. This leaves women at a greater risk of injury from violence than men.[25]

[20] Statistics Canada. (2013). *Family Violence in Canada: A Statistical Profile, 2011*. Ottawa, ON: Minister of Industry.
[21] Statistics Canada. (2012). *Victimization of Older Canadians, 2009.* Ottawa, ON: Minister of Industry.
[22] Ibid
[23] Statistics Canada. (2013). *Family Violence in Canada: A Statistical Profile, 2011.* Ottawa, ON: Minister of Industry.
[24] Canadian Network for the Prevention of Elder Abuse. (2009, April, 24). Abuse of Older Women. Retrieved from: http://www.cnpea.ca/abuse_of_older_women.htm.
[25] Ibid.

Issues faced by older male victims of violence

- In 2011, close to 40% of all older victims of violence were men.[26]
- In 2011, the majority of older men were killed by their son (72%).[27]
- In 2009, violent incidents involving older men were just as likely as those involving older women to result in an emotional consequence for the victim (89% versus 92%).[28]
- Older men are more likely to be victimized by an acquaintance or a stranger than a family member.[29]

[26] Statistics Canada. (2013). *Family Violence in Canada: A Statistical Profile, 2011.* Ottawa, ON: Minister of Industry.
[27] Ibid
[28] Statistics Canada. (2012). *Victimization of Older Canadians, 2009.* Ottawa, ON: Minister of Industry.
[29] Statistics Canada. (2012). Victimization of Older Canadians, 2009. Ottawa, ON: Minister of Industry.

STORIES FROM THE FRONT LINES

Try to identify the gender dynamics in the following stories:

Maxine

Maxine had been abused by her husband for 50 years. When she was 75 years old, home care services were put in place to help Maxine and her husband with physical chores. The home care workers noticed that Maxine often had new bruises on her face or arms. A social worker was called in and spent a considerable amount of time talking to Maxine about the situation. She offered her a place of safety, which Maxine refused. However, Maxine did start attending a support group for women living with violence, and after several months she decided to leave her husband. Maxine moved into a women's shelter and then was helped to find her own apartment in another community.

Maria

Maria, 86, lives with her husband Oliver, 88, and daughter Carol, 67. Maria is frail and has developed incontinence. She depends on Oliver and Carol for personal care. Oliver and Carol are both in poor health themselves. Maria needs help with meals, bathing and getting dressed. Maria's son, Danny, returns to the province for a rare family visit. He finds Maria very unkempt and living mostly in her filthy cluttered bedroom. Oliver complains that he is doing his best to care for Maria. He says that Carol is nothing but a "lazy bum" who never lifts a finger to help. Oliver says that Maria is always "crooked". He does not think either of them values his help.

QUESTIONS FOR REFLECTION

1. Complete these statements:
    - When I first meet someone of another gender, I usually…
    - Qualities I want most in a same-gender friend include…
    - What I like about how people who are not the same gender as I am interact with me is…
    - What I don't like about how people who are not the same gender as me interact with me is…
    - I get annoyed when women…
    - I get annoyed when men…

2. Do you ever hear stereotypical gender comments in your personal or work life? What are they? What is the best way to respond to these comments? Recall that stereotypes are *generalizations* made about all members of a particular group.

3. What gender issues are you curious about? What gender issues do you want to explore?

4. What gender stereotypes are you holding about older *victims* of violence?

5. What gender stereotypes are you holding about people who *perpetrate* violence against older persons?

6. After reading this learning module, is there anything you would like to change in terms of how you relate to people who are not the same gender as you?

7. As you were reading this learning module, was there anything that surprised you?

RECOGNITION

Module 5: Diversity, ageism and violence

In this module:

- **Diversity and older persons;**
- **Diversity competence;**
- **What are dimensions of diversity;**
- **Why is it important to know about dimensions of diversity;**
- **Prejudice, stereotyping and discrimination;**
- **Forms of prejudice, stereotypes and discrimination;**
- **The complex problem of ageism;**
- **Stereotypes and older persons;**
- **Age, privilege and power;**
- **Violence affects different older persons in different ways;**
- **Interacting with older people who are different from you;**
- **Take action;**
- **Stories from the front lines; and,**
- **Questions for reflection.**

Diversity and older persons

Diversity is the differences that exist among people. Diversity recognizes, respects and values individual differences so that each of us is able to make the most of our potential. Diversity is about seeing that we each have different knowledge and life experiences. We each have our own unique ways of meeting life's challenges and interacting with one another.

Even among older people there is great diversity. Examining life from an older person's perspective may mean looking at life through the eyes of a 61-year-old person with a disability or a progressive illness. It may mean seeing things from the perspective of an 84-year-old man living in a remote or Aboriginal community, or a 70-year-old female business executive, or a 78-year-old refugee from Colombia who speaks no English.

There is also great age diversity among older persons in this province. In 2011, 48,855 people in Newfoundland and Labrador were age 65-74; 24,695 were age 75-84; and 8,560 were age 85 or older.[30] The needs of each of these groups can be quite different. This is even more so if we take into account other aspects of diversity such as gender, ability and disability, or health status.

It is not our differences that divide us. It is our failure to accept, appreciate and celebrate those differences. Newfoundland and Labrador's population is the oldest in Canada. We need to recognize and value the diversity in our older population. We need to see our individual differences as strengths, resources and precious sources of knowledge, wisdom and experience.

Diversity competence

Diversity competence is the ability of individuals and *systems* to respond respectfully and effectively to individuals of all diverse backgrounds in a manner that protects and upholds their dignity and recognizes and values differences. We are each grounded in our own culture, history and experience. These provide us with guidelines for what is "right" and what is "wrong". They give us rules for how we are supposed to behave. Our unique backgrounds and perspectives may explain our gut reactions to situations where we feel a person from a different culture, for example, is being "difficult" or doing something "wrong". In fact that person's action might be quite appropriate in that person's own culture. Diversity competence leads to openness, appreciation and a sense of wonder about others. It reduces the fear of the unknown (the source of stereotypes).

This learning module will help you develop curiosity, learn, and transform individual, organizational and societal practices and perspectives. With diversity competence, you can take your first steps towards putting diversity into action.

[30] Statistics Canada. (2012). *2011 Census Profile.* Retrieved from: http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/index.cfm?Lang=E.

What are dimensions of diversity?

There are many dimensions of human diversity. Some of these dimensions, like birthplace and ethnicity, are **primary dimensions** or core elements of a person that we are born with. They usually cannot be changed. **Secondary dimensions**, such as marital status, education and income, have a powerful impact on our core identities. These are elements over which we have at least some degree of control or choice.

Listed below are just a few of the many dimensions of diversity. You may be able to think of others:

- Age;
- Ethnicity;
- Culture;
- Sex;
- Gender;
- Sexual orientation;
- Physical ability;
- Mental ability;
- Spirituality or religion;
- Marital status;
- Parental status;
- Education;
- Income;
- Profession/occupation;
- Language;
- Communication style;
- Place of origin;
- Life experiences;
- Health habits and food choices;
- Geographic location;
- Physical appearance; and,
- Ancestry.

Why is it important to know about dimensions of diversity?

All the dimensions of diversity are interdependent. They work together to form a person's self-concept. These dimensions are the filters through which we view the world. They shape our values, priorities and perceptions.

No two people see the world exactly the same way. This is because each of us has a unique combination of dimensions of diversity. Each of us engages with others based on our unique viewpoint. This is shaped by these dimensions of diversity and our own experiences. Positive human relationships occur when people accept and value differences in others.

The greater the number of differences between people, the more challenging it can be to establish understanding, trust and respect. Conflicts, discrimination and oppression can occur - and stereotypes, judgments and assumptions can be made - among people with different dimensions of diversity. These interpersonal issues can have harmful effects on people and relationships.

Prejudice, stereotyping and discrimination

All forms of prejudice, stereotyping and discrimination have roots in ignorance and fear, seek to preserve power and control through a range of methods that include violence and threats, and assume natural superiority of one group over another.

Prejudice means **pre-judge**. We pre-judge people based on one or more of their dimensions of diversity. Negative *attitudes* about members of a certain group based on preconceived notions are called *prejudices.* People who hold prejudices tend to think of others in terms of stereotypes rather than as unique individuals.

Stereotypes are **generalizations** made about a whole group. Stereotypes do not acknowledge individual differences. Stereotypes are general, biased ideas about what various age groups, ethnic groups, socioeconomic classes, people with disabilities and so forth are "really like".

- We all carry stereotypes around with us. We get them from our families, peers, society and the media.
- Some stereotypes might seem harmless. Some may even seem positive ("all boys are good at math"), but those too can have negative impacts.
- Stereotypes keep us from seeing the whole person. This devalues people, insulting them and limiting their potential.

Discrimination is an **action** (or lack of action) taken against individuals or groups, based on negative values, attitudes or beliefs, that excludes, harms or limits the opportunities of others. Discrimination is the denial of fair treatment or equal rights. If you believe that older adults are all frail, that is a stereotype. If you refuse to hire someone simply because the person is a senior citizen, you may be engaging in discrimination.

Forms of prejudice, stereotypes and discrimination

There are many forms of prejudice, stereotyping and discrimination. All have one thing in common: they all involve *distancing* – the idea that "we" (the dominant group) are not like "them" (the subordinate group). Here are some common forms of prejudice, stereotyping and discrimination in our society:

Ageism	is prejudice, stereotyping or discrimination	against people because of age.
Ableism		against persons with disabilities.
Classism		against people because of their social status or income (socioeconomic status).
Heterosexism		against people who are gay, lesbian, bisexual or transgender.
Racism		based on racial background.
Sexism		based on sex.

The complex problem of ageism

Older adults are often not well-respected in our society. Attitudes are often negative toward older people and aging. As people age, they are often stereotyped as “inferior”, “feeble” or “useless”. This negative view of aging contributes towards older persons’ invisibility, marginalization and social exclusion. They become seen as second-class citizens. Their needs and their lives are treated as if they are less important and do not matter as much as those of younger people.

We have defined ageism as prejudice, stereotyping or discrimination against people because they are older. We also need to think about the many dimensions of diversity of people in later life besides age. Older people can also be:

- Wealthy or poor;
- Urban or rural;
- Gay, lesbian, bisexual, transgender or heterosexual;
- Single or in a relationship;
- Male or female; and/or,
- Educated or have little education.

Other dimensions of diversity among older persons that need to be recognized include health or family status, immigration and citizenship status, ethnic origin, and mental, physical, or intellectual disabilities.

Older persons who identify with one or more of the following dimensions of diversity may be subject to negative judgments, stereotypes and discrimination:

- Age: young-old, middle-old and old-old;
- Ability: intellectual, physical or other disabilities;
- Mental status: mental illness or cognitive impairment such as dementia;
- Sexual orientation: gay, lesbian, bisexual, or transgender;
- Aboriginal: on or off reserve, status or non-status;
- Location: rural, remote, isolated or urban;
- Income: low income, receiving Income Support or federal Guaranteed Income Supplement;

- Housing: social housing, location of home, quality and safety of neighbourhood, condition of home;
- Culture/ethnicity: different than the dominant culture;
- Food preferences: ethnic, based on culture or religion;
- Education and literacy: little education, low literacy;
- Marital status: widowed, divorced, never married; and,
- Health status, habits and personal hygiene: "eccentric" or self-neglectful, yet harming no one.

Stereotypes and older persons

There are many stereotypes about older persons that lead to increased vulnerability to violence, very often by people in positions of trust such as family members, friends and caregivers. Negative attitudes are often expressed in perceptions about aging and family violence. Here are some examples:

Stereotype 1: Older victims of violence are responsible for getting hurt: it's their own fault.

- **The reality:** No one ever deserves to be harmed or neglected. Responsibility for violence rests solely with the perpetrator. For example, a focus on "caregiver stress" as a cause of violence tends to "forgive" the abuser and can promote victim-blaming ("I can't be changing his clothes five times a day. He's too demanding!"). While reducing caregiver stress may help prevent some violence, no amount of stress excuses violence.

Stereotype 2: Older people are "burdens" to their families.

- **The reality:** Although many older people depend on their families for support, often the relationship is one of mutual help between generations. For example, an adult daughter picks up groceries and brings them to her mother's house once a week. In return, the mother will prepare supper for the two of them on a regular basis. In many families, mutual dependency does not lead to violence. In fact, violence

is more common when the perpetrator depends on the victim in some way, for example, when an adult child lives in the senior parent's home.

Stereotype 3: Older adult violence does not occur in some cultures.

- **The reality:** Violence against older persons span all cultures and religious traditions. Many stereotypes about culture and family violence exist. For example, many people believe that violence does not occur in cultures that respect their elder members. Unfortunately, this is not the case; violence against older persons occurs in virtually all cultures.

Age, privilege and power

Privilege refers to a special right or advantage allowed or available only to particular individuals or groups. This includes "unearned advantages" based solely on circumstances of birth or inheritance. Another way to think about privilege is as an unbalanced ranking of a group that has unearned advantages over another group (the subordinate group), at the expense of the subordinate group.

Power is the ability to influence the behavior of others; can be used to positively influence others, or negatively control and intimidate others. Privilege and power are automatically granted by society to those of a certain age group, economic class, gender, ethnicity, skin colour or sexual orientation.

In Canadian culture, privilege is most often granted to the middle and upper classes, and more so to white heterosexual males. Women, persons of differing race or ethnicity, persons of lower economic status, persons with disabilities, and gay, lesbian, bisexual and transgender persons have usually achieved certain human rights only through citizen advocacy and special protective laws.

Age privilege, in Western society, is the wide range of privileges given to people who are not old. This also includes the "privilege" of not facing the significant discriminatory barriers and obstacles that often limit older

persons. In some cultures however, age privilege means the opposite: older persons are valued for their wisdom and experience.

Age privilege in our society means that young and middle-aged adults will:

- rarely have their mental capacity questioned when they make decisions that are judged unwise;
- not be treated by a health care or legal professional in a rude or patronizing manner; and,
- not have to live in age-segregated housing.

Violence affects different older persons in different ways

Ageism can negatively affect the health and well-being of older people. It can lead to violence. Society's tolerance of violence against women and children is reflected in its tolerance of violence against older persons.

Until recent years, research on violence against older persons has studied the quality and life circumstances of the older person and the perpetrator, and the relationship between the two. There has been less research on the intersection of violence, aging and ageism with ethnicity, culture, sexual orientation, ability, socio-economic status and other dimensions of diversity.

Below are listed a number of older adult populations who, because of societal status or attitudes, may be subject to prejudice, stereotyping or discrimination and violence. Violence in these groups may have special dimensions or underlying factors and may play out in different ways.

Older women

- Ageism experienced by women is rooted in sexism.
- Generalizations about older women often take the form of mistaken and negative stereotypes. In these stereotypes, older women are typically described as inactive, unattractive, defenseless, lonely, unhealthy, dependent, passive and asexual.
    - Women live, on average, six years longer than men.[31]

[31] Government of Newfoundland and Labrador. (no date). *Provincial Healthy Aging Policy Framework.* Retrieved from: http://www.health.gov.nl.ca/health/publications/ha_policy_framework.pdf.

  - Almost half (42 percent) of single, widowed or divorced Canadian women over age 65 are poor.[32]
- Women often find themselves trapped in isolation, as primary caregivers for ailing spouses or parents. This can go on for years with little relief for older women with few resources.

Older adult immigrants, refugees and new Canadians

- Canada is a very diverse country with an increasing variety of cultures and languages.
- Being a new Canadian can be very isolating. Mostly when a person has a limited network of family and friends.
- Immigrants, refugees and new Canadians may not receive appropriate support in shelters or from other community organizations. Staff and volunteers must become familiar with diverse cultures and languages, and be trained in cultural sensitivity.
- Many refugees have been abused or tortured in their homelands. They have the added stress of waiting for the results of their citizenship applications.
- Many immigrants and refugees live in poverty and have few resources. Some newcomers to Canada may not qualify for government financial assistance.
- Problems with disclosing violence are universal. Specific challenges that may complicate the issue of violence against older persons from other cultures include:
  - Distrust of authorities: Older adult immigrants and refugees may suffer from culture shock, may come from conflict zones or may have experienced multiple traumas. They may not trust authorities and institutions;
  - Immigration status: Lack of knowledge about sponsorship rules and Canadian laws and rights; fear of being deported;
  - Financial or social dependency on the perpetrator (family and/or sponsors) can raise fears and make seeking help very difficult;

[32] Canadian Research Institute for the Advancement of Women. (no date). *Women and Poverty: Third Edition*. Retrieved from: http://criaw-icref.ca/womenandpoverty.

- Language barriers: Not being able to communicate in the language of the new culture can leave an older person virtually defenseless against violence and exploitation; and,
- The definition of violence or abuse: This may vary from one culture to another. Some older adults will tolerate some forms of violence or abuse, making it less likely that they will seek help.

Aboriginal older persons

- Aboriginal groups vary by language, laws, customs and values. What is tolerated or unacceptable in one Aboriginal group or community may not be the same in another.
- Most Aboriginal communities see the Elder as someone who is spiritual and wise in the history, traditions and practices of the culture. The Elder is seen as a leader and can be of any age, and not necessarily a "senior". That is one reason this manual frames the issue as "violence against older persons" rather than "elder abuse".
- Aboriginal older persons are often at risk of violence.
  - Colonization and the breakdown of the family unit have left many Aboriginal people unable to care, feel or know what it means to be a family.
  - Many Aboriginal communities have lost their lands, languages, religions and cultures.
  - These injustices have led to serious social problems, such as substance abuse, poor health and extreme poverty in many communities.
  - These injustices and racism have increased the risk of violence for Aboriginal older persons, women and children.

Older persons living with disabilities

- In 2006, 40.9 per cent of people aged 65 and older in Newfoundland and Labrador were living with a disability.[33]

[33] Statistics Canada. (2010). *Participation and Activity Limitation Survey, 2006*. Retrieved from: http://www.statcan.gc.ca/pub/89-628-x/89-628-x2010015-eng.pdf.

- Violence and fear of violence are very real concerns for older persons living with disabilities.
- Older persons with disabilities are less limited by their disabilities than they are by lack of accessibility, services and supports. This leads to greater dependence on caregivers, family members and neighbours. Remember that perpetrators of violence are very often those persons closest to the older person.
- Older persons with dementia may be more likely to experience violence since their ability to communicate may be impaired.

Lesbian, gay, bisexual and transgender older persons

- Lesbian, gay, bisexual and transgender (LGBT) older persons come from just about every culture, religion, social class, occupation, political affiliation, age and ability.
- Many older LGBT adults lived through times of great hostility and harsh judgments towards people with differing sexual orientations. They have experienced prejudice, stereotyping and discrimination.
- Older LGBT persons may find that relevant and acceptable social and community services are difficult to find or access. This isolation makes it especially difficult for older LGBT persons who are involved in relationships where there is violence.

Older persons living with HIV/AIDS

- Older persons living with HIV/AIDS often face fear and ignorance. This includes sexism, racism and homophobia.
- These older persons often struggle to access proper health care services. The stereotype persists that “old people don’t get HIV/AIDS”.
- An older person who has been in a situation where there has been violence and has also been involved in unprotected sex must have access to HIV testing and support. However, given the fear and stereotyping of people with HIV/AIDS, it may be difficult to find these services.

Isolated and rural older persons

- There are many small rural and remote communities in this province where older persons make up half of the population. These communities can be unsafe for older persons because of the isolation and lack of services such as public transportation.
- Many communities do not have local police in place. Depending on the community, police stations may be distant. Police may arrive too late to protect the older person.
- People know each other in small communities. An older person may not feel safe disclosing violence to a doctor, police officer or community leader. She or he may fear that person will tell others in the community.

Interacting with older people who are different from you

Several issues may arise in your interactions with older people who are different from you. These differences need not be a barrier to helping the older person, as long as these differences are respectfully acknowledged and addressed.

- Stereotypes of older people as burdens, confused or frail can lead to violence. It is easier to harm those whom we do not see as equal human beings.
- It can be hard to build trust with someone from another culture. Allow time for the relationship to grow and for trust to develop.
- Words may have different meanings in different cultures (for example, violence may be understood to mean physical violence only). Non-verbal cues, such as gestures and eye contact, may have different meanings too.
- Gender differences between a caregiver and an older person may create more challenges in some cultures than others.
- Lesbian, gay, bisexual and transgender older persons need service providers who will treat them with respect. Transgender older persons should be referred to and addressed by the name and pronoun they prefer and use.

- Older Aboriginal victims of violence might not want:
  - To leave their homes or their land, even when they have been harmed; and/or,
  - To seek help outside their extended family.
- Older persons who do not speak English as a first language may not be able to express themselves clearly in English. It may be uncomfortable for them to discuss private matters such as violence in the presence of an interpreter, who may be a (biased) family member or friend.

Take action

- Examine your own biases and stereotypes about people who are different from you.
- Embrace and value diversity in individuals.
- Be an active listener.
- Question ageist language and images. Challenge people who tell ageist jokes. There are plenty of examples of people who do not fit the stereotypes of what it means to be “old”.
- Treat people of all ages with respect. “Over the hill” is a negative attitude, not an age.
- Replace judgment and assumptions with respectful curiosity. Ask older people about their culture, customs and views. Learn how their culture impacted and shaped their lives. Ask them to tell stories from when they were young.
- Find out about aging and aging care in other cultures and religions. Do this research to ensure that you ask useful, nonjudgmental questions. Remember that, even within a culture or religious tradition, each person and situation is different.

STORIES FROM THE FRONT LINES

The dietary department

Mena, 82, is a new resident in a long-term care home. One of the home's volunteer visitors comes from the same cultural background as Mena and speaks the same language. The volunteer discovered that Mena was not eating because the food in the home was totally unfamiliar to her. The volunteer offered to share some of her recipes with the dietary department. This led to the home reviewing its policies regarding culture-specific foods and making a change. Now, at least one culturally-familiar food option is included at every meal.

Prayer time

Saamir was a 72-year-old Muslim man who lived in a long-term care home. Saamir needed to say his prayers five times each day. One day, a woman walked into his room and said she was there to clean. Saamir asked her to come back a short while later, after he had finished praying. The woman insisted she had to clean immediately.

The family translator

A police officer was called to a domestic dispute. When he arrived at the home, he found a middle-aged man and an older woman talking to each other in a language that the officer did not recognize. The older woman was visibly upset. The officer saw no signs of struggle. The man said to the officer in English, "This is my mom and she called the police because that is the only number she knew. She just had a problem with her bank statement. There really is no problem and I am sorry for any inconvenience to you."

The officer turned to the mother and asked in English, "Why did you call the police? Is there a problem?" The mother did not respond. The officer asked the son to translate. The son said something to his mother, who shook her

head. The son again told the officer that his mother had made a mistake and was sorry for bothering the police.

Mr. and Mrs. Tarkani

Mr. and Mrs. Tarkani are both in their seventies. They have lived in Newfoundland and Labrador for two years. At one point, they decided to return to live in their native Pakistan where they had family and friends. However, things did not work out as expected. They came back to live in this province. They stayed with relatives for a while, but that did not go well either. A family member brought them to a local social service agency and left them there. The Tarkanis were admitted to a residential care home on an emergency basis.

Mr. and Mrs. Tarkani are both physically frail. Mr. Tarkani has diabetes, and has had a foot amputated as a result of complications from the illness. Mrs. Tarkani also has diabetes, as well as heart disease. They are the only persons of colour in the residence, and feel very alone, especially Mrs. Tarkani, who speaks no English at all. No one from their family ever comes to visit. Other residents are very unwelcoming to them, and seem especially hostile to Mr. Tarkani. They sometimes make racist remarks.

As the weeks go by, the Tarkanis begin spending more and more time in their room. They stop coming to the cafeteria for meals. Staff notice that Mrs. Tarkani has been crying a great deal. That seems odd, since the couple appears to be devoted to each other. The staff is convinced that the problem is not between Mr. and Mrs. Tarkani. When asked by staff how they can help, Mr. Tarkani says that his wife is just “too sensitive”. That is all that he will say.

QUESTIONS FOR REFLECTION

1. Review the list of dimensions of diversity. Describe the core dimensions and other dimensions of diversity that make you who *you* are, a unique human being in the world.

2. Were you ever a target of prejudice or discrimination? What were the circumstances? How did this affect your self-esteem?

3. What is your attitude toward an older person:
    - Whose first language is not English?
    - Who has an accent or is hard to understand?
    - Whose religion is different from yours?
    - Who is gay or lesbian?
    - Who has a skin colour that is different from yours?

4. Recall an experience you may have had where the different values, customs or practices of another person or group made you feel uncomfortable. What dimensions of diversity were present? What were some of the issues for you? What might you do next time to address these feelings?

5. As an adult, what prejudices might you be holding onto from your parents or other childhood caregivers? Explain.

6. Are you working to overcome any prejudices? What would be the benefits of doing so?

RECOGNITION
Module 6: Dynamics of family violence

In this module:

- **Violence against older persons as a family violence problem;**
- **What is "family violence";**
- **How is family violence defined in Newfoundland and Labrador;**
- **The roots of family violence;**
- **Who is at risk of family violence;**
- **Who are the perpetrators;**
- **Intimate partner violence;**
- **Violence committed by adult children;**
- **Older persons may be reluctant to admit that violence is a problem;**
- **A holistic approach to preventing violence in later life;**
- **A social and life skills approach to preventing family violence;**
- **Stories from the front lines; and,**
- **Questions for reflection.**

Violence against older persons as a family violence problem

In recent years, family violence against older persons has become a growing social problem in Newfoundland and Labrador. Reasons include:

- The rising numbers of older persons in the total population;
- The related increase in disabling illnesses and injuries that come with longer life;
- A large majority of older persons in this province (approximately 93 per cent) live in the community and not in residential care facilities;[34]
- Isolation and lack of supports in rural regions; and,
- The increased family role in caregiving for older persons.

Very little family violence research focuses on violence against older persons. What we do know is that actions of power and control exist across

[34] Government of Newfoundland and Labrador. (no date). *Provincial Healthy Aging Policy Framework*. Retrieved from: http://www.health.gov.nl.ca/health/publications/ha_policy_framework.pdf.

the lifespan. Violence does not suddenly stop at some older age. Nor does it necessarily begin with the vulnerabilities sometimes associated with older age.
Violence against older persons can also be viewed in the context of family violence. This is because such violence can often be found in families touched by other forms of family violence, such as child abuse.

In this module, we explore the basics of family violence. We will define it and look at its roots. We will examine who is most likely to experience violence. We will also consider some of the reasons why older persons may not want to admit that they are victims of family violence. Finally, we will propose a holistic response to prevent violence in later life.

What is "family violence"?

Family violence refers to violence that takes place within the family where there are relationships of kinship, dependency and trust. This can mean violence between:

- Intimate partners;
- Parents and children;
- Siblings; and/or,
- Extended family members.

Family violence also includes witnessing violence in the family. It tends to get worse over time. With the first act of violence, the risk of further violence grows.

Most of the violence that is inflicted on older persons is committed by family members.[35] Of course, violence against older persons can also be carried out by neighbours, friends, paid caregivers or strangers.

Family violence can take many forms, including:

- Physical violence;
- Psychological violence;

[35] Statistics Canada. (2013). *Family Violence in Canada: A Statistical Profile, 2011*. Ottawa, ON: Minister of Industry.

- Emotional violence;
- Verbal abuse;
- Sexual violence;
- Financial abuse;
- Neglect;
- Spiritual violence; and,
- Cultural violence.

How is family violence defined in Newfoundland and Labrador?

The ***Family Violence Protection Act*** defines family violence as **physical violence or the threat of violence; or actions that are threatening or abusive**. This includes withholding food, shelter or medical care. This *Act* protects older persons who are or were in a conjugal relationship with the perpetrator, or who have a child with the perpetrator and the child is under age 19. The *Family Violence Protection Act* can be found online at www.justice.gov.nl.ca.

Section 3(1) of the *Act* further defines family violence as:

a) An assault that consists of the intentional application of force that causes the person to fear for his or her safety, but does not include an act committed in self-defense;
b) An intentional, reckless or threatened act or omission that causes bodily harm or damage to property;
c) An intentional, reckless or threatened act or omission that causes a reasonable fear of bodily harm or damage to property;
d) Forcible physical confinement without lawful authority;
e) Sexual assault, sexual exploitation or sexual molestation, or the threat of sexual assault, sexual exploitation or sexual molestation;
f) Conduct that causes the person to reasonably fear for his or her safety, including following, contacting, communicating with, observing or recording a person; and,
g) The deprivation of food, clothing, medical attention, shelter, transportation or other necessaries of life.

The *Family Violence Protection Act* provides for Emergency Protection Orders which makes emergency help available to adult victims of family violence and their children.

The roots of family violence

Family violence involves an abuse of power and control in a relationship. One person uses power to control another in a hurtful way. It is violence by the *more* powerful against the *less* powerful. Family violence is widespread.

Violence persists in our society because of:

- Unequal power between groups, such as women and men;
- Stereotyping, discrimination and prejudice;
- Sexism, ageism, ableism, racism, heterosexism;
- Discrimination against persons with disabilities;
- Colonialism with respect to Aboriginal peoples; and,
- Societal tolerance for violence as a way to solve problems.

Who is at risk of family violence?

Anybody can be a victim of family violence. It can happen regardless of:

- Sex;
- Gender;
- Ethnicity;
- Race;
- Culture;
- Religion;
- Socio-economic status;
- Geography;
- Ability;
- Education;
- Sexual orientation; and,
- Age.

Those most likely to experience violence in relationships are members of groups that are seen by some as weaker and having less power. This includes:

- Women;
- Children and youth;
- Older persons;
- People living in poverty;
- Immigrants and refugees;
- Aboriginal persons;
- Persons with disabilities;
- Lesbian, gay, bisexual and transgender persons;
- People living in rural regions; and
- Any group outside the dominant culture.

Who are the perpetrators?

Those family members who are most frequently in contact with an older person are the most often responsible for the violence. Intimate partners and adult male children commit the most violence against older women.[36] See Module 8 for more information about the risk factors involved in violence against older persons.

Intimate partner violence

Intimate partner violence is violence that occurs within an intimate relationship such as marriage, dating or common-law. The violence can extend into later life, and can occur among heterosexual or same-sex couples. It can range from a single episode to long-term, severe violence.

Many cases of violence against older persons involve long-term intimate partner violence. This violence does not stop with age. Violence that is intimate partner violence "grown old" is mostly carried out against women by male partners.

[36] Statistics Canada. (2013). *Family Violence in Canada: A Statistical Profile, 2011*. Ottawa, ON: Minister of Industry.

Violence may get worse with age as challenges or resentments grow. Sometimes, it takes on new forms (for example, emotional violence may become physical). A new partner may be violent, but a long-term partner rarely begins to commit violence in old age. If a long-time partner becomes violent, it may be due to some other reason such as dementia.

Violence committed by adult children

An older person who does not require care may still be at risk of violence from a relative. Adult children are the most frequent family abusers of older persons at home. The typical perpetrator is an adult child under the age of sixty, who lives with or near the older person. There is often an aspect of dependency in the relationship. The adult child may depend on the older person for money, shelter or care. Or, it may be the older person who is dependent on the adult child.

Older persons may be reluctant to admit that violence is a problem

Older persons may not want to admit that they have been harmed by a family member. There are many reasons for this:

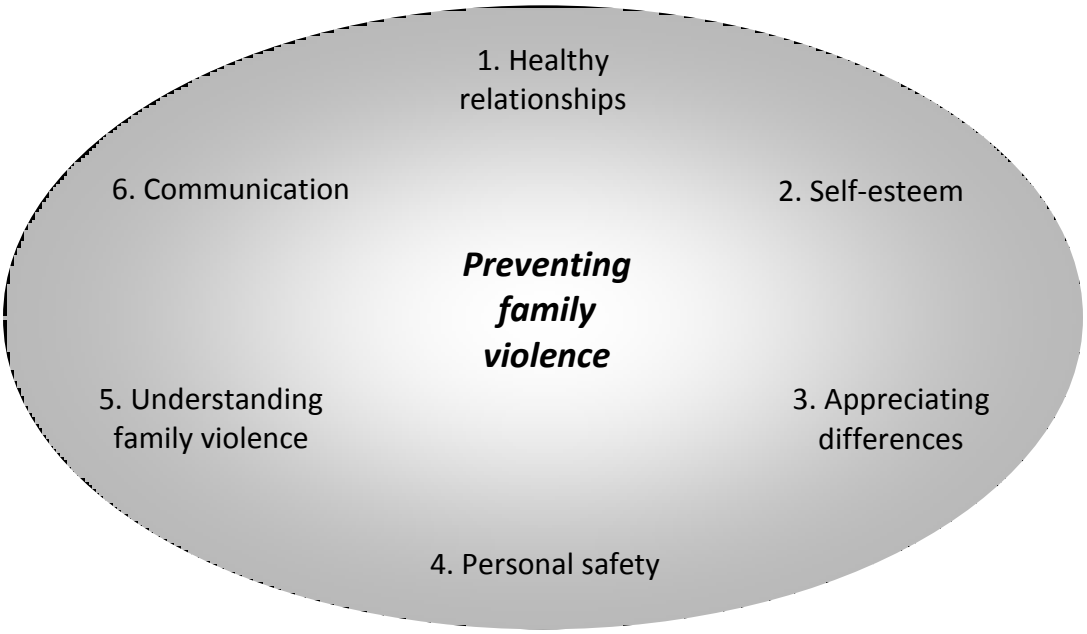
- Shame, embarrassment or family loyalty;
- Believing that victims “get what they deserve”, victim blaming;
- Lack of awareness that what they are experiencing is violence;
- Fear of being sent to a “home” or a residential care facility;
- Fear of the perpetrator;
- Dependency on the perpetrator for care;
- Fear of being left alone;
- Believing that a relationship is “for better or for worse”;
- The “normalization” of violence after experiencing it for many years;
- Lack of money;
- Trouble finding work;
- Trouble finding alternate housing and/or emergency shelters; and,
- Not aware of options.

You can find additional information on this topic in Module 15, *Barriers and risks in reporting violence*.

A holistic approach to preventing violence in later life

A holistic approach to preventing violence in later life addresses many elements of this complex social problem. Aboriginal values teach that all life is connected. This suggests that the problem of violence cannot be healed by working only with individuals. Families and communities also have an important role to play. To address violence, the whole social system must be restored to balance. The following diagram shows a holistic model for the prevention of family violence. It uses education, awareness and development of social and life skills in individuals, families and communities.

A social and life skills approach to preventing family violence



1. Healthy relationships

- Understanding the factors that affect and support healthy relationships.

- Understanding how healthy relationships support personal needs and feelings of self-worth.
- Knowing that respect for others promotes healthy relationships.
- Developing good interpersonal and social skills.

2. Building self-esteem

- Knowledge of the factors that affect and support self-esteem and self-understanding.
- Understanding and valuing personal empowerment.
- Developing strategies to feel competent (including taking responsibility for one's actions and decisions).

3. Appreciating differences and diversity

- Developing skills to examine stereotypes and assumptions about others.
- Learning how to examine cultural and gender biases.
- Appreciating, valuing and celebrating differences.

4. Personal safety

- Knowledge of personal safety.
- Developing skills to identify risky situations and responses to ensure safety.
- Knowledge of resources and how to access and use them.

5. Understanding family violence

- Increasing awareness of the problem of family violence.
- Knowledge of factors that contribute to family violence.
- Developing empathy for those who are touched by family violence.
- Understanding the use of power and control in violent relationships.
- Understanding that violence is never okay.

6. Communication

- Developing skills in active listening.
- Raising awareness and skills in managing anger.
- Knowing that good communication skills are needed to deal with interpersonal conflict.

STORIES FROM THE FRONT LINES

Dorlene

Dorlene, 77, recently moved from another city to live with her daughter Rachelle and her family. Dorlene had often felt a little uneasy around her son-in-law Melvin, but she adored her daughter and grandchildren.

Melvin was pleasant to Dorlene when other family members were present. But when they were alone, Melvin would call Dorlene senile and stupid. He would make fun of the way she talked and her lack of education. Melvin threatened her that he could have her "put in a home" if she said anything to Rachelle.

Rachelle could not understand why her mom had become so withdrawn. Dorlene was spending almost all of her time in her room, except for meals. She did not eat much, and seemed sad and depressed. Rachelle wondered why her mother would shut down like this in such a loving home. She made an appointment to see a social worker that specialized in working with older people to discuss her concerns.

The social worker asked if Rachelle could bring her mother to her office so she could speak with her alone. The social worker and Dorlene worked together to find an accommodation solution that would be more suitable for Dorlene. They found a lovely personal care home about two kilometres from Rachelle's home, where Rachelle and the grandchildren could visit as often as they liked. Dorlene made friends with several of the other residents and even became a volunteer at the local Fifty Plus Senior Citizens Club.

Sam

Sam, 82, lives with his grandson, Ned. Sam has not been answering his phone and does not go out much. His granddaughter, Alice, goes to visit him. During one visit, she accidentally spills juice on Sam's shirt. Alice asks him if he would like a clean shirt. Sam refuses and seems upset. Alice gets him to remove the shirt. She is shocked to see bruises and welts on Sam's

chest and arms. In time, Alice learns that her brother Ned has been beating Sam. Ned has threatened Sam not to tell. Sam seems very afraid of Ned.

John

John is an active 60-year-old. He sees friends and family regularly. John is close to his nephew, Frank. John is helping to pay for Frank's education. Frank recently asked John for a large sum of money to get him started in business. John keeps paying Frank, but tells no one because he does not want his nephew criticized. He has used up much of his savings.

QUESTIONS FOR REFLECTION

1. For each story above, list the names of the participants and their relationships. Then indicate the types of violence that are occurring and any risk factors that may be present.

   a) Dorlene's story

Name	Relationship to Dorlene	Type(s) of violence	Risk factors

   b) Sam's story

Name	Relationship to Sam	Type(s) of violence	Risk factors

   c) John's story

Name	Relationship to John	Type(s) of violence	Risk factors

2. Is there a history of family violence in any of these stories? Who is the victim in each case? Who are the perpetrators? Which types of violence do you suspect? (For more information, refer to Module 1, *Types of violence.*)

3. In each of these stories, who is at high risk of violence? List the risk factors that you see. (For more information, refer to Module 15, *Barriers and risks in reporting violence*.)

4. These stories show that older adults do not fit neatly into definitions. Every situation is unique. Each individual reacts differently. What approach would you take in a situation where there are high risk factors but the older person, for whatever reason, does not want to leave?

5. Do you know an older person who may be in a family violence situation similar to any of those above? Do you need to assess, intervene or alert someone else?

RECOGNITION
Module 7: Impact and effects of violence against older persons

In this module:

- **The far-reaching impact of violence against older persons;**
- **The problem with statistics;**
- **Impact of violence against older persons;**
- **Family, intergenerational and community impacts;**
- **Societal impacts of violence, and the influence of ageism;**
- **Coping strategies;**
- **What do older victims of violence want;**
- **Stories from the front lines;**
- **Learning activity; and,**
- **Questions for reflection.**

The far-reaching impact of violence against older persons

All forms of violence can have damaging effects on people's physical, emotional, mental and spiritual well-being. Later in life, the impact of violence can be especially serious. Violence among older adults can lead to:

- Poor physical and mental health;
- Depression;
- Loss of will to live; and/or,
- Suicide.

The populations who are even more likely to experience violence include older persons who:

- Are female;
- Are immigrants or refugees;
- Are Aboriginal;
- Have disabilities;
- Are lesbian, gay, bisexual or transgender;

- Are members of any group outside the dominant culture;
- Live in rural or isolated regions; and/or,
- Live with poverty.

The impact of violence against older persons is a concern for all people in this province. *Preventing violence against older persons is everybody's responsibility.*

The problem with statistics

A statistic that is commonly quoted is that between four and 10 per cent of older persons in Canada have suffered some form of violence.[37] It is likely that these numbers are higher due to under-reporting. Often called a hidden crime, much of the violence against older persons is never reported. This may be because people do not know the signs of violence. It may be because many older adults do not, or can not, talk about the problem with someone who can help.

The problem with under-reporting of violence against older persons is that we do not know the real size of the problem. This makes it difficult to know when and how to respond.

For more information on barriers to reporting incidents of violence against older persons, see Module 15, *Barriers and risks in reporting violence.*

Impact of violence against older persons

Violence in later life can affect a person's:

- Emotional health;
- Physical health;
- Sexual health;
- Spiritual health; and,
- Financial well-being.

[37] Government of Newfoundland and Labrador. (no date). *Provincial Healthy Aging Policy Framework*. Retrieved from: http://www.health.gov.nl.ca/health/publications/ha_policy_framework.pdf.

Emotional health

- Depression is much more common among older adult victims of violence than among other older adults.
- Depression or anxiety may be mistaken for memory loss or illness, when they are often the emotional effects of stress.
- The stress of living with violence may make other health problems worse.
- An older person who has been injured or harmed often loses trust in the person who causes the violence.
- Sometimes, when older people report violence, the person they report it to might disbelieve it or think that the story was exaggerated. This may then add to the older person's stress.
- An older person may feel shame, guilt or embarrassment from being injured or harmed by family or someone close.
- Other mental health effects of violence against older persons may include learned helplessness, alienation, humiliation, anger, fear, denial and post-traumatic stress syndrome.
- Older victims of violence may also experience low self-esteem, self-degradation, self-abuse, acute anxiety, uncontrolled anger, chronic stress, phobias, flashbacks, problems sleeping, nightmares, passivity, memory loss, or loss of concentration and productivity.
- Some older persons who have been victims of violence turn to alcohol or prescription drugs to help with sleep or anxiety. They may also use these to cope with physical or mental pain. This can lead to addiction.
- Older adult victims of violence may lose interest in life. They may become withdrawn and suicidal.

Physical health

- Living with violence can increase an older person's chances of illness or death from injuries.
- Older person's bones break more easily. Injuries take longer to heal in an older person.
- These injuries can lead to serious consequences. Physical violence, for example, may result in a hip fracture, which would mean surgery and possibly deformity or even death if there are complications.

- Older persons may lack the physical strength to defend themselves.
- Injuries from violence may make existing health problems worse. This may make it harder for an older person to function independently.

Sexual health

- Effects of sexual violence on older women may include:
    - Sexually transmitted diseases;
    - Pelvic, genital or uterine pain;
    - Vaginal or urinary infections;
    - Bruising or tearing of the vagina or anus;
    - Hysterectomy; and,
    - Sexual addiction and/or withdrawal.

- Effects of sexual violence on older men may include:
    - Sexually transmitted diseases;
    - Pelvic or genital pain;
    - Urinary infections;
    - Bruising or tearing of the anus; and,
    - Sexual addiction and/or withdrawal.

Spiritual health

- Violence against older persons can happen in any faith community. It may not be talked about because of shame, embarrassment, stigma or the idea that “it doesn’t happen here.”
- Health of the body, emotions and the mind are all interconnected. Each impacts a person’s spiritual health. Violence can affect all four of these factors in an older person who is living with violence or the threat of violence.
- Older persons who suffer violence may begin to question their faith. They may struggle to understand the violence in terms of their religious or spiritual beliefs.
- Faith can help to support victims of violence. An older person’s faith may provide comfort and strength in dealing with the stress associated with violence.

Financial well-being

- Financial abuse is the most common form of violence against older adults. It can destroy their quality of life.
- Many older people have limited incomes. The loss of even a small sum of money can have a major impact. Being alone or ill may make an older person more likely to experience fraud or theft.
- Many older persons who are financially abused are also victims of emotional violence. This can lead to stress and financial strain.
- Someone may take wrongful control of an older person's funds. The older person may not receive enough money for food, household items, social outings or transportation.
- Older persons whose funds have been used up or who have lost access to their money suffer reduced quality of life. They may even be in danger if they cannot get needed medical supplies (such as medications, glasses, hearing aids, dentures, walkers or guardrails for the bath).
- Financial abuse can be especially difficult for women because they are more likely than men to live in poverty in old age.

Family, intergenerational and community impacts

- Living with violence can damage an older person’s sense of self-worth and dignity. It may also lead to social isolation. This especially true for those who are poor, have disabilities, have language barriers or are isolated by geography.
- Older victims of violence may have health issues that make them more dependent on help from family and community services.
- Poor family communication and coping skills (for example, anger management) put older persons at risk.
- Young people who do not learn to treat older family members with respect may come to see negative attitudes and behaviour toward their elders as “normal”. This is how the intergenerational cycle of family violence is reinforced.

Societal impacts of violence, and the influence of ageism

- The impact of violence against older persons is costly to our social, health, and justice systems.
- Due to widespread denial or lack of information, violence against older persons is sometimes considered to be "rare ".
- Authorities may not believe older persons who complain about being harmed or they may not consider the harm serious.
- Older persons may not be believed because they may be assumed to have poor memory.
- Ageism is the belief that older persons have less value than younger people. This can result in social policies that assume all families are able to provide care to aging relatives. The truth is that some family relationships may be difficult or even dangerous. In these cases, it is best to arrange for care from outside the family.

Coping strategies

A person living with violence sometimes develops coping strategies for protection. These coping strategies may make it difficult for others to know the extent of the harm or even see that violence is happening. Here are some ways that older persons who are living with violence try to manage their situations:

- Silence and denial
    - Older persons may remain silent or deny violence for fear of consequences to themselves or their loved ones.
- Minimization
    - An older person may try to reduce any feelings of shock, threat, fear and powerlessness when there appears to be no escape. Real feelings are “held in”.
    - Minimization can also occur when the older person thinks that the incident was not as bad as it could have been, or not as bad as the suffering of other victims of violence.

- Rationalization
    - Rationalization involves excusing or accepting bad behaviour. The older person takes on the blame for being harmed, believing that the only reason they were harmed is because of something they themselves did or did not do.

What do older persons who are victims of violence want?

All older victims of violence want:

- The violence to stop;
- To feel safe;
- To be heard and believed;
- Adequate funds;
- Reliable, available, respectful medical care;
- Housing that meets their needs;
- Access to support and counselling;
- To be a part of their family, community and society;
- To feel respected and valued for their wisdom, knowledge, and life experiences; and,
- Information on law and human rights.

Older persons who live in their own homes or with their families or friends in the community also want:

- To have age-appropriate safe houses and shelters in their community; and,
- Home support services provided by trained, compassionate workers.

STORIES FROM THE FRONT LINES

Olive

Olive, 80, lives in a very rural area. She was born there. Olive has no children. All her family and friends have died or moved to larger towns and cities. Olive is very alone. She would like to get out of her home from time to time for groceries, church and to socialize. However, transportation cannot be arranged because Olive “lives out in the boonies”. There is no bus service where she lives. There is no money for taxis. Olive lives on tea and toast, because she has no way to get to the local store to buy food. A neighbour, a few years younger than Olive, sometimes brings vegetable soup which they share.

Margaret

Margaret, 82, lives alone and has no close family. She receives daily help with personal care and meals. This allows her to live in her own home. Margaret has had two caregivers for a number of months. Over the past month, increasing amounts of money have gone missing from her home. Margaret is hesitant to question the caregivers. She is afraid she will lose her help and will no longer be able to stay in her home. Margaret worries that she may have misplaced the funds. Margaret would always wake up each morning and get dressed and washed with her caregiver’s help. She would spend hours reading or watching TV in her living room. Now, she spends most of the day in her nightclothes in bed. Margaret‘s appetite has decreased. She only wants to sleep.

LEARNING ACTIVITY

Using the previous stories, read and respond to the following questions using the table provided on the next page. See what other questions come up for you as you go through this exercise.

1. In each story, are the primary issues? Decide whether each story involves violence.

2. For each story, list the types and indicators of violence (refer to Modules 1 and 2).

3. List the possible effects of violence on the two women.

4. For each case, what would your next steps be?

Learning Activity Table

	Margaret	Olive
Primary issues		
Type of violence		
Indicators of violence		
Possible effects of violence		
Next steps		

QUESTIONS FOR REFLECTION

1. Think about any instance of violence that has affected you personally. You may have been a victim or a witness. What has been the impact of violence on your life in the following areas?
    - Physical health;
    - Emotional health;
    - Mental health;
    - Spiritual health;
    - Financial well-being; and,
    - Feeling safe.

2. If you have been touched by violence, did you use any of the coping strategies mentioned in this learning module? If so, which ones?

3. How can you apply what you have learned from this module to your relationships at home, in the community or in your workplace?

PREVENTION
Module 8: Risk factors and protective factors

In this module:

- **Risk factors and perpetrators;**
- **Risk factors and protective factors;**
- **Relationship among risk factors that contribute to the problem of violence against older persons;**
- **Stories from the front lines; and,**
- **Questions for reflection.**

Risk factors and perpetrators

A **risk factor** is a condition or characteristic that increases a person's risk or vulnerability to harm. In contrast, a **protective factor** is a condition or characteristic that helps people deal more effectively with stressful events and lessens risk of vulnerability, such as skills, strengths, resources, supports and coping strategies.

A **perpetrator** is someone who commits a criminal, illegal or violent act. Perpetrators can be family, friends, volunteers, caregivers or other health care workers. They vary by gender, education, sexual orientation, religion, and social, cultural and economic backgrounds.

Violence against older persons is a complex social problem. It cannot be explained by any one single risk factor. A range of factors determines who might be at risk and why. In this module, we will look at what places older persons at risk of violence. We will also look at factors that protect them from harm.

Note: In this module, we look at risk factors for older persons who live in the community. In Newfoundland and Labrador, most older adults live independently in their own homes and less than seven per cent of older persons live in residential care facilities. Refer back to Module 3 for

information on violence against older persons who live in residential care facilities.

Risk factors and protective factors

The presence of any of the risk factors listed in the table below does not necessarily prove that violence is occurring. The presence of any of the protective factors below may reduce the risk of violence, but does not mean that risk is not present.

RISK FACTORS	
Personal and health-related factors	• Age and gender (women age 75+ are most at risk). • Lack of knowledge of civil and human rights. • Ethnicity, language barriers, isolation. • A health condition (stroke, loss of vision or hearing) may hinder reporting incidents of violence. • Impaired decision-making (due to health) may result in older person making poor decisions such as giving perpetrator access to the home, finances, etc. Gambling addiction, alcoholism or other substance abuse.

Environmental factors	• Cash and valuables hidden at home.
	• No money to leave a violent situation.
	• Social isolation:
	  ○ No transportation;
	  ○ No phone or internet;
	  ○ Lack of contact with others; and,
	  ○ No one to turn to for help.
	• Living in rural regions where there are fewer formal support systems.

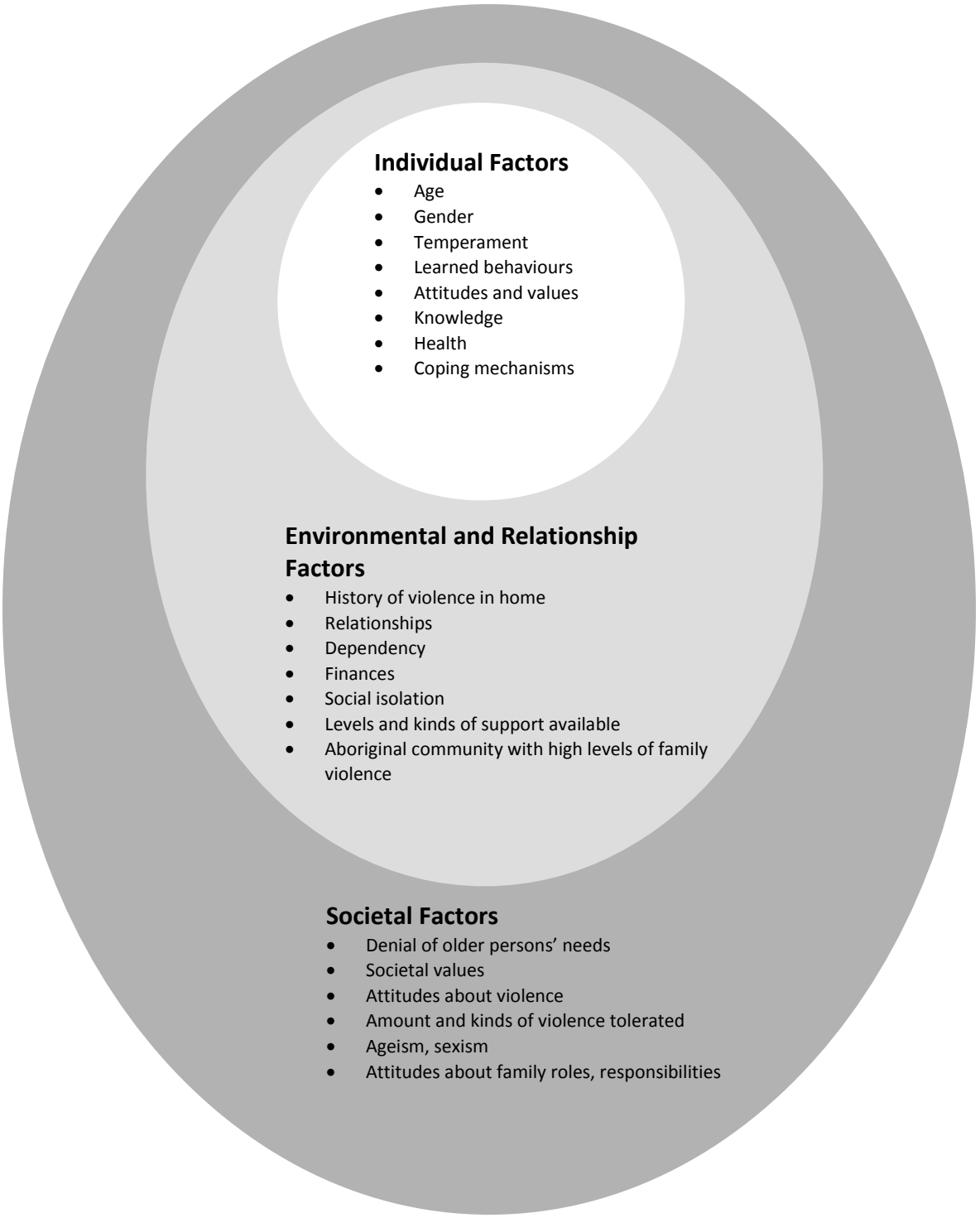
Relationship factors	• History of violence in the home. • Not wanting to report violence for fear of making things worse or being left without care. • Physical, financial, emotional or intellectual dependence on a spouse, partner or other family member. • Having a dependent adult child.
Societal factors	• Ignorance or denial of the needs of older persons. • Societal values (youth, paid labour, and independence versus age, unpaid labour and interdependence). • Tolerance of violence. • Ageism: mistaken beliefs and lack of understanding of aging. • Dated views on gender, family roles and responsibilities that create imbalances in power and control.

PROTECTIVE FACTORS	
Personal and health-related factors	• Good coping skills. • Being aware of civil and human rights. • Personal safety plan in place and shared with a trusted family member, neighbour or doctor.
Environmental factors	• Coordinated government and community resources that serve older persons. • Living in a community that is responsible to its citizens. • Accessible transportation, community facilities and housing. • Services for older persons available in all regions. • Monitoring in institutions. • Solid policies and procedures on resident care in residential care facilities. • Staff in residential care facilities trained to recognize, intervene in and prevent violence.

Relationship factors	• Caring families. • A variety of relationships, including friends, neighbours, volunteers, clergy, caregivers, other service providers.
Societal factors	• Promotes positive images of older people. • A culture of respect that values the wisdom and contributions of older persons.

Remember: violence of any kind is *always* wrong. Everyone has the right to make choices about their own life, and to live and grow older in a safe environment with dignity and respect.

Relationship among risk factors that contribute to the problem of violence against older persons



STORIES FROM THE FRONT LINES

John

John, 82, lives alone in his own home. He has no close relatives. Alma is John's home-care worker. John has bruises on his face and arms because Alma restrains him and forces him to take more pills than he needs. John has given Alma power of attorney over his affairs. He has put his house in her name.

Annie

Annie is an 83-year-old widow. She lives in her own home with her son Tom, 54. Tom often yells and swears at her. She is scared when his friends are in the house. They smoke marijuana and drink alcohol. They also leave a mess for her to clean up. Tom will not let her friends or other family members visit. He has threatened to harm Annie if they meddle. Annie will not ask her son to leave because he is financially dependent on her.

Payphone Caller

An older male called a seniors' organization from a payphone during Christmas week. He said that his daughter had been beating him on a regular basis. His reason for calling was not to report this, but to ask if this was acceptable. The volunteer on the phone at the seniors' organization tried to persuade him to call again. She thought he sounded very frail and sad. The volunteer never heard from him again.

QUESTIONS FOR REFLECTION

1. What surprised you in reading the list of risk factors above?

2. Does the information in this module reflect your own experience with older persons at risk?

3. Are there other risk factors that have not been mentioned? Protective factors?

4. How might your own personal biases affect your assumptions as to who may be at risk of violence?

PREVENTION
Module 9: Root causes of violence

In this module:

- **Why does violence against older persons happen;**
- **Power and control as the underlying factors in violence;**
- **Common control tactics;**
- **The Cycle of Violence;**
- **The myth of caregiver stress as a primary cause of violence;**
- **Being a supportive helper for an older person;**
- **Restoring power and control to the older person;**
- **Stories from the front lines;**
- **Questions for reflection;**
- **Power and Control Wheel; and,**
- **Advocacy and Empowerment Wheel.**

Why does violence against older persons happen?

Violence is the abuse of power and control. Violence involves patterns of behaviour and actions intended to gain power and maintain control over others. Violence results in a violation of a person's rights and may also be a crime punishable by law.

Violence is rooted in inequality. It takes many forms. Older persons in our province may experience physical, sexual, emotional, psychological, spiritual and cultural violence. They may also suffer verbal and financial abuse, and neglect. All forms of violence are wrong, and all can be equally damaging. Treating older persons with respect, fairness and equality goes a long way to prevent violence.

There is a need to increase awareness of the problem of violence against older persons in Newfoundland and Labrador. Understanding the causes can help to reduce the problem.

Interventions should focus on the safety and empowerment of the older person. Education and awareness are the first steps in violence prevention.

Power and control as the underlying factors in violence

Violence often involves ongoing - and sometimes escalating - patterns of power and control over another person's thoughts, feelings and actions. Power and control tactics may involve physical violence, but just as often they do not. They can also include humiliation, fear, or emphasizing one's superiority over another. Isolation can be used to exert control in many ways, including limiting contact with others, jealousy, and limiting outside activities.

The Power and Control Wheel, on page 120, shows the types of violence and abuse that are inflicted on older persons. See Module 1 for more information on the types of violence.

Common control tactics

People who try to control other people do so to try to meet their own needs. They use control tactics to manipulate how others think, feel and act. These tactics may not always involve physical harm. They may include intimidation, coercion, isolation, and minimizing or denying violence. An example of a controlling tactic is the threat of something bad happening if the controlling person's demands are not followed.

Creating dependency is one common form of power and control. A perpetrator creates dependency when she or he isolates the older person, blocks access to the phone or visitors, or does not allow the older person to leave the home. Emotional violence or verbal abuse may also be used to create dependency: "You can't leave because you have no money of your own!" or "You know you'll never get along without me!"

Many victims of violence are not dependent on the perpetrator for care. The perpetrator often is dependent on the victim. For example, many

perpetrators are adult children who still live at home and rely on their parents' resources. The perpetrator's dependence may be financial, emotional or practical (i.e., having dinner cooked and clothes washed).

Other tactics used by controllers to abuse and mistreat older persons include:

- Shaping his or her own public image as a "do-gooder." Controllers may do this by attending church, shoveling a neighbour's path or volunteering in the community;
- Portraying the older person as unstable, frail, depressed or troubled;
- Threatening to make a scene. This strategy is used by controllers to get their own way and keep all attention focused on their needs. They stay in control by appearing to lose control. (See the Cycle of Violence below);
- Surveillance and monitoring. The controller needs to know where the older person is at all times, and who the older person is with. The older person may not be allowed to speak with helping professionals unless the controller is present; and,
- Emotional blackmail. This takes many forms, ranging from the silent treatment when the controller does not get his or her way, to threatening suicide.

The Cycle of Violence

The Cycle of Violence is a pattern or process that occurs in relationships where there is violence or abuse. In most cases, the perpetrator is an intimate partner. However, the cycle of violence can sometimes occur in relationships with family members, employers, peers and others. The phases are:

1. Honeymoon phase;
2. Tension build-up phase;
3. Explosion phase; and,
4. Honeymoon or reconciliation phase.

At the beginning of the Cycle of Violence, during the *honeymoon phase*, the perpetrator is caring, loving and helpful, and there is the sense that all

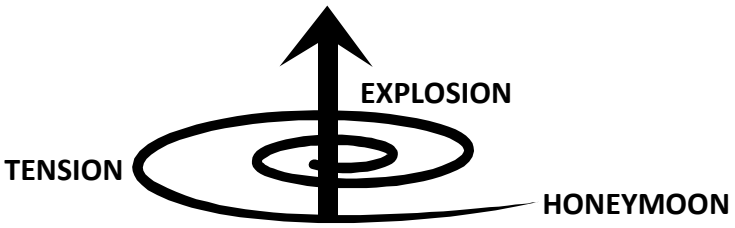
is well. This phase may also be known as the “hearts and flowers” period of the relationship.

Eventually however, conflict begins to build within the relationship. During the *tension build-up phase*, tension rises at an uneven rate. At this stage in the relationship, one may feel as if they are walking on eggshells for fear of upsetting the other person in the relationship.

The situation worsens until it finally results in the *explosion phase* where the perpetrator commits violence or abuse. This may be in the form of physical, sexual, emotional, psychological, spiritual or cultural violence as well as verbal or financial abuse or neglect.

Following the *explosion phase*, the *honeymoon or reconciliation phase* begins again. The perpetrator may express remorse and apologize for what happened. They may promise that they will never commit violence in the relationship ever again.

Despite the seemingly hopeful behaviour however, the Cycle of Violence usually repeats itself. In some cases, the *honeymoon phase* completely disappears over time, and the cycle is reduced to no more than the *tension build-up* and *explosion phases*.



Knowledge of the Cycle of Violence is useful for anyone in a position of helping older persons. It is important to note that the model is not indicating that the violent person cannot control her or his actions. The fact that the *tension phase* precedes violence does not mean that all perpetrators use

violence to release "built-up" tension. Many perpetrators use violence in a conscious and deliberate effort to control. Violence is a choice.

The myth of caregiver stress as a primary cause of violence

Caregiver stress is often described as a primary cause of violence against older persons. The caregiver stress theory describes perpetrators as well-meaning. They want to be caring, but lose control under stress. There is no doubt that caregiving can be difficult and stressful. The work is often hard, and the hours are long. Many caregivers work for low pay. Many are family members giving their time and resources.

As a result of these factors, many people believe that stressed caregivers sometimes "snap". They may become violent or abusive, and say or do things they would not do normally. The bottom line is that **stress does not justify violence**. We all experience stress. Each of us makes choices about how to deal with stressful situations. Most people do not relieve stress by physically or emotionally abusing others. We all find ourselves in positions of power over others at some point in our lives, whether as a parent, manager, teacher or caregiver. Each of us needs to make conscious choices about how to use that power.

The problem is that when stress is seen as an excuse for violence, interventions tend to focus on helping the perpetrator get better, rather than on helping the older person who has been harmed. Perpetrator-centered interventions such as counselling or "stress management" may not make the victim safer. These interventions do not necessarily address the primary problem of the perpetrators' faulty beliefs system and sense of entitlement. In fact, with a perpetrator-focused intervention, the belief system may be reinforced, the victim may be further isolated, and the violence or abuse may continue and even get worse. Further, the caregiver stress theory treats violence mainly as a social services issue rather than a crime.[38] Ultimately, the needs of the person who has been harmed must drive the response to violence.

[38] Brandl, B. "Power and control: Understanding domestic abuse in later life." The American Society on Aging. 24.2. (2000): 39-45.

Being a supportive helper for an older person

If you are a helping professional, caregiver or volunteer who works with older persons:

- Be aware of the power imbalance in the helping relationship. To reduce its effects, acknowledge this difference in power;
- Provide explanations and information about choices and options;
- See the older person as an active participant in the helping process;
- Tell the older person that she or he has choices, and can choose to opt out, proceed at her or his own pace, or take the lead on numerous decisions or actions; and,
- The older person should be seen as being an active participant in a mutual exchange. She or he should never be considered as a passive recipient of services.

The Advocacy and Empowerment Wheel on page 121 shows what it means to be a supportive helper for an older person. These principles offset the use of power and control in relationships.

Restoring power and control to the older person

Since violence involves the removal of power and control from an older person, then empowerment of the older person should become the focus of any intervention. An empowerment model restores, as much as possible, decision-making and control to victims. This perspective builds on older persons' strengths, skills and resourcefulness.

It is a big step for an older person to admit to being a victim of violence. Some older persons may not even realize that what they are experiencing is violence. (See Module 15, *Barriers and risks in reporting violence*)

Good interventions that take into account the dynamics of violence in later life focus on safety and ending physical or social isolation. Empowering older persons to empower themselves means providing them with information and helping them learn about their rights and their options.

Safety planning (discussed in Module 11) helps them prepare ahead of time for any encounters with the perpetrator.

STORIES FROM THE FRONT LINES

Elizabeth

Elizabeth, 66, lives with her husband Wes. After retiring four years ago, Wes became depressed and starting drinking. He had always been verbally abusive to her. It became a lot worse in recent years. Wes has also become very controlling. He will only let Elizabeth use the car for medical appointments. Elizabeth is having trouble coping, and the stress is affecting her health. She is worried that one day Wes will harm her physically. She does not know who to turn to.

Kay

Kay, 75, was having trouble getting around in her three-story home. She agreed to sell the house and move in with her son and daughter-in-law. Things have not been working out since Kay moved in. Her daughter-in-law has hit Kay more than once. She is also emotionally abusive. Kay's son managed the sale of the home and then put the money in his own bank account. He also takes her pension cheques. Kay feels trapped and sees no other option, but to stay where she is.

QUESTIONS FOR REFLECTION

1. See if you can recall a time in your life (at home, work, or school, for example) when you felt powerless. Now recall a time when you felt powerful and empowered. For each situation, answer the following questions:
    - Who was involved?
    - What were the events leading up to the situation (the "tension buildup")?
    - What types of control tactics were used?
    - How did you respond?
    - How did you feel about your response?
    - How did it end (or is it still ongoing)?

2. If you were to draw a Power and Control Wheel for your own life, how would it look? Here are some ideas for creating your own "Wheel of Life":
    - Include only the number of sections that have meaning for you. Your wheel may have as few as three or four sections, or as many as 15.
    - Add sections to reflect other things that have happened in your life.
    - Make some sections small and some larger. The size depends on their influence in your life.
    - Label each section. Add some words that have personal meaning.
    - Add any power or control tactics that have been part of your life experience.

POWER AND CONTROL WHEEL

ADVOCACY AND EMPOWERMENT WHEEL[39]

[39] Adapted from the Domestic Violence Project Advocacy Wheel, Kenosha, Wisconsin, USA

PREVENTION
Module 10: Self-understanding for violence prevention

In this module:

- **Self-awareness as an important step on the path to violence prevention competence;**
- **Reflection as a tool for increasing self-understanding;**
- **Knowing who you are and what you bring to the helper role;**
- **Stories from the front lines; and,**
- **Questions for reflection.**

Self-awareness as an important step on the path to violence prevention competence

We learn from our experiences and events that happen to us, the choices we make, and the people who influence us. These factors all contribute to what we believe about the world and how we act in it. These factors, and the meanings we assign to them, merge with our unique human natures and personalities to create our evolving selves.

Self-awareness is an important step on the path to violence prevention competence. When working with or relating to older victims of violence, *how* you make a difference is linked to *who you are* as a human being and a helper. That includes your unique combination of:

- Knowledge;
- Wisdom;
- Understanding;
- Experiences; and,
- Perspectives.

Now add to that your values, assumptions, judgments, and beliefs about people, and you can see why effective helping depends so much on self-awareness.

Personality factors may affect how you respond to situations. These include:

- Openness to change;
- Reasoning ability;
- Emotional intelligence;
- Extroversion or introversion; and,
- Degree of self-reliance.

Various dimensions of diversity may also affect your thoughts, feelings and behaviour in situations. These include your:

- Gender role;
- Cultural background;
- Language skills;
- Citizenship status;
- Physical abilities; and,
- Mental health status.

Information in Module 5 covers a deeper exploration of the dimensions of diversity and their impact on ageism and violence against older persons.

Self-awareness is an essential ingredient for growth and self-understanding. Without awareness, we act only out of habit and conditioning. How you think, feel and respond to situations will be affected by your distinctive style of communicating and relating, along with the following factors:

- Past experiences: Your own experiences with violence and abuse, and how you dealt with them;
- Values: The personal qualities, characteristics or attributes that help you make decisions or set priorities;
- Principles: The ways you think people *should* behave and how things *ought* to be;
- Self-concept: Your beliefs about the kind of person you are or would like to be; what you expect of yourself;
- Biases: Your loyalties, prejudices, likes and dislikes of specific individuals and groups;

- Obligations: What you think others expect of you personally and professionally; and,
- Objectives: What you are trying to accomplish in any given situation.

One way to imagine our multi-dimensional selves is as a ship's steering wheel. The spokes represent the qualities and aspects of who we are. If you tend to function mostly from one section of the wheel, you have only the spokes in that part of the wheel readily available for your use. When you operate from the centre, however, *all* spokes are equally available to you. When you are centered, you are present to yourself and the world around you. Building awareness of self can strengthen the centre of your wheel.

As 90 per cent of an iceberg lies below the surface of the water, an iceberg is another helpful metaphor that can provide insight into self-understanding. For many of us, the largely unexamined parts of ourselves lie beneath the surface of the water. As we become more aware, we increase our level of understanding and gain new insight into who we are in the world and how that affects our thoughts, feelings and actions.

Reflection as a tool for increasing self-understanding

One way to increase your self-awareness is to reflect on your assumptions, judgments and any stereotypes you might be holding. Sentence completion exercises are tools that can be used to help surface your attitudes, beliefs and perceptions about yourself, diverse other people or situations. You can use your increased awareness with intention and openness to make informed decisions.

The following exercises can help you clarify your assumptions and judgments in the areas of self, aging, diversity and violence. Complete the thoughts in each section, writing as many endings for each sentence as you like. You may want to do this exercise alone. You can also share and discuss your responses with your colleagues.

Reflections on self

- I became a helper because . . .
- I do not cope very well with . . .
- One thing people say I do very well is . . .
- I am proud of myself when I . . .
- I could use more skills in . . .
- I have above-average skills in . . .
- An example of my caring about others is . . .
- The bad thing about admitting my fear is . . .
- The good thing about admitting my fear would be . . .

Reflections on aging

- Older people are usually . . .
- Older people cannot . . .
- Older people are good at . . .
- Growing older means . . .
- Older people need . . .
- Older people should be able to . . .
- To me, self-determination (with respect to older persons) means . .
- When I get old . . .
- The way society treats older people . . .
- The older people in my life . . .

Reflections on diversity

- People who are different from me . . .
- If my elderly father announced that he was gay I would . . .
- People who come to Newfoundland and Labrador from other countries . . .
- To me, poor people . . .
- I would describe myself culturally as . . .
- Aboriginal elders . . .
- I am uncomfortable around people who . . .

Reflections on violence against older persons

- Violence against older persons . . .
- Older women who stay in violent relationships . . .
- Adult children who live with their elderly parents . . .
- Children who witnessed violence when they were growing up . . .
- One thing I believe about violence is . . .
- Most older persons who are victims of violence . . .
- Violence against older persons is caused by . . .
- A good helper . . .
- The best thing I can do to help an older victim of violence is . . .

Knowing who you are and what you bring to the helper role

Most of us, at some point in our lives, have been touched by prejudice, discrimination or violence in some way. Becoming aware of your own experiences with harm and its lasting effects will make you better able to help older victims of violence. Being a helper is most satisfying and effective when we understand and appreciate ourselves and our interests, talents, skills and abilities. Self-understanding also helps us to remain clear about our motives and purpose in helping. This allows us to respond to those we are helping with greater clarity and intention.

Being a helper helps us grow whole. It challenges us to call upon talents and qualities we did not know we had. It confronts us with fears, doubts and old beliefs, demanding that we work them through so that we can get on with the job at hand. There is no better way to help victims of violence than by being clear about who we are and our intentions in helping.

STORY FROM THE FRONT LINES

Ches was a 78-year old widower who lived alone in a small rooming house. One day, as he was crossing an intersection on a busy road, he was struck down by a car. The driver left the scene, but a person who saw the accident happen called an ambulance. Ches was taken to the hospital emergency unit, where he said very little except to repeat over and over, “Some idiot run me down.”

As a result of the accident, Ches suffered many bruises, some minor cuts, a broken wrist and a hip fracture. He was also found to be dehydrated and malnourished. Two days after admission, Ches was still in intensive care and did not seem to be improving. He did not interact with any of the medical personnel who came to check on his healing, and turned his face away from them whenever they would approach. Although meals and snacks were brought to Ches on a regular basis, he was not able to sit up on his own to eat, and no staff came to help. His food was taken away each time, largely untouched. No visitors came, and he did not receive any get-well cards.

The staff thought he did not seem to want to get well. Ches’s condition had become a sort of joke at the nurse’s station. Each day someone would ask, “What happened to Ches?” and, like the chorus of a bad country song, the staff would sing out in unison, “Some idiot run him down, some idiot run him down.”

One morning, a group of nursing students were visiting patients. When they came to Ches’s bed, one of the students named April asked Ches’s nurse if she could comb his hair. The nurse said, “Sure, if he doesn’t mind”. April asked Ches, and, getting no negative reaction, sat down next to him and combed his hair into a neat look. Then she asked Ches if she could shave the week’s growth of beard off his face. He didn’t appear to object to that either. April put the comb and razor in a drawer in Ches’s bedside table, where she noticed a pair of glasses. “Are these yours?” she asked. Ches nodded. She handed them to Ches and he put them on. “Would you like to move to the chair, Ches?” April asked. Ches nodded. With help from a

nurse, April carefully sat Ches up in the chair near his bed, facing the nursing station where Ches could see all the action.

Then an amazing thing happened – as the staff stood there staring and smiling at Ches's transformation, Ches smiled back. His whole face lit up. After Ches's hospital makeover, his recovery was rapid. He was moved to a medical floor where he was able to get out of bed and walk around. He gained several pounds and his gaunt face filled out and brightened considerably. Ches provided the social worker with the name and contact information for his son Jim who lived in a nearby community. Jim, who had not been aware that his father had been hospitalized, arrived the next day. Less than a week later, Ches was discharged. Follow-up appointments were made for Ches with the community health nurse and a physiotherapist. Jim invited Ches to stay with him until longer-term plans could be made for his accommodations and care.

QUESTIONS FOR REFLECTION

Using the story below, read and respond to the following questions.

Imagine that you are in the home of an older woman, a refugee from Colombia. The two of you are sitting at a table in her kitchen. She has just disclosed a devastating experience of physical violence. She has a bruise under her left eye. Her lower lip is bleeding and swollen. She tells you in hesitant English that her son hit her across the face when she refused to give him money. He then left the house. She does not know where he has gone. She does not want you to call the police. How do you respond? Sharing this story must have been incredibly difficult and painful for this woman.

1. How do you understand the situation?

2. What do you say to the woman?

3. What assumptions are you making about her?

4. What assumptions are you making about the son?

5. What attitudes are you showing in your nonverbal behaviour?

6. How well are you listening to what is going on inside you as you interact with this woman?

7. What are you feeling?

8. How are you reacting?

9. *(For professional helpers)* What do you need to do as a professional?

PREVENTION
Module 11: Safety planning

In this module:

- **Safety planning for older persons at risk of violence;**
- **Five strategies for safety planning;**
- **What you can do as a helper;**
- **What NOT to do as a helper;**
- **Checklist for creating safety plans;**
- **Some suggestions for advance safety planning;**
- **Safety Planning Tool: My Personal Safety Plan;**
- **Important items to keep in a safe place for use if the need to leave arises;**
- **Planning for your own safety if you work with or care for an older person**
- **Stories from the front lines; and,**
- **Questions for reflection.**

Safety planning for older persons at risk of violence

Safety planning is important for an older person who has experienced violence or who is likely to experience violence. Safety planning is a process in which an older person and a trusted helper work together to ensure the older person's safety. It is recommended even if the person has sought some form of protection through the justice system.

In this module we look at ways to help an older person be safer and prepare in advance for the possibility of (further) violence. We provide a Safety Planning Tool to be filled out by the older person and kept in a safe place. We conclude with suggestions for how helpers can protect themselves in situations of risk or danger.

Five strategies for safety planning

Perpetrators often isolate their victims and do not allow them to make their own decisions. Safety planning restores power and control to older persons as they make decisions about how to enhance their own safety. A good safety planning process for older persons provides them with information and an array of options to choose from.

Know the status of the relationship between the older person and the person who is causing harm or making threats. The older person may:

- Want to stay with the other person;
- Be in the process of leaving or going back to the other person; and,
- Have already ended the relationship.

In each of the previous situations, the following five strategies for safety planning are crucial: prevention, protection, notification, referral and emotional support.

Strategy	Description	Examples
1. Prevention	Preventing future violence	• Going to a shelter. • Moving to another residence. • Getting a peace bond. • Hiding or disarming weapons. • Changing schedules and routes to avoid being found.
2. Protection	Looking at ways older persons can protect themselves during a violent incident	• Having an escape route. • Having the older person seek shelter in a room where a door can be locked from inside, with a working phone available.
3. Notification	Arranging ways to get help in a crisis	• Cell phone. • Emergency numbers on hand. • Life-lines (personal security devices). • Security system.

		• Waving a towel in a window. • Having secret code words with trusted family, neighbours or friends.
4. Referral	Finding services that can help	• Regional Health Authority. • Sexual Assault Crisis and Prevention Centre. • Mental Health Crisis Line. • Justice system. • Victim Services. • Transition houses/shelters. • Faith or spiritual community.
5. Emotional support	Finding emotional support and ways to become less isolated	• Exercise/yoga group. • Hobby, art, music classes. • Trusted friends and family. • Peer support; support groups. • Seniors centre. • Community groups.

What you can do as a helper

A good safety plan is victim-driven and victim-centered. It is based on the older person's goals, and not the helper's opinions. As a helper, you can:

- Build rapport and help the older person feel safe by active listening.
- Learn about what the older person fears about the perpetrator and what might happen if harmful actions or threats are carried out.
- Ask what the older person wants to do and why. Learning about the motivation behind the older person's decisions can help you understand her or his goals. You may be able to suggest other options for reaching the same goal.
- Brainstorm creative options and ideas together.

What NOT to do as a helper

- Tell the older person what to do ("I think you should live with your son.")
- Simply refer the older person to local agencies ("Here's a list of agencies you can call. Let me know how it goes.")
- Impose your cultural, spiritual or generational values that may impact the older person's choices. ("I think your only choice is to divorce him.")
- Talk to the perpetrator on your own.
- Recommend strategies that could increase risk for the older person (such as recommending the purchase of a gun or other weapon; attending couples counselling; saying "just stand up to him".)
- Blame the older person if she or he does not follow the safety plan and experiences further violence.

Checklist for creating safety plans

Safety planning involves problem-solving in advance. This helps an older person know what to do, both during and after a crisis situation. Below is a list of questions to consider and discuss with the older person when preparing a safety plan.[40]

- What experience has the older person had with safety planning and protection strategies? If so, which strategies worked? Which were ineffective?
- How has the perpetrator behaved in the past? Is the perpetrator likely to re-offend?
- Does the perpetrator have access to weapons? Have weapons been used in the past?
- Is there a peace bond or protection order in effect? If so, what is the status?
- Where does the older person keep important phone numbers, personal documents, photographs, bank books?
- What/who are the older person's community supports?

[40] Adapted in part from Ontario Network for the Prevention of Elder Abuse. (no date). *Harm Free Tools Guide.* Retrieved from: http://www.onpea.org/english/download.php?name=FreeFromHarmTools.pdf.

- Does the older person have information on counselling and other therapeutic or support services?
- Is there a process to review and update the safety plan on a regular basis?
- Has the older person practiced giving precise information on where she or he is and if there is danger?
- What are the older person's cultural or religious values about independence and the right to unrestricted movement?
- Is the older person willing to move to a safe place (shelter or transition house)?
- What are the older person's experiences with the justice system and other service providers?
- What is the older person's first language and country of origin? Is language a potential barrier to getting help?
- What is the older person's legal status (refugee, landed immigrant)?
- What is the older person's physical and health status?
- If the older person is living with a disability, are there physical barriers in the person's environment that may prevent a safe exit or access to safety?
- What challenges might affect the older person's safety or ability to follow through with a safety plan? This could include things such as substance abuse, mental health issues, or dementia.
- Is the older person comfortable with the safety plan and willing to live life within its constraints, at least in the short term?
- Is the older person aware of other potential risks, such as:
    - Cyber-stalking on the internet?
    - Identity theft (credit cards, passport, other ID)?
    - Seeking help from people or organizations that have little experience with violence against older persons?

Some suggestions for advance safety planning

- Do not discuss any part of your safety plan with the perpetrator.
- Avoid areas where weapons are in easy reach, such as in the kitchen or garage.

- Pack a change of clothes, house and car keys, money and important papers. Hide them in a safe place that is easily accessed (for example, in a grocery bag near the front door, or with a neighbour or friend).
- Open a savings or chequing account in your own name to increase your independence. If possible, open your account at a different bank than the one used by the perpetrator.
- Keep a two-to-three-day supply of medication on hand at all times.

SAFETY PLANNING TOOL: My Personal Safety Plan

Instructions: Complete the following chart with information to help you stay safe. Also see Module 16, Helpful resources, for a chart to fill out with emergency and other phone numbers. Keep copies of both documents in a safe place.

The following steps are my plan for preparing to protect myself in case of further violence. I do not have control over the other person's violence. I do have a choice as to how I respond and get to safety. I will decide for myself if and when I tell others that I have been harmed, or am still at risk. Friends, family and other helpers can help protect me, if they know what is happening and what to do.

I will leave money, a change of clothes, important papers, and an extra set of keys with this person *(enter name and phone number)*:
I will keep my purse or wallet, emergency cash and medications hidden in this safe place so that I can leave quickly:

I will keep my cell phone, phone calling card or coins for pay phones with me at all times. I will call any of the following people for help if I sense I am in danger *(enter names and phone numbers below)*:

- Police: 911 or
- Friend:
- Relative:
- Neighbour:
- Co-worker:
- Therapist/counsellor:
- Shelter:
- Other:

I realize that if I use my cell phone, and the bill goes to my home, it will show the phone numbers I called after I left. To keep my calls confidential, I may purchase and use a telephone calling card instead of my cell phone.

If I sense danger, I will use the following "code word" or signal (flashing porch light, knocking on wall of apartment) to tell my family, helpers or friends to call the police:

When I sense a fight coming on, I will avoid areas such as the kitchen or garage where weapons are within reach. I will try to move to the following place:

If I sense danger, I will grab the travel bag I prepared, if it is safe enough to do so. I will leave at once, and go to (for example: a friend, neighbour or the lobby of the apartment building):
I will use my judgment and intuition. If the situation is very serious, I can give the perpetrator what she or he wants. I have to protect myself until I am out of danger.
If I decide to leave, I have a plan. I will practice getting out safely. If possible, I will move to a room with an exit. I can use the following doors, windows, elevators, stairwells or fire escapes to get out quickly and safely:
If I have a disability, and my abuser is also my caregiver, I will set up an emergency care plan. I will contact the following people to plan for an emergency care provider or a shelter that can accommodate my disability: Emergency care provider: Accessible shelter:
When I have to talk in person with the perpetrator who has hurt me, I can:
When I talk on the phone to the person who has hurt me, I can:
When leaving work/volunteer site/social activities, I can:
If problems occur when walking, riding or driving home, I can:

I feel safe telling these people about my situation:
I can take part in workshops or a support group for older victims of violence. In my community, these are the resources that are available and their phone numbers:
If I have pets and have to leave quickly, I can leave my pet(s) at this place, at least for the short term *(name, phone number)*:
I will sit down and review this plan every *[week/month/year]* in order to plan the safest way to leave. This person *(name, phone number)* has agreed to help me review this plan:
In an emergency, I will ask trusted friends/family members to call 911 or police at the following number:

Important items to keep in a safe place for use if the need to leave arises:

- Bank books;
- Bank cards (credit cards, debit cards);
- Cheque books;
- Credit card numbers;
- Birth certificate;
- Passport;
- Driver's license and car registration;
- Social Insurance Number;
- Health card;

- Medications;
- List of medications;
- Medical records;
- Lease/mortgage documents/house deed;
- House insurance;
- Keys to house, car, office;
- Keys to mail box and safety deposit boxes;
- Immigration papers;
- Landed immigrant documents including work permits;
- Divorce documents;
- Personal address book; and,
- Items of special or sentimental value.

Planning for your own safety if you work with or care for an older person

Everyone who cares for older people has the right to feel and be safe. However, your safety may be at risk in the presence of:

- People with a history of violent or unpredictable behaviour;
- Firearms or other weapons; and,
- Dangerous animals such as guard dogs.

The guidelines below may help in making decisions about visiting the older person at home.

Ahead of time:

- Call ahead to assess the situation. Do not enter the home if you suspect or sense danger, either objectively (you receive a report of violence, or hear or witness it occurring) or intuitively (you "just have a feeling");
- Have a cell phone with you, especially if the older person has no phone;
- Let someone know where you will be. You may want that person to call you and confirm your safety while you are at the person's home;
- Ask a friend or colleague to go with you on the visit;

- Bring essential phone numbers such as local police and emergency services;
- Know the area and region before your visit. Bring a street map or have a GPS (Global Positioning System) tool with you; and,
- Carry only what you need (briefcase or notebook). Lock your purse or wallet out of sight in your car. Keep your keys on you at all time.

During the home visit:

- Do not enter a home if your instinct tells you not to go in;
- If you arrived by taxi, ask the driver to wait outside. Tell him or her which apartment you are going to. If you are not out in a given time, ask the driver to call your cell phone;
- When going into a home, note the location of the phone. Try to stay near an exit door at all times. Avoid being cornered or turning your back to anyone;
- Note any obstacles that may hinder a fast exit. Think up a quick exit plan;
- Be aware of household objects that could potentially be used as weapons against you. Even a crutch or hot coffee can be used as weapons.
- Do not stay if you are being threatened. Leave immediately.
- If you need help immediately, and others may hear you, try shouting “Fire!”

STORIES FROM THE FRONT LINES

Sandra

Sandra, 79, lives with her husband Gerard, also 79. They have been married for 55 years. Gerard is an alcoholic. He has been emotionally and physically abusive for many years. Sandra would like to leave Gerard. She worries whether she will be able to manage on her own because she cannot read or write.

Matthew

Matthew, 65, has a developmental delay. He lived with his mother until she died last year. He then lived on his own in the family home with the help of neighbours. Recently, his younger brother Phil was released from jail and moved in with him. Phil has a drug problem. Phil has been taking all of Matthew's money. He has been physically and emotionally abusive. Matthew now wanders the streets asking for money and food. The neighbours do not come by anymore because they are afraid of Phil.

QUESTIONS FOR REFLECTION

1. Select one of the stories above. Imagine you are working with either Sandra or Matthew to develop a safety plan. How would you engage Sandra or Matthew to talk about the importance of safety planning? What would you include in the safety plan? What special considerations would you need to take into account? How would you develop a safety plan for someone who cannot read?

2. Have you ever been concerned for your own safety? Describe the situation. What was the outcome? Given what you have learned in this module, what might you have done differently to be safe? (Remember not to blame yourself for any harm that might have occurred – it was not your fault. No one has the right to harm another person!)

3. Have you ever been in a situation where you had a sense that someone was growing agitated or violent? What clues gave you this feeling? What did you do? What was the outcome?

PREVENTION
Module 12: Self-care for violence prevention helpers

In this module:
- **Why self-care for helpers;**
- **Definitions revisited;**
- **Self-Care for stress, burnout and vicarious trauma;**
- **Recognizing stress, burnout and vicarious trauma;**
- **Spiritual self-care to nurture meaning and hope;**
- **The ABC's of healthy self-care; and,**
- **Helpful coping strategies for healthy self-care.**

Why self-care for helpers?

If you are reading this manual, you are likely a concerned, helping professional, volunteer, relative or friend of an older person who lives with violence. You work hard to ensure the safety and well-being of older persons. The work can be demanding and stressful.

You may feel challenged and rewarded by your work in violence prevention or you may feel tired, drained and conflicted. You may feel inspired and energized by this work, or you may feel:
- Despair in knowing that older persons are being harmed;
- Frustrated about the many things that you cannot control;
- Pessimistic, cynical, angry, and hopeless;
- Emotionally numb or disconnected from the work of helping; and,
- A lack of empathy and resentment towards the people you are helping.

We all need to have some degree of stress in our lives to be functional. Stress can help us set goals, complete work and structure our days. It is when "stress" becomes "distress" that problems arise.

Definitions revisited

Stress: the body's reaction to a change that requires a physical, mental or emotional adjustment or response.

Burnout: a state of emotional, mental and physical exhaustion caused by extreme and prolonged *stress*.

Vicarious trauma: the negative changes that happen to helping professionals, volunteers and others over time that result from empathetic dealings with clients and victims and hearing or seeing their traumatic experiences.

Self-care for stress, burnout and vicarious trauma

Helpers often feel stressed and traumatized when working with people who are experiencing violence or the threat of violence. Vicarious trauma happens when a helper "catches" the trauma of those being helped. In this module on self-care, we suggest ways to raise our awareness and reduce the impact of stress, burnout and vicarious trauma on ourselves as helpers.[41]

Vicarious trauma can result from exposure to human suffering and cruelty. You may witness the suffering of people you care for or feel responsible to help. Over time, this can change how you feel and think about yourself, your relationships and the world. Both burnout and vicarious trauma can occur when you are witness to violence and stories of unkindness and loss on a regular basis.

In this module, we propose a range of self-care skills that can help you to reduce stress, prevent burnout and increase well-being. Minimizing vicarious trauma requires being aware of our own thoughts and behaviours, reflecting on our beliefs, values and assumptions, and being willing to share our vulnerability with people who support us.

[41] This material has been adapted in part from the Headington Institute. (no date). *Understanding and Addressing Vicarious Trauma.* Retrieved from: http://www.headington-institute.org/Default.aspx?tabid=2647.

EMPATHY

Empathy *is the ability to identify with another person, to understand and feel another person's pain and joy. Vicarious trauma happens because you care. You empathize with people who are hurting.*

Empathy does not mean feeling exactly what someone else is feeling. You are a unique individual. You have your own distinctive personal history, personality and life circumstances. You cannot feel exactly what someone else is feeling, but when you care about another human being, you can relate to the other person's experiences and reactions, to a certain extent. You may care about, and identify with, the pain of people who have endured terrible things. Then you bring their grief, fear, anger and despair into your own awareness and experience and feel it along with them in some way.

Recognizing stress, burnout and vicarious trauma

No two people who work with older victims of violence respond the same way to the stresses and challenges of this work. You may experience changes in the way you think about yourself or see the world. You may also experience emotional, physical or spiritual changes as a result of severe stress or vicarious trauma. These may be serious warning signs that you are over your stress limit and need to take care of yourself. In that case, you may want to see a physician or mental health professional.

- ***Changes in how you see yourself and the world***
    - You have trouble seeing the world as a good and safe place.
    - You question how the world is supposed to work, and feel discouraged that it is not working as it should.
    - You question your effectiveness as a helper ("I wasn't able to prevent it").
    - You are preoccupied with being a helper, but feel little satisfaction.

- You have “survivor guilt". You feel guilty about not suffering as much as those you are helping.
- You are preoccupied with deeply troubling questions such as, “Why is there so much suffering in this world?”, “Why do people do such awful things to each other?”

- ***Changes in your emotional beliefs and needs***

  - You wonder about your own safety and that of your loved ones.
  - You have difficulty trusting others.
  - You are having trouble managing boundaries. For example, you take on too much responsibility. You try to control others. You have difficulty separating your work and personal life.
  - It is getting harder to manage your emotions or make sensible decisions.
  - You cannot help thinking constantly about the victim or the traumatic event.

- ***Changes in self-care and behaviour; psychological and physiological signs and symptoms***

  - You cannot eat or rest, even when help is available.
  - You are not bathing or washing your clothes as often as usual.
  - You are having nightmares.
  - Sleeping does not relieve exhaustion.
  - You have difficulty concentrating.
  - You have lost your sense of humour.
  - You have little appetite and have lost weight recently.
  - You have been eating too much and have gained weight recently.
  - You cannot deal with strong emotions in yourself or others.
  - You have increased sensitivity to violence.
  - You are less interested in activities that once brought you pleasure or relaxation.
  - You have become more irritable, intolerant, moody or impatient.
  - You depend more on cigarettes, medications, alcohol, food, the internet or sex. You are spending more time or money shopping or gambling.

- ***Changes in relationships***

    - You feel disconnected from loved ones.
    - There is more conflict in your relationships.
    - You want and have less social contact than usual.
    - You do not want to hear upsetting or disturbing stories from friends or colleagues.
    - You are having sexual difficulties or issues with intimacy.

- ***Changes in beliefs about spirituality, meaning, purpose***

    - Life has lost meaning, purpose or hope.
    - You feel a sense of despair and loss of idealism.
    - You no longer feel wonder, gratitude and joy.
    - You become troubled by questions such as, "Is there a greater being? Is there a God? If so, how could God allow such terrible things to happen?"

REFLECTION QUESTIONS

1. *What are some of the ways that caring about victims affects you?*

2. *List some of the ways you feel your work as a helper has had a positive impact on how you see the world, yourself or what matters to you.*

3. *List some of the ways you feel your work as a helper has had a negative impact on how you see the world, yourself or what matters to you.*

4. *Write down any signs of vicarious trauma that you may have experienced this week.*

5. *Think back over the last couple of years. Have you had early warning signs of vicarious trauma (the first signals that warn you that you are struggling in this area)? How might these be impacting you, your family, your colleagues and your work?*

Spiritual self-care to nurture meaning and hope

You will likely be changed in some way by seeing and hearing about terrible things. When your deepest beliefs are challenged by what you see and experience in your work, you change as a person. But remember that you are not a helpless victim in that process. With self-care, you can transform stress, burnout, vicarious trauma and other difficult experiences into valuable lessons for personal growth.

At the deepest level, transforming trauma means finding ways to nurture meaning and hope. What gives life and work meaning? What instills or renews hope? How you answer these questions is important. It gives you a framework to grapple with the tough issues in violence prevention work. This is so even when those issues do not seem to have easy solutions. Find ways to stay connected to sources of meaning and hope in your life, even when you are being deeply challenged.

You likely already have several sources of meaning, purpose, hope and perspective in your life that you can tap into. Connect with these by:

- Reminding yourself of the importance and value of your work to the people you serve and care for.
- Staying in touch with family, friends and colleagues.
- Appreciating the precious “little things” in your life – small moments like sipping a cup of tea, hearing the sound of the wind in the trees or making positive connections with others.
- Gathering with people you care about for traditions, rituals or ceremonies to mark transitions, celebrate joys and mourn losses.
- Taking time to reflect or express gratitude by reading, writing, prayer or meditation.
- Expressing yourself through creative activities, such as journal-writing, drawing, painting or sculpting, dancing, singing, making music, etc.

REFLECTION QUESTIONS

1. *What are some activities you have used to help relieve stress in your life?*

2. *What are three activities you can start to do now that can help you cope with stress, burnout or vicarious trauma?*

The ABC's of healthy self-care

Healthy self-care can renew our bodies, hearts, minds and spirits. It can help us become more resilient. Self-care is most effective when approached proactively, not reactively. Think of self-care as having three basic aspects: Awareness, Balance and Connection — the ABC's of self-care.

- **Awareness**

Self-care begins in stillness. By quieting our busy lives and finding a space of solitude, we can develop an awareness of our own needs, and then act accordingly.

Schedule a time to do a self-awareness check on a regular basis, for example, after a visit with an older person who has been a victim of violence.

The sooner you notice that something is troubling you (making you tense, uncomfortable, distressed, annoyed or tired, for example) the less likely it is to develop into a much bigger problem. Helpers need to take time to self-reflect. Journal writing, therapy and talking with a supervisor or friend are examples of good habits that build self-awareness.

AWARENESS REFLECTION

1. *Reflect on how you are feeling (physically, emotionally, intellectually and spiritually).*

2. *How have you been feeling lately? How did you feel when you woke up this morning? How do you feel now? Is there anything out of the ordinary? If so, what might that be related to?*

- **Balance**

Self-care is a balancing act. Awareness must be balanced with action. Balance guides our choices about taking on certain activities, behaviours or attitudes. Balance informs how we nurture and align the physical, emotional, spiritual and social aspects of our being. It relates to how much time we spend working, playing and resting. Balance allows us to pay attention to all aspects of who we are.

Effective self-care involves finding and keeping the right balance for yourself as often as you can. This means balancing demanding work with less challenging work. It means balancing work with the rest of your life. One strategy for balanced daily living is to set aside eight hours of the day for work, eight hours for self-development, play or pleasure, and eight hours for rest.

BALANCE REFLECTION

What are three issues that often keep you off-balance in your life or work?

- **Connection**

Healthy self-care involves being connected in meaningful ways with others and to something beyond ourselves. Most humans are interdependent, social beings. We grow and thrive through connections that occur in:

- Friendships;
- Family;
- Social groups;
- Communities;
- Nature;
- Recreational activities;
- Spiritual practices;
- Therapeutic alliances; and,
- A number of other ways.

Having supportive friends, colleagues or peers can help reduce isolation. They provide us with opportunities to share feelings or experiences. It is also an important way to develop and nurture trust, and to increase validation and hope.

Social support – connecting meaningfully with people you like and care about – is good for just about everything related to physical, emotional, mental and spiritual health.

Being connected goes beyond our relationships with other people. Connect to whatever nurtures or anchors you. This may be faith, nature, humanity or another source of meaning and purpose. This is especially important for violence prevention workers. A core sense of spiritual connection can prevent and fight the loss of meaning and hope that are at the heart of stress, burnout and vicarious trauma. The key to self-care is to find one's own path to personal and spiritual renewal – to connecting with a sense of awe, joy, wonder and purpose – and revisiting it regularly.

There is no one formula for self-care. Each of our "self-care plans" will be unique and change over time. As we seek renewal in our lives and work,

we must listen well to our own bodies, hearts and minds as well as to our trusted friends, colleagues and families.

CONNECTION REFLECTION

1. *Do you have any communities that are important to you? Which ones? How do they "feed you" and help you feel supported and connected?*

2. *What helps you feel connected spiritually? Remember that spirituality is your connection to your deepest meaning and purpose. It can be related to faith, nature, humanity or something else.*

Helpful coping strategies for healthy self-care

- Develop your support system for reaching out and connecting with others.
- Talk about traumatic experiences with empathetic listeners.
- Maintain a balanced diet and regular sleep as much as possible.
- Avoid using stimulants like caffeine, sugar or nicotine.
- Exercise. Take a walk or go to the gym.
- Take a relaxing bath or shower.
- Hug those you love; ask for hugs.
- Spend time outdoors; garden, rake leaves.
- Do relaxation exercises such as yoga, stretching or massage.
- Pray; meditate; listen to guided imagery or inspiring music.
- Express yourself creatively through music, dance or art.
- Cry.
- Perform comforting or inspiring rituals and ceremonies of your culture, such as smudging or sweetgrass, celebrating the Sabbath or observing festival days.
- Work to promote personal and community safety, organize or work for social action.

- Remember that violence should not be *your* burden - help victims build their own support networks with friends, relatives and clergy.

REFLECTION QUESTIONS

1. *Thinking about the ABC's – Awareness, Balance and Connection - what are some healthy personal and work habits that might help you manage vicarious trauma?*

2. *Do you practice Awareness, Balance and Connection? Which practice is strongest in your life? How so? Which one of these presents the biggest challenge to you in terms of taking care of yourself? Explain.*

3. *What is one action you can take each week to take care of yourself? Write a new goal in your agenda each week to remind you.*

INTERVENTION
Module 13: The Violence Prevention Continuum: A holistic model

In this module, we present a new model for thinking about and acting on ways to deal with the problem of violence against older persons. The **Violence Prevention Continuum** model provides three strategies that can help by reducing risk and increasing capacity and resilience.[42] These strategies, which comprise the Violence Prevention Continuum, are interrelated and may build on one another or share some of the same resources:

1. Short-term and emergency relief strategies. These strategies address the area of **intervention** in violence against older persons;
2. Capacity-building strategies. These strategies fall into two areas: individual skill-building strategies and community capacity-building strategies. These strategies address **recognition** and **prevention** of violence against older persons; and,
3. Systems change/societal change strategies. These strategies address both **recognition** and **prevention** of violence against older persons.

Short-term and emergency relief strategies

Short-term and emergency relief strategies are temporary measures. They target those who have been harmed or who are most at risk. These strategies provide short-term relief and safety for the immediate crises of violence. They do not address the root causes of violence against older persons, such as ageism or issues of power and control. Once the crisis has been addressed, individual skill-building strategies and community capacity-building strategies should be explored.

Examples of short-term and emergency relief strategies may include:

[42] Thanks to Dr. Patty Williams, the Nova Scotia Nutrition Council, and the Atlantic Health Promotion Research Centre, Dalhousie University, for conceptualizing the three strategies for social change.

- Emergency shelters;
- Police interventions; and,
- Crisis counselling.

Capacity-building strategies

Capacity-building strategies address the problem of violence against older persons by building skills, increasing knowledge and awareness, and mobilizing people to work together for change. The focus of capacity-building is on bringing individuals, communities and groups together to define and explore how to address their issues and challenges. These strategies work best when the people experiencing the problem – older persons themselves, their families and their communities – are included and involved in finding solutions.

- ***Individual skill-building strategies*** help people develop effective coping skills, learn about helpful resources and reduce social isolation. Individual skill-building strategies that address the problem of violence against older persons include:
    - Individual safety planning;
    - Joining seniors' support groups;
    - Finding peer support; and,
    - Counselling.

- ***Community capacity-building strategies*** build skills and identify issues and resources at the community and group level. These strategies also provide opportunities for people to gather together to reduce isolation and form social support networks. Community capacity-building strategies that address the problem of violence against older persons include:
    - Community centre programs and activities for older persons;
    - Senior centre programs and activities;
    - Coordinated community responses to violence against older persons;
    - Friendly visiting programs; and,

- Lunch and Learn sessions on related topics (for example, preventing financial abuse).

Systems change/societal change strategies

Systems change is the process of improving the capacity of large human groups such as societies, governments and communities to advance the well-being of all members. It involves changes in policies, regulations, values, attitudes and relationships. Many community issues and challenges can be addressed through good public policy. The key ingredients for systems and societal change include:

- Leadership at all levels;
- Including the people who are experiencing the problem (older persons);
- Access to knowledge and resources; and,
- Sustainable solutions.

Systems change strategies to address the problem of violence against older persons include:

- Having a Residents' Bill of Rights in residential care settings;
- Adult support and protection laws;
- Social marketing campaigns; and,
- School-based violence prevention programs.

What can be done to prevent violence against older persons?
The Violence Prevention Continuum
- Strategies for Change -

1. Short-Term Strategies (Intervention)

- directed at those who have experienced violence or who are most at risk
- provide short-term relief for the immediate problem of violence
- usually for emergency situations; do not address underlying problems that cause violence
- examples: short-term shelters; police interventions; crisis counselling

2. Capacity-Building Strategies (Prevention)

Individual skill-building strategies:

- assist individuals to develop effective coping skills; enhance knowledge of helpful resources; reduce isolation
- examples: safety planning with seniors; joining seniors' support groups; finding effective peer or professional support; counselling

Community capacity-building strategies:

- build skills and identify resources at the community level
- provide opportunities to bring people together to reduce isolation and develop social support networks
- examples: community centre programs for older persons; senior centres; coordinated community responses; volunteer friendly visiting or "daily hello" programs in local communities; Lunch and Learns on relevant topics

3. Systems/Societal Change Strategies (Recognition/Prevention)

- longer-term strategies; aim to educate target groups and general public, and/or make changes to policies and programs that will build safety and prevent violence against older persons
- examples: Residents' Bill of Rights in residential care; adult support and protection laws; social marketing campaigns; school-based violence prevention programs

INTERVENTION
Module 14: Intervention approaches, practices and supportive legislation

In this module:

- **Useful intervention practices;**
- **Promising Canadian approaches and practices;**
- **Effective intervention;**
- **How you can help;**
- **Violence against older persons requires a coordinated response;**
- **Legislative interventions;**
- **Provincial services for victims of violence;**
- **Stories from the front lines; and,**
- **Questions for reflection.**

Useful intervention practices

Effective interventions use approaches that respect the rights of older persons to make their own choices. Interventions may be addressed to either or both the victim and/or the perpetrator. This manual is mostly concerned with interventions that focus on older victims of violence. In this module you will find useful intervention practices and approaches that reflect, as much as possible, the older person's rights to self-determination.

This training manual does not provide clinical assessment or screening tools to use in identifying older adult violence. The purpose of this manual is to inform and educate through practices, approaches and tools that will be useful to service providers and other helpers, concerned friends and relatives, and older persons themselves.

No matter your role, you can help an older person deal with violence or threats. You can be supportive. You can listen. You can provide information on emergency contacts and local resources.

Promising Canadian approaches and practices

The most promising intervention approaches that assist older victims of violence in Canada are shown in the table below (note that these vary by province).[43]

Type of intervention	Description
Adult protection legislation and services	• usually targets all adults (not just older persons), particularly populations most likely to experience violence
Advocacy	• guidance on legal rights • legal research • public education • helps victims find their way through the "system"
Community response networks (CRNs)	• broad, integrated approach to helping • creates linkages between agencies and organizations • sharing of skills and knowledge
Consultation teams	• expertise and collaboration
Counselling	• psychological support • information about options • safety planning • advocacy • referrals
Hotline	• information and referral on services and resources
Information and education	• public education campaigns • websites
Multi-disciplinary team	• multiple skills and knowledge to respond to violence

[43] Eolas Consulting. (2009). *Final Report: Identification of Best Practices to Educate and Train Health Professionals in the Recognition, Intervention and Prevention of Violence against Older Persons.* Retrieved from: http://www.gov.nf.ca/vpi/publications/vaop_final_report.pdf.

Peer support and advocacy	• emotional support • practical help • information on rights • advocacy and help with self-advocacy
Shelters, safe houses	• crisis or short-term housing and support

Effective intervention

Before engaging with the older person who has been injured, abused or neglected, consider the following two factors of effective intervention:[44]

- ***Level of risk***
  - High risk situations require **immediate action.**
  - "High risk" refers to a situation where the older person's life is in immediate danger or the person is at risk of imminent harm.
  - Call 911 where available. Be sure to know the emergency number to call in your region.

- ***Consent***
  - Provide enough information for the older person to make an informed choice.
  - Do what you can to ensure the older person's understanding and cooperation in any intervention.
  - Is the older person willing to accept help?

How you can help

Older victims of violence need your support. Help them make choices that are right for them. Here are five things you can do to help.[45]

[44] Adapted in part from Ontario Network for the Prevention of Elder Abuse. (2008). *Core Curriculum and Resource Guide*. Retrieved from: http://www.onpea.org/english/trainingtools/corecurriculum.html.
[45] Information in this section is adapted from the Violence Prevention Initiative website: http://www.gov.nl.ca/VPI/facts/helpvictimsofviolence-pages1-2.pdf.

1. **Give clear messages, such as:**
    - Violence is never okay;
    - The older person's safety is always most important;
    - Assault is a crime;
    - The older person is not alone;
    - The older person is not the cause of the violence;
    - The older person is not to blame for the perpetrator's actions;
    - The older person cannot be responsible for changing the perpetrator's behaviour;
    - Apologies and promises rarely end violence; and,
    - Violence and abuse are not a loss of control; they are a **means** of control.

2. **Help with safety planning.**
    - Help the older person plan for safety. (See Module 11 for *Safety planning*)
    - Help the older person identify a range of choices to deal with violence.
    - Encourage and support the older person to make her or his own decisions.
    - Identify others in the older person's network who can provide support or respond in a crisis. This could be a trusted neighbour, faith leader, relative or friend.

3. **Find out about violence prevention and response resources in your region.**
    - Look in the front pages of the phone book for police, crisis and shelter emergency numbers.
    - Know about local community services such as groups for victims of violence.
    - See Module 16 on *Helpful resources* in this manual.
    - Copy the chart in the *Helpful resources* module. Then fill in names and phone numbers of the violence prevention and response resources in your region. Keep it updated.
    - Share your Helpful Resources list with an older person who may be at risk. Help the person find a safe place to keep the list.

4. **Be careful when giving advice: some advice may not be useful and may even pose a risk or danger for the older person.**
    - Do not tell the older person what to do (for example, when to leave or not to leave).
    - Do not advise the older person to go back and "try a little harder" or "ignore it."
    - Do not rescue the older person by trying to find quick solutions.
    - Do not try to talk to the perpetrator to "straighten things out."
    - Do not suggest the older person do something "for the sake of the other person."

5. **Remember that older victims of violence need to know that they have the right to:**
    - Have the basic needs of life: food, shelter, clothing, and social contact;
    - Live free from physical, sexual, spiritual, cultural, psychological and emotional violence, as well as verbal and financial abuse and neglect;
    - Know their civil and legal rights;
    - Get help in making and communicating informed decisions;
    - Live as they wish, without risking the rights and safety of themselves or others;
    - Be presumed capable of making decisions for themselves;
    - Make their own decisions, to the full extent that they are able;
    - Have their wishes respected; and,
    - Accept or reject help.

Violence against older persons requires a coordinated response

Violence against older persons is a complex social problem. All sectors of society must work together to address it. No one person or sector has all the resources or expertise to deal with every situation where there has been violence. An effective response to violence against older persons involves coordinated efforts and collaboration among agencies, community

groups, government departments, and individuals. Every situation is unique, so it is important to be aware of the different roles and functions of these various community, government and law enforcement sectors.

The chart below shows some of the key roles and functions in society that work to prevent violence against older persons.[46]

Role	Function
Trusted family member or friend	• Supports and assists the older person in making choices and communicating decisions • Can be very important when helping an older person who has certain physical or mental disabilities
Banker	• Detects financial abuse • Offers expert financial advice
Clergy, spiritual leader, community Elder	• Provides guidance and support
Community support group	• Provides direct services to older persons • Provides support • Provides expertise, such as Alzheimer awareness • Helps with basic needs such as clothing or food
Law enforcement	• Responds to high risk situations • Detects violence • Investigates crimes • Lays charges • Transports victims to safe housing or shelters • Removes others from household • Intervenes with perpetrator

[46] Adapted in part from Ontario Network for the Prevention of Elder Abuse. (2008). *Core Curriculum and Resource Guide*. Retrieved from: http://www.onpea.org/english/trainingtools/corecurriculum.html.

Lawyer	• Provides expert legal advice • Suggests options for criminal charges or civil action • Helps navigate legal system • Provides expert help with wills and powers of attorney • Advocates for older person when dealing with perpetrator or service providers
Pharmacist	• Detects health concerns (for example, over- or under-medicating, neglect, safety) • Offers expert advice on medications
Physician	• Detects, screens and diagnoses • Advises on illness • Determines physical/mental capacity (can be other health professionals too)
Health professional (psychologist, physiotherapist, nurse, etc.)	• Detects violence • Determines capacity • Brings specific expertise and knowledge • Intervenes
Social worker	• Monitors the whole situation • Works with the older person to develop a service plan • Provides direct services to older persons • Provides support and counselling • Makes referrals • Provides access to services
Victim Services	• Provides emotional support • Makes referrals to community agencies • Provides support through legal system • Assists with writing Victim Impact Statements

A coordinated response may also include:

- Agencies for immigrants and refugees;
- Mental health / addiction services;
- Regional Health Authorities, including hospitals;

- Royal Canadian Mounted Police (RCMP), Royal Newfoundland Constabulary (RNC);
- Sexual Assault Crisis and Prevention Centre;
- Seniors' centres and organizations;
- Violence Prevention Initiative (VPI); and,
- VPI Regional Coordinating Committees.

Legislative interventions

There are laws to deal with violence against older persons in Newfoundland and Labrador. Some types of violence are crimes and violate an older person's basic rights, while others may not be crimes but still violate basic rights. This section describes some of the federal and provincial legislation that may apply. Please refer to the legislation for full details.

Federal laws

Canadian Charter of Rights and Freedoms

- The *Canadian Charter of Rights and Freedoms* states the rights and freedoms of citizens in the Canadian Constitution. It recognizes and protects:
    - fundamental freedoms
    - democratic rights
    - mobility rights
    - legal rights
    - equality rights (freedom from discrimination based on age, disability, sex, race, ethnic origin, and religion)
    - the multicultural heritage of Canadians
    - official language rights
    - minority language education rights

- The following sections of the *Charter* may apply in certain situations of violence of older persons:

    - Sections 15(1) and 15(2) of the *Charter* deal with equality rights and address the problem of systemic discrimination.
        - Section 15(1) affirms that "every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability."
        - Section 15(2) allows courts to approve affirmative action programs which are "any law, program or activity that has as its object the amelioration of conditions of disadvantaged individuals or groups including those that are disadvantaged because of race, national or ethnic origin, colour, religion, sex, age or mental or physical disability."
- Section 28 states that the rights and freedoms referenced in the *Charter* "are guaranteed equally to male and female persons."
- Section 7 of the *Charter* guarantees the right to life, liberty and security. This includes the right to accept or to refuse medical or other healthcare treatment.
- The *Canadian Charter of Rights and Freedoms* can be found on the internet at http://laws.justice.gc.ca/en/charter/.

Criminal Code of Canada

- The *Criminal Code of Canada* deals with criminal offences. To report a crime, call 911 (where available) or contact local police. See the chart below for sections of the *Criminal Code* that relate to violence against older persons.
- The *Criminal Code of Canada* can be found on the internet at www.laws.justice.gc.ca/en/C-46/.

Type of violence	Selected Sections from the *Criminal Code of Canada*	Definitions
Physical violence	229: Murder	• *Murder:* killing a person by intentionally causing the person's death, or intentionally causing bodily harm likely to result in death
	232: Murder reduced to manslaughter 234: Manslaughter	• *Manslaughter:* unintentional murder, such as when a drunk driver kills another person; or if the killing was committed in the "heat of passion" as a result of a sudden provocation
	265: Assault 267: Assault with a weapon or causing bodily harm	• *Assault:* directly or indirectly applying force intentionally to another person; attempting or threatening to apply force to another person
	268: Aggravated assault	• *Aggravated assault:* an assault in which a person's life is endangered or the person is wounded or disfigured
	269: Unlawfully causing bodily harm	• *Unlawfully causing bodily harm:* an intentional act that is likely to result in injury
	279: Forcible confinement/Kidnapping	• *Forcible confinement:* forcing a person to remain in a house, room, bed or chair against his or her will, for extended periods

Psychological violence, Emotional violence, Verbal abuse	264: Criminal harassment	• *Criminal harassment:* repeated actions (such as stalking) over time causing a person to fear for her or his safety or the safety of anyone known to them; physical injury need not occur
	264.1: Uttering threats	• *Threats:* threatening to: ○ cause death or bodily harm to a person ○ damage, burn or destroy personal property ○ kill, poison or injure a person's animal
Sexual violence	153.1: Sexual exploitation of a person with a disability	• *Sexual exploitation of a person with a disability*: counselling or inciting a person with a mental or physical disability to directly or indirectly touch, without that person's consent: ○ his or her own body ○ the body of a person in a position of authority ○ the body of any person
	271: Sexual assault	• *Sexual assault*: touching someone in a sexual way, either directly or indirectly, without that person's consent
	272: Sexual assault with a weapon/threats to a third party	• *Sexual assault with a weapon; threats to a third party*: while committing a sexual assault a person

	273: Aggravated sexual assault	injures another person or threatens to: ○ use a weapon ○ cause bodily harm to the other person ○ cause bodily harm to someone other than the other person • *Aggravated sexual assault*: sexual assault in which a person's life is endangered or the person is wounded or disfigured
Financial abuse	322: Theft 346: Extortion 366: Forgery 386: Fraud ("Fraudulent registration of title")	• *Theft*: taking another person's property without that person's consent • *Extortion*: using threats, accusations or violence to provoke another person to do anything or cause anything to be done • *Forgery*: making a false document and presenting and using it as real to take advantage of or harm another person or his or her property • *Fraud ("Fraudulent registration of title")*: When an individual knowingly, and with intent to deceive: ○ makes a material false statement ○ holds back or conceals from a judge or registrar any material document,

	430.1(a) Mischief	fact or information • *Mischief*: the destruction or damaging of property
Neglect	215: Duty of persons to provide necessaries	• *Duty of persons to provide necessaries*: failing to provide the necessities of life to: ○ a child under the age of 16 ○ a spouse ○ a person under an individual's care who is unable to provide her or his own necessities of life
	219: Criminal negligence	• *Criminal negligence*: acting or failing to act in a way that displays reckless disregard for the lives and safety of others

Provincial laws

Provincial laws of Newfoundland and Labrador support and protect older persons. Here are some brief descriptions of these laws:

Human Rights Act, 2010

- The provincial *Human Rights Act* protects people from discrimination and harassment. It also promotes equality. The *Act* enables people to make complaints and to have those complaints investigated and addressed by the Human Rights Commission. The *Act* applies to the Provincial Government, public agencies, and private organizations. The *Human Rights Act* affirms that every individual in the province is free and equal in dignity and rights without regard to:
  - Race;

  - Colour;
  - Nationality;
  - Ethnic origin;
  - Social origin;
  - Religious creed;
  - Religion;
  - Age;
  - Disability;
  - Disfigurement;
  - Sex;
  - Sexual orientation;
  - Marital status;
  - Family status;
  - Source of income; and,
  - Political opinion.
- The *Human Rights Act* can be found on the internet at: www.assembly.nl.ca/Legislation/sr/statutes/h13-1.htm.

Mental Health Care and Treatment Act

- *The Mental Health Care and Treatment Act* protects people with mental health issues from harming themselves or others. If you work with older persons at risk of violence, you should familiarize yourself with this *Act*.
- The *Mental Health Care and Treatment Act* can be found on the internet at: www.assembly.nl.ca/legislation/sr/statutes/m09-1.htm.

Family Violence Protection Act/Emergency Protection Orders

- The *Family Violence Protection Act* provides for Emergency Protection Orders (EPOs) which makes emergency help available to adult victims of family violence and their children. EPOs are Provincial Court orders that provide immediate protection when family violence has occurred. This *Act* deals with violence in intimate partner relationships. It does not address other family relationships such as violence between grown children or siblings.
- The *Family Violence Protection Act* can be found on the internet at: www.assembly.nl.ca/legislation/sr/statutes/f03-1.htm.

- The Provincial Court of Newfoundland and Labrador's website provides information on the EPO process: http://www.court.nl.ca/provincial/courts/epo/index.html.

Advance Health Care Directives Act

- An Advance Health Care Directive (AHCD), or "living will" is a written statement of an adult's (age 16 and older) health care wishes. An AHCD allows a person to choose someone who will have the authority to make medical decisions on his or her behalf. It is used if an illness or injury leaves the person unable to communicate health care wishes. This ensures that a person's health care decisions are respected by health care professionals and family members. An AHCD also prevents people from misrepresenting or manipulating health care wishes.
- The *Advance Health Care Directive Act* can be found on the internet at: www.assembly.nl.ca/legislation/sr/statutes/a04-1.htm.

The Enduring Powers of Attorney Act

- Through this *Act*, a person may appoint an Enduring Attorney to manage his or her estate.
- A "Power of Attorney" is a legal document in which a person grants another person(s) the power to act on his or her behalf in financial affairs. (The word 'attorney' in a Power of Attorney does not mean lawyer. It is the legal name for your decision-maker.)
- A Power of Attorney is not valid if a person becomes legally incapacitated. A legal incapacity refers to a mental disability, where a person cannot understand the effect of her or his actions.
- The *Enduring Powers of Attorney Act* allows a person to appoint an "Enduring Attorney". This Power of Attorney will continue despite any legal incapacity the person may suffer. It ends upon either the death of the person or the death of the attorney.
- The *Enduring Powers of Attorney Act* can be found online at www.assembly.nl.ca/legislation/sr/annualstatutes/RSN1990/E11.c90.htm.

An Act Respecting the Protection of Adults

- Is also referenced as the *Adult Protection Act* and replaces the *Neglected Adults Welfare Act*.
- An adult in need of protective intervention, lacks capacity and:
    - Is incapable of caring properly for himself or herself, or refuses, delays or is unable to make provision for proper care and attention for himself or herself; or,
    - Is abused or neglected.
- A citizen who has information which leads them to believe that an adult is in need of protective intervention is required by law to report this information to the Provincial Director, the Director as appointed by the Regional Health Authority, a social worker or a peace officer.
- *An Act Respecting the Protection of Adults* can be found at: http://www.assembly.nl.ca/legislation/sr/statutes/a04-01.htm.

Provincial services for victims of violence

Victim Services

- Victim Services is a program offered through the provincial Department of Justice. The Adult Program is for victims of crime who are 16 years and older. The focus is mainly on victims of violent crime, but victims of all types of crime are helped. An offence does not have to be reported to the police, and charges do not have to be laid, for a person to get help.
- Victim Services provides:
    - Information about the criminal justice system and how it works;
    - Updates on what is happening with a case;
    - Pre-court support and preparation to help reduce anxiety and allow meaningful participation in the court process;
    - Help with preparing a Victim Impact Statement;
    - Emotional support and short-term counselling as a person prepares to go through court; and,
    - Referrals to community resources.
- Information about Victim Services is available at: www.justice.gov.nl.ca/just/victim_services/index.html.

- Also see Module 16: *Helpful resources*, in this manual for the phone numbers of regional Victim Services offices.

Legal Aid

- The Legal Aid Commission ensures that people who have limited financial resources have access to legal advice and representation.
- The Legal Aid Commission is responsible for providing legal representation to those who are eligible in criminal and family matters, as well as some civil matters.
- Information regarding the Legal Aid Commission can be found online at: www.justice.gov.nl.ca/just/legalassist/legalaid.html.

Peace Bond

- A peace bond is a court order that places certain conditions on a person's behaviour. These conditions may include:
  - To keep the peace;
  - Not to communicate with you in any manner; and,
  - Not to possess a firearm.
- There is no cost involved in applying for a peace bond. The peace bond is valid for up to 12 months.
- Victim Services publishes a brochure called "Applying for Peace Bonds in Newfoundland and Labrador". The brochure is available online: http://www.justice.gov.nl.ca/just/victim_services/pdfs/applying_for_a_peacebond.pdf.
- For more information about peace bonds, see the Provincial Court of Newfoundland and Labrador's website: http://www.court.nl.ca/provincial/goingtocourt/peacebondhearings.html.

For more useful legal and other resources in all regions of the province, refer to Module 16: *Helpful resources*.

STORIES FROM THE FRONT LINES

Abby and her grandson Hubert

Abby is an 85-year-old widow. She has cared for her grandson Hubert, 42, for most of his life. Hubert has a developmental disability. He works five days a week in a supported work program. Abby's health has been poor for the past few years. She has relied more and more on Hubert for care. He sometimes forgets to prepare food for Abby before going to work. Hubert often gives her his own sedatives to keep her quiet. Abby and Hubert often have violent arguments about each other's behaviour. At times, he has pushed her into a wall or a table, causing serious bruising. Abby feels she cannot go on this way much longer because of her poor health. She is still very protective of her grandson. Abby is afraid to go to a long-term care home because she fears what will happen to Hubert if he is left alone.

Bea and her neighbour Andrea

Bea is 81 years old. She has no family in town, and lives alone in her own home. She was recently hospitalized, and was released after learning how to use a wheelchair.

Bea's neighbour Andrea receives Income Support. When Bea returned home from the hospital, Andrea offered to come over each day to help with cleaning, cooking, shopping and bathing. Things went well at first. Then Andrea started eating at Bea's house, saying she was hungry. Andrea complained about how hard it was to live on what she received from Income Support. Bea knew she was being taken advantage of, but was still not feeling well, and was afraid to be alone.

One day, Andrea told Bea to change her will. Andrea would become the sole beneficiary, in exchange for continuing to provide care to Bea. Bea refused, and Andrea screamed that she would no longer come over to help. She left, slamming the door. She took several hundred dollars in cash along with some kitchen pots and bowls. Bea is afraid that Andrea will return with some of her relatives who may steal from her or even hurt her.

Bea has always been a fighter, but now she is not sure she has the strength to go on.

Patricia and Helen

Patricia and Helen have been life partners for 30 years. Helen was diagnosed with Alzheimer's-type dementia four years ago. Before the disease, Helen was a quiet, non-violent person. She and Patricia had a very loving relationship.

Over the past few months, Helen's condition has worsened. Patricia tries to make conversation, but Helen seldom responds. When she does, she is loud and argumentative, and sometimes even strikes out at Patricia. Recently Helen tried to choke her, but stopped when Patricia cried out. Patricia believes her partner's behaviour is due to the disease. She does not want to place Helen in an institution. Patricia has a negative view of long-term care homes. She feels an obligation to look after her partner because of their many happy years together.

One day, while browsing the internet, Patricia discovered that there was a day program for older persons with dementia and related disorders in the community where they lived. She and Helen went to visit the program and took part in some of the activities for participants and their families. Now, Helen goes to the program four days a week, and Patricia has joined a caregivers group that meets weekly.

QUESTIONS FOR REFLECTION

1. For each of the stories above, answer the following questions:
    - What types of violence are involved?
    - What are the indicators? (How do you know violence has occurred?)
    - Who is the perpetrator in each story? What type of perpetrator dynamics are involved (intimate partner violence, stressed caregiver, etc.)?
    - What laws do you think are being broken? What resources could help?

2. Can you recall an intervention that you made that was helpful to another person? What worked in that situation? What kinds of interventions did you make? Who else did you involve? How do you know it worked?

3. Can you recall an intervention that you made that did not work well? What happened? Did you have the needed resources? What could be done next time to ensure a better outcome?

4. If you were to ask someone you respect - such as a teacher, mentor or supervisor - to assess your listening skills, what would she or he say? How do you think you could improve your “skillful listening” ability?

INTERVENTION
Module 15: Barriers and risks in reporting violence

In this module:

- **Barriers and risks for older persons;**
- **Cultural and language barriers to disclosure;**
- **Barriers to disclosure for older persons living in rural or isolated regions;**
- **Barriers and risks to those who witness or suspect violence against older persons;**
- **Reducing the Barriers: The "3 A's";**
- **Stories from the front lines;**
- **Learning activity; and,**
- **Questions for reflection.**

When an older person becomes a victim of violence, we can learn about it in several ways:

- From the victim's story;
- From the report of a health professional, police officer, caregiver, family member, friend or bystander; and,
- From observing the older person in her or his living environment, relationships with family or caregivers or financial situation.

The reality is that most violence against older persons remains hidden. It is estimated that between four and 10 per cent of older persons are subject to one or more forms of abuse or neglect.[47] Why is this figure so low? Barriers to reporting exist both for the victim of violence and for any witnesses or other concerned persons. In this learning module we look at the barriers and risks in reporting violence of older persons.

[47] Government of Newfoundland and Labrador. (no date). *Healthy Aging Policy Framework*. Retrieved from: http://www.health.gov.nl.ca/health/publications/ha_policy_framework.pdf.

Barriers and risks for older persons

Older persons, like most victims of family violence, may be reluctant to speak up and ask for help. Some of the barriers that leave older persons unwilling, unable or reluctant to talk about their experience of violence include:

BARRIER	DESCRIPTION
The fear of more violence	• Older persons may fear that if they say something or complain, the perpetrator will find out, and the violence will worsen; even more so if the older person depends on the perpetrator for care or social contact.
Feelings of shame and humiliation	• Older persons may feel humiliated because they do not have enough power or control to stop the violence. • Victims may keep the violence secret because they are feeling shame, denial or fear. • Victims may feel shame if the perpetrator is a family member, and may worry about what others will think.
Blaming themselves for the violence	• Older victims of violence may feel they deserve what they are getting. They may feel they chose the “wrong” spouse or did a poor job raising their children.
The fear of loss of affection or connection	• Older persons may not have relatives still alive or living nearby. The perpetrator may be their only social contact. • Older persons may worry that if they report family violence, they will lose access to grandchildren or other family members. • Older persons may fear losing a pet if they report violence and are removed from their home.

Worries about what will happen to themselves and/or the perpetrator	• Older persons may fear being left alone. • Older persons may need help with activities of daily living. They may worry about who will care for them if the perpetrator is no longer there. • Older persons may fear moving into long-term care or other residential care facilities. They may also fear losing their treasured possessions. • If the perpetrator is a loved one, older persons may not want to press criminal charges. • Older persons may not want to see their loved one sent to prison.
Concerns about "family honour"	• Older persons may fear that reporting violence will bring shame and dishonour to the family. • In some cultures, the family is considered more important than the individual. Older persons may feel that it is their duty to suffer in silence rather than bring disgrace to the family's reputation.
Concerns about being seen as "weak"	• Older victims of violence may believe that they should solve their own problems and not have to reach out for help.
Medication issues	• Improper medication may cause disorientation or confusion. This may make it hard for older persons to think clearly or tell someone that they are in danger.
Past negative experiences disclosing violence	• Older persons may have had a bad experience in the past when telling someone that they have been harmed. As a result there may have been little or no change in their situation, or things were made worse.

Lack of knowledge or understanding of human rights	• Older persons may not know they have the right to be safe and live free from violence. They may not know about programs or services that support those rights.
Lifetime exposure to family violence	• Older persons who have been exposed to violence throughout their lives may see violence as "normal". They may not see it as an unacceptable violation of their human rights.
Poverty or limited resources	• Older persons who live on lower incomes may feel powerless or alone. They may feel there is little or no help available for victims of violence who are poor.
Inability or challenges in communicating	• Some older persons with a disability may have trouble communicating.

See Victim Coping Strategies in Module 7, *Impact and effects of violence against older persons,* for other psychological barriers to disclosure.

Cultural and language barriers to disclosure

Cultural diversity is growing in Newfoundland and Labrador. We are seeing a wider variety of cultures and hearing a diversity of languages in this province. Cultural differences may be a factor in the reporting of older adult violence. These are some of the challenges they may face:

- The older person may not know sponsorship rules, laws and rights. They may fear being deported if violence is reported;
- The older person may be financially or socially dependent on the perpetrator, which makes seeking help very difficult;
- The older person may not have family, friends or a support network.
- Older immigrants and refugees, Aboriginal elders, francophones, and others in this province may not speak English as their first language. Language barriers may hinder seeking help:
    - The older person may not be able to clearly explain details in English;

  - Service providers, family and friends may not be able to help if they cannot communicate in the language of the older person;
  - There may be limited access to non-family, professional translators; and,
  - Language barriers may hamper access to resources;
- Perceptions of violence may differ among cultures. As a result, some older victims of violence may not see what happens to them as "violence." They may not seek or even see the need for help;
- An older person from a war-torn country may have survived many traumas. They may, as a result, fear or mistrust authorities and institutions;
- Service providers may not understand the impact of the older person's culture as it pertains to violence; and,
- Counselling may be foreign to the older person's culture. Sharing personal concerns may be considered by the older person to be culturally unacceptable.

Barriers to disclosure for older persons living in rural or isolated regions

Isolation due to geography may be a challenge for older victims of violence.

- Older persons may live far from neighbours, social supports, police, and other services. This makes it hard to know where to turn when violence occurs.
- Older persons may not report violence if they think there is a lack of appropriate options for housing, respite care or safe shelter in their community.
- In a small community there is a sense that "everybody knows everybody." An older victim of violence may not be willing to share private family issues in such a situation.

Barriers and risks to those who witness or suspect violence against older persons

If you have contact with older persons, you may at some point become aware of a situation that does not appear to be safe. You then have an important role to play in helping to address and prevent violence. Lack of concern is rarely the issue when helpers remain silent.

Helpers may face a number of barriers that affect their ability to report the problem. Some of these barriers are listed in the following chart.

BARRIER	DESCRIPTION

Lack of knowledge, education and training	• Lack of awareness, expertise and training in recognizing risk factors and signs of violence.
	• Lack of training in medical schools and other professional programs in:
	  ○ violence prevention;
	  ○ violence recognition; and,
	  ○ violence intervention, including screening, assessment or interviewing techniques with older adult patients or clients.
	• Poor understanding of the prevalence of violence against older persons.
	• Not knowing what to do, whom to call, or where to report suspected violence.
	• Lack of training to deal with issues of language and culture.

Time	• Short visits to the service provider may not be enough to identify the subtle clues that indicate injury or harm from violence. • Lack of time and resources to follow up on suspicions of violence.

Fear	• Fear of the suspected perpetrator (service provider's fear of violence to themselves or their families). • Fear of lack of support from colleagues or management. • Fear of job and income loss. • Fear of getting a co-worker in trouble (protecting a co-worker); not wanting to be labeled as a "tattletale". • Fear of lawsuits from patients, clients or families. • Fear of getting involved, going to court, lost wages from time in court.
Perception of lack of power	• Some service providers feel there is not much they can do to make the violence stop.

Reducing the barriers: The "3 A's"

When an older person is being harmed, it takes courage to tell another person what is happening. As mentioned previously, the older person often feels shame, humiliation and fear. By taking these feelings into account, you as the listener can engage the older person in a way that is respectful and nonjudgmental, honouring the person's values, wishes, right to make decisions, and to accept or decline help. Below is a guide listing the "3 A's" of being present for an older person who discloses violence:

1. Listen ACTIVELY and provide reassurance;
2. ASK the older person what she or he want; and,
3. ACT according to the older person's wishes, and follow up.

1. Listen ACTIVELY and provide reassurance

- First, create a safe, non-threatening environment for the older person who may be overwhelmed by fear and uncertainty. You can:
  - Meet with the older person without the perpetrator present;
  - Try to help the older person relax by offering tea, water or making small talk;
  - Eliminate or reduce distractions in the room;
  - Check to see that the older person has any needed communication aids, such as hearing aids or glasses;
  - Relate to the person as a whole, complete person and not just as a victim;
  - Avoid language or professional jargon that the older person may not understand;
  - Be aware of gender and cultural norms (for example, a woman may feel more comfortable speaking with another woman); and,
  - Be sensitive to language barriers, and offer services in the language used by the older person.
- Listen carefully to the older person without interrupting. Provide as much time as needed for the person to tell her or his story.
- Use non-verbal communication such as gestures of understanding (nod your head, lean slightly forward). Be aware that social rules for making eye contact differ from culture to culture.
- Spoken encouragement such as “This must be difficult for you” or “Take your time, it must be hard to talk about this,” may be helpful and reassuring to the older person.
- Emphasize that confidentiality and wishes will be respected, within the limits of the law. For example, you may work in a long-term care home where it is mandatory for staff and volunteers to report violence. In that case, you need to inform the older person that whatever is disclosed must be reported.
- Seriously consider what the older person is saying. Your facial expression and body language should be calm and neutral. Do nothing to discount the story such as challenging the person’s memory. Always bear in mind that it is very painful to disclose violence.
- Avoid showing any negative reaction to the perpetrator or implying blame. The older person may want to protect the perpetrator and not disclose if there is a perceived risk of harm to the perpetrator.

- Assure the older person that she or he is not to blame in any way. Victims of violence sometimes feel that they have done something to deserve it.
- A relationship of trust must often be established over time for an older person to disclose violence. The older person may begin by sharing information in small bits, to feel safe and "test" your reactions. Be patient and supportive. This will allow the older person to open up to you whenever she or he is ready.

2. ASK the older person what they want

- Ask the older person what they want to do and how you can assist.
- Listen very carefully to the response.
- The person may want to have a trusted family member or friend present to provide support.
- Be prepared for a strong emotional response or anxiety from an older person who is disclosing. You will need the skills to deal with these emotions. Plan to follow-up with the person or refer for appropriate support.
- The older person may decide to do nothing about a violent situation. In that case, provide resources and other information in case there is a change of heart later on.
- People can make informed decisions if they have accurate information about:
    - Options;
    - Steps involved in making a report; and,
    - Follow-up and supportive resources.

3. ACT according to the older person's wishes and follow-up

- ***IMPORTANT!*** If you feel that the person is in *imminent danger*, call 911 where available, or see the *Helpful resources* section starting on page 192 to find an emergency number.
- Be aware of your own biases. Avoid making judgments about what the older person decides to do. The older person may not do what you would do in a similar situation. Whatever the person decides, it is important that she or he feels supported in this process.
- An older person may not be prepared to take action to address the harm directly. In that case, ask what changes they wish to make. Support and assist the older person in working toward these goals. For example, activities that help increase self-esteem and self-worth can have a positive impact on the older person's life. It may also help to make changes to daily routines, get out of the house more often, and enhance social supports.
- The older person has the right to decline help. In that case, you may ask if it is safe to provide information in case the person wishes to follow up later. Find a safe way to leave a phone number or follow-up information (for example, with a trusted neighbour or in a safe place).

STORY FROM THE FRONT LINES

Darlene

Darlene is an orderly at a long-term care home in a small community. Mrs. Clarke, 88, is one of Darlene's patients. Mrs. Clarke loved to chat. She lived in the home for two years and was seen as a "gossip". While receiving care, Mrs. Clarke always told stories to the staff about other staff and residents.

One night, Mrs. Clarke was unusually quiet and seemed troubled. Darlene asked what was wrong. Mrs. Clarke told her that Wanda, who also worked the night shift, had slapped her the night before. Darlene was shocked and asked Mrs. Clarke for more details.

Mrs. Clarke said, "I had an upset stomach last night and rang the call bell for assistance to get to the washroom. I waited a long time, but nobody came to help me. I tried to get out of bed myself because I knew I couldn't wait much longer. I didn't make it to the washroom and left a mess in my bed, on the floor and in the washroom. When Wanda finally got here, it was too late. Wanda slapped my arm and yelled at me. She told me that I would have to wear a diaper 'like a baby' because I 'obviously can't control myself'."

Darlene finished helping Mrs. Clarke with her blankets. She reassured her that she would look into the matter, and left the room.

Darlene did not know what to do. Her mother-in-law and Wanda were cousins. Darlene knew that it would cause problems within the family if she reported the incident to her manager.

LEARNING ACTIVITY

1. Referring to the story of Mrs. Clarke, answer the following questions:
    - What types of violence can you identify in this situation?
    - Who is the victim? Who is the perpetrator?
    - How might Mrs. Clarke have felt while describing the incident to Darlene?
    - Describe the relationship you think Darlene and Mrs. Clarke might have had.

2. The long-term care home in this story has a mandatory reporting policy. Any staff person, volunteer or student who witnesses or receives a disclosure of violence must report it to a supervisor.
    - What was Darlene's dilemma?
    - How might the event be reported without causing problems for Darlene and her family?

3. Learn about the laws, policies and procedures for reporting violence against older persons in Newfoundland and Labrador.
    - Who is required by law (mandated) to report violence against older persons?
    - Which organizations, institutions or agencies in your community, region or province have mandatory reporting policies for violence against older persons?
    - What are the federal or provincial laws on reporting violence against older persons? What is *your* responsibility if you witness or hear about such an incident?
    - To whom should you report an incident of violence against an older person?

QUESTIONS FOR REFLECTION

1. Think about a time, such as when you were in elementary or high school, when you may have been bullied, threatened or harmed in some other way. Maybe you have been a witness or knew someone who had such an experience.
    - What did you do?
    - Did you tell anyone? If so, whom? Why did you choose that person? If not, why not?
    - Given what you have learned in this module, what would you have done differently?
    - If you are still feeling the effects of that experience, what might bring about some closure?

2. Recall a time when someone confided in you about a traumatic or otherwise difficult experience. This could have been someone you knew well or had just met for the first time.
    - How “present” were you with this person?
    - What did you do to help her or him feel at ease?
    - Were you satisfied with the way you listened?
    - Did you find yourself making judgments about that person?
    - Was this a situation that required reporting of the experience to some authority, making a referral or following-up? If so, what did you do and was it effective?

INTERVENTION
Module 16: Helpful resources

In this module:

- **24-hour emergency/crisis lines: Province-wide;**
- **Provincial resources;**
- **Regional Health Authorities;**
- **Women's Policy Office - Violence Prevention Initiative and Regional Coordinating Committees against Violence;**
- **Helpful resources: Preventing violence against older persons;**
- **National resources;**
- **Federal government;**
- **My important contacts; and,**
- **Links: Internet resources.**

There are many resources in this province that may be helpful to you if you are:

- A service provider to older victims of violence;
- An older person who is a victim of violence;
- An older person at risk of violence;
- A perpetrator of violence;
- Someone with the potential to become violent; and,
- Concerned about someone in any of the above situations.

In this module you will find resources that are available nationally, provincially and within your region or community. Since violence against older persons can take many forms, it is necessary to be able to call upon a range of resources.

Availability of resources may depend on the community or region. Some programs may not be available or accessible in rural or remote regions of the province. There may be waiting lists for services. Suitable emergency housing may not be available. In these situations, advocacy becomes very important.

It may help to learn about resources for victims of crime or family violence. Service providers and other helpers must know about these resources, and should be able to link older persons with needed services and programs.
For more violence prevention information, please visit the Violence Prevention Initiative website, www.gov.nl.ca/vpi. A list of consumer health resources, by region, can be found at the website of the Department of Health and Community Services at http://www.health.gov.nl.ca/health. Also, see the *Links* section in this manual for government and community internet resources.

All resources listed below are available to both women and men unless otherwise noted.

24-Hour emergency/crisis lines: Province-wide

Mental Health Crisis Line Provincial resource operated by the Eastern Regional Health Authority	1-888-737-4668
Sexual Assault Crisis Line Newfoundland and Labrador Sexual Assault Crisis and Prevention Centre	1-800-726-2743 St. John's: (709) 726-1411
Royal Canadian Mounted Police (RCMP)* *Check to see if 911 service is available in your area	1-800-709-7267 TDD: 1-800-563-2172
Royal Newfoundland Constabulary (RNC)* *Check to see if 911 service is available in your area	St. John's: (709) 729-8000 Corner Brook: (709) 637-4100 Labrador West: (709) 944-7602 Churchill Falls: (709) 925-3524 TTY-TDD: 1-800-363-4334
AES – Department of Advanced Education and Skills **Income Support Line**	Avalon: 1-877-729-7888 Central: 1-888-632-4555 Western: 1-866-417-4753 Labrador: 1-888-773-9311 TTY-TDD: 1-888-380-2299

Provincial resources

RESOURCE	CALL	WEBSITE
AIDS Committee of Newfoundland and Labrador	1-800-563-1575	www.acnl.net
Alzheimer's Society of Newfoundland and Labrador	1-877-776-0608 St. John's: (709) 576-0608	www.alzheimernl.org
Arthritis Society of Newfoundland and Labrador	1-800-321-1433 St. John's: (709) 579-8190	www.arthritis.ca/nl
Canadian Diabetes Society Newfoundland and Labrador	1-800-226-8464 St. John's: (709) 754-0953	www.diabetes.ca
Canadian Hard of Hearing Society – Newfoundland Chapter	1-888-753-3224 St. John's (709) 753-3224	www.chha-nl.nl.ca
Caregiver Support Line (Caregivers Out of Isolation - Seniors Resource Centre of NL)	1-888-571-2273 St. John's: (709) 726-2370	www.seniorsresource.ca/caregivers
Canadian Mental Health Association (CMHA) – NL Division	St. John's: (709) 753-8550	www.cmhanl.ca
Consumers' Health Awareness Network of NL (CHANNAL)	1-888-636-4709	www.channal.ca
Coalition of Persons with Disabilities (COD)	709-722-7011 TTY: 709-722-7998	www.codnl.ca

Credit Counselling Services of Newfoundland and Labrador (CCSNL)	709-753-5812 1-888-738-3328	www.CreditAndDebtSolutions.ca
Information and Referral Line for Elder Abuse - Seniors Resource Centre of NL	1-800-563-5599 St. John's: (709) 737-2333	www.seniorsresource.ca
Legal Aid Commission	1-800-563-9911 (also has regional offices)	http://www.justice.gov.nl.ca/just/department/branches/division/division_lac.html
Newfoundland and Labrador Health Line	1-888-709-2929	www.yourhealthline.ca
Newfoundland and Labrador Housing	St. John's: (709) 724-3000	www.nlhc.nl.ca
Newfoundland and Labrador Sexual Health Centre	1-877-666-9847 St. John's: (709) 579-1009	www.nlsexualhealthcentre.org
Provincial Court	St. John's: (709) 729-1004 (also has regional offices)	http://www.court.nl.ca/provincial/
Provincial Advisory Committee on the Status of Women	St. John's: (709) 753-7270	www.pacsw.ca
Public Legal Information Association of Newfoundland	1-888-660-7788 St. John's: (709) 722-2643	www.publiclegalinfo.com
Seniors Resource Centre of NL	1-800-563-5599 St. John's: (709) 737-2333	www.seniorsresource.ca

Victim Services	St. John's: (709) 729-7970 (also has regional offices)	www.justice.gov.nl.ca/just/department/branches/division/division_victim_services.html

Regional Health Authorities

(See also section below with regional listings for other Regional Health Authority numbers.)

RESOURCE	CALL
Eastern Health (St. John's)	(709) 752-4885
Eastern Health (Rural Avalon)	(709) 786-5245
Eastern Health (Bonavista/Clarenville/Burin Peninsula)	(709) 466-5707
Central Health	(709) 651-6340
Western Health	(709) 634-5551 ext 226
Labrador-Grenfell Health	(709) 454-0372

Women's Policy Office - Violence Prevention Initiative and Regional Coordinating Committees against Violence

RESOURCE	CALL	WEBSITE
Women's Policy Office	(709) 729-5009	www.exec.gov.nl.ca/exec/wpo
Violence Prevention Initiative	(709) 729-5009	www.gov.nl.ca/vpi

REGION	COMMITTEE NAME	CALL	WEBSITE
Avalon East	**Coalition against Violence**	(709) 757-0137	www.coalitionagainstviolence.ca
Western Avalon Region	**Communities against Violence**	(709) 596-3311	
Burin Peninsula	**Burin Peninsula Voice against Violence**	(709) 279-4030	www.bpvav.com
Eastern Region	**Eastern Regional Committee against Violence**	(709) 466-4676	www.ercav.ca

Central West	**Central West Committee against Violence**	(709) 489-8828 (collect calls accepted)	
Gander – New-Wes-Valley	**The Roads to End Violence**	(709) 651-2250	www.theroadstoendviolence.ca
Labrador	**Violence Prevention Labrador**	1-866-446-8080 (709) 931-2600	www.vplabrador.ca
Northern Region	**Northern Committee against Violence**	(709) 454-3351	www.ncav.ca
Southwestern Region	**Southwestern Coalition to End Violence**	(709) 643-1022	www.swcev.ca
	Local Coordinating Committees: • Bay St. George Coalition to End Violence • Peaceful Communities (Port aux Basques area) • HELP Committee (Burgeo, Ramea area)	(709) 643-1022 (709) 695-7900 (709) 886-2185	
Western Region	**Western Regional Coalition to End Violence**	(709) 634-6606	www.wrcev.ca

Helpful resources: Preventing violence against older persons

A List by Region

AVALON EAST

Local areas of the Avalon East Region include:

- Bell Island
- North Shore of Conception Bay
- Southern Shore
- Head of Conception Bay
- Northeast Avalon
- Trepassey Bay

EMERGENCY NUMBERS	
Avalon East Region Emergencies	911
RCMP - Royal Canadian Mounted Police	1-800-709-7267
RCMP - Royal Canadian Mounted Police - TDD	1-800-563-2172
RNC - Royal Newfoundland Constabulary	(709) 729-8000
RNC - Royal Newfoundland Constabulary - TDD-TTY	1-800-363-4334
Mental Health Crisis Line	1-888-737-4668
Sexual Assault Crisis Line	1-800-726-2743
AES – Advanced Education and Skills Income Support Line	1-877-729-7888

AVALON EAST REGIONAL RESOURCES	
Hospital: **Health Sciences Centre**	(709) 777-6300
Hospital: **St. Clare's Mercy Hospital**	(709) 777-5000
Hospital: **Waterford Hospital**	(709) 777-3300
Hospital: **Dr. Leonard A. Miller Centre**	(709) 777-6555

Hospital: **Dr. Walter Templeman Health Centre**	Bell Island: (709) 488-2821
Shelter: **Iris Kirby House – 24 hour crisis line** [women and children]	1-877-753-1492 (709) 753-1492 www.iriskirbyhouse.nf.net
Shelter: **Shanawdithit Shelter** [adults and families]	(709) 726-5970
Shelter: **Tommy Sexton Centre** [women and men 15-65]	(709) 579-8656 1-800-563-1575 http://www.acnl.net
Shelter: **The Wiseman Centre** [men ages 30-64]	(709) 739-8355
Long-term Care Home: **Agnes Pratt Home**	(709) 579-0185
Long-term Care Home: **Hoyles Escasoni Complex**	(709) 753-7590
Long-term Care Home: **St. Patrick's Mercy Home**	(709) 726-2687
Long-term Care Home: **Salvation Army Glenbrook Lodge**	(709) 726-1575
Long-term Care Home: **Masonic Park Nursing Home** (Mount Pearl)	(709) 368-6081
Housing: Newfoundland Labrador Housing	(709) 724-3000 www.nlhc.nl.ca
Justice: Provincial Court	(709) 729-1004
Justice: Legal Aid Commission	1-800-563-9911 (709) 753-7860

Justice: Victim Services	 (709) 729-0900
Addiction Services – Community Health	(709) 752-4919 (709) 752-4980
AIDS Committee of Newfoundland and Labrador	1-800-563-1575 (709) 579-8656 www.acnl.net
Bereavement Association (Eastern Region)	777-6959
Independent Living Resource Centre	1-866-722-4031 722-4031 TTY: 722-7998 www.ilrc-nl.ca
Multicultural Women's Organization of NL	726-0321 www.mwonl.org
St. John's Status of Women Council / Women's Centre	753-0220 www.margueritesplace.ca
St. John's Native Friendship Centre	726-5902 www.sjnfc.com

AVALON WEST REGION

Local areas of the Avalon West Region include:

- Bay Roberts Area
- Carbonear Area
- Clarke's Beach Area
- Harbour Grace Area
- Heart's Delight Area
- New Perlican-Winterton Area
- Placentia-St. Bride's Area
- Spaniard's Bay Area
- St. Mary's Bay Area
- Whitbourne

EMERGENCY NUMBERS	
RCMP - Royal Canadian Mounted Police	1-800-709-7267
RCMP - Royal Canadian Mounted Police - TDD	1-800-563-2172
Mental Health Crisis Line	1-888-737-4668
Sexual Assault Crisis Line	1-800-726-2743
AES – Advanced Education and Skills Income Support Line	1-877-729-7888

AVALON WEST REGIONAL RESOURCES	
Hospital: **Carbonear General Hospital**	(709) 945-5111
Hospital: **Placentia Health Centre**	(709) 227-2013
Hospital: **Dr. Wm. H. Newhook Community Health Centre** (Whitbourne)	(709) 759-2300
Hospital: **Dr. A.A. Wilkinson Memorial Hospital** (Old Perlican)	(709) 587-2200
Shelter: **O'Shaughnessy House** (Carbonear)	Crisis Lines: (709) 596-8709 1-888-596-8709 Office: (709) 596-8208

Long-term Care Home: **Pentecostal Senior Citizens Home** (Clarkes Beach)	(709) 786-2993
Long-term Care Home: **Harbour Lodge Nursing Home** (Carbonear)	(709) 945-5400
Long-term Care Home: **Interfaith Senior Citizens Home** (Carbonear)	(709) 945-5300
Long-term Care Home: **Lions Manor Nursing Home** (Placentia)	(709) 227-2061
Housing: Newfoundland Labrador Housing	(709) 724-3000 www.nlhc.nf.ca
Justice: Provincial Court *(*Harbour Grace)	(709) 596-6141
Justice: Legal Aid Commission (Harbour Grace)	(709) 596-7835 1-800-563-9911
Justice: Victim Services (Carbonear)	(709) 945-3046
Addictions/Mental Health Services – Community Health (Carbonear)	(709) 945-6512

EASTERN REGION

Local areas of the Eastern Region include:

- Black Head Bay
- Bonavista Area
- Catalina Area
- Chandlers Reach
- Isthmus of Avalon
- Placentia Bay North West
- Smith Sound-Random Island
- South West Arm Area
- Southern Bay Area
- Trinity, Trinity Bay Area

EMERGENCY NUMBERS	
RCMP - Royal Canadian Mounted Police	1-800-709-7267
RCMP - Royal Canadian Mounted Police - TDD	1-800-563-2172
Mental Health Crisis Line	1-888-737-4668
Sexual Assault Crisis Line	1-800-726-2743
AES – Advanced Education and Skills Income Support Line	1-877-729-7888

EASTERN REGIONAL RESOURCES	
Hospital: **Dr. G.B. Cross Memorial Hospital** (Clarenville)	(709) 466-3411
Hospital: **Bonavista Peninsula Health Centre** (Bonavista)	(709) 468-7881
Shelter: **Grace Sparkes House** (Marystown) [women and children]	Crisis Lines: 1-877-774-4957 (709) 279-3562 www.gracesparkeshouse.com

Shelter: **Cara House** (Gander) [women and children]	Crisis Lines: 1-877-800-2272 (709) 256-7707 www.carahouse.com
Long-term Care Home: **Golden Heights Manor** (Bonavista)	(709) 468-5260
Long-term Care Home: **Dr. Albert O'Mahony Memorial Manor** (Clarenville)	(709) 466-6874
Housing: Newfoundland Labrador Housing	(709) 724-3000
Justice: Provincial Court (Clarenville)	(709) 466-2635
Justice: Legal Aid Commission (Clarenville)	(709) 466-7138 1-800-563-9911
Justice: Victim Services (Clarenville)	(709) 466-5808
Addictions/Mental Health Services – Community Health	(709) 466-5700

BURIN PENINSULA REGION

Local areas of the Burin Peninsula Region include:

- Bay L' Argent Area/St. Bernard's and Area
- Marystown/Burin and Area
- Fortune-Grand Bank Area
- Lamaline/Lawn and Area
- Mortier/Fox Cove and Area
- Rushoon/Parker's Cove and Area
- St. Lawrence and Area
- Terrenceville/Grand le Pierre and Area
- Frenchmen's Cove/Garnish and Area

EMERGENCY NUMBERS	
RCMP - Royal Canadian Mounted Police	1-800-709-7267
RCMP - Royal Canadian Mounted Police - TDD	1-800-563-2172
Mental Health Crisis Line	1-888-737-4668
Sexual Assault Crisis Line	1-800-726-2743
AES – Advanced Education and Skills Income Support Line	1-877-729-7888

BURIN PENINSULA REGIONAL RESOURCES	
Hospital: **Burin Peninsula Health Care Centre** (Burin)	(709) 891-1040
Hospital: **Grand Bank Community Health Centre**	(709) 832-2500
Hospital: **U.S. Memorial Health Care Centre** (St. Lawrence)	(709) 873-2220

Shelter: **Grace Sparkes House -** Marystown [women and children]	(709) 279-3560 Crisis Lines: (709) 279-3562 1-877-774-4957 www.gracesparkeshouse.com
Long-term Care Home: **Blue Crest Nursing Home** (Grand Bank)	(709) 832-1660
Housing: Newfoundland Labrador Housing (Marystown)	(709) 279-5375
Justice: Provincial Court (Grand Bank)	(709) 832-1450
Justice: Legal Aid Commission (Marystown)	(709) 279-3068 1-800-563-9911
Justice: Victim Services (Marystown)	(709) 279-3216
Addictions/Mental Health	(709) 279-7952 (709) 279-7955

GANDER/NEW-WES-VALLEY REGION

Local areas of the Gander-New-Wes-Valley Region include:

- Alexander Bay
- Fogo and Change Islands
- Gambo Area
- Gander Area
- Greenspond Area
- Hamilton Sound
- Lewisporte Area
- New World Island
- Notre Dame Bay South
- Straight Shore
- Twillingate Island
- Wesleyville Area

EMERGENCY NUMBERS	
RCMP - Royal Canadian Mounted Police	1-800-709-7267
RCMP - Royal Canadian Mounted Police - TDD	1-800-563-2172
Military Police	(709) 256-1725
Mental Health Crisis Line	1-888-737-4668
Sexual Assault Crisis Line	1-800-726-2743
AES – Advanced Education and Skills Income Support Line	1-888-632-4555

GANDER/NEW-WES-VALLEY REGIONAL RESOURCES	
Hospital: **Brookfield/Bonnews Health Centre** (Brookfield)	(709) 536-2405
Hospital: **James Paton Memorial Regional Health Centre** (Gander)	(709) 256-2500
Hospital: **Fogo Island Health Centre**	(709) 266-2221
Hospital: **Notre Dame Bay Memorial Health Centre** (Twillingate)	(709) 884-2131

Shelter: **Cara Transition House** [women and children]	Crisis Lines: 1-877-800-2272 (709) 256-7707
Long-term Care Home: **Bonnews Lodge** (Badger's Quay)	(709) 536-2160
Long-term Care Home: **Lakeside Homes** (Gander)	(709) 256-8850
Housing: Newfoundland Labrador Housing (Gander)	(709) 256-1300
Justice: Provincial Court (Gander)	(709) 256-1100
Justice: Legal Aid Commission (Gander)	(709) 256-3991 1-800-563-9911
Justice: Victim Services (Gander)	(709) 256-1028 (709) 256-1070
Addictions/Mental Health	(709) 256-5438/2813
Gander Women's Centre	(709) 256-4395 1-866-442-4445

CENTRAL REGION

Local areas of the Central Region include:

- Bay d'Espoir Area/Conne River
- Belle Bay/Belleoram
- Buchans Area
- Burlington Area
- Grand Falls-Point Leamington
- Halls Bay/Springdale
- Harbour Breton
- Hermitage Bay/Gaultois
- King's Point Area
- Norris Arm Area
- Pilley's Island Area
- White Bay South/Baie Verte

EMERGENCY NUMBERS	
RCMP - Royal Canadian Mounted Police	1-800-709-7267
RCMP - Royal Canadian Mounted Police - TDD	1-800-563-2172
Mental Health Crisis Line	1-888-737-4668
Sexual Assault Crisis Line	1-800-726-2743
AES – Advanced Education and Skills Income Support Line	1-888-632-4555

CENTRAL REGIONAL RESOURCES	
Hospital: **Central Newfoundland Regional Health Centre** (Grand Falls)	(709) 292-2500
Hospital: **Dr. Hugh Twomey Health Care Centre** (Botwood)	(709) 257-2874
Hospital: **Connaigre Peninsula Health Centre** (Harbour Breton)	(709) 885-2359
Hospital: **Green Bay Community Health Centre** (Springdale)	(709) 673-3911

Hospital: **A.M. Guy Memorial Health Centre** (Buchans)	(709) 672-3304
Hospital: **Baie Verte Peninsula Health Centre** (Baie Verte)	(709) 532-4281
Shelter: **Cara Transition House** (Gander) [women and children]	Crisis Line: 1-877-800-2272
Long-term Care Home: **Carmelite House Senior Citizens' Home** (Grand Falls)	(709) 292-2528
Long-term Care Home: **North Haven Manor Senior Citizens Home** (Lewisporte)	(709) 535-6767
Long-term Care Home: **Valley Vista Senior Citizens Home** (Springdale)	(709) 673-3936
Housing: Newfoundland Labrador Housing (Grand Falls)	(709) 292-1000
Justice: Provincial Court (Grand Falls)	(709) 292-4212
Justice: Legal Aid Commission (Grand Falls)	(709) 489-9081 1-800-563-9911
Justice: Victim Services (Grand Falls)	(709) 292-4291
Addictions/Mental Health	(709) 489-8180
Women's Centre	(709) 489-8919 1-888-235-4242

Conne River – Miawpukek First Nation

Conne River Health and Social Services (CRHSS)	(709) 882-2710
CRHSS Addictions	(709) 882 5116
CRHSS Mental Health	(709) 882-5108
Miawpukek Justice Department	(709) 882-1259
Miawpukek Aboriginal Courtworker	(709) 882-2470

SOUTHWESTERN REGION

Local areas of the Southwestern Region include:

- Burgeo Area
- Codroy Valley
- Crabbes River
- Port aux Basques Area
- Rose Blanche Area
- St. George's Area
- Stephenville-Port au Port Peninsula

EMERGENCY NUMBERS	
RCMP - Royal Canadian Mounted Police	1-800-709-7267
RCMP - Royal Canadian Mounted Police - TDD	1-800-563-2172
RCMP - Burgeo	(709) 886-2241
RCMP - Port aux Basques	(709) 695-2149
RCMP - Stephenville	(709) 643-2118
Mental Health Crisis Line	1-888-737-4668
Sexual Assault Crisis Line	1-800-726-2743
Sexual Abuse Community Service	(709) 643-8740 (709) 643-8741
AES - Advanced Education and Skills Income Support Line	1-866-417-4753

SOUTHWESTERN REGIONAL RESOURCES	
Hospital: **Sir Thomas Roddick Hospital** (Stephenville)	(709) 643-5111
Hospital: **Dr. Charles L. LeGrow Health Care Centre** (Port aux Basques)	(709) 695-2175
Hospital: **Calder Health Centre** (Burgeo)	(709) 886-3350

Shelter: **Transition House (Corner Brook)**	1-866-634-4198
Long-term Care Home: **Bay St. George Long Term Care Centre** (Stephenville Crossing)	(709) 646-5800
Housing: Newfoundland Labrador Housing (Stephenville)	(709) 643-6826
Justice: Provincial Court (Stephenville)	(709) 643-2966
Justice: Legal Aid Commission(Stephenville)	(709) 643-5263 1-800-563-9911
Justice: Victim Services (Stephenville)	(709) 643-6588 (709) 643-6618
Addiction Services (Stephenville)	(709) 643-8720
Addiction/Mental Health Services (Burgeo)	(709) 886-2185
Mental Health (Stephenville)	(709) 643-8740
Addictions/Mental Health Services (Port aux Basques)	(709) 695-4619
Women's Centre (Stephenville)	(709) 643-4444
Women's Centre (Port aux Basques)	(709) 695-7505

WESTERN REGION

Local areas of the Western Region include:

- Bay of Islands
- Bonne Bay/Norris Point Area
- Corner Brook-Pasadena
- Daniel's Harbour Area
- Deer Lake-Cormack Area
- Jackson's Arm Area

EMERGENCY NUMBERS	
RCMP - Royal Canadian Mounted Police	1-800-709-7267
RCMP - Royal Canadian Mounted Police - TDD	1-800-563-2172
RNC - Royal Newfoundland Constabulary	(709) 637-4100
RNC - Royal Newfoundland Constabulary - TDD	1-800-363-4334
Mental Health Crisis Line	1-888-737-4668
Sexual Assault Crisis Line	1-800-726-2743
AES - Advanced Education and Skills Income Support Line	1-866-417-4753

WESTERN REGIONAL RESOURCES	
Hospital: **Western Memorial Regional Hospital** (Corner Brook)	(709) 637-5000
Hospital: **Bonne Bay Health Centre** (Norris Point)	(709) 458-2211
Shelter: **Transition House (Corner Brook)**	Crisis Lines: (709) 634-4198 1-866-634-4198
Long-term Care Home: **Corner Brook Long-Term Care Home**	(709) 637-3999
Housing: Newfoundland Labrador Housing (Corner Brook)	(709) 639-5201

Justice: Provincial Court (Corner Brook)	(709) 637-2323
Justice: Legal Aid Commission (Corner Brook)	(709) 639-9226 1-800-563-9911
Justice: Victim Services (Corner Brook)	(709) 637-2614
Addiction Services (Corner Brook)	(709) 634-4506
Addiction/Mental Health Services (Deer Lake)	(709) 635-7830
Addiction/Mental Health Services (Norris Point)	(709) 458-2381 ext. 266
Parkinson Society of Newfoundland and Labrador Support Group	(709) 634-3350 1-800-567-7020
Women's Centre	(709) 639-8522
Alzheimer's Society – Regional Office (Corner Brook)	(709) 639-3311
Canadian National Institute for the Blind (CNIB) (Corner Brook)	(709) 639-9167
Canadian Red Cross – Western District Office (Corner Brook)	(709) 634-4626
Victorian Order of Nurses (Corner Brook)	(709) 634-2042

NORTHERN PENINSULA REGION

Local areas of the Northern Peninsula Region include:

- Hawke's Bay-Port au Choix Area
- Quirpon-Cook's Harbour Area
- Roddickton Area
- Strait of Belle Isle

EMERGENCY NUMBERS	
RCMP - Royal Canadian Mounted Police	1-800-709-7267
RCMP - Royal Canadian Mounted Police - TDD	1-800-563-2172
Mental Health Crisis Line	1-888-737-4668
Sexual Assault Crisis Line	1-800-726-2743
AES – Advanced Education and Skills Income Support Line	1-866-417-4753

NORTHERN PENINSULA REGIONAL RESOURCES	
Hospital: **Dr. Charles S. Curtis Memorial Hospital** (St. Anthony)	(709) 454-3333
Hospital: **Rufus Guinchard Memorial Health Centre** (Port Saunders)	(709) 861-3139
Hospital: **Strait of Belle Isle Health Centre** (Flowers Cove)	(709) 456-2401
Hospital: **White Bay Central Health Centre** (Roddickton)	(709) 457-2215
Shelter: **Corner Brook Transition House**	1-866-634-4198
Long-term Care Home: **John M. Gray Centre for Seniors** (St. Anthony)	(709) 454-0371

Housing: Newfoundland Labrador Housing (Corner Brook)	(709) 639-5201
Justice: Provincial Court (Corner Brook)	(709) 637-2323
Justice: Legal Aid Commission (Corner Brook)	(709) 639-9226 1-800-563-9911
Justice: Victim Services (Port Saunders)	(709) 861-2147
Addiction Services (St. Anthony)	(709) 454-0262
Addiction/Mental Health Services (Port Saunders)	(709) 861-9125

LABRADOR REGION

Local areas of the Western Region include:

- Labrador West
- Central Labrador
- Labrador South
- Northern Labrador
- Labrador Straits

EMERGENCY NUMBERS	
RCMP - Royal Canadian Mounted Police	1-800-709-7267
RCMP - Royal Canadian Mounted Police - TDD	1-800-563-2172
RCMP – Cartwright	(709) 938-7218
RCMP – Forteau	(709) 931-2790
RCMP - Happy Valley-Goose Bay	(709) 896-3383
RCMP – Hopedale	(709) 933-3820
RCMP – Makkovik	(709) 923-2317
RCMP - Mary's Harbour	(709) 921-6229
RCMP – Nain	(709) 922-2862
RCMP – Natuashish	(709) 478-8900
RCMP - Rigolet	(709) 947-3400
RCMP - Sheshatshiu	(709) 497-8700
RNC - Royal Newfoundland Constabulary – Churchill Falls	(709) 925-3524
RNC - Royal Newfoundland Constabulary – Labrador City	(709) 944-7602
Military Police	(709) 896-6900 ext. 7120
Mental Health Crisis Line	1-888-737-4668
Sexual Assault Crisis Line	1-800-726-2743
AES – Advanced Education and Skills Income Support Line	1-888-773-9311

LABRADOR REGIONAL RESOURCES	
Hospital: **Labrador Health Centre** (Happy Valley-Goose Bay)	(709) 897-2000 Emergency: 897-2399 Nunatsiavut: 896-3396
Hospital: **Captain William Jackman Memorial Hospital** (Labrador City)	(709) 944-2632
Hospital: **Labrador South Health Centre** (Forteau)	(709) 931-2450
Community clinic: **Black Tickle**	(709) 471-8872
Community clinic: **Cartwright**	(709) 938-7285
Community clinic: **Charlottetown**	(709) 949-0259
Community clinic: **Churchill Falls**	(709) 925-3381
Community clinic: **Hopedale**	(709) 933-3857 Nunatsiavut: 933-3842
Community clinic: **Makkovik**	(709) 923-2229 Nunatsiavut: 923-2340
Community clinic: **Mary's Harbour**	(709) 921-6228
Community clinic: **Nain**	(709) 922-2912 Nunatsiavut: 922-2962
Community clinic: **Natuashish**	(709) 478-8842 After hours: 478-8887
Community clinic: **Northwest River – Sheshatshiu**	(709) 497-8202 After hours: 497-8351
Community clinic: **Port Hope Simpson**	(709) 960-0271 Public Health: (709) 960-0357 ext. 229

Community clinic: **Postville**	(709) 479-9851 Nunatsiavut: 479-9842
Community clinic: **Rigolet**	(709) 947-3386 Nunatsiavut: 947-3328
Community clinic: **St. Lewis**	(709) 939-2230
Shelter: **Hopedale Safe House**	(709) 933-3420
Shelter: **Hope Haven** (Labrador City)	(709) 944-7124 Crisis Line: 1-888-332-0000
Shelter: **Libra House** (Happy Valley-Goose Bay)	Crisis Line: (709) 896-3014 1-877-896-3014 Office: (709) 896-8251
Shelter: **Nain Safe House**	Crisis Line: (709) 922-1229 1-866-922-1229 Office: (709) 922-1230
Shelter: **Natuashish Safe House**	(709) 478-2390
Shelter: **Nukum Munik (Innu Women's Shelter)** (Sheshatsiu)	(709) 497-8869 (709) 497-8868
Long-term Care Home: **Harry L. Paddon Memorial Home** (Happy Valley-Goose Bay)	(709) 896-2469
Housing: Newfoundland Labrador Housing (Goose Bay)	(709) 896-1920
Health: Mushuau Health Commission (Natuashish)	(709) 478-8871
Justice: Provincial Court	Goose Bay: (709) 896-7870 Wabush: (709) 282-6617

Justice: Legal Aid Commission	Wabush: (709) 282-3425 Goose Bay: (709) 896-5323 1-800-563-9911
Justice: Victim Services	Goose Bay: (709) 896-0446 Nain: (709) 922-2360
Addictions/Mental Health Services (Happy Valley-Goose Bay)	(709) 897-2343
Mental Health Services (Churchill Falls)	(709) 925-3377
Mental Health Services (Labrador City/Wabush)	(709) 944-9251
Women's Centre	Labrador City: (709) 944-6562 Goose Bay: (709) 896-3484
Labrador Friendship Centre	(709) 896-8302 www.labradorfriendshipcentre.ca
Labrador-Grenfell Health Authority	(709) 897-2267

NUNATSIAVUT GOVERNMENT	
Health and Social Development	(709) 896-9763
Status of Women Coordinator	(709) 923-2368 1-855-923-2368

National Resources

RESOURCE	CALL	WEBSITE
Aging and Seniors Division of the Public Health Agency of Canada	___	http://www.phac-aspc.gc.ca/seniors-aines/index-eng.php
CNPEA – Canadian Network for the Prevention of Elder Abuse	___	http://www.cnpea.ca
CARP - Canadian Association of Retired Persons	1-888-363-2279	www.carp.ca
ONPEA – Ontario Network for the Prevention of Elder Abuse	416-916-6728	www.onpea.org
NICE - National Initiative for the Care of the Elderly	416-978-0545	www.nicenet.ca

Federal Government

RESOURCE	CALL	WEBSITE
Aging and Seniors Division of the Public Health Agency of Canada		www.phac-aspc.gc.ca/seniors-aines/index-eng.php
Seniors Canada	1-800-622-6232	www.seniors.gc.ca
Status of Women Canada	1-866-902-2719	www.swc-cfc.gc.ca
Service Canada (Old Age Security, Guaranteed Income Supplement, Allowance, Canada Pension Plan)	1-800-277-9914	www.servicecanada.ca
Canada Revenue Agency	1-800-959-2221	www.cra.gc.ca

A note to service providers and other helpers:

On the next page is a chart you can give to an older person who may be at risk of violence. Help the person fill in the chart, if needed. Provide names and information on community resources to contact in emergencies or if there is risk.

My Important Contacts

Use this chart to keep track of crisis resources and other helpful information or contacts. Keep this chart handy and update it when necessary. Make copies for your purse or wallet. Give a copy to trusted family members, friends or neighbours.

Emergency Responders and Other Important Contacts	
Police	Contact Name: Phone Number: Date: File Number: Notes:
Shelter/Safe House	Shelter Name: Contact Name: Phone Number: Notes:
Hospital	Hospital: Admission Date: Doctor: Phone Number: Nurse or Social Worker: Phone Number: Notes:

Mental Health	Name: Phone Number: Appointments: Notes:
Lawyer / Legal Aid	Name: Phone Number: Appointments: Notes:
Family Doctor	Name: Phone Number: Appointments: Notes:
Victim Services	Name: Phone Number: Appointments: Notes:
Religious/Spiritual Care	Name: Phone Number: Appointments: Notes:

Community Supports	
Trusted Family Member	Name: Phone Number:
Friends	Name: Phone Number:
Neighbours	Name: Phone Number:
Support Group	Type: Name: Contact Name: Phone Number: Location: Notes:
Seniors' Group/Club	Name: Contact Name: Phone Number: Location: Notes:
Food Bank	Name: Phone Number: Address: Notes:

Links: Internet resources
Important: For emergency contact numbers and other helpful information about government and community services by region, see above.

Government of Newfoundland and Labrador
Violence Prevention Initiative and Women's Policy Office

Violence Prevention Initiative
www.gov.nl.ca/vpi

Women's Policy Office
www.exec.gov.nl.ca/exec/wpo

Violence Prevention Initiative
Violence against Older Persons Campaign
www.gov.nl.ca/VPI/socialmarketing/index.html#violenceagainstolder

Violence Prevention Initiative
Research Report: *Identification of Best Practices to Educate and Train Health Professionals in the Recognition, Intervention and Prevention of Violence against Older Persons*
www.gov.nl.ca/vpi/publications/vaop_final_report.pdf

Violence Prevention Initiative
Respect Women Campaign
www.respectwomen.ca

Government of Newfoundland and Labrador
Office for Aging and Seniors (Department of Health and Community Services)

Office for Aging and Seniors
Provincial Healthy Aging Policy Framework
www.health.gov.nl.ca/health/publications/ha_policy_framework.pdf

Government of Newfoundland and Labrador - Other Resources

Disability Policy Office
www.hrle.gov.nl.ca/hrle/disabilities/DPO.html

Human Rights Commission
www.justice.gov.nl.ca/hrc

Office of Immigration and Multiculturalism
www.hrle.gov.nl.ca/hrle/department/branches/labourmarket/immigration.html

Eastern Health (Regional Health Authority)
www.easternhealth.ca

Western Health (Regional Health Authority)
www.westernhealth.nl.ca

Central Health (Regional Health Authority).
www.centralhealth.nl.ca

Labrador-Grenfell Health (Regional Health Authority).
www.lghealth.ca

Newfoundland and Labrador Community Resources

AIDS Committee of Newfoundland and Labrador
www.acnl.net

Association for New Canadians
www.ancnl.ca

Canadian Mental Health Association of Newfoundland and Labrador
www.cmhanl.ca

CHANNAL – Consumers Health Awareness Network Newfoundland and Labrador
www.channal.ca

Coalition of Persons with Disabilities
www.codnl.ca

Independent Living Resource Centre
www.ilrc-nl.ca

Newfoundland and Labrador Sexual Assault Crisis and Prevention Centre
www.nlsacpc.com

Newfoundland and Labrador Sexual Health Centre
www.nlsexualhealthcentre.org

Provincial Advisory Council on the Status of Women
www.pacsw.ca

Public Legal Information Association of Newfoundland
www.publiclegalinfo.com

Seniors Resource Centre of Newfoundland and Labrador
Looking Beyond the Hurt: A Service Provider's Guide to Elder Abuse
www.seniorsresource.ca/beyond.htm

Transition House Association of Newfoundland and Labrador
www.thanl.org

Canadian Resources on Violence against Older Persons

Government of Nova Scotia: Nova Scotia Elder Abuse Strategy: Toward Awareness and Prevention
www.gov.ns.ca/seniors

Government of New Brunswick
Adult Victims of Abuse Protocol
www2.gnb.ca/content/dam/gnb/Departments/sdds/pdf/Protection/Adult/AdultProtocol-e.pdf

Ontario Network for the Prevention of Elder Abuse (ONPEA)
Training Tools
www.onpea.org/english/trainingtools/manuals.html
www.onpea.org/english/trainingtools/corecurriculum.html

Prevention of Elder Abuse Working Group (Ontario)
Prevention of Elder Abuse Policy and Program Lens
www.seniors.gov.on.ca/en/elderabuse/docs/ElderAbuse_Engl_web.pdf

Advocacy Centre for the Elderly (Ontario)
www.advocacycentreelderly.org

Alberta Elder Abuse Awareness Network
www.albertaelderabuse.ca/page.cfm?pgID=6

Vancouver Coastal Health
Re-Act: Vulnerable Adult Abuse and Neglect Response Resource
www.vchreact.ca

Violence against Older Persons Living in Residential Care Facilities

Government of Newfoundland and Labrador, Department of Health and Community Services
Provincial Operational Standards for Personal Care Homes
www.health.gov.nl.ca/health/publications/april07_pch_manual.pdf

Government of Newfoundland and Labrador, Department of Health and Community Services
Provincial Operational Standards for Long-Term Care Homes

www.health.gov.nl.ca/health/publications/long_term_care_standard.pdf

Family Violence Prevention Unit, Health Canada
Abuse and Neglect of Older Adults: A Discussion Paper
http://publications.gc.ca/collections/Collection/H88-3-30-2001/pdfs/violence/abuse_e.pdf

Gerontology Research Centre, Simon Fraser University and Douglas College
Respecting Your Rights: A Guide to the Rights of People Living in British Columbia's Long-Term Care Facilities
www.canadianelderlaw.ca/Residents%20Rights%20%20booklet.pdf

Violence against Aboriginal Older Persons

Government of Newfoundland and Labrador, Intergovernmental and Aboriginal Affairs Secretariat
http://www.exec.gov.nl.ca/exec/igas/

Newfoundland Aboriginal Women's Network
http://nawn-nf.com

Native Women's Association of Canada (NWAC)
Senior Abuse
http://www.nwac.ca/programs/senior-abuse

Pauktuutit Women of Canada
Elder Abuse
http://pauktuutit.ca/abuse-prevention/elder-abuse/

Vancouver Coastal Health
Re-Act: Vulnerable Adult Abuse and Neglect Response Resource
www.vchreact.ca

Family Violence

Government of Newfoundland and Labrador
Family Violence Protection Act
http://www.assembly.nl.ca/legislation/sr/statutes/f03-1.htm

Newfoundland and Labrador, Department of Justice
Family Violence Protection Act Pamphlet
www.justice.gov.nl.ca/just/publications/index.html#g7

Public Legal Information Association of Newfoundland and Labrador
Information for Victims of Family Violence
www.publiclegalinfo.com/publications/violence.pdf

National Clearinghouse on Family Violence, Public Health Agency of Canada
www.phac-aspc.gc.ca/ncfv-cnivf/index-eng.php

Public Health Agency of Canada
Family Violence Initiative
http://www.phac-aspc.gc.ca/ncfv-cnivf/initiative-eng.php

Justice Canada
Family Violence Initiative Fund
http://www.justice.gc.ca/eng/fund-fina/cj-jp/fv-vf.html

Diversity

Hamilton Health Sciences
Building Cultural Competency in Practice
www.hamiltonhealthsciences.ca/body.cfm?id=1782

Region of Peel
Cultural Diversity: A Handbook for Long-Term Care Staff
www.peelregion.ca/ltc/resources/pdfs/diversity.pdf

U.S. Department of Health and Human Services
Curriculum in Ethnogeriatrics
www.stanford.edu/group/ethnoger/index.html

Alberta Health Services
Diversity and Alberta Health Services
www.calgaryhealthregion.ca/programs/diversity/resources.htm

Caregiver Resources

Seniors Resource Centre of Newfoundland and Labrador
Caregivers out of Isolation website
www.seniorsresource.ca/caregivers

Johnson and Johnson Patients Assistance Foundation Inc.
Strength for Caring: A Place for Caregivers website
http://www.strengthforcaring.com/manual/index.html

Area Agency on Aging
For Caregivers website
www.agingcarefl.org/caregiver